AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

July 30, 2014

Hon. Patty Murray
United States Senate
154 Russell Senate Office Building
Washington, D.C. 20510

Hon. Sherrod Brown
United States Senate
713 Hart Senate Office Building
Washington, D.C. 20510

RE: Ensuring Access to Primary Care for Women and Children Act

Dear Senators Murray and Brown:

On behalf of the American Academy of Family Physicians (AAFP), representing 115,900 family physicians and medical students nationwide, I write to thank you for introducing the *Ensuring Access to Primary Care for Women and Children Act.* I am pleased to inform you that the AAFP supports the legislation.

This bill would strengthen a critical element of the Medicaid program—a program that provides matching funds to states that provide critical medical assistance to 66 million Americans. Specifically, the bill would extend and expand for two years Section 1902(a)(13)(C) of the Social Security Act, which currently requires state Medicaid programs to provide payments (at a minimum at Medicare levels) to family physicians and other primary care physicians for certain primary care services that they provide to their Medicaid patients until the end of 2014. As you well know, America's family physicians are on the front lines of delivering primary and preventive care to underserved Americans in low-cost settings. Extending and refining this enhanced payment will allow family physicians to continue to see current patients, and to add new Medicaid patients to their patient panels—including those newly enrolled under the Medicaid expansion.

First, and most importantly, the bill would ensure that the critical enhanced payment for certain primary care services in the Medicaid program is continued through the end of 2016. Second, the bill would codify into law the current regulatory framework which requires Medicaid programs to pay Medicare rates to family physicians who either (1) are board certified, or (2) perform a minimum of 60 percent certain primary care services for Medicaid patients as measured by a percentage of charges. Third, the bill would create enhanced payments for those rural health clinics (RHCs) and federally qualified health centers (FQHCs) that receive reimbursement under a physician fee schedule (rather than under Section 1902(bb)). Finally, the bill would delete from the Medicaid definition of primary care services those "services . . . provided in an emergency department of a hospital."

The AAFP supports all of these legislative elements as worthy efforts to strengthen primary care services to the underserved. Most notably, despite anecdotal evidence that the AAFP has collected from our members indicating that the enhanced payments allow them to serve new Medicaid patients (the purpose of the program), we need more time to evaluate more thoroughly how the program is working. Diane Rowland, Chair of the Medicaid and CHIP Payment and Access Commission (MACPAC), testified before Congress in January that it was "too early to really evaluate" whether the temporary payment enhancement was expanding access to primary care services. Thus, at a minimum, the AAFP applauds your leadership in seeing that this Medicaid to Medicare parity payment program be allowed to continue to allow for adequate evaluation.

Further, the AAFP applauds your efforts to refine the program as targeting access to primary care. The very essence of high-quality primary care is designed to encourage care in ambulatory settings and outside of high-cost settings like emergency rooms. Medicaid should not reward providers for performing certain primary care services in the ED. Conversely, RHCs and FQHCs that bill Medicaid under the physician fee schedule should be entitled to the enhanced rate, since they do provide primary-care services in the appropriate low-cost setting. In addition, the AAFP supports the inclusion of physicians with a primary specialty designation of obstetrics and gynecology—provided that they always meet the 60-percent primary care billing threshold. This recognizes that certain board-certified OB/GYNs can be classified as providing certain primary care services for women—namely those who engage principally in rendering such services in the ambulatory setting. OB/GYNs who do not meet this threshold cannot properly be considered to be providing sufficient primary care for women.

Thank you for your commitment to preserving and enhancing access to primary care for one in five Americans who are enrolled in Medicaid. If the AAFP can be of further assistance, please do not hesitate to have your staff contact Andrew Adair (aadair@aafp.org), Government Relations Representative.

Sincerely,

Jeffrey J. Cain, MD, FAAFP
Board Chair