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H.R.3590

Patient Protection and Affordable Care Act (Amendment in Senate)

SEC. 5501. EXPANDING ACCESS TO PRIMARY CARE SERVICES AND GENERAL SURGERY SERVICES.

(a) Incentive Payment Program for Primary Care Services-

(1) IN GENERAL- Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended by adding at the end the following new subsection:

`(x) Incentive Payments for Primary Care Services-

`(1) IN GENERAL- In the case of primary care services furnished on or after January 1, 2011, and before January 1, 2016, by a primary care practitioner, in addition to the amount of payment that would otherwise be made for such services under this part, there also shall be paid (on a monthly or quarterly basis) an amount equal to 10 percent of the payment amount for the service under this part.

`(2) DEFINITIONS- In this subsection:

`(A) PRIMARY CARE PRACTITIONER- The term `primary care practitioner' means an individual--

`(i) who--

`(I) is a physician (as described in section 1861(r)(1)) who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or

`(II) is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861(aa)(5)); and

`(ii) for whom primary care services accounted for at least 60 percent of the allowed charges under this part for such physician or practitioner in a prior period as determined appropriate by the Secretary.

AMENDMENT NO. _____ Calendar No. _____

Purpose: To ensure adequate access to care for beneficiaries by improving Medicare reimbursements to primary care practitioners in all specialties.

IN THE SENATE OF THE UNITED STATES—111th Cong., 1st Sess.

(no.) _____

(title) _____

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Ms. KLOBUCHAR

Viz:

- 1 On page ¹⁴⁴¹ ~~807~~, line ⁵ ~~26~~, strike “or pediatric medi-
- 2 cine” and insert “neurology, or pediatric medicine”.

Figure 1

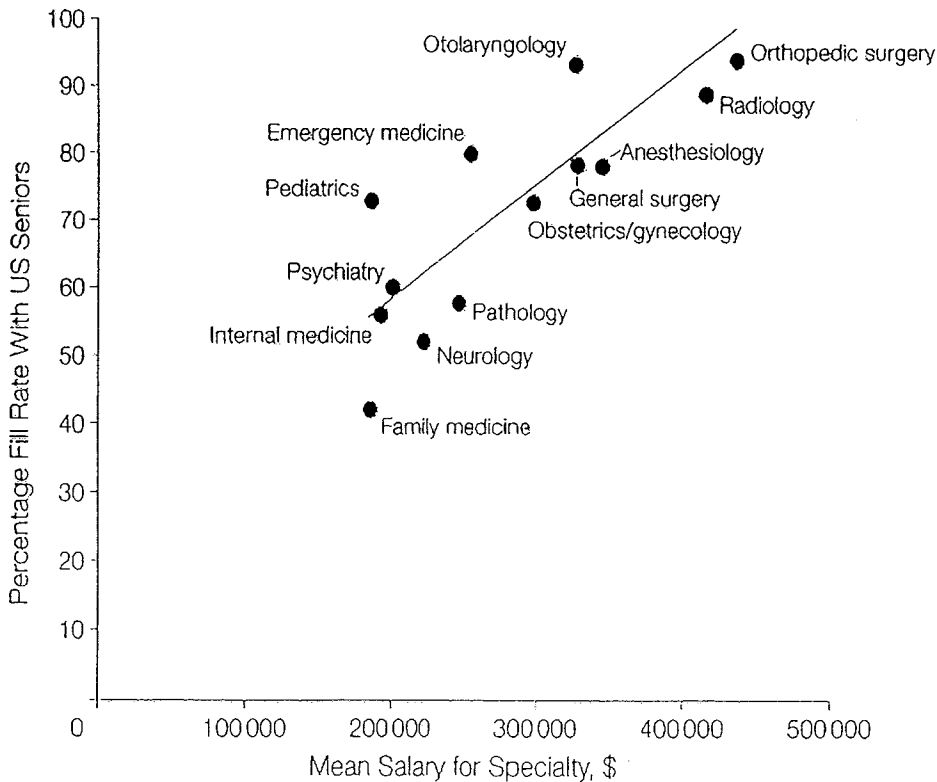
Table. Salary and Residency Match Data, 2007^a

