

[Date]

The Honorable **[Full Name]**
United States **[Senate/House of Representatives]**
Washington, DC 20510

Dear Senator/Representative **[Last Name]**:

As **[position/title]** at **[institution]** [, and a constituent in your district], I urge you to support the inclusion of combined Internal Medicine-Pediatrics as a primary care specialty in any proposed federal legislation.

Physicians trained in combined Internal Medicine-Pediatrics (Med-Peds) are fully qualified as general internists and general pediatricians, so should be included as a primary care specialty. Currently there are approximately 1400 Med-Peds residents in training and approximately 7000 Med-Peds physicians in practice. In 2007, **55% of graduates of Med-Peds graduates practice primary care** and on average spend 75% of their time in direct patient care activities. In addition, **over 90% of Med-Peds trained physicians take care of children and adults**. Med-Peds trained physicians can be found in all 50 states practicing in rural to urban areas.

Combined Med-Peds residency programs have existed since 1967 and train physicians who care for Americans across the entire lifespan, from newborns to the elderly. These residents train in both Internal Medicine and Pediatrics in a four-year long residency and are considered both internists and pediatricians. The additional fourth year of training in order to be eligible to obtain Board Certification in both specialties was supported in the Balanced Budget Act of 1997 that allowed Graduate Medical Education payment to institutions that had combined training programs in two primary care disciplines. Since 2006, the Accreditation Council of Graduate Medical Education (ACGME) has listed Med-Peds programs as accredited in addition to internal medicine and pediatrics programs.

Children with chronic illnesses (e.g. congenital heart disease, diabetes) are living longer than in the past with approximately 500,000 children with at least one chronic condition turning 18 every year. **The intensive training in both medical specialties allows Med-Peds physicians to care for this population so they do not lose their primary care provider** as they age out of pediatric care. Furthermore, since Med-Peds trained physicians are board eligible in both Internal Medicine and Pediatrics, approximately 20% Med-Peds graduates choose to pursue subspecialty training in Internal Medicine, Pediatrics, or both. This additional training allows these subspecialty trained physicians to provide care to children with chronic illnesses as they get older without leaving their subspecialty provider.

The United States is facing a physician shortage, and the demand for physicians will increase far more rapidly than the supply under current standards. The physician

population most greatly affected by this shortage is primary care physicians. Internal medicine and pediatrics are already listed as primary care specialties. **Physicians trained in Med-Peds are another piece of the solution to the primary care crisis.**

Since Med-Peds encompasses training in two primary care disciplines and enables practice across the age spectrum and to children and adults with chronic illnesses, I encourage you to include combined Internal Medicine-Pediatrics as a primary care specialty to any proposed federal legislation. Specific areas to consider include the reauthorization of Title VII of the Public Health Service Act, funding for the National Health Service Corps, graduate medical education funding, and the redistribution of unused residency positions.

Again, thank you for considering this request. Please contact me at **[phone]** or **[email]** if you have any questions, would like to discuss this further, or if I can be of any further assistance.

Sincerely,