



November 24, 2010

Honorable Daniel K. Inouye, Chairman
Senate Appropriations Committee
United States Senate

Honorable Thad Cochran, Ranking Member
Senate Appropriations Committee and Subcommittee on Labor, Health
and Human Services, Education, and Related Agencies
United States Senate

Honorable Tom Harkin, Chairman
Senate Appropriations Subcommittee on Labor, Health
and Human Services, Education, and Related Agencies
United States Senate

Honorable Dave Obey, Chair
House of Representatives Appropriations Committee and Subcommittee on
House Labor, Health and Human Services, Education, and Related Agencies
United States House of Representatives

Honorable Jerry Lewis, Ranking Member
Appropriations Committee
United States House of Representatives

Honorable Todd Tiahrt, Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, Education, and Related Agencies
United States House of Representatives

Dear Chairmen and Ranking Members:

The undersigned organizations write to you as members of the Patient-Centered Primary Care Collaborative (PCPCC). We represent a diverse group of over 750 stakeholders on the front lines of health care delivery, including business, consumers, insurers, and clinicians. PCPCC has a number of principles including that primary care and the Patient-Centered Medical Home (PCMH) are the foundations of a high performing health care system.



The medical home model is a key construct to focus care coordination resources, advance the meaningful use of electronic health records, enhance access to the variety of services available to providers and patients and reduce health disparities. In collaboration with supporting practitioners, technologies and health team members, the medical home can provide information and services that improve patient care and population health. A guiding principle of the PCMH is that comprehensive, continuous, coordinated, and preventive care, managed by a highly trained physician (or in certain states, nurse practitioners and physicians assistants) in a transformed practice, can *prevent* complications that could result in a patient becoming high-need or high-cost.

We respectfully request that the Senate include full funding for a range of programs and activities set out below in any resolution or bill for the Fiscal Year (FY) 2011 Labor-HHS appropriations. Specifically we request funding at the authorized level, as recently authorized in the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act (P.L. 111-152). These programs promote primary care, particularly in the emphasis on developing and teaching the PCMH model.

- Title VII Section 747 of the Public Health Service Act, Primary Care Training and Enhancement, for training in the fields of family medicine, general internal medicine, general pediatrics, or physician assistantship. We recommend a sum of \$170 million for FY 2011.
- Title VII Section 749A of the Public Health Service Act, Teaching Health Centers Development Grants, which would provide grants and Graduate Medical Education funding for Teaching Health Centers to train primary care physicians in community based settings. We recommend the fully authorized level of \$50 million for FY 2012.
- Section 338H(a) of the Public Health Service Act, National Health Service Corps, which puts medical professionals in Health Professional Shortage Areas, meeting the need for health care in underserved areas. We recommend the fully authorized level of \$414.1 million for FY 2011.
- Parts B through D of Title VIII of the Public Health Service Act at \$338 million for FY 2011.
- Full funding of Grants to Nurse-Managed Health Clinics under Section 330A-1 of Title III of the Public Health Service Act.
- Title III Section 399W of the Public Health Service Act, Primary Care Extension Program to educate and provide technical assistance to primary care providers about evidence-based therapies, preventive medicine, health promotion, chronic disease management, mental health, and medical homes. We recommend the fully authorized level of \$120 million for FY 2011.



- Establishment of community-based interdisciplinary, inter-professional teams to support primary care practices in support of the patient-centered medical home.
- Establishment of grants to implement medication management services in the treatment of chronic diseases, reducing medical errors, and improving patient adherence to therapies while reducing acute care costs and reducing hospital readmissions.
- The National Health Care Workforce Commission is designed to review and recommend appropriate healthcare workforce needs in the context of improved delivery of health care. The National Health Care Workforce Commission, the National Center for Health Care Workforce Analysis and the related State and Regional Centers are vital to address the need for improved health care workforce data. The PPACA authorizes such sums as necessary to establish the Commission, and the Senate FY 2011 HHS Appropriations bill (S 3686) proposed \$3 million for the new Commission. The ACA authorized the National Center at \$7.5 million annually and the State and Regional Centers at \$4.5 million annually as well as such sums as necessary for planning grants and implementation grants.

We urge you to include full funding of these programs in the FY2011 appropriations. Thank you for your recognition that primary care and the PCMH are key factors to creating a health care system that results in high quality and affordable care. We are happy to discuss this matter with you or your staff in greater detail.

Academy of Managed Care Pharmacy
American Academy of Family Physicians
American Academy of Nurse Practitioners
American Academy of Pediatrics
American Association of Colleges of Pharmacy
American College of Clinical Pharmacy
American College of Physicians
American Osteopathic Association
American Society of Consultant Pharmacist
American Society of Health-System Pharmacist
Andrew C. Wormser, MD, Past President of the Connecticut Society of Internal Medicine
Association of Departments of Family Medicine
Blue Thorn, Inc
California Academy of Family Physicians
Central Jersey Physician Network
Connecticut Health Policy Project
CSMS-IPA
Department of Family Medicine, Maine Medical Center
Employers Health



Fairfax Family Practice Centers
Family Voices NJ
Healthcare Leadership Council
Health Foundation of South Florida
Hooper Holmes
Horizon Health Center
Illinois Academy of Family Physicians
Iowa Medicaid Enterprise
Kansas Academy of Family Physicians
Lone Star Circle of Care
Massachusetts Coalition for Primary Care Reform
Medical Network One
Minnesota Healthcare Network/Midwest IPA
MU Interdisciplinary Center on Aging, University of Missouri
National Business Coalition on Health
NACDS
New England SERVE
New Jersey Chapter, American Academy of Pediatrics
NHMH - No Health without Mental Health
North Carolina State Health Plan
Oakland Physician Network Services
Patient Centered Medical Home Subcommittee, California American College of Physicians
Practice Transformation Institute
Primacy Care Development Corporation
Rhode Island Quality Institute
Society of General Internal Medicine
State of Rhode Island and Providence Plantations
S. R. Knight Group LLC
SR Medical Center
Statewide Parent Advocacy Network
The Center for Medical Home Improvement, Crotched Mountain Foundation
The Institute for Patient- and Family-Centered Care
The John D. Stoeckle Center for Primary Care Innovation
The National Alliance to Advance Adolescent Health
ThinkITsolution
Thomas Group
WellDoc, Inc.
Weslaco Medical Clinic