Specialty	PGY-1 Positions Offered, No. ^b	Starting Salary, Mean, \$ ^c	Overall Salary, Mean, \$ ^c	Filled Positions, No. (%) ^d					Total Filled Positions, % ^e
				US Allopathic Graduates	US IMG	Non-US IMG	Osteopathic	Unfilled	
Family medicine	2503	130 000	185 740	1066 (42.1)	335 (12.9)	538 (20.7)	227 (8.7)	304 (11.7)	88.3
Pediatrics	2328	125 000	185 913	1695 (72.8)	113 (4.0)	282 (12.1)	129 (5.5)	63 (2.7)	97.3
Internal medicine (all)	4798	135 000	193 152	2650 (55.0)	392 (8.2)	1305 (27.2)	233 (4.6)	78 (1.6)	95.4
Psychiatry	1057	160 000	200 871	633 (59.9)	71 (6.7)	176 (16.7)	30 (2.8)	57 (5.4)	94.6
Neurology	160	177 500	222 938	83 (51.9)	4 (2.5)	66 (35.0)	9 (5.6)	4 (2.5)	97.5
Pathology	619	NA	247 600	290 (57.7)	22 (4.3)	75 (14.6)	89 (15.7)	47 (9.2)	90.8
Emergency medicine	1288	179 000	255 530	1027 (79.7)	59 (4.5)	28 (1.8)	120 (9.3)	6 (0.5)	96.5
Obstetrics/gynecology	1166	NA	267 837	837 (72.5)	73 (6.8)	120 (10.4)	87 (7.5)	6 (0.6)	96.5
Otolaryngology	270	220 000	327 900	251 (93.0)	1 (0.4)	8 (3.0)	0	2 (0.7)	96.9
General surgery	1057	220 000	327 032	626 (78.1)	65 (6.3)	74 (7.0)	74 (7.0)	2 (0.2)	96.8
Anesthesiology	675	275 000	344 691	448 (77.0)	24 (4.2)	32 (5.6)	48 (8.3)	14 (2.4)	97.6
Radiology	141	350 000	414 875	125 (88.7)	3 (2.1)	4 (2.8)	6 (4.3)	0	100
Orthopedic surgery	616	NA	405 481	578 (93.8)	4 (0.6)	10 (1.6)	2 (0.3)	2 (0.3)	99.7

Abbreviations: IMG, international medical graduate; NA, not available; PGY-1, postgraduate year 1.
^aDoes not include nonsenior US graduates, Canadian graduates, and graduates using the Fifth Pathway.

Figure 2

Percentage of Positions Filled with US Seniors V. Mean Overall Income By Specialty



