

July 22, 2009

The Honorable Edward Kennedy  
Chairman  
Health, Education, Labor, and Pensions Committee  
United States Senate  
Washington, D.C. 20510

The Honorable Christopher Dodd  
Chairman, Subcommittee on Children and Families  
Health, Education, Labor, and Pensions Committee  
United States Senate  
Washington, D.C. 20510

Dear Chairmen Kennedy and Dodd:

On behalf of the 129,000 internal medicine physician and medical student members of the American College of Physicians, I am writing to express our appreciation and support for the many policies in the Affordable Health Choices Act of 2009, to provide Americans with access to affordable coverage, ensure a sufficient number of primary care physicians, and institute delivery system reforms to help physicians produce the best possible outcomes for patients. ACP is the second largest physician membership organization in the United States.

Our review of the discussion draft, as released on June 9 and July 1, coupled with the July 15 Committee approved section by section summary, is that the committee's proposal is closely aligned with ACP's top priorities for health reform. As this legislation moves forward through the process however, there are several issues we ask be addressed to ensure that the reforms to support primary care accomplish the desired goals.

- **Coverage:** The bill creates a pluralistic framework so all Americans will have access to affordable health insurance coverage. We are pleased the bill provides people with a wide choice of health plans, including the option of maintaining their current health plan. ACP supports the bill's proposals to reform the insurance industry so that coverage no longer is out of reach for people who have pre-existing conditions or who develop an illness while insured. We support sliding scale tax credits and coverage of evidence-based preventive services with minimal cost-sharing. We are pleased with the establishment of a one-time advisory commission to offer guidance to the Secretary on the design of the essential benefit package, as offered in the Gateway, and ask that a practicing primary care physician be specifically included among the commission's membership.

ACP believes a public plan could appropriately be offered if physician and patient participation is voluntary and if the plan is funded through premiums, as the Affordable Health Choices Act requires. We also believe the public plan should be able to use innovative payment models to support patient-centered primary care. We believe payments to physicians under the public plan should be competitive with those of other insurers and not replicate flaws, such as the undervaluation of primary care, in existing payment models. We are encouraged that the public plan option in the Affordable Health Choices Act would not be based on the Medicare rates, but instead, would be negotiated with providers and benchmarked to the average reimbursement rates paid by health insurance issuers offering qualified health plans through the Gateway.

We are encouraged with the establishment of a State Advisory Council in each state, which may develop or encourage the use of innovative payment policies that promote quality, efficiency and savings to consumers. The College asks that the Patient Centered Medical Home (PCMH) be specifically mentioned as an alternate payment model to be considered, and that a practicing primary care provider be among the SAC's membership. We look forward to continued dialogue on the design of the public plan option.

The College urges Congress to consider a variety of approaches to finance coverage including ones that encourage individuals to make prudent decisions affecting use of health care resources. We also support shared responsibility for funding health care reform, including requirements that employers contribute to coverage and that individuals obtain coverage once affordable options are available to them.

- **Primary Care Workforce:** The bill would establish a national health workforce commission to help set goals and policies to achieve a sufficient and optimal number and distribution of physicians and other clinicians. We applaud the Committee for including policies to increase the numbers of physicians in primary care internal medicine, family medicine and geriatrics, including increased funding and creation of new pathways to provide scholarships and loan forgiveness to primary care physicians who agree to practice in areas of need. We specifically support provisions to permanently authorize and increase authorized funding for the National Health Services Corps, to increase support for Title VII primary care training programs including grants to schools and training programs to plan, develop, operate or participate in training programs in general internal medicine, family medicine, general pediatrics, and physician assistance programs, need-based financial assistance in the form of traineeships and fellowships in such primary care fields, and creation of the Health Care Workforce Assessment Program to analyze workforce issues and the effectiveness of workforce programs authorized by the bill.

ACP is pleased the Burr amendment reinstating the 20/220 pathway, which allows for the deferment of interest and principal payments on educational loans during residency, was adopted during the Committee's mark up. This pathway is the economic hardship deferment qualification criterion that 67 percent of the nation's medical residents have relied upon to defer their student loan debts while completing residency training.

The College seeks clarification about Sec. 428, Nurse Managed Health Clinics (NMHCs). As written, it appears this legislation would treat nurse managed health clinics as equivalent to physician-led practices. Although the language requires an association with a school, college, university or department of nursing, federally qualified health center, independent nonprofit health or social services agency, there is no mention of scope of practice laws or the need for a relationship with a primary care physician. We would ask for clarification that nurses managing the health clinics must be within their state's scope of practice law. Further, is it the intent of this section that NMHCs funded under this provision would only care for underserved or vulnerable populations?

