

October 22, 1998

Nancy Ann DeParle
Administrator
Health Care Financing Administration
Department of Health and Human Services
Hubert H. Humphrey Building, Room 314-G
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Ms. DeParle:

The undersigned organizations represent over 200,000 physicians, many of whom are primary care physicians. We are very concerned about reports that the Health Care Financing Administration may re-interpret the requirements of the Balanced Budget Act of 1997, relating to the resource based “down payment” for office visits, in such a way as to reverse the gains for primary care that had been promised by Congress and HCFA.

Our organizations are already on record as supporting HCFA’s view (as articulated in the June, 1998 Notice of Proposed Rulemaking) that the intent of the BBA 97 was to apply the PE-RVUs for office visits, as adjusted by the down payment, to the subsequent transition years. We urge you to review our previous comments. To succinctly re-state our position, it is absolutely clear that Congress intended for the down payment to be the first step in transitioning to resource-based practice expenses. Over the past several months, our organizations have discussed this issue with the congressional offices that drafted the BBA 97 provision, and they have confirmed that they intended for the down payment to apply not only in 1998, but also in the subsequent transition years. It defies common sense to believe that Congress intended to raise PE payments for office visits only in 1998, and then reduce them the following year.

We would consider any decision by HCFA to interpret the BBA 97 in such a way as to revert to the 1997 PE-RVUs—or even worse, the 1991 PE-RVUs—as a betrayal of the promises that Congress made (with HCFA’s support) to begin the process of improving practice expense payments for office visits. Especially given the fact that the “top down” methodology proposed in HCFA’s June 18, 1998 NPRM *already* substantially reduces the gains for office-based services expected from RBPEs, we will strongly oppose any decision by HCFA to re-interpret the down payment provision in a way will further erode the gains for office visits and other primary care services. HCFA must stand firm on this question, even if that means standing up to a possible effort by other groups to block Congress’ intent by filing a law suit against HCFA’s interpretation of the statute.

Sincerely,

American Academy of Family Physicians
American College of Physicians-American Society of Internal Medicine
American College of Rheumatology
American Osteopathic Association
American Geriatrics Society
Renal Physicians Association