Source: Ebell, M. H. JAMA 2008;300:1131-1132

Comparison of 2007 Medicare E/M Services and All Medicare Services

Description	All Services		E/M Services		E/M Percent	E/M Percent of All Charges
	Frequency	Charges	Frequency	Charges		
INFECTIOUS DISEASE	7,083,772	533,319,626	6,086,769	495,466,699	86%	23%
GERIATRIC MEDICINE	2,507,207	161,367,112	1,935,210	147,313,770	77%	49%
EMERGENCY MEDICINE	23,500,950	2,292,201,673	17,379,459	2,083,254,751	74%	19%
CRITICAL CARE (INTENSIVISTS)	2,083,957	212,892,687	1,527,884	169,202,504	73%	25%
PULMONARY DISEASE	22,737,529	1,735,059,037	15,161,497	1,388,937,029	67%	47%
NURSE PRACTITIONERS	15,257,956	712,709,247	9,793,491	563,517,810	64%	46%
GASTROENTEROLOGY	15,286,179	1,738,194,037	9,199,570	798,422,467	60%	30%
ADDDITION MEDICINE	49,736	3,540,156	29,201	2,119,810	59%	28%
PHYSICIANS ASSISTANT	9,604,775	560,314,023	5,545,971	337,877,307	58%	28%
INTERNAL MEDICINE	190,682,795	10,463,441,422	107,994,975	8,372,966,377	57%	30%
GENERAL SURGERY	14,306,969	2,176,483,434	8,013,387	650,461,701	56%	28%
SURGICAL ONCOLOGY	275,943	45,897,104	153,692	12,773,052	56%	28%
NEUROSURGERY	2,532,533	580,214,603	1,393,103	129,289,295	55%	22%
NEUROLOGY	16,436,837	1,411,444,664	8,834,034	863,399,013	54%	22%
PHYSICAL MEDICINE AND REHABILITATION	13,322,568	822,949,011	7,154,292	574,765,045	54%	22%
GENERAL PRACTICE	14,878,981	810,098,123	7,966,123	579,417,339	54%	22%
FAMILY PRACTICE	112,441,293	5,181,377,858	59,425,620	4,180,225,409	53%	22%
NEPHROLOGY	18,315,663	1,764,569,447	9,563,910	788,757,161	52%	27%
MAXILLOFACIAL SURGERY	84,507	11,357,255	42,993	3,053,511	52%	45%
COLORRECTAL SURGERY (FORMERLY PROCTOLOGY)	813,219	127,667,398	381,140	31,630,139	47%	25%
CERTIFIED NURSE MIDWIFE	29,082	1,084,120	13,470	536,610	46%	49%
PREVENTIVE MEDICINE	165,474	8,406,627	75,319	5,452,733	46%	49%
ENDOCRINOLOGY	8,484,224	406,790,628	3,758,846	320,873,283	44%	19%
PLASTIC AND RECONSTRUCTIVE SURGERY	1,615,514	271,854,660	685,610	50,527,444	42%	15%
THORACIC SURGERY	1,422,931	402,275,829	603,785	60,443,729	42%	25%
ORAL SURGERY (DENTISTS ONLY)	186,798	24,277,618	78,167	5,987,517	42%	41%
OBSTETRICS/GYNECOLOGY	6,999,858	550,321,298	2,910,918	225,645,237	42%	41%
OSTEOPATHIC MANIPULATIVE THERAPY	927,387	51,949,064	385,202	28,902,152	42%	56%
NEUROPSYCHIATRY	95,125	7,910,184	38,099	3,268,907	40%	41%
GYNECOLOGY/ONCOLOGY	636,273	70,492,019	248,493	22,287,722	39%	32%
INDEP. PHYSIOLOGICAL LAB	2,451	231,637	947	89,884	39%	39%
PEDIATRIC MEDICINE	1,522,709	70,742,601	582,327	45,821,907	38%	23%
AMBULATORY SURGICAL CENTER	4,369	589,670	1,661	134,996	38%	23%
CARDIAC SURGERY	1,192,036	368,676,865	445,471	46,130,910	37%	13%
HAND SURGERY	781,250	81,510,427	280,896	22,282,578	37%	27%
ORTHOPEDIC SURGERY	29,432,165	3,234,891,676	10,877,501	816,722,520	37%	25%
PSYCHIATRY	15,684,886	1,066,836,363	5,790,833	418,477,274	37%	39%
CERTIFIED CLINICAL NURSE SPECIALIST	741,601	40,940,305	264,212	15,128,674	36%	37%
PERIPHERAL VASCULAR DISEASE	244,410	26,269,624	87,022	5,953,384	36%	23%
UROLOGY	27,803,386	2,118,910,106	9,601,341	709,983,535	35%	34%
OTOLARYNGOLOGY	14,855,825	948,762,978	5,009,728	396,482,848	34%	42%
RHEUMATOLOGY	11,146,269	526,449,255	3,713,979	307,832,005	33%	58%
VASCULAR SURGERY	3,998,205	566,419,693	1,311,504	106,979,555	33%	18%
HEMATOLOGY	1,811,416	87,243,267	574,760	47,472,578	32%	54%
PAIN MANAGEMENT	1,735,179	147,084,823	540,153	40,994,375	31%	28%
CARDIOLOGY	106,669,266	7,487,857,104	32,744,651	2,649,243,300	31%	35%
PODIATRY	31,969,422	1,603,550,765	9,621,345	557,058,500	30%	35%
INTERVENTIONAL PAIN MANAGEMENT	2,538,597	217,853,143	759,011	55,552,102	30%	25%
HEMATOLOGY/ONCOLOGY	33,286,028	1,483,495,085	9,326,481	748,991,271	28%	50%
MEDICAL ONCOLOGY	11,762,876	539,659,395	3,238,220	255,746,819	28%	47%
OPTOMETRY	10,762,985	733,363,524	2,839,536	183,014,020	26%	25%
MULTISPECIALTY CLINIC OR GROUP PRACTICE	585,891	40,720,237	149,429	11,617,614	26%	29%

