

Primary Care Investment State Policies

State/ Year	Policy Approach	Primary Care Definition In Policy	Investment Measurement	Data Source	Outcomes/ Recommendations	Type of Recommendation
CO 2019 ¹	Legislative	<p>“Based primarily but not exclusively on the type of provider as follows: Primary care includes services provided by and payments to:</p> <ul style="list-style-type: none"> • Family medicine physicians in an outpatient setting and when practicing general primary care • General pediatric physicians and adolescent medicine physicians in an outpatient setting and when practicing general primary care • Geriatric medicine physicians in an outpatient setting when practicing general primary care • Internal medicine physicians in an outpatient setting and when practicing general primary care (excludes internists who specialize in areas such as cardiology, oncology, and other common internal medicine specialties beyond the scope of general primary care) • OB-GYN physicians in an outpatient setting and when practicing general primary care • Providers such as nurse practitioners and physicians’ assistants in an outpatient setting and when practicing general primary care • Behavioral health providers, including psychiatrists, providing mental health and substance use disorder services when integrated into a primary care setting. <p>Primary Care Collaborative Report 2019 <i>See also 2022 Colorado Report.</i></p>	Percentage of medical expenses allocated to primary care by insurers, Health First Colorado (Medicaid), and CHP+	Colorado All Payer Claims Database	Collaborative recommended primary care spending by commercial insurers should increase by 1% in 2021 and again in 2022	Commission/ Collaborative recommendation
CT 2020 ²	Executive Order	No definition included	Primary health care spending as a percentage of all health care expenditures	Connecticut All-Payer Claims Database	Progressively increase PC spending to 10% by 2025	Direct Mandate

¹ H.B. 19-1233, 2019 Reg. Sess. (Co. 2019), https://leg.colorado.gov/sites/default/files/2019a_1233_signed.pdf

² Exec. Order No. 5, Connecticut, Jan. 5, 2020, *available at* <https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-5.pdf>.

CT 2022 ³	Legislative	<p>Primary care is not defined in this bill, but is otherwise defined in CT law and may be understood to be incorporated implicitly: “Primary care provider” means a physician, advanced practice registered nurse or physician assistant who provides primary care services and is licensed by the Department of Public Health pursuant to title 20; and</p> <p>“Primary care” means the medical fields of family medicine, general pediatrics, primary care, internal medicine, primary care obstetrics or primary care gynecology, without regard to board certification. <i>See</i> Conn. Gen. Stat. Ann. § 19a-7o (West)</p> <p>However, CT also participated in the NESCO report, which unlike CT law also includes behavioral health in its definitions. NESCO Report</p>	The health care cost growth benchmarks and annual primary care spending targets as a percentage of total medical expenses for the calendar years 2021 to 2025	Connecticut All-Payers Claims Database	Progressively increases PC spending to reach a target of 10% by 2025	Direct Mandate
DE 2018, 2019 ⁴	Legislative	“Primary care” means health care provided by a physician or an individual licensed under Title 24 to provide health care, with whom the patient has initial contact and by whom the patient may be referred to a specialist and includes family practice, pediatrics, internal medicine, and geriatrics.	System-wide expense allocation to primary care excluding Medicare & Medicaid payers	Delaware Health Care Claims Database	Collaborative recommended a 1% increase in primary care spending annually with a goal of 12% by 2022	Commission/ Collaborative recommendation
DE 2021 ⁵	Legislative	Legislation directs a relevant agency to define “primary care” in regulations. Subsequent regulations define primary care in a very detailed way, see Code Del. Regs. 1322-4 , including that “Primary care services” or “primary care” means the provision of integrated, accessible health care services by primary care providers and their health care teams who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients,	Annually evaluate primary care funding with consideration of overall total health-care spending	Delaware All-Payer Claims Database	<p>The initial recommendation gradually increases PC funding by 1% each year until 12% or 2025.</p> <p>In 2019, there were varying discussions within the Collaborative regarding why 12% may or may not be a suitable benchmark, or if</p>	Commission/ Collaborative recommendation

³ H.B. 5506 (Budget Bill), 2022 Reg. Sess. (Ct. 2022), https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB05506&which_year=2022.

⁴ S.B. 116, 150th Gen. Assem., 2019 Reg. Sess. (De. 2019), <https://legis.delaware.gov/BillDetail?legislationId=47520>; *see* Delaware Primary Care Commission Report 2020, May 1, 2020, *available at* https://dhss.delaware.gov/dhcc/files/collabrptfinal2020_050820.pdf.

