



AMERICAN OSTEOPATHIC ASSOCIATION

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May 12, 2009

The Honorable Allyson Schwartz
330 Cannon House Office Building
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schwartz:

On behalf of the American Osteopathic Association (AOA) and the 64,000 osteopathic physicians it represents, I am pleased to inform you of our strong support for the “Preserving Access to Primary Care Act.” We believe your legislation would provide a critical boost to the primary care physician workforce through innovative changes to the Medicare payment structure and graduate medical education system, among other reforms. The AOA commends your leadership on these important issues and we are committed to assisting you in securing enactment of this legislation.

We applaud the emphasis your legislation places upon improving primary care through alternative payment mechanisms. As you know, the Medicare physician payment system is fundamentally flawed and fails to recognize the value of primary care services in achieving savings through prevention and care coordination. Studies indicate that income disparities have a significant negative impact on the choice of primary care as a career. The “Preserving Patient Access to Primary Care Act” would promote payment equity for primary care physicians by increasing payments for evaluation and management services and providing bonus payments for other important primary services. The AOA appreciates your foresight and recognition of the long-term savings that will be realized through increased access to primary care.

The AOA strongly supports an expansion of the Patient Centered Medical Home (PCMH) through the Medicare demonstration project and grants to states for inclusion of PCMH models in their Medicaid and SCHIP programs. Your legislation provides a monthly primary care management fee for physicians who are designated the health home of a Medicare beneficiary and provide continuous medical care. This policy is consistent with the principles of the patient-centered medical home as envisioned by the AOA. The PCMH payment policy contained in this legislation accounts for the considerable practice expenses involved in comprehensive care coordination and facilitates widespread adoption of the medical home. The AOA strongly supports this move toward a model of health care delivery that is based on an ongoing personal relationship with a physician.

Over the past 10 years our population has increased and aged, and to ensure that our nation’s physician workforce is capable of meeting increased demand, we must begin to educate and train a larger cadre of physicians now. A strong graduate medical education (GME) system capable of providing training opportunities across specialties and geographic regions is central to building the physician workforce. However, these institutions are currently confronted with fierce competition

from private markets, increasing costs and shrinking federal support. In addition to increasing residency training programs to meet the needs of our growing population, this legislation would appropriately permit Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) reimbursement for didactic educational activities and allow hospitals to count the time residents spend providing patient care in outpatient settings. The AOA strongly supports these provisions.

Finally, the AOA strongly supports your efforts to address the burden of the educational debt carried by many young physicians that may discourage them from seeking careers in public health service, practicing in underserved areas, or seeking careers in primary care specialties. The average osteopathic medical school graduate has a debt load of \$168,031 and the average first year medical resident stipend is \$44,747, making student debt a significant hardship throughout a physician's training. By providing scholarships and loan forgiveness for primary care physicians who agree to practice in underserved areas, this legislation would address geographic disparities in access to care and allow medical school graduates to pursue training opportunities in medical specialties based upon their individual career interests and talents versus their financial obligations.

Today, one in five medical students in the United States is enrolled in a college of osteopathic medicine. The current colleges of osteopathic medicine, and those set to open in the future, are located in regions that historically have had limited access to physician services. The location of current and future colleges of osteopathic medicine reflects the osteopathic profession's commitment to rural and underserved communities. We believe that our graduates and their patients will benefit greatly from the primary care policies and programs in this legislation.

Again, thank you for introducing this important legislation. The AOA and our members stand ready to assist you in promoting primary care and securing enactment of the "Preserving Patient Access to Primary Care Act."

Sincerely,

A handwritten signature in cursive script that reads "Carlo J. DiMarco, DO." The signature is written in black ink and is positioned above the printed name.

Carlo J. DiMarco, DO
President