Comparison of 2007 Medicare E/M Services and All Medicare Services

Description	All Services		E/M Services		E/M Percent of All Frequency		E/M Percent of All Charges	
	Frequency	Charges	Frequency	Charges	%	%	%	%
INDIVIDUALS NOT IN 55,56,57	245	15,680	61	3,373	25%	22%		
DERMATOLOGY	38,247,209	2,381,765,041	9,166,443	540,166,458	24%	23%		
OPHTHALMOLOGY	45,466,859	4,854,958,214	7,443,557	613,354,868	16%	13%		
ANESTHESIOLOGY	12,565,285	1,550,290,379	1,738,073	133,675,434	14%	9%		
UNKNOWN PHYSICIAN SPECIALTY	109,662	7,340,909	14,093	1,287,194	13%	18%		
RADIATION ONCOLOGY	11,521,398	1,789,671,520	861,712	79,229,703	7%	4%		
ALLERGY/IMMUNOLOGY	11,729,505	173,246,789	830,941	65,236,983	7%	38%		
NUCLEAR MEDICINE	1,145,120	96,204,615	36,811	2,972,284	3%	3%		
MAMMOGRAPHY SCREENING CENTER	36,473	2,234,272	787	46,354	2%	2%		
INTERVENTIONAL RADIOLOGY	3,317,511	213,475,567	44,108	3,517,226	1%	2%		
UNKNOWN (SUPPLIER)	35,437	1,927,466	296	16,839	1%	1%		
PATHOLOGY	23,348,609	983,737,910	88,868	6,364,033	0%	1%		
DIAGNOSTIC RADIOLOGY	104,112,801	5,120,659,120	305,532	22,988,215	0%	0%		
AUDIOLOGIST (BILLING INDEPENDENTLY)	859,911	29,831,261	1,263	51,255	0%	0%		
ALL OTHER E.G. DRUG/DEPART. STORE	63,939	1,168,133	90	5,902	0%	0%		
RADIATION THERAPY CENTERS	406,484	76,568,628	516	43,100	0%	0%		
CRNA, ANESTHESIA ASSISTANT	3,691,146	578,636,291	3,494	237,690	0%	0%		
CHIROPRACTIC	23,004,848	709,253,776	16,117	937,171	0%	0%		
PUBLIC HEALTH OR WELFARE AGENCY	710,869	9,400,406	361	12,130	0%	0%		
DIETITIAN/NUTRITIONIST	371,397	8,601,407	152	4,924	0%	0%		
CLINICAL SOCIAL WORKER	4,320,085	269,536,980	1,289	78,024	0%	0%		
ANESTHESIOLOGIST ASSISTANT	45,664	9,035,483	6	789	0%	0%		
PSYCHOLOGIST (BILLING INDEPENDENTLY)	118,959	9,432,713	13	726	0%	0%		
INDEPENDENT DIAGNOSTIC TESTING FACILITY	6,280,431	1,091,567,564	542	41,062	0%	0%		
CLINICAL PSYCHOLOGIST	6,433,604	536,112,484	258	24,884	0%	0%		
PHYSICAL THERAPIST (INDEP. PRACTICE)	61,487,646	1,576,299,138	1,393	83,037	0%	0%		
OCCUPATIONAL THERAPIST	3,559,600	95,878,525	24	1,665	0%	0%		
PORTABLE XRAY SUPPLIER(INDEPENDENT)	6,629,912	283,792,964	35	3,727	0%	0%		
MASS IMMUNIZATION ROSTER BILLERS	3,044,616	43,223,202	10	572	0%	0%		
INDEPENDENT LABORATORY	238,519,342	3,563,071,342	220	14,432	0%	0%		
MED. SUP. CO. W/CERT. ORTHOTIST	54	1,598	-	-	0%	0%		
MED. SUP. CO. NOT IN 51,52,53	999	12,382	-	-	0%	0%		
AMBULANCE SERVICE SUPPLIER	1	25	-	-	0%	0%		
VOLUNTARY HEALTH OR CHARITY AGENCY	821	10,520	-	-	0%	0%		
SLIDE PREPARATION FACILITIES	180,120	12,372,892	-	-	0%	0%		
HOSPITAL	9,264	130,450	-	-	0%	0%		
PHARMACY	21,202	306,466	-	-	0%	0%		
DEPARTMENT STORE	5	921	-	-	0%	0%		

