



September 29, 2014

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Republican Leader
United States Senate
Washington, DC 20510

Dear Majority Leader Reid & Republican Leader McConnell:

The American Academy of Family Physicians urges you to support access to efficient, cost-effective primary care for over 65 million Medicaid patients by ensuring that the Senate acts on the *Ensuring Access to Primary Care for Women and Children Act* (S. 2694) prior to adjourning the 113th Congress. This important legislation would prevent reductions in access for millions of patients by negating dramatic cuts in Medicaid payments for eligible primary care physicians.

Decades of research has shown that patients who have health care coverage and a usual source of care, most often a primary care physician, have better outcomes than those who lack one or both. This policy takes the necessary steps to ensure that health care coverage is met with access to primary care physician services by enabling primary care physicians to accept more Medicaid beneficiaries into their practices. In other words, it makes health insurance a tangible benefit for millions of Medicaid beneficiaries and not health care coverage in name only.

Our members provide care to a large percentage of Medicaid beneficiaries and continue to open their practices to the millions of new patients seeking their services. While participation in the Medicaid program may be low among the general physician population, nearly 70 percent of family physicians participate in the program and accept new Medicaid patients into their practices.

As noted by the title of the legislation, the Medicaid program is a critical provider of health care coverage for women and children. Family physicians, along with their OB/GYN colleagues, provide a majority of health care services to women. In fact, over 64 percent of women who seek care see a family physician for their health care needs – higher than any other physician specialty, including OB/GYN.¹ With respect to non-pregnancy related primary care, over 85 percent of such care provided to women is provided by family physicians.²

¹ Robert Graham Center analysis of the national data from the Medical Expenditure Panel Survey (MEPS) between 2002 and 2011 | Nearly all [women] who sought some sort of office-based care went to family physicians, ob-gyns, or a combination. Family physicians' office visits alone were visited most often (42.6%). In contrast, 28.6% of these women visited only an ob-gyn office, while an additional 21.5% went to offices of a family physician or general internist as well as an ob-gyn physician.

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Family physicians also are an important source of care for children. Nearly 70 percent of all family physicians see children in their practices. While pediatricians account for a large proportion of physician visits by children, family physicians are named as the usual source of care for one-third of the child population and provide 16 percent to 21 percent of physician visits by children.³ As children age, they are more likely to see a family physician versus other physician specialty. For example, while only 49 percent of children age 5-13 see a family physician for their usual source of care, that percentage increases to 73 percent for those ages 18 to 24.⁴

S. 2694 would protect access to care for millions of Medicaid beneficiaries by extending the Medicaid parity provision which requires that Medicaid compensate primary care physicians, defined as family medicine, general internal medicine, and general pediatrics, at 100 percent of Medicare payment rates for a defined set of primary care services. The legislation also expands the payment policy to include OB-GYN physicians so long as 60% of their total Medicaid services include one of the eligible codes.

Research has demonstrated a direct correlation between payment rates and participation in the Medicaid program. For example, in 2005 participation rates in Kentucky rose 36 percent as a result of an increase in Medicaid payment rates. There also are occurrences of participation rates dropping as a result of a reduction in Medicaid payment rates. Research also shows that access to primary care physicians has a positive impact on the overall health care spend for Medicaid programs. The Medicaid and CHIP Payment and Access Commission (MACPAC), in their July 2014 *MACfacts*, found “higher ED [emergency department] use by Medicaid enrollees when they have difficulty accessing their regular doctor and other appropriate settings” and they also note that “expanding the availability of primary care could lead to more efficient use of the ED.”

Based on these historical indicators and recent findings, we believe this is one of the more important policies aimed at expanding access to care, improving the overall quality of care provided and controlling growth in the overall costs of health care for governments. However, this provision is set to expire on December 31. At that time, Medicaid beneficiaries’ access to timely and quality health care will be thrown into jeopardy. We urge the United States Senate to take immediate action to approve S. 2694 and prevent reductions in access for patients who depend on Medicaid for their health care coverage.

Sincerely,



Jeff Cain, MD, FAAFP
Board Chair

² Robert Graham Center analysis of the national data from the Medical Expenditure Panel Survey (MEPS) between 2002 and 2011 | Compared with family physicians or internist, the percentages of office visits to an ob-gyn were more likely for pregnancy (57%), only 23% were for general check-up, and less than 14% were for diagnosis or treatment. Over 85% of visits by women to a family physician were for a general check-up, diagnosis, or treatment.

³ Factors Influencing Family Physicians’ Contribution to the Child Health Care Workforce | *Annals of Family Medicine* | Volume 12, NO. 5 – September/October 2014

⁴ Robert Graham Center analysis | Unpublished