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May 11, 2021

VIA ELECTRONIC SUBMISSION

The Honorable Kim Schrier
Representative
United States House of Representatives
Washington, D.C. 20515

The Honorable Brian Fitzpatrick
Representative
United States House of Representatives
Washington, D.C. 20515

The Honorable Kathy Castor
Representative
United States House of Representatives
Washington, D.C. 20515

Dear Representatives Schrier, Fitzpatrick, and Castor:

On behalf of the American College of Osteopathic Family Physicians (ACOFPP), I write in support of H.R. 1025, *Kids' Access to Primary Care Act of 2021*. This legislation would help ensure that children and adults enrolled in Medicaid have access to primary care services. We strongly believe this legislation would encourage increased access to primary care services in the Medicaid program and drive greater health outcomes for enrollees.

ACOFPP is the professional organization representing more than 18,000 practicing osteopathic family physicians, residents and students throughout the United States who are deeply committed to caring for all patients regardless of their insurance coverage or economic status. We strive to deliver high-quality primary care for our patients, especially vulnerable populations who are covered under Medicaid. However, we recognize that Medicaid payment rates for primary care services are chronically lower than Medicare and private insurance rates, which can lead to access issues for individuals covered under Medicaid.

Primary care payment rates for Medicaid equal approximately 63 percent of the amount paid by private insurance and only 74 percent of the amount paid by Medicare.¹ Unfortunately, the lower payment rate discourages some providers from participating in Medicaid, causing delays in care and resulting in worse outcomes for low-income and vulnerable Medicaid patients. However, studies have shown that increasing Medicaid payment rates can improve access to care² and improve health outcomes.³ Increasing payment rates allows providers to take on new Medicaid patients, especially for clinicians that are financially struggling. In turn, more Medicaid enrollees have access to care and are able to realize better health outcomes and lead healthier lives. We also believe it is

¹Adam Biener and Thomas Selden. *Public and Private Payments for Physician Office Visits*. Health Affairs. December 2017. Available here: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0749>

²Pinka Chatterji, Sandra Decker, Jason U. Huh. *Medicaid Physician Fees and Access to Care among Children with Special Health Care Needs*. National Bureau of Economic Research. February 2020. Available here: <https://www.nber.org/papers/w26769>

³Robin McKnight. *Increased Medicaid Reimbursement Rates Expand Access to Care*. National Bureau of Economic Research. October 2019. Available here: <https://www.nber.org/bh/increased-medicaid-reimbursement-rates-expand-access-care>

particularly important to ensure that Medicaid enrollees have access to care during the COVID-19 pandemic as Medicaid enrollment increased by nearly 11 percent through most of 2020.⁴

H.R. 1025 would directly address these issues by equalizing Medicare and Medicaid payment rates. Specifically, the legislation would establish the Medicare rate as the floor for Medicaid, effectively raising payment for Medicaid primary care services.

We also applaud that H.R. 1025 would direct a study to better understand the impacts of the legislation. It is critical to gauge whether the increased payment would result in greater provider participation and ensure that Medicaid payment rates remain stable. This will better inform policymakers, providers, patients, and taxpayers on the true benefits of these policies and provide opportunities to make changes in the future.

Finally, we would like to emphasize that physician-led primary care teams are the gold standard for care delivery. While the legislation would allow physician assistants, nurse practitioners and certified nurse-midwives to be eligible to receive the higher Medicaid payment rate, primary care physicians should not be replaced by non-physician professionals as a way of ensuring that Medicaid enrollees have access to primary care services.

Thank you for championing access to primary care by sponsoring H.R. 1025. We believe this legislation should be a priority for all members and offer our support in advancing the bill through Congress. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Nicole Bixler, DO, MBA, FACOFP
ACOFPP President

⁴ Bradley Corallo and Robin Rudowitz. *Analysis of Recent National Trends in Medicaid and CHIP Enrollment*. Kaiser Family Foundation. April 8, 2021. (Medicaid enrollment growth from February 2020 through November 2020) Available here: <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>