

July 15, 2009

The Honorable Henry Waxman
Chairman
House Energy & Commerce Committee
Washington, D.C. 20515

The Honorable Charles Rangel
Chairman
House Ways & Means Committee
Washington, D.C. 20515

The Honorable George Miller
Chairman
House Education and Labor Committee
Washington, D.C. 20515

Dear Chairmen:

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 America's Affordable Health Choices Act of 2009, H.R. 3200, to provide Americans with access to affordable coverage, ensure a sufficient number of primary care physicians, and institute payment and 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 initial review of H.R. 3200 as introduced on July 14th, is that it is closely aligned with ACP's top priorities for health reform. Accordingly, ACP supports approval of the bill by the three House committees, and following mark up, we expect to recommend passage of H.R. 3200 by the full House of Representatives, pending review of any amendments made by the committees. As noted below, there are several issues that we ask be addressed during the mark-up to ensure that the payment reforms to support primary care accomplish the desired goals.

- **Coverage:** The bill creates a pluralistic framework so that all Americans will have access to affordable health insurance coverage. We are pleased that the bill will provide 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, coverage of evidence-based preventive services with no cost-sharing, and expansion of Medicaid to cover the poor. ACP believes that a public plan could appropriately be offered if physician and patient participation is voluntary and if the plan is funded through premiums—as H.R. 3200 requires. We also believe that the public plan should be able to use innovative payment models to support patient-centered primary care, and appreciate the reference in the bill to medical homes as being among the new payment and delivery models that the public plan should consider adopting. We believe that 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 look forward to continued dialogue on the design of the public plan option.

Although we do not have policy on the specific tax surcharge provisions called for by the bill, 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.

- **Workforce:** The bill would establish a national health workforce policy to help set goals and policies to achieve a sufficient and optimal number and distribution of physicians and other clinicians.

We applaud the committees 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 and policies to facilitate increased training in office-based primary care practices. We also agree on the need to increase GME training positions for primary care specialties.

- **Payment and delivery system reforms:** We are very pleased that the bill would eliminate the accumulated Medicare SGR payment cuts, provide a new framework for future updates that allow for spending on physician services to increase at a rate greater than GDP, and create a higher spending baseline target for evaluation and management and preventive services, including those associated with primary care.

We applaud the committees for increasing Medicare payments for designated services provided by primary care physicians. The language in H.R. 3200 changes the definition of “primary care services” from the language in the draft bill in a way that could exclude many primary care internists and other primary care physicians from being eligible for the bonus. We have shared our suggestions for resolving this problem with your staff and ask that the eligibility criteria be modified during mark up to ensure that the Secretary incorporates the services typically provided by general internists and other primary care services. ACP also requests that the committees increase the primary care bonus to at least 10%. We strongly support the proposal to increase Medicaid payments for primary care to be equivalent to Medicare.

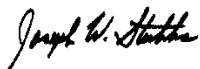
We strongly support the dedicated funding that is provided to pilot-test, on a national scale, the idea of paying physicians for care coordination in a qualified Patient-Centered Medical Home. ACP will continue to provide Congress with ideas on strengthening the payment and delivery system reforms to accomplish the goals of increasing the numbers of physicians in primary care fields.

The College strongly supports the proposal to fund independent, transparent and evidence-based research on the comparative effectiveness of different treatments to inform physician-patient decision-making. We believe that CER will lead to better care for patients, not denials of needed care. We also are pleased by provisions in the bill to simplify and reduce the costs associated with interactions with health plans.

In summary, we are pleased that America’s Affordable Health Choices Act of 2009 includes policies on coverage, workforce, payment and delivery system reform, primary care, comparative effectiveness research, and administrative simplification that are strongly supported by the College. Since we recognize that 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 that we can to get legislation enacted this year to ensure that all Americans will have access to affordable coverage and to a general internist or other primary care physician. America’s Affordable Health Choices Act of 2009, H.R. 3200, will go a very long way toward achieving these goals. ACP looks forward to H.R. 3200 being reported out of the committees and we expect to issue a strong recommendation for its passage by the House of Representatives, pending review of any amendments.

Yours truly,



Joseph W. Stubbs, MD, FACP
President