



December 1, 2014

Via First Class Mail

The Honorable Ron Wyden
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Dave Camp
Chairman
Committee on Ways & Means
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Orrin G. Hatch
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Sander M. Levin
Ranking Member
Committee on Ways & Means
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Henry Waxman
Ranking Member
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

Re: Medicaid Parity for Primary Care

Dear Chairmen and Ranking Members:

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest physician trade associations focused on providing high-quality, cost-effective care in the emergency department. Together, **EDPMA's members deliver (or directly support) health care for over half of the 136 million patients that visit U.S. emergency departments each year.** EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional organizations that support our nation's emergency departments. We work collectively and collaboratively to deliver essential health care services often unmet elsewhere to an underserved patient population who often has nowhere else to turn.

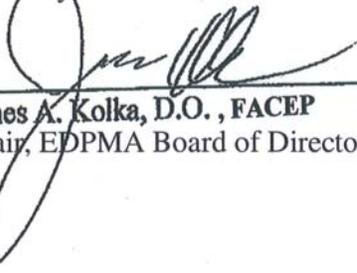
On behalf of EDPMA, I am writing to urge you to extend current law that reimburses qualifying providers at Medicare rates when providing primary care (including qualifying care provided in the emergency department) to Medicaid patients (SSA 1902(a)(13)(C)). Without Congressional action, this important provision will expire at the end of the calendar year.

Because Medicaid reimbursement rates are substantially lower than rates paid by private insurers or Medicare, healthcare providers are less likely to accept Medicaid patients than those with private insurance or Medicare. Therefore, Medicaid patients often have trouble finding a primary care provider, especially in rural or low-income neighborhoods. This problem has recently become more apparent and acute as more insured patients access the health care delivery system coupled with the transitional state the health care delivery system currently finds itself, particularly as a result of the fact that more than 8 million people have been added to the Medicaid rolls in the last twelve months alone. Fortunately, the Medicaid parity provision incentivizes primary care providers to treat this growing Medicaid population by expanding their offices, extending their hours and even accepting Medicaid patients where they previously had not.

Some in Congress have proposed extending the Medicaid parity program for an additional two years, which we whole-heartedly support, but have also chosen to exclude care provided in the emergency department from Medicaid parity (see S.2694 and most recently, H.R. 5723) primarily as a cost cutting mechanism. However, the emergency department is an essential part of the safety net for Medicaid patients and represents no more than 5% of the overall cost of funding the Medicaid primary care extension. Furthermore, the vast majority of visits to the emergency department by nonelderly Medicaid patients are for urgent symptoms and serious medical problems that require prompt attention. Non-urgent visits account for just 10 percent of the visits to the emergency department by this category of patients.¹ And those non-urgent visits are warranted given that many Medicaid beneficiaries are unable to gain access to a primary care provider given the current shortage of primary care and the transitional state of the delivery system. The emergency department is an essential part of the safety net for these hardworking Americans whose access is severely limited. Moreover, this access to primary care in the emergency department, in turn, will prevent dangerous – and expensive -- complications that may arise when a health problem is left untreated.

We urge you to extend Medicaid parity for primary care, including qualifying care provided in the emergency department, by extending the provision as it applies today. Please feel free to contact EDPMA's Executive Director, Elizabeth Mundinger, at (703) 610-9033 if we can be assistance on this topic or in any other area.

Sincerely,



James A. Kolka, D.O., FACEP
Chair, EDPMA Board of Directors

¹ MACPAC report entitled "Revisiting Emergency Department Use in Medicaid" released in July 2014.