



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

May 13, 2009

The Honorable Allyson Schwartz  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Schwartz:

On behalf of the nearly 95,000 members of the American Academy of Family Physicians, thank you for introducing the *Preserving Patient Access to Primary Care Act*. This is a significant bill that makes an important statement about the value of primary care physicians in reforming the American health care system. We are pleased to support it and we look forward to working with you and your staff in the passage of this legislation.

The experience that many Americans have with the health care system is confusing, time consuming, expensive and not always effective. A major reason for this is they probably lack a primary care physician to coordinate their care, especially if they are suffering from one or more chronic conditions. They may not have a primary care physician who can help keep their other health care providers informed of what tests they have taken, what conditions they have had in the past, what medicines they are allergic to and what their family history indicates about their health risks. Indeed, they may not have a primary care physician who can help them get the preventive care they need to avoid many of these later costly medical interventions.

As you point out, health care in the U.S. is fragmented and not patient-friendly because there is a shortage of physicians trained in primary care. Your legislation addresses many of the reasons for this shortage. The bill provides several important recruitment incentives, like:

- scholarships for students who agree to serve as primary care physicians (after residency) at critical shortage health facilities,
- loan repayments of not more than \$35,000 for students who agree to serve as a primary care physician (after residency) in critical shortage areas,
- deferment of loans during residency and internships for medical residents in primary care, and
- higher Medicare caps on the total number of full time equivalent residents, while requiring that existing teaching institutions maintain or increase their primary care residency capacity.

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We are particularly pleased with the bill's language to eliminate barriers to increased training in ambulatory settings.

However, research shows that when medical students do not choose primary care specialties, like family medicine, a major reason is the disparity in income between primary care physicians and other physician specialties. Your legislation tackles this important problem as well. Increasing the budget neutrality limits under the physician fee schedule to account for savings throughout the Medicare system will help demonstrate the cost effectiveness that primary care provides. Including a separate Medicare payment for primary care services and comprehensive care coordination services sends an important message about the value of primary care.

We commend you for speeding up the process for making the Patient-Centered Medical Home Services a Medicare benefit supported by a monthly care coordination fee and a performance-based bonus payment. The evidence is clear that a Patient-Centered Medical Home will give patients access to a well organized medical team that will coordinate care and maintain effective communication with their patients about wellness and prevention, mental health, and physical health activities and treatments in the context of same-day appointments and e-mail contacts. The goal is to give the patient better control of her or his health and enhance the patient-doctor relationship.

We agree with your legislation's elimination of cost-sharing for preventive benefits in Medicare because it will translate to better health care for patients. We believe your legislation's provision of funding for providing services to patients with limited English proficiency will go a long way to helping primary care physicians afford expert medically trained translators who can help patients better understand their medical instructions and who can help these patients communicate effectively with their physician.

We have some concerns with the way that the legislation includes non-physician providers in a role similar to that of physicians, especially in the implementation of the Patient-Centered Medical Home. Without data showing the comparability of non-physician providers to primary care physicians, whose training and experience are much more intense and extensive, it is a risk to allow these providers to deliver these services without the standard level of supervision. We look forward to working with you and your staff to recommend appropriate studies and evaluations that will help determine how to provide the best health care for Medicare patients.

Thank you for your leadership and your outstanding commitment to improving health care by supporting patients' access to effective primary care.

Sincerely,

A handwritten signature in black ink, appearing to read "JK MD". The signature is stylized and cursive.

Jim King, MD, FAAFP  
Board Chair