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Willarda V. Edwards, M.D., M.B.A.
President

The Hon. Nancy Pelosi
Speaker
U.S. House of Representatives
H-232, U.S. Capitol
Washington, D.C. 20515
6 November 2009

Dear Madame Speaker,

The National Medical Association supports H.R. 3962, the Affordable Health Care for America Act, and we look forward to Saturday's vote. We thank you, and celebrate your leadership throughout this extraordinary process.

This legislation takes dramatic steps toward: orienting the healthcare system toward prevention and wellness; training the next generation of physicians and primary care practitioners; instituting common sense insurance market reforms; significantly narrowing the 'doughnut hole' in Medicare Part D; and reducing the federal deficit over time. Notably, we applaud the efforts you have made to ensure that Comparative Effectiveness Research (CER) findings are insulated from prevailing political winds.

We are headed in the right direction, and we are pleased to swell the growing chorus of providers and consumers in favor of this groundbreaking measure.

We would sound the following note of caution, however. The health equity provisions in the bill need to be further strengthened. Johns Hopkins University and the University of Maryland researchers recently estimated the potential savings from reducing excess medical costs due to health disparities during the years from 2003-2006 at \$229 billion (in 2008 dollars) – and that's just *direct* costs! They estimated indirect costs during that same period at over \$1 trillion.

Consequently, the Tri-Caucus is seeking to augment the authority and increase the number of Offices of Minority Health across the Department of Health and Human Services. The Tri-Caucus also seeks to elevate the National Center on Minority Health and Health Disparities from 'Center' to 'Institute' status at the National Institutes of Health (NIH).

These and other key initiatives were included in H.R. 3090, which never made it to the floor. We will support every effort to add these provisions as amendments to H.R. 3962. As minority physicians who serve America's most vulnerable populations, our hearts break everyday as we are forced to do more with less in serving the sickest of the sick and the poorest of the poor. We can do better.

This letter also serves to signal our support for H.R. 3961, the Medicare Physician Payment Reform Act. As you know, a 21% pay cut looms over the nation's doctors who choose to serve Medicare patients, and H.R. 3961 essentially "hits the reset button" on this payment mechanism by abandoning the Sustainable Growth Rate (SGR), adjusting baselines, and establishing growth targets by category of physician services. We welcome this overdue fix, which will hopefully be more permanent than the temporary patches we have had to endure for the last several years.

Our special thanks to the professional staff of the committees of jurisdiction, and to Chairmen Miller, Rangel and Waxman. Collectively, you have put in more hours than any of us care to count, for which we are truly grateful. Congratulations.

We stand ready to help in any way we can from now through the conference process. This is our time. We will seize the moment.

Sincerely,

A handwritten signature in cursive script that reads "W Edwards".

Willarda V. Edwards, M.D., M.B.A.

President