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Humayun J. Chaudhry, DO, MS, FACOI, President

July 29, 2009

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

I write in support of your efforts and those of other members of Congress to enact meaningful health care reform through the advancement of the "America's Affordable Health Choices Act of 2009" (H.R. 3200). Enactment of this legislation, with amendment, would fundamentally reform the health care delivery system. The American College of Osteopathic Internists (ACOI) appreciates your efforts and those of your colleagues' and looks forward to continuing to work with you to refine this legislation.

The ACOI represents the nation's osteopathic internists and medical subspecialists, including residents and fellows in those fields, and is dedicated to the advancement of osteopathic internal medicine through excellence in education, advocacy, research and the opportunity for service. Further, the ACOI is committed to assisting its members' efforts to provide the highest level of quality care. Central to these goals is the advancement of a meaningful health care reform package that expands access to affordable quality health care. H.R. 3200, with additional amendments, will take important steps toward the attainment of these goals.

There is without a doubt a need to increase the availability of health care services for all Americans. The most recent estimate by the U.S. Census Bureau is that there are over 45.7 million Americans without health insurance coverage. This results in people not having access to timely health care services. When care is finally sought, it is often at a time when the condition has worsened and the cost of care has grown. Improving access to preventive care and earlier treatment will reduce overall costs and improve long-term patient health. According to a recent estimate by the Congressional Budget Office, nearly 97 percent of all Americans would have health care coverage within 10 years as a result of the provisions contained in H.R. 3200. This would be a monumental accomplishment.

Additional patients in the health care system as a result of the enactment of a reform package as well as an aging population will require more physicians to provide care. Without reform, estimates already predict a looming physician shortage. Expanded access to care, although empathetically a good thing, will compound the problem. This must be recognized and addressed. H.R. 3200 takes important steps to expand the number of primary care physicians through enhanced funding and changes to the current structure of graduate medical education. The ACOI applauds your efforts to expand access to training opportunities and reimbursement once individuals are practicing in primary care.

As Congress continues to explore mechanisms to increase access to health care coverage, two principles must be followed. First, those who wish to maintain coverage through a private insurer should be able to do so. Mandatory participation in a public plan could have adverse effects by removing the value of competition from the health care marketplace. Second, the patient-physician relationship is at the core of a quality health care delivery system. As such, this relationship must be protected. Health care decisions should be made by patients and physicians, not by third parties.

H.R. 3200 contains a number of provisions that would impact the health insurance industry. The ACOI welcomes your efforts to enact reforms that protect patients' access to care by prohibiting discriminatory practices including, but not limited to, denial for pre-existing conditions. Insurance industry reforms are an important component of a health care reform package that aims to ensure access to quality health care. The insurance industry reform provisions contained in H.R. 3200 would help prevent activities that would create insurmountable barriers to accessing private health care coverage.

While the ACOI appreciates the provisions you have included thus far, we believe additional thought must be given to the academic debt that will be facing physicians upon their graduation from medical school. It is estimated that a medical student now graduates with over \$150,000 in medical school debt. We know this impacts the career choice of medical students and has the potential to drive physicians away from less lucrative areas of medicine such as primary care. As our population ages and more people have access to health care coverage, the need for additional primary care physicians will continue to grow. Efforts must continue to be made to make primary care a viable career choice, particularly through meaningful finance reform.

In addition to improving the affordability of medical education, efforts must be made to increase the number of residency training slots available under the Medicare program, especially since it is now widely accepted that there will be a physician shortage in the near future. I encourage you to consider including provisions found in the "Resident Physician Shortage Reduction Act of 2009 (H.R. 2251). Inclusion of this legislative text would expand the number of available training slots in primary care and general surgery. Inclusion of this bill or similar provisions in H.R. 3200 would address a key component of health care delivery as comprehensive health system reform is enacted.

We applaud your efforts to advance provisions to reform the Medicare Sustainable Growth Rate (SGR) formula. As you know, physicians are plagued by the uncertainty of the formula and face annually the possibility of Medicare reimbursements not covering the basic cost of providing care to Medicare beneficiaries. Recently, physicians have had to rely on Congress to prevent reductions on an annual basis. As you know, physicians are facing an average reduction of 21 percent in 2010 with additional reductions totaling over 40 percent in the next few years. This is simply unsustainable. H.R. 3200 takes important steps to repair this broken system. We believe it is essential for meaningful SGR reform to be included in the final package advanced by Congress.

At the center of the health care debate is a question of how to pay for a comprehensive health care reform package. Noticeably missing from H.R. 3200 are medical liability reform provisions. As Congress continues to look for mechanisms to pay for health care reform packages, consideration should be given to the benefit of medical liability reform. The practice of defensive medicine, such

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as the ordering of unnecessary tests and procedures simply to avoid lawsuits, further drives up the cost of health care and subjects patients to duplicative or unnecessary care. The inclusion of meaningful medical liability reform provisions in H.R. 3200 would remove this inefficiency in the health care delivery system, create savings and promote increased quality patient care. The increased savings could be used to offset costs associated with providing expanded health care coverage.

The ACOI appreciates your inclusion of the Patient-Centered Medical Home (PCMH) pilot program in H.R. 3200. This comprehensive approach to providing health care, as a number of demonstration projects are already beginning to show, will help expand primary care services to children, youth and adults. Use of the medical home concept will address many of the reform principles advanced by President Obama and others. Through the coordination of care, the patient-centered medical home model promotes prevention and wellness; improves patient safety and the quality of care; and, through the attainment of greater efficiencies, advances efforts to obtain long-term fiscal stability. We are, however, concerned with the provision that would allow non-physician providers the ability to lead a medical home without physician supervision. We believe that physician involvement is an integral component of the medical home and necessary to ensure the highest level of patient care. While we recognize the services of non-physician providers in health care, and support research to determine their role in a medical home, there is insufficient evidence at present to support non-physician providers as leaders of a medical home.

The ACOI also is greatly concerned about recent reports of a tentative agreement to create an Independent Medicare Advisory Committee. The Medicare Payment Advisory Commission (MedPAC) was created by Congress to advise it on issues affecting the Medicare program. We believe that it would be inappropriate to cede congressional Medicare payment authority to an administrative body that is outside the reach of the legislature. MedPAC and Congress have played an essential role in the management of Medicare and that must be protected.

On behalf of our membership and the patients they serve, thank you for your continued efforts to advance health care reform legislation. We look forward to continuing to work with you to achieve meaningful health care reform that will expand access to affordable quality care for all Americans.

Sincerely,



Humayun J. Chaudhry, DO, MS, FACP, FACOI
President

C: The Honorable Steny Hoyer, Majority Leader
The Honorable Charles Rangel, Chairman, Ways and Means Committee
The Honorable Henry Waxman, Chairman, Energy and Commerce Committee
The Honorable George Miller, Chairman, Education and Labor Committee