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**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-3813

December 16, 2009

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The Honorable Barack Obama  
President of the United States  
The White House  
Washington, D.C. 20500

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Capitol Building, Room 232  
Washington, D.C. 20510

The Honorable Harry Reid  
Majority Leader  
United States Senate  
Hart Senate Office Building, Room 522  
Washington, D.C. 20510

Dear Mr. President, Speaker Pelosi, and Majority Leader Reid:

We write to you as strong supporters of comprehensive health care reform and as cosponsors of the *Preserving Patient Access to Primary Care Act of 2009, H.R.2350*. As Congress continues its work on finding a uniquely American solution to our nation's health care challenges, we remain steadfast in our advocacy for improving access to primary care services.

As you have said throughout this important debate, health care reform must be about more than insurance reform. In order to truly improve health care in our nation we must also place a new emphasis on prevention, healthy lifestyles, delivery system reforms, and bending the health care cost curve. A focus on incentivizing primary care is central to this effort.

Currently, the differences between the House-passed *Affordable Health Care for America Act, H.R.3962* and the legislation pending before the Senate are quite significant with respect to primary care. We believe it is essential that the strongest possible primary care provisions be retained through changes in the Senate bill before passage or in the conference process and be a part of the final health care reform legislation that is signed into law. We urge your support of the positions outlined below as we move forward with this process.

**Expand implementation of the Patient-Centered Medical Home (PCMH) in Medicare and Medicaid.** The availability of patient-centered medical homes for individuals with chronic conditions is one of the most effective ways to prevent hospital admissions and readmissions,

improve compliance with medication regimens, lifestyle changes, and other medical instructions, and improve health outcomes. Given that 96 percent of all Medicare spending and 83 percent of all Medicaid spending is attributable to patients with at least one chronic condition, our attention to managing this care is critical to improving outcomes and reducing costs.

We urge the inclusion of the PCMH pilots for both Medicare and Medicaid as outlined in *H.R.3962*. Though the Senate's bill makes reference to the PCMH model in the Center for Medicare and Medicaid Innovation, it is one among many options to be considered. The models outlined in *H.R.3962* have been tested and proven effective, and it is time to immediately begin the widespread adoption of this policy.

Further, we support the explicit language included in *H.R.3962* that clarifies that all primary care providers who meet the requirements to serve as an individual's PCMH should be reimbursed for that care – including nurse practitioners and physician assistants acting in accordance with state laws. Ensuring that all Americans have access to necessary primary care services will require every primary care practitioner to be able to function at the full scope of his or her practice, especially with respect to the patient-centered medical home.

**Increase payments to primary care providers.** The relative payment of primary care providers as compared to their colleagues in subspecialties is central to the declining numbers of medical students choosing this field and the increasing barriers to access that Medicare and Medicaid beneficiaries face. As we seek to focus our health care system toward prevention and disease management, we must adequately reimburse the skilled professionals who do this important work.

In order to attract and retain a sustainable primary care workforce, we believe Medicare payments for primary care providers should be increased substantially. The provisions in the House and Senate bills are important steps in the right direction. We therefore support the 10 percent increase included in the Senate's legislation, but applied permanently to the broader swath of primary care services as included in *H.R.3962*.

In Medicaid, we strongly support the provision of *H.R.3962* that would increase Medicaid reimbursements for primary care services to at least those in Medicare. Especially as states face fiscal crises, we cannot risk that payments to primary care providers would be cut just as we expand eligibility in Medicaid programs.

**Invest in bolstering our primary care workforce.** The need for additional primary care practitioners is dire. Even at current demand, our nation will face a shortage of at least 46,000 primary care providers by 2025. As we expand access to health insurance and as our population ages, these shortages become all the more acute. We must make good on the promises made to the American people that comprehensive health care reform will mean that they can continue to see their health providers, that they will not experience unreasonable waiting times for appointments, and that access to health insurance will mean access to care.

To that end, we strongly support the provisions included in the Affordable Health Care for America Act that provide incentives for physicians, nurse practitioners, and other health care providers to choose primary care. These include increasing the National Health Service Corps full-time award from \$35,000 to \$50,000, allowing for part-time service option in the National Health Service Corps, the creation of a new Frontline Health Providers Loan Repayment program for primary care providers in high-need areas outside of Health Professional Shortage Areas, and the creation of a health workforce commission that includes primary care providers.

Additionally, incentives for physicians to choose primary care will only truly increase our primary care workforce if coupled with an increase in the number of available residency positions in this country. Capped since 1997, graduate medical education positions are stagnant even as our need for new physicians – particularly primary care physicians – grows. We urge the creation of 15,000 new residency positions, with a preference for primary care, and at a minimum prefer the House's approach to redistribution of unused GME positions.

We are grateful for your leadership on this landmark issue for our nation and we look forward to continuing this conversation with you in the coming weeks. Please know that the issue of primary care is paramount to us as we negotiate the final provisions of health care reform and we stand ready to support your commitment to this issue however we can.

Sincerely,

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