



June 22, 2007

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
*Attention: CMS-2279-P*  
P.O. Box 8016  
Baltimore, MD 21244-8016

*Re: (CMS-2279-P) Medicaid Program; Graduate Medical Education, (Vo. 72, NO. 99, May 23, 2007)*

Thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule. Medicaid support of Graduate Medical Education (GME) facilitates continuing access to care for Medicaid members. Medicaid, like other payers, should continue to recognize the cost to hospitals that support teaching programs and play a proportionate role in the financial support of these facilities. Many states, like Georgia, already face shortages in physicians. The loss of Medicaid funding for hospital-based teaching programs will result in hospitals scaling down or closing their programs. This will only exacerbate the shortage problem and in the long-term, diminish access to care...not only for Medicaid members, but for all citizens.

I respect that CMS has some concerns about the current use of Medicaid funds to support GME programs. Instead of completely eliminating federal financial participation for GME, CMS should instead consider the following to address some of those concerns:

- Target GME funding based on a need for additional physicians in each state.
- Require periodic reporting from states on GME payments by provider.
- Require state Medicaid agencies to distribute managed care GME funds directly to the provider and carve them out of managed care arrangements.

CMS and its predecessor agencies have been funding the Medicaid share of GME expenses for more than 40 years. In the absence of statutory direction, CMS should continue to provide its federal funds for the Medicaid share of GME expenses.

Sincerely,

A handwritten signature in black ink, appearing to read "Rhonda M. Medows".

Rhonda M. Medows, M.D.