



July 12, 2017

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9928-NC  
P.O. Box 8016  
Baltimore, MD 21244-8016

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write in response to the [request for information](#) titled, “Reducing Regulatory Burdens Imposed by the *Patient Protection and Affordable Care Act & Improving Healthcare Choices To Empower Patients*” as published by the Centers for Medicare & Medicaid Services in the June 12, 2017, *Federal Register*. We appreciate that CMS issued this request for information as it is consistent with the [Executive Order](#) on “Reducing Regulation and Controlling Regulatory Costs” issued January 30, 2017, which the AAFP strongly supports.

The AAFP is the only medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits. This represents more than 192 million visits annually, which is 48 percent greater than the next most visited medical specialty. Today, family physicians provide more care for America’s underserved and rural populations than any other medical specialty. Our members are at the frontline of care delivery and are the trusted partners that millions of people rely upon for health and well-being.

We offer the following responses to the four questions posed by CMS with respect to the individual and small group health insurance markets:

**1. Empowering patients and promoting consumer choice.**

We recommend CMS empower patient choice by developing and increasing the use of consumer assistance tools that allow for easy comparison of plans and design features. Furthermore, patient choice could be enhanced by providing real-time information on provider networks, plan quality, and consumer satisfaction. The AAFP also urges CMS to invest more in marketing, outreach to young adults, and consumer assisters/navigators.

**2. Stabilizing the individual, small group, and non-traditional health insurance markets.**

Regarding market stabilization, we support the use of reinsurance and improvement in risk adjustment methodology. Recently, CMS aligned the open enrollment period for Marketplaces and

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Medicare, which we opposed in our March 7, 2017, [letter](#) to CMS in response to the *Patient Protection and Affordable Care Act* Market Stabilization proposed rule. We are still concerned with this alignment and urge CMS to continue using a longer open enrollment timeframe to allow patients time to enroll in appropriate plans. The AAFP, based on family physician concerns, urges health plans to issue insurance cards when they verify enrollment and coverage begins. Physicians and their practice staff need accurate eligibility information available at the time of care. Ideally, practice staff would have access to this information in real time in an efficient manner through a website or portal. This would help mitigate billing frustrations when patients change health plans. We also urge CMS to monitor and take steps to prevent the further narrowing of networks.

3. Enhancing affordability.

The AAFP appreciates that CMS asks what steps the agency can take to enhance the affordability of coverage for individual consumers and small businesses since a goal of the AAFP is to improve access to affordable health care coverage. To increase affordability of plans, the AAFP recommends CMS require Marketplace plans to provide benefit design options that incentivize high-value care for prevention and chronic disease management. As the AAFP has recommended repeatedly, CMS must use only the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative to ensure alignment, harmonization, and the avoidance of competing quality measures among payers. In addition, we urge CMS to promote multi-payer payment and delivery reform options to foster primary care medical home models and to drive health system transformation across payers and populations.

4. Affirming the traditional regulatory authority of the States in regulating the business of health insurance.

Regarding affirmation of the traditional regulatory authority of the States in regulating the business of health insurance, we recommend CMS create a federal-state partnership on insurance regulation and standards for plans across states to reduce plan and provider administrative burden.

We appreciate the opportunity to provide these recommendations. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org) with any questions or concerns.

Sincerely,



Wanda D. Filer, MD, MBA, FAAFP  
Board Chair