⁵ Senate Substitute 1 for Senate Bill 120, 151st Gen. Assem., 2021 Reg. Sess. (De. 2021), <https://legis.delaware.gov/BillDetail/68714>.

		<p>and practicing in the context of family and community. The care is person-centered, team-based, community -aligned, and designed to achieve better health, better care, and lower costs.” The definition further contains a specific, but non-exhaustive, list of codes. In addition, the definition includes: “The following categories of non-fee-for-service payments shall be included as primary care:</p> <ul style="list-style-type: none"> • Primary Care Incentive Programs: All payments made to primary care providers for achievement of specific, predefined goals for quality, cost reduction or infrastructure development, including by way of example pay for performance payments, performance bonuses and electronic medical record/health information technology adoption incentive payments. • Primary Care Capitation: All payments made to primary care providers made not on the basis of claims (i.e., capitated amount). Amounts reported as capitation should not include any incentive or performance bonuses paid separately and can be separately reported as Incentive Program. These payments are typically made monthly for the care of assigned beneficiaries. • Primary Care, Case Management: All payments made to primary care providers for providing care management, utilization review and discharge planning. • A portion of shared shavings dedicated to primary care providers and their health care teams. • Other non-fee-for-service payments for primary care delivery, including by way of example only community health teams, integrated behavioral health, and coordination of social services and health care.” 			there should be a benchmark at all.	
HI	Regulatory (within Managed	Outpatient care to include prevention, screening, treatment of acute conditions, and management of chronic conditions. Primary care is the setting for	Percentage of total health care spending	[N/A]	[N/A]	Direct Mandate

2021 ⁶	Care Request for Proposals)	preventive screenings and examinations, and is often the first contact care for an undifferentiated complaint which may result in diagnostic testing and treatment, appropriate consultation or referral, and incorporates coordination and continuity of care. Managed Care Request for Proposal				
ME 2019 ⁷	Legislative	"Primary care" means regular check-ups, wellness and general health care provided by a provider with whom a patient has initial contact for a health issue, not including an urgent care or emergency health issue, and by whom the patient may be referred to a specialist. <i>See also</i> Maine Primary Care Report	Percentage of total expenditures to primary care paid by Medicaid, Medicare, and state employee insurance plan Average percentage of total medical expenditures paid for primary care across all payers	Each insurer will submit its total primary care expenditures in a form determined by the Maine Health Data Organization	Not yet available	Requirement for Measurement Only
ME 2022 ⁸	Legislative	"Behavioral health care" means services to address mental health and substance use conditions.	Percentage of total health care expenditure allocated to behavioral health care	Payors must report spending data to the state government within 60 days of a data request MHDO All Payers Claims	Not available yet	Requirement for Measurement Only
MD 2022 ⁹	Legislative	Healthcare provided in the following fields' outpatient settings: (1) family medicine; (2) general pediatrics; (3) primary care internal medicine; and (4) primary care obstetrics and gynecology; (5) primary care nurse practitioner services; and (6) primary care midwifery	Annual analysis of primary care investment, including data	Maryland All-Payers Claims Database	Not available yet, first report expected December 2023	Commission/ Collaborative recommendation

⁶ See State of Hawaii Department of Human Services, Request for Proposals, Dec. 8, 2020, *available at*

https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/RFP/quest-integration/QI_RFP-MQD-2021-008_Amendments_1-4.pdf.

⁷ L.D. 1353, 129th Legislature, 2019 Reg. Sess. (Me. 2019), <https://legislature.maine.gov/legis/bills/getPDF.asp?paper=SP0421&item=3&snum=129>.

⁸ L.D. 1196, 130th Legislature, 2022 Reg. Sess. (Me. 2022), <https://legislature.maine.gov/bills/getPDF.asp?paper=HP0874&item=3&snum=130>.

