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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2020

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A N A C T

RELATING TO THE STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF  
HUMAN SERVICES

Introduced By: Representative Joseph M. McNamara

Date Introduced: February 26, 2020

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 42-12 of the General Laws entitled "Department of Human Services"  
2 is hereby amended by adding thereto the following section:

3 **42-12-31. Medicaid primary care parity.**

4 (a) This section is intended to ensure Rhode Island's children enrolled in Medicaid have  
5 access to high-quality and coordinated medical care. In the face of a growing number of Rhode  
6 Island children enrolled in Medicaid, this section shall address the many challenges related to  
7 meeting the population health management targets required by the state of Rhode Island's  
8 accountable entity program and the state's long-term vision of addressing Rhode Island's public  
9 health challenges; which include, but are not limited to, high achievement in quality metric targets,  
10 providing timely access to medical care, and reducing the overall costs of Rhode Island's Medicaid  
11 program. To meet these objectives, the general assembly will encourage private community-based  
12 pediatric primary care physicians to participate in Medicaid.

13 (b) To achieve the aforementioned objectives, private community-based pediatric primary  
14 care physicians must be willing, and able, to open their practices (panels) to Medicaid beneficiaries.

15 (c) As a result of the 113th Congress, in which federal lawmakers failed to reauthorize the  
16 Medicaid fee bump outlined in the Affordable Care Act, the federal government ended the two (2)  
17 year Medicare fee parity program. In states that participated in Medicaid expansion, the Medicare  
18 fee parity program incentivized private community-based pediatric primary care physicians to open

1 their practices to Medicaid beneficiaries. The end of this program, and fee-for-services cuts of up  
2 to fifty-five percent (55%), put significant financial pressure on Rhode Island's private community-  
3 based pediatric primary care physicians.

4 Providers were forced to either close their practices to Medicaid beneficiaries, or to stop  
5 caring for Medicaid patients. As the volume of Medicaid patients seeking care increases, getting  
6 access to primary care is difficult for Rhode Island's Medicaid beneficiaries. As Medicaid  
7 enrollment continues to increase, when currently more than one-in-four (4) Rhode Island residents  
8 is a Medicaid beneficiary, the state is faced with an access crisis to primary care medicine.

9 (d) To ensure that Rhode Island's Medicaid beneficiaries are able to get access to high  
10 quality and coordinated health care, effective July 1, 2021, the general assembly shall raise  
11 Medicaid primary care payment rates to federal Medicare levels, paying private community-based  
12 pediatric primary care providers one hundred percent (100%) of the federal Medicare fee-for-  
13 service rates. Often referred to as "Medicaid primary care parity", this provision shall:

14 (1) Incentivize private community-based pediatric primary care physicians to participate  
15 in the state's Medicaid program;

16 (2) Support the goals and objectives of the executive office of health and human services'  
17 accountable entity program;

18 (3) Support Rhode Island's private community-based pediatric primary care providers;

19 (4) Support the ten (10) year public health vision shared by the Rhode Island department  
20 of health in partnership with the Rhode Island Foundation;

21 (5) Support the office of the health insurance commissioner's affordability standards; and

22 (6) Ensure Medicaid beneficiaries get access to high quality and coordinated primary care.

23 SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

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RELATING TO THE STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF  
HUMAN SERVICES

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1           This act would, on July 1, 2021, raise Medicaid primary care payment rates to federal  
2 Medicare levels, which would result in paying private community-based pediatric primary care  
3 providers one hundred percent (100%) of the federal Medicare fee-for-service rates.

4           This act would take effect upon passage.

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