



AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*

ACP Supports S. 1716, the "Emergency Health Care Relief Act of 2005"

September 16, 2005

The Honorable Max Baucus  
Ranking Member, Senate Finance Committee  
United States Senate  
Washington, DC 20510

RE: S. 1716, the "Emergency Health Care Relief Act of 2005"

Dear Senator Baucus:

On behalf of the American College of Physicians (ACP), representing over 119,000 internal medicine physicians and medical students, we are writing to express support for S. 1716, the "Emergency Health Care Relief Act of 2005." We applaud your leadership in crafting this bipartisan legislation on this very important issue affecting the individuals who have been displaced by Hurricane Katrina, and who need to maintain access to the healthcare system.

The ACP supports provisions in this legislation that ease current Medicaid restrictions and eligibility requirements for hurricane survivors from Louisiana, Mississippi, and counties in Alabama. We agree that coverage should extend to all adults at or below 100% of the Federal Poverty Limit (FPL) and to children and pregnant women at 200% of the FPL. We also support provisions simplifying enrollment in Medicaid for affected individuals. We applaud the provision that provides Medicaid coverage to those living outside of the disaster areas, but have lost their job from a business located inside the disaster area and who require assistance with health care costs and coverage. ACP has long been a leader in the effort to insure all Americans and it is important to not take a step back for the survivors of Hurricane Katrina.

The ACP supports the establishment of the Disaster Relief Fund (DRF). It is appropriate that the proposed legislation allow providers to qualify for assistance from the DRF if they can show a significant increase in services provided to Medicaid beneficiaries or a rise in the amount of unpaid care. Again, because the ACP is very concerned about affected survivors losing health insurance coverage, we applaud the provision allowing the DRF to assist those currently covered under private insurance who will need help paying health insurance premiums or other incurred health care costs.

Finally, we agree that the penalty for late enrollment for Medicare Part B for those who cannot submit an application in the beginning enrollment period should be waived. We are also very concerned about dual eligibles, and believe the October report from HHS outlining how the CMS



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will shift dual-eligibles to the new Medicare prescription drug plan effective January 1, 2006 is important.

Again, we thank you for your leadership on this important issue and enthusiastically endorse this legislation.

Sincerely,

C. Anderson Hedberg, MD, FACP  
President