⁹ S.B. 734, 2022 Reg. Sess. (Md. 2022), https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2022/MHCC_Annual_Rpt_FY_2022.pdf.

			stratified by zip code and county			
NE 2022 ¹⁰	Legislative	Physician licensed under the Uniform Credentialing Act and practicing in the area of family medicine, pediatrics, internal medicine, geriatrics, obstetrics and gynecology, or general medicine. (further definition to be developed by Primary Care Investment Council).	Percentage of total health care expenditure spent on primary care	Commercial insurers reporting spending data to the federal government	Not available yet, first report expected November 2023	Commission/ Collaborative recommendation
NJ 2021 ¹¹	Legislative	<p>Legislature directed payors to report spending based on both narrow and broad definitions, as defined by PCC and Millbank.</p> <p>Narrow: The narrow definition captures spending related to services provided by primary care physicians, specifically family and internal medicine, pediatrics, and general practice physicians, in offices and outpatient settings</p> <p>Broad: includes all of the narrow definition and adds other members of the primary care clinical team, including services provided by nurse practitioners (NPs), physician assistants (PAs), geriatricians, adolescent medicine specialists, and gynecologists.</p> <p>Milbank Primary Care Scorecard</p>	Primary health care spending as a percentage of all health care expenditures	New Jersey Medicaid data reported to NJ DOH	Not available yet	Requirement for Measurement Only
NM 2021 ¹²	Legislative	Primary care means integrated, accessible health care services, provided by clinicians accountable for addressing the majority of a patient's personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community.	Percentage of health care spending allocated to primary care	New Mexico All-Payers Claims Database	Not available yet	Commission/ Collaborative recommendation
OK	Legislative	"Primary care" is not defined in this Oklahoma bill or in any other Oklahoma statute or regulations.			Increase PC spending to a minimum of 11% of total	Direct Mandate

¹⁰ L.B. 863, 177th Legislature, 2022 Second Sess. (Ne. 2022), <https://nebraskalegislature.gov/FloorDocs/107/PDF/Final/LB863.pdf>.

¹¹ N.J. 2021, Chap. 133 (Budget Bill), (N.J. 2021), https://pub.njleg.state.nj.us/Bills/2020/AL21/133_.PDF.

¹² H.B. 67, 2021 Reg. Sess. (N.M. 2021), <https://www.nmlegis.gov/Legislation/Legislation?chamber=H&legtype=B&legno=67&year=21>.

2022 ¹³			Percentage of medical expenditures dedicated to primary care	Oklahoma All-Payer Claims Database	medical expenditures within four years	
OR 2015, 2017 ¹⁴	Legislative	“Primary care” means family medicine, general internal medicine, naturopathic medicine, obstetrics and gynecology, pediatrics or general psychiatry. “Primary care provider” includes: (A) A physician, naturopath, nurse practitioner, physician assistant or other health professional licensed or certified in this state, whose clinical practice is in the area of primary care. (B) A health care team or clinic that has been certified by the Oregon Health Authority as a patient centered primary care home.	Percent of medical expenditures of carriers, coordinated care organizations, and state employee payers that is allocated to primary care	Oregon Health Authority non-claims reporting template & Oregon All Payer Claims Database	Amendment mandated primary care spending should increase by 1 % annually with a goal of 12% of total expenditures by 2023	Direct Mandate
RI 2009 ¹⁵	Regulatory	Rhode Island has many definitions of primary care found in regulation. The most comprehensive definition related to measuring primary care spending can be found here, defining both “direct” and “indirect” primary care spending. Rhode Island Administrative Code 230-RCIR-20-30-4.	Share of commercial insurer expenditures going to primary care	Commercial insurer reporting to the Office of the Health Insurance Commissioner	Achieved its target of 5% increase by 2014 Over this same period, total health care expenditures fell 14%	Requirement for Measurement Only
UT 2022 ¹⁶	Legislative	Use Maine Quality Institute definitions, which reference both broad and narrow definitions. Utah Primary Care Spending Report.	Primary health care spending as a percentage of all health care expenditures	Utah All-Payer Claims Database and Utah Health Care Facility Data	PC spending slightly decreased from 2020 (6.3% narrow spending; 8.4% broad spending) to 2021 (6.1% narrow spending; 8.3% broad spending)	Requirement for Measurement Only
VT	Legislative	Delegates definition to Green Mountain Care Board. GMCB uses a definition that “includes the following provider taxonomies:	Percentage of total health care spending	Vermont Health Care Uniform	Not yet available	

¹³ S.B. 1337, 2022 Reg. Sess. (Ok. 2022), <http://www.oklegislature.gov/BillInfo.aspx?Bill=sb1337&Session=2200>.

¹⁴ S.B. 231, 2015 Reg. Sess. (Or. 2015), <https://olis.oregonlegislature.gov/liz/2015R1/Measures/Overview/SB231>; S.B. 934, 2017 Reg. Sess. (Or. 2017), <https://olis.oregonlegislature.gov/liz/2017R1/Measures/Overview/SB934>.

