



July 30, 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:

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*. This legislation will help ensure access to vital primary care services for so many of this nation's most vulnerable citizens by extending current-law payment rates under Medicaid for certain primary care and immunization services to at least the level of Medicare through 2016. 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.


This legislation will extend and ensure continued funding of what is often referred to as the Medicaid Primary Care Pay Parity Program under current law. It ensures that physicians practicing in the specialties of family medicine, pediatrics, and internal medicine as well as related internal medicine and pediatric subspecialists continue to 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. A recent survey of a representative sample of ACP members found that almost half of those participating in the current Medicaid Primary Care Pay Parity Program would have to reduce the number of Medicaid patients they see, or drop out of the program altogether, if the program is allowed to expire at the end of this year.

This legislation also includes physicians practicing obstetrics and gynecology as qualified specialists, subject to the eligibility requirement that at least 60 percent of their Medicaid billings consist of primary care services as defined under current law. We support this policy, recognizing that, for many women, a physician who specializes in obstetrics and gynecology may be the only physician they see regularly during their reproductive years and therefore their only point of entry into the health care system. Inclusion of physicians who specialize in obstetrics and gynecology, who provide principally primary care services as defined by the 60 percent billing threshold, will ensure better continuity of care for women.

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, reading "David A. Fleming MD". The signature is written in a cursive style with a large, stylized "D" at the beginning and a small "MD" at the end.

David A. Fleming, MD, MA, FACP
President