



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

September 10, 2015

The Honorable John Boehner  
Speaker  
U.S. House of Representatives  
Washington, DC

The Honorable Nancy Pelosi  
Minority Leader  
U.S. House of Representatives  
Washington, DC

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC

The Honorable Harry Reid  
Minority Leader  
United States Senate  
Washington, DC

Dear Speaker Boehner, Majority Leader McConnell, Minority Leader Pelosi and Minority Leader Reid:

This month the House and Senate must secure the passage of legislation that will fund the federal government for the 2016 fiscal year. The American Academy of Family Physicians (AAFP) and the 120,900 members we represent, strongly urge you to do so in a manner that does not disrupt the important federal programs that depend on such funding.

While it would be our ultimate goal to remove the arbitrary and consequential budget caps established by the *Budget Control Act of 2011* (BCA, PL 112-25), especially the continued application of the sequester, we recognize that the timing, the overall budget requirements and the current political environment may make this unlikely. Therefore, in this challenging context, we urge you to ensure continuation of funding in a manner that prevents disruptions to patients and their physicians.

The AAFP supports appropriate funding for several federal programs that our members use to improve people's lives and our health care system in meaningful ways. We are especially supportive of those programs that aim to reduce health disparities and improve access to care – particularly for vulnerable and underserved populations. Access to quality and timely health care services is a common goal which the American public, the health care workforce, and elected officials all share. We know the difficulty many, especially the poor and those that live in underserved communities, experience in accessing health care. We know as well that many in these communities benefit from federal initiatives that extend access to their populations and provide much needed funding for community-support programs.

We would like to comment on a few of the AAFP's priorities, which we urge Congress to fund at levels that allow them to continue their significant work.

**The Centers for Medicare and Medicaid Services (CMS)** – CMS is responsible for the administration of the nation's largest health insurance programs –Medicare and Medicaid–and nearly 100 million

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individuals depend upon these programs for their health care services. In addition, CMS is responsible for millions of annual interactions with physicians, hospitals, and other health care providers. Given the volume of annual transactions that CMS handles, it is important that this critical health care agency has the necessary human and financial resources to meet the requirements of their beneficiaries, as well as physicians and other providers of care. The AAFP believes that CMS operates efficiently, and we urge Congress to restore funding for the CMS Program Management account to a level that allows the agency to continue to operate in a high-performing and efficient manner.

The Center for Medicare and Medicaid Innovation (CMMI) – Although supported by mandatory rather than appropriated funding, CMMI is at the forefront of identifying and implementing the next generation of care delivery in the Medicare and Medicaid programs. The AAFP strongly supports the work of CMMI and sees this entity as one of the fundamental contributors to delivery system and payment reform. A well-financed and well-staffed CMMI will contribute to our shared goal of moving our health care system from one that is driven by volume to the efficient, quality-focused and patient-centric system we all desire. The AAFP opposes any provision to cut the mandatory funding for the CMMI.

Agency for Health Care Research and Quality (AHRQ) – AHRQ supports research vital to improve clinical decision-making, advance patient safety, decrease medical errors, and promote practice transformation in order to enhance health care quality and access. Terminating or dramatically cutting funding for AHRQ is contrary to the effort to reduce costs in our health care system. It would be short-sighted and counterproductive to undermine the effectiveness of this critical agency. The AAFP urges continued funding for AHRQ.

Health Services Resources Administration (HRSA) – HRSA is the primary federal agency for improving access to health care by strengthening the health care workforce. At a time when our nation's shortage of family physicians is expected to worsen, we must increase our investment in primary care training authorized under Title VII, Section 747 of the *Public Health Service Act*. Further, we recommend that the final spending bill include \$4 million for Rural Physician Training Grants (PHSA Title VII, §749B).

HRSA also administers the National Health Service Corps (NHSC) which works to ensure that our nation has an adequate physician workforce. The AAFP strongly supports the NHSC and calls on the Congress to include discretionary funding for it in FY16 as proposed in the President's budget request.

The Title X Family Planning Program, administered by HRSA, is the only federal grant program dedicated to providing individuals with comprehensive family planning and related preventive health services. The AAFP strongly supports this program and urges its continued funding. We are troubled that some would aim to prevent access to essential health care services for millions of women and defund important community care sites that provide women, especially low-income women, access to preventive and family planning services. These essential health care services should not be placed out of reach to low-income and underserved populations.

Finally, we are very concerned with policies being pursued by many states that would prohibit the delivery of health care services by a qualified provider or health care facility. While states maintain the right to license and credential providers and facilities in their respective states, we believe this process should be based on an objective evaluation of the specific provider's or facility's qualifications to provide such services, not on criteria that are based on political or personal preferences. Furthermore, allowing the targeting of certain providers for disqualification based on short-term political goals rather than on long-standing professional criteria fundamentally undermines the licensing and credentialing standards upon which our outstanding health care system is built. Providers of health care services who have been found deficient in professional skill or conduct, or who have been convicted of a crime or who have been found to have committed fraud should not be allowed to continue providing services

to the public. However, if the provider or facility is in good professional standing and the provider or facility staff have not been found guilty of a crime or fraud, we believe they should be recognized as a provider of services in all health care systems – especially Medicare and Medicaid.

In closing, we urge the timely passage of legislation that would fund the federal government for the 2016 fiscal year in a manner that avoids disruptions in operations on October 1 or at any time period during the 2016 fiscal year. Thank you for the opportunity to outline a few of our priorities and why we view them as important to our health care system. Please contact Kevin Burke, Director of Government Relations, at [kburke@aafp.org](mailto:kburke@aafp.org) or (202) 232-9033 for additional information on AAFP policies.

Sincerely,



Reid Blackwelder, MD, FAAFP  
Board Chair

C: The Honorable Kevin McCarthy  
The Honorable Steve Scalise  
The Honorable Steny Hoyer  
The Honorable John Cornyn  
The Honorable Richard Durbin