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Mrs. Clinton

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**The
American
College of
Obstetricians and
Gynecologists**

July 22, 1993

*re: Mrs. Clinton
Paster
Panetta
Magaziner
Reed*

JUL 23 1993

Ms. Carol Rasco
Assistant to the President for Domestic Policy
The White House
Washington, DC 20100

Dear Ms. Rasco:

The American College of Obstetricians and Gynecologists, an organization representing more than 33,000 obstetrician-gynecologists, wanted to alert you to a provision in the budget reconciliation bill, HR 2264. As you may know, we at ACOG believe it is imperative that obstetrician-gynecologists be defined as primary care physicians in the health care reform package or any legislation that may impact health care reform. Secretary Shalala has mentioned that she considered us to be primary care physicians. Moreover, statements Mrs. Clinton has made would support this.

However, in Part III, Section 7301 of the Senate's version of the budget reconciliation bill, HR 2264, the definition of primary care providers, for purposes relating to payment of direct graduate medical education costs, excludes obstetrician-gynecologists. As you know, this graduate medical education provision originated in President Clinton's budget, albeit without a definition of who is considered a primary care physician (the definition excluding obstetrician-gynecologists was added by the Senate Finance Committee). The Senate's definition directly conflicts with what we have heard Mrs. Clinton and Secretary Shalala say. We would request that you share their views with the conferees regarding obstetrician-gynecologists as primary care physicians.

Specifically, the provision in the Senate's version would increase payments to teaching hospitals for primary care residents by increasing the weighting factor used in calculating the Medicare payment to 1.1. For other residents, the weighting factor would be reduced to .7 for the first three years of residency and .5 for additional years.

As you know, significant numbers of women view their obstetrician-gynecologist as their primary or only physician for their health care, including routine physical examinations, family planning counseling, screening for sexually transmitted diseases, breast disease, and cervical cancer, and referral to specialists for treatment of complex medical conditions. In fact, the obstetrician-gynecologist is the only physician that many women see regularly during their reproductive years. According to an ACOG survey, more than half of the women in a national sample considered their obstetrician-gynecologist to be the principal physician providing their medical care. Furthermore, a survey of employee attitudes toward health

plan design showed that 68% of women said they would be unwilling to change their obstetrician-gynecologist to save money. This percentage was significantly higher than employees' responses concerning their willingness to change other primary care physicians.

"Primary care" places an important emphasis on the preventive aspects of medical care. Preventive health care services represent the foundation of care provided by obstetrician-gynecologists. This is especially true in prenatal care to ensure both the delivery of a healthy infant and the maintenance of good health for the mother. Obstetrician-gynecologists provide more than 80% of all maternity care services to approximately five million women annually in the United States. Moreover, according to a recent National Center for Health Statistics (NCHS) survey, one of the most frequently cited purpose of patient visits to obstetrician-gynecologists in 1989 and 1990 was for general medical exam, accounting for 7 million visits annually. Family planning is a critical preventive health care service for women. The same NCHS report found that more than three-fourths of all visits to physicians for family planning purposes were to obstetrician-gynecologists.

ACOG is committed to providing obstetrician-gynecologists with the information they need to function effectively as primary care physicians for women. Currently, we are refocusing our efforts to emphasize primary-preventive health care services in graduate and post-graduate medical education programs to better equip our physicians to fulfill their primary care role.

In fact, to assure that all obstetrician-gynecologists are well informed about appropriate primary-preventive care guidelines, the College recently published a comprehensive document containing such guidelines which will be disseminated to all Fellows of the College later this summer. In addition, a primary care journal for obstetrician-gynecologists will begin publication in January. Finally, many of our continuing medical education programs relate to these issues. For example, at an upcoming meeting of our California Fellows, a portion of the program will be devoted to the treatment of hypertension.

ACOG urges you to contact the Senate and House conferees on the budget reconciliation conference committee and express your and the Administration's support of obstetrician-gynecologists being defined as primary care physicians. We are eager to work with you to promote the full range of women's health care needs that will be presumably contained within the President's package. You will find enclosed a fact sheet on obstetrician-gynecologists as primary care physicians. If you need any further information, please feel free to contact Kathy Bryant, JD, Associate Director of Government Relations, at (202) 863-2511.

Sincerely,


Ralph W. Hale, MD
Executive Director

KB:S:sw

Enclosure

Handwritten notes:
Kathy Bryant
1/23/93