



February 6, 2019

The Honorable Anna Eshoo
Chairperson
House Committee on Energy and Commerce
Subcommittee on Health
Washington, DC 20515

The Honorable Michael Burgess, MD
Ranking Member
House Committee on Energy and Commerce
Subcommittee on Health
Washington, DC 20515

Dear Chairperson Eshoo and Ranking Member Burgess:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write to share the organization's comments for the hearing *Texas v. U.S.: The Republican Lawsuit and Its Impact on Americans with Pre-Existing Conditions*.

The *Patient Protection and Affordable Care Act* represented a sea change for millions of patients. We are pleased the committee has organized a hearing to examine the law and its impact on health care access for those with pre-existing conditions. It is our hope that during the 116th Congress the committee will also review other elements of the law, including Medicaid expansion, its impact on primary care access, potential individual market improvements, and proposals to maintain cost-sharing reduction payments.

In response to the lawsuit, the AAFP joined a friend-of-the-court brief with the American Medical Association, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the American College of Physicians. Collectively, our organizations commented that the decision would create further disruption, generate uncertainty, increase premiums, and cause declines in coverage.

A 2017 New England Journal of Medicine article indicates that the law's coverage expansion is associated with higher rates of individuals having a usual source of care, greater access to primary care physicians, and higher rates of preventive health screenings.ⁱ Anecdotal evidence among family physicians also reveals that health care access is saving lives and improving patient health for those who are accessing much-needed care for chronic diseases or detecting health challenges in their initial stages. Again, achieving optimal health does not occur by accident. Realizing the vision of healthy communities, like other national priorities, requires that we identify goals, invest resources, and eliminate barriers, especially for vulnerable citizens.

This issue is important for the AAFP because of our promotion of [health care for all](#) in the form of a primary care benefit design featuring the medical home, and a payment system to support it for everyone in the United States.ⁱⁱ AAFP believes that all Americans should have access to primary care services (e.g. in the case of infants and children, immunizations and other

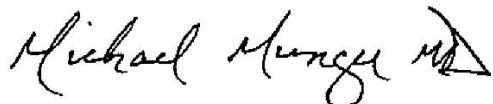
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evidence-based preventive services, prenatal care, and well-child care), without cost sharing. The AAFP believes that health care for all should also include services outside the medical home (e.g. hospitalizations) with reasonable and appropriate cost sharing allowed, but with protections from financial hardship. Supporting access to care for everyone in the United States is consistent with the “triple aim” of improving patient experience, improving population health, and lowering the total cost of health care. Having both health insurance and a usual source of care (e.g., through an ongoing relationship with a family physician) contributes to better health outcomes, reduced disparities along socioeconomic lines, and reduced costs.ⁱⁱⁱ

We appreciate the opportunity to comment on this important legislation. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,



Michael L. Munger, MD, FAAFP
Board Chair

ⁱ Benjamin D. Sommers, M.D., Ph.D., Atul A. Gawande, M.D., M.P.H., and Katherine Baicker, Ph.D., *N Engl J Med* 2017; 377:586-593

ⁱⁱ AAFP, Health Care For All (2014), available at <http://www.aafp.org/about/policies/all/health-care-for-all.html>

ⁱⁱⁱ See, e.g., The Robert Graham Center, The Importance of Having Health Insurance and a Usual Source of Care, *Am. Fam. Physician* (Sept. 15, 2004), available at <http://www.aafp.org/afp/2004/0915/p1035.html>.