

July 24, 2014

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

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

Dear Senators:

The American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA), representing over 400,000 physicians and medical students who provide the preponderance of primary care to the Medicaid population and to our nation's citizens in general, appreciate your efforts to develop legislation to extend Medicaid-Medicare payment parity for primary care services. Our organizations urge that the legislation developed be consistent with the following principles:

- Physicians with a specialty designation of family medicine, general internal medicine or pediatric medicine, who have been traditionally recognized as providers of primary care, should have to meet the same requirements to qualify for the Medicaid parity increase. Preferably, these requirements should consist of those in current law, i.e., self attestation of Board certification in the specialty or meeting the threshold requirement of 60 percent of billings being from specified primary care codes.
- Physicians within the subspecialties of internal medicine and pediatric medicine should continue to be eligible for the parity payment for their designated primary care and vaccination codes as is the case under current law and regulation. Many of these subspecialists provide a significant amount of primary care services to vulnerable patients. In addition to the long history of patients encountering access problems to pediatric subspecialists within the Medicaid program, the recent addition of millions of adults to the program as a result of the recent expansion of Medicaid in many states, as well as healthcare exchange implementation, highlight the critical need to encourage the participation of both pediatric and internal medicine subspecialists through the parity increase. While we understand the goal of targeting the parity payments to primary care and the specialties that provide them, we urge that this be achieved in a way that does not exclude pediatric and internal medicine subspecialists providing care to children, adolescents, and adults within the Medicaid program.
- A technical change in the implementation of immunization administration codes eligible for the increase should be included. CMS has interpreted the language "as subsequently modified" to be ineffective in allowing for the increase to apply to children in the Vaccines for Children program, which is the vaccine component of Medicaid for children. To qualify the new codes for the payment increase, Section 1928(h) (6) of the Social Security Act should be modified by striking "a vaccine" and replacing it with "each vaccine component." This would allow for the use of updated codes that modified outdated codes and encourage the use of multi-component vaccines, which lead to fewer "sticks" per child, as opposed to the interpretation of the section which incentivizes "single shot" immunizations.

Our organizations appreciate your consideration of these above principles, and would be pleased to discuss them in more detail at your convenience.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Physicians
American Osteopathic Association