



March 9, 2015

**Via First Class Mail**

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

The Honorable Paul D. Ryan  
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 Ron Wyden  
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 Frank Pallone, Jr.  
Ranking Member  
Energy & Commerce Committee  
2125 Rayburn House Office Building  
Washington, D.C. 20515

*Re: Reinstate Medicaid Parity, Extend 1.0 GPCI Work Floor and CHIP*

Dear Chairmen and Ranking Members:

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest professional physician trade associations focused exclusively on the delivery of emergency medical services, with an emphasis on the provision of high-quality, cost-effective care in the emergency department to all Americans. Together, **EDPMA's members deliver (or directly support) health care for about 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 support organizations that assist health care providers in 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.

The American College of Osteopathic Emergency Physicians (ACOEP) represents over 5,200 Emergency Physicians and provides oversight to 56 Emergency Medicine Residency Programs. The ACOEP, founded in 1975, exists to support high quality emergency care, promote and protect the interests of osteopathic emergency physicians, ensure the highest standards of postgraduate education, and provide leadership in research through the Foundation for Osteopathic Emergency Medicine, in a distinct, unified profession.

We are writing to urge you to pass legislation before April 1, 2015, that would:

- Reinstatement of the Medicare parity provision that provided enhanced Medicaid payment for primary care, including qualifying care provided in the Emergency Department;
- Extension of the 1.0 work floor for the Geographic Practice Cost Indices (GPCI) before it expires on April 1; and
- Reauthorization of the Children's Health Insurance Program (CHIP).

All three of these requests would significantly improve access to care for low-income working families and children. There is no question that low-income families often have trouble finding healthcare providers willing to serve their needs due in part to the low reimbursement rates typically paid by Medicaid. With limited access to other providers, these patients have no choice but to receive care in the emergency department.

The Medicaid parity program that provided for enhanced Medicaid reimbursement for primary care for two years started to address this growing problem. A recent University of Pennsylvania/Urban report (released on January 21, 2015)<sup>1</sup>, which was funded by the independent Robert Wood Johnson Foundation, found a 7.7 percent increase in the availability of primary care appointments for Medicaid patients associated with the enhanced payment policy. We strongly urge you to immediately reinstate this important program.

EDPMA also urges you to immediately extend the 1.0 work floor for the Geographic Practice Indices (GPCI) which is scheduled to expire on March 31. The Medicare Part B reimbursement equation includes GPICs which reflect the local cost of operating a medical practice in comparison to a national average. Allowing the "work" GPCI floor to go below 1.0 has the potential to significantly reduce the reimbursement rate for physicians in many areas, especially in rural communities where healthcare access is often the most limited. Maintaining the 1.0 work floor would help ensure that emergency physicians, especially those in rural areas, do not face inordinately deep cuts. We urge you to permanently extend the 1.0 work floor.

---

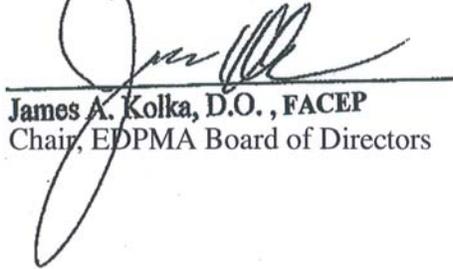
<sup>1</sup> "Appointment Availability after Increases in Medicaid Payments for Primary Care," Polsky, Richards, et. al., New England Journal of Medicine (Jan. 21, 2015).

Committee on Ways & Means  
Committee on Energy & Commerce  
Committee on Finance  
March 9, 2015  
Page 3

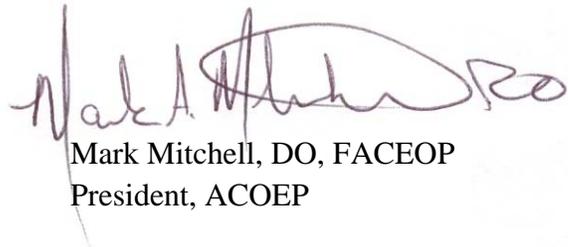
Moreover, we urge you to reauthorize the CHIP program which has historically engendered bipartisan support. We urge you to combine these three initiatives into one piece of legislation and pass that bill before March 31, 2015, when the 1.0 GPCI work floor is scheduled to expire.

Please feel free to contact EDPMA's Executive Director, Elizabeth Munding, at (703) 610-9033 if we can be of assistance on this topic or in any other area.

Sincerely,



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



**Mark Mitchell, DO, FACEOP**  
President, ACOEP