- **Quality Improvement:** ACP commends the Committee for the emphasis on improving the quality of health care. The College believes the following activities would facilitate quality improvement: development of a national quality improvement strategy, with its emphasis on reducing variation and disparities and improving population health; dissemination of quality improvement best practices throughout the health care system; continued development and maintenance of evidence-based, valid, reliable, and practical quality measures that address priority areas and other needs; and a multi-stakeholder process for endorsing quality measures and providing resulting quality information to consumers and other stakeholders in a meaningful format. ACP supports the public reporting of physician quality improvement if the process of development, selection, and use is valid and physicians have the opportunity to review and appeal before public release.
- **Programs to Improve Care Coordination:** ACP supports the bill's effort to increase the ability of the health care system to improve and better coordinate patient care. Facilitating community-based interdisciplinary teams to support and expand the capability of medical homes, promoting improved medication management with a focus on avoiding hospitalizations, and facilitating use of resources that enable patients to better share in medical decisions are positive steps toward achieving more patient-centered care. We also support establishment of the primary care extension program, which would provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management mental health services and evidence-informed therapies. While the College is encouraged by the efforts envisioned in the bill, it is imperative these programs be established and implemented in a way that increases integration and coordination of care as opposed to furthering fragmentation.

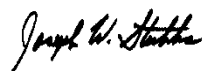
We are especially pleased with the interest the Committee has in the medical home, as defined in Sec. 212, as well as requiring health plans to incentivize use of it, as found in Sec. 143(m)(1)(A). The absence of providing an incentive to specifically promote primary care is striking, however, and ACP recommends inclusion of language incentivizing primary care as found in the Preserving Patient Access to Primary Care Act (S. 1174/ H.R. 2350).

- **Comparative Effectiveness and Shared Decision-Making:** The College applauds the establishment of a Center for Health Outcomes Research and Evaluation to facilitate the development of comparative effectiveness research to help patients and their personal physicians identify the most effective intervention for a given condition, one that meets the unique needs and preferences of the patient. It is also commendable that the Center's processes facilitate multi-stakeholder involvement, transparency and protections from conflicts of interest. These processes will promote trust in the comparative effectiveness information produced by the Center. We also support the creation and funding of tools and resource centers to support collaborative processes between patients, caregivers or authorized representatives, and clinicians that engages the patient, caregiver or authorized representative in decision making, provides patients, caregivers or authorized representatives with information about trade-offs among treatment options, and facilitates the incorporation of patient preferences and values into the medical plan.
- **Administrative Simplification:** The College supports the requirement that the Secretary adopts and maintains clear, unambiguous, authoritative, and robust standards to enable administrative and financial transactions. Refining and expanding on the standards addressed in the Health Insurance Portability and Accountability Act of 1996 is an appropriate first step. Standards that improve physicians' interactions with health plans will improve the practice environment and generate efficiencies for the entire system; will govern claim receipt; provide for electronic funds transfer; provide information pertaining to points in claims adjudication process, including denial management; and simplification of other requirements identified by the Secretary in consultation with stakeholders. While ACP appreciates that the bill provides the Secretary the authority to identify additional issues to reduce administrative burden in consultation with stakeholders, the College urges inclusion of the specific administrative simplification initiatives as included in the Preserving Patient Access to Primary Care Act (S. 1174/ H.R. 2350).
- **Prevention and Wellness:** We support the goals of reducing barriers and providing appropriate reimbursement to support the provision of evidence-based preventive services to patients and funding for community-based wellness and public health programs.

In summary, we are pleased the Affordable Health Choices Act includes policies on coverage, workforce, delivery system reform, patient-centered primary care, comparative effectiveness research, and administrative simplification that are strongly supported by the College. Since we recognize changes will be made as health reform legislation makes its way through both the House and Senate, we intend to continue to provide you, the White House, and your colleagues in the House and Senate with our views on potential changes and how they would reflect ACP's priorities and policies.

We are committed to doing all we can to get legislation enacted this year to ensure all Americans will have access to affordable coverage and to a general internist or other primary care physician. The Affordable Health Choices Act will go a very long way toward achieving these goals.

Yours truly,



Joseph W. Stubbs, MD, FACP  
President