Brain Injury
Association
of America



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Phone: (703) 761-0750

Fax: (703) 761-0755

Website: www.biausa.org

Creating a better future through brain injury prevention, research, education and advocacy

November 25, 2009

The Honorable Amy Klobuchar
302 Hart Senate Office Building
Washington, DC 20510

Dear Senator Klobuchar:

On behalf of the thousands of Americans affected by Traumatic Brain Injury (TBI), The Brain Injury Association of America, along with its nationwide network of state affiliates, would like to thank you for offering an amendment that would include Neurology within the list of specialties eligible to receive the primary care bonus in section 5501 of the Patient Protection and Affordable Care Act.

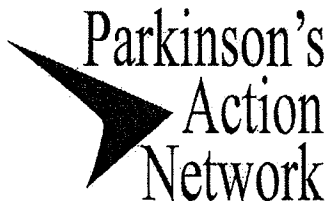
We are concerned that excluding neurology from physician primary care bonuses would limit patient access to the most appropriate care for those who suffer from TBI. For many TBI patients, their neurologist is their primary care provider.

The Patient Protection and Affordable Care Act calls for primary care bonus for practitioners who have a specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine, and provide at least 60% of their services under evaluation and management codes. The neurologists who treat TBI patients qualify with more than 60% of their service billed under E/M codes. However, because they are not listed in the first criteria, they are not eligible for the bonus. Your amendment will correct this error and help to insure that patients with TBI continue to have access to highly trained neurologist who are best able to treat this chronic disease.

Thank you again for offering this amendment. Please feel free to contact us if there is anything else we can do to help secure its passage.

Sincerely,

Susan H. Connors
President/CEO



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November 20, 2009

The Honorable Amy Klobuchar
302 Hart Senate Office Building
Washington, DC 20510

Dear Senator Klobuchar:

On behalf of the Parkinson's community, the Parkinson's Action Network (PAN) supports your amendment to the Patient Protection and Affordable Care Act, which will include Neurology in the list of specialties eligible to receive the Medicare primary care payment.

PAN represents the Parkinson's community on public policy issues, including the more than 1 million Americans currently fighting Parkinson's disease, the estimated 60,000 newly diagnosed every year and their families, and the national Parkinson's organizations. Through education and interaction with the Parkinson's community, scientists, policy and opinion leaders, as well as the public at large, PAN advocates for an increased and accelerated investment of public resources to improve the quality of life for people living with Parkinson's and to find a cure for this disease.