¹⁵ Office of the Health Insurance Commission of the State of Rhode Island, The Affordability Standards: A Summary, *available at* <https://ohic.ri.gov/sites/g/files/xkgbur736/files/documents/Affordability-Standards-Summary-AfStan-Oct-2012.pdf>.

¹⁶ See Utah Department of Health and Human Services, Data Systems & Evaluation, Utah Primary Spending Report, Dec. 2022, *available at* <https://healthcarestats.utah.gov/wp-content/uploads/Final-Utah-Primary-Care-Spend-Report-2022.pdf>

2019 ¹⁷		<ul style="list-style-type: none"> • family practice, • internal medicine (no subspecialty), • internal medicine (subspecialty geriatrics), • pediatrics (no subspecialty), • general practice, • nurse practitioner, • physician assistant, • naturopath, • osteopath, and • obstetrics/gynecology. The final definition utilized by the GMCB for primary care spending in its All-Payer Model TCOC reporting includes the following Current Procedural Terminology (CPT) codes for claims-based spending as follows: 9 • office visits, • encounter payments, • preventive visits, • vaccine administration, • care management, • chronic care management, • obstetrics/gynecology, • nursing facility, • home services, and • domiciliary/rest home/custodial care.” They also include certain “primary” behavioral health visits, deemed to “include the most common/routine mental health and substance [use disorder] services, only outpatient/office mental health and substance [use disorder] services, and those services provided to all persons regardless of age or gender.” GMCB Report to VT Legislature	allocated to primary care	Reporting and Evaluation System		Requirement for Measurement Only
WA 2019 ¹⁸	Budgetary	<p>"Primary care" means family medicine, general internal medicine, and general pediatrics. "Primary care provider" means a physician, naturopath, nurse practitioner, physician assistant, or other health professional licensed or certified in Washington state whose clinical practice is in the area of primary care. (iii) "Primary care medical expenditures" means payments to reimburse the cost of physical and mental health care provided by a primary care provider, excluding prescription drugs, vision care, and dental care, whether paid on a fee-for-service basis or as a part of a capitated rate or other type of payment mechanism.</p>	<p>Annual primary care expenditure by insurance carrier, in total and as a percentage of total expenditure.</p> <p>Where feasible, this determination must be broken down by relevant characteristics</p>	Washington All-Payer Care Claims Database and other existing data	Baseline measure of primary care spending as a percentage of total medical expenditures to be from 4.4% to 5.6%	Requirement for Measurement Only

¹⁷ Vermont Act No. 17, <https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT017/ACT017%20As%20Enacted.pdf>

¹⁸ Engrossed Substitute House Bill 1109 (Budget Bill), 2019 Leg. Sess. (Wa. 2019), *available at* <https://lawfilesexxt.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1109-S.SL.pdf>.

		This definition was then further developed by working group established in the legislation. Primary Care Expenditures Report to the Legislature				
WA 2022 ¹⁹	Legislative	Legislation directed collaborative to develop definition. The collaborative then developed general definition as well as deeper code-based definitions: Team-based care led by an accountable primary care clinician that serves as a person's source of primary contact with the larger healthcare system. Primary care includes a comprehensive array of equitable, evidence-informed services to create and maintain a continuous relationship over time. This array of services is coordinated by the accountable primary care clinician but may exist in multiple care settings or be delivered in a variety of modes.” Washington State Health Care Authority Advisory Committee on Primary Care	Percentage of total healthcare spending dedicated to primary care	Washington All-Payer Claims Database	Collaborative recommends increasing primary care expenditures to 12 percent of total health care expenditures Primary care report on how to achieve this target expected August 2023	Commission/ Collaborative Binding Obligations

¹⁹ S.B. 5589, 2022 Reg. Sess. (Wa. 2022) <https://app.leg.wa.gov/billsummary?billnumber=5589&year=2022>; Washington State Health Care Authority, Report to the Legislature, Health Care Cost Transparency Board Annual Report, Aug. 1, 2022, *available at* <https://www.hca.wa.gov/assets/program/hcctb-annual-report-2022.pdf>; *see e.g.*, Washington State Health Care Authority, Advisory Committee on Primary Care, Minutes from March 30, 2023 meeting, *available at* <https://www.hca.wa.gov/assets/program/hcctb-primary-care-committee-20230330.pdf>.