



May 11, 2015

The Honorable Sherrod Brown
U.S. Senate
Washington, D.C. 20510

The Honorable Patty Murray
U.S. Senate
Washington, D.C. 20510

Dear Senators:

On behalf of the American College of Physicians (ACP), I applaud you for your efforts and leadership in introducing the *Ensuring Access to Primary Care for Women & Children Act, S. 737*. This legislation will help ensure access to vital primary care services for so many of this nation's most vulnerable citizens by reinstating payment rates under Medicaid for certain primary care and immunization services to at least the level of Medicare for a two-year period. ACP fully supports this legislation, as described more notably below.

The ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 141,000 internal medicine physicians (internists), related subspecialists, and medical students committed to advancing the science and practice of medicine. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Ensuring sufficient payment for primary care services and vaccinations, and to the physician specialties that deliver them, is essential to ensuring access for the 65 million women, men, adolescents and children enrolled in Medicaid. Well-established research has shown that low Medicaid payment, which in many states has historically been well below the costs of delivering care, has been a major reason physicians are reluctant to participate in the program. As a result, the Medicaid program has long-struggled to attract participating physicians, making it difficult for low-income children, parents, qualifying adults, and elderly Medicaid enrollees to find a primary care doctor or a medical or pediatric subspecialist when they have specialized healthcare needs. Patients who do not have an established relationship with an internist, family physician, or pediatrician often will delay getting needed care, and when they do obtain care, it may be from an emergency room or urgent care clinic. Studies show that access to primary care is consistently associated with better outcomes and lower costs.

The Medicaid Primary Care Pay Parity Program was authorized and funded for calendar years 2013 and 2014. This legislation would reinstate federal funds for this program for a two-year period upon enactment. It ensures that physicians practicing in the specialties of family medicine, pediatrics, and internal medicine as well as related internal medicine and pediatric subspecialists receive Medicare-level reimbursement rates for providing primary care and

immunization services to patients enrolled in Medicaid. Maintaining access to primary care and related medical and pediatric subspecialists, by ensuring comparable rates under Medicare and Medicaid for these services, is especially critical at a time when the population enrolled in Medicaid is surging. These comparable Medicaid payments serve as incentives for eligible physicians to maintain or increase their Medicaid patient population in all states, whether or not a given state has elected to expand its Medicaid program. Because the program was not extended in 2014, primary care physicians now experience an average cut of 42 cents on the dollar for providing primary care services such as office visits for the treatment of chronic diseases like high blood pressure and diabetes to Medicaid patients.

If Congress fails to take action to ensure that Medicaid's primary care payments are no less than the applicable Medicare rates, patients will have more difficulty finding a participating physician and scheduling appointments, as physicians have no choice but to limit participation or leave the Medicaid program altogether due to financial constraints. An April 2014 ACP member survey found that of the respondents who indicated they had enrolled in the pay parity program via their State Medicaid program, 46 percent would accept fewer Medicaid patients in 2015 (40 percent) or drop out of Medicaid entirely in 2015 (6 percent) if the program was allowed to expire.

We appreciate your continued leadership on this issue and will make every effort to help advance this important legislation, which is a key priority for the College. We stand ready to serve as a resource and welcome the opportunity to work with you going forward.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne J. Riley". The signature is fluid and cursive, with a large initial "W" and "R".

Wayne J. Riley, MD, MPH, MBA, MACP
President