We are concerned that the exclusion of neurologists from this payment structure may affect access to neurologists, the principal care providers for people with neurologic diseases like Parkinson's, ALS, Alzheimer's, multiple sclerosis, epilepsy, traumatic brain injury (TBI), and stroke. Neurologists provide specialized and coordinated care for our community. Parkinson's disease is a chronic, progressive neurological disorder, which affects different people in different ways. This complex disease requires coordination of care that is routinely provided in the form of principal care by neurologists after referral from the primary care physician.

Presently, the Patient Protection and Affordable Care Act calls for a bonus to primary care practitioners who: (1) have a specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine (or are an advanced practice nurse or physician assistant); and (2) furnish 60 percent of their services in the select codes.

Unfortunately, this criteria leaves out the only other similarly-situated specialty – Neurology. On average, neurologists bill 61 percent of their services in Evaluation and Management codes. And, Neurology separated from internal medicine some time ago to establish its independence and is not covered by "internal medicine" or any other listed category.

This is a critical issue for our community and it is essential to the future care of people living with complex neurological conditions, like Parkinson's. Singling out neurologists as ineligible could have long-lasting ramifications for all people living with neurological conditions. Thank you for supporting access to quality medical care for people living with Parkinson's disease. We hope the amendment receives widespread support.

Sincerely,

A handwritten signature in black ink that reads "Amy Comstock Rick".

Amy Comstock Rick



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Glenn M. Hackbarth, J.D., Chairman
Jay Crosson, M.D., Vice Chairman
Mark E. Miller, Ph.D., Executive Director

November 12, 2009

Honorable Russ Carnahan
1710 Longworth House Office Building
Washington, DC 20515

Dear Representative Carnahan:

Thank you for your October 26, 2009, letter regarding neurology and the primary care bonus. As you are aware, in its June 2008 Report to the Congress, the Medicare Payment Advisory Commission (MedPAC) recommended the Congress establish a budget-neutral payment adjustment (increase) for primary care services performed by primary-care-focused practitioners.

The Commission has not addressed whether neurologists should qualify for the payment adjustment. In its 2008 recommendation, MedPAC described "primary care-focused practitioner" using two criteria and suggested both or the second one alone be used to determine which providers receive the bonus payments. The first criterion uses specialty designation and targeted specialties often considered to be primary care: geriatric medicine, internal medicine, family medicine, or pediatric medicine. The second criterion does not use specialty designation. Instead, providers who meet a minimum threshold of primary care services would get the bonus. For the implementation of this recommendation, MedPAC directed the Secretary of Health and Human Services to use rulemaking to establish the specific criteria, which would include an analysis of the distributive impact of different approaches and consideration of public comment.

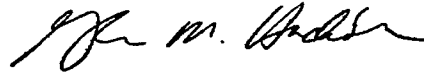
The Commission's objective was to help overcome the undervaluation of primary care services in the physician fee schedule. A payment adjustment is needed to correct the current inequities and in the longer term could bolster the primary care workforce that is needed to support changes in the health care delivery system. In the Commission's view, primary care providers are disadvantaged under the fee schedule in two ways. First, their compensation per hour is lower than specialists and proceduralists and these latter specialties often have a greater ability to generate volume.

Because the Commission recommended the payment adjustment be budget neutral—and as such bonuses to primary care physicians would come from reductions to other physicians' payments—the pool of dollars to be redistributed is constrained. Therefore, the Commission understood that in order to effectively target the payment adjustment to the providers whose services are most undervalued, the breadth of providers who might

receive the bonus would also be limited. Although, once again, it made no specific pronouncement on neurologists.

I hope this explanation of our reasoning regarding the Commission's own recommendation to provide a bonus payment to primary care practitioners is helpful to you. If you have further questions, please do not hesitate to contact MedPAC's Executive Director, Mark Miller, at 220-3700.

Sincerely,

A handwritten signature in black ink, appearing to read "Glenn M. Hackbarth". The signature is fluid and cursive, with a large initial "G" and "H".

Glenn M. Hackbarth, J.D.
Chairman