

2025 -- H 6373

LC002954

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

Introduced By: Representatives Cotter, Donovan, Speakman, Boylan, McGaw, Casimiro,
Fogarty, Kislak, Potter, and Place

Date Introduced: May 28, 2025

Referred To: House Finance

(Attorney General)

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby
2 amended by adding thereto the following section:

3 **40-8-33. Payment parity for primary care services.**

4 (a) Definitions. As used in this section, unless the context clearly requires otherwise:

5 (1) "Primary care billing and payment codes" means the primary care payment codes to be
6 used by health insurers to meet the primary care expenditure requirements established by the office
7 of the health insurance commissioner pursuant to §§ 42-14-5, 42-14-17 and 42-14.5-1, et seq.

8 (2) "Primary care provider" means a provider within the practice types of family medicine,
9 geriatrics, internal medicine, and pediatrics, as described by the primary care provider taxonomy
10 codes as defined in this section, and providers with the following professional credentials:
11 physicians, certified nurse practitioners, and physician assistants; except that a specialty medical
12 provider including, but not limited to, an obstetrics/gynecology or behavioral health provider, may
13 be considered a primary care provider if they meet any criteria set forth, or are otherwise designated
14 as such, pursuant to guidance or regulations issued by the executive office of health and human
15 services pursuant to § 42-7.2-11.

16 (3) "Primary care services" means services described by the primary care billing and
17 payment codes, as defined in this section, for:

18 (i) Care management;

19 (ii) Care planning;

- 1 (iii) Consultation services;
- 2 (iv) Health risk assessments, screening and health behavior counseling;
- 3 (v) Home visits;
- 4 (vi) Hospice and home health services;
- 5 (vii) Immunization administrations; and
- 6 (viii) Office visits and preventive medicine visits.

7 (4) “Primary care provider taxonomy codes” means the primary care specialty provider
8 taxonomy codes to be used by health insurers to meet the primary care expenditure requirements
9 established by the office of the health insurance commissioner pursuant to §§ 42-14-5, 42-14-17,
10 and 42-14.5-1, et seq.

11 (b) Achieving parity with Medicare rates for primary care services. The executive office of
12 health and human services shall pursue a Medicaid state plan amendment, waiver submission, or
13 any other necessary change in regulation or guidance, and shall allocate sufficient state general
14 revenue, to increase Medicaid payment rates for primary care services furnished by primary care
15 providers to equal no less than one hundred percent (100%) of Medicare rates. This increase shall
16 be effective beginning July 1, 2025.

17 (c) Implementation. In implementing this section, the executive office of health and human
18 services shall ensure that Medicaid managed care organizations shall pay no less than the rates that
19 would be paid for that care under subsection (b) of this section for these service types and shall
20 pursue any necessary amendment to, or any execution of, contracts with Medicaid managed care
21 organizations to promptly effectuate this provision. With respect to primary care services furnished
22 by primary care providers participating in the Medicaid accountable entity program, the executive
23 office of health and human services shall make any such payment adjustments as may be necessary
24 to ensure such entities receive an equivalent benefit, taking into account the financial methodology
25 of such program. With respect to primary care services furnished by primary care providers at
26 community health centers, the executive office of health and human services shall adjust the
27 alternative payment methodology under which community health centers are reimbursed as may
28 be necessary to ensure such centers receive an equivalent increase in reimbursement.

29 (d) Sunset. Unless extended by the general assembly, the provisions of this section shall
30 sunset and expire on June 30, 2027.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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1 This act would require the executive office of health and human services to increase
2 Medicaid payment rates for primary care services furnished by primary care providers to be
3 commensurate with Medicare rates, and would require the executive office of health and human
4 services to ensure equivalent rate adjustments are made available to providers participating in
5 Medicaid managed care organizations, Medicaid accountable entities, and community health
6 centers.

7 This act would take effect upon passage.

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