AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

July 17, 2017

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

Dear Majority Leader McConnell & Minority Leader Schumer:

The American Academy of Family Physicians (AAFP), which represents 129,000 physicians and medical students, believes it is time to move beyond our current health care debate that is focused on repealing major portions of current law and seek bipartisan policies that build on our collective successes, address ongoing challenges, and improve our health care system for current and future citizens.

Our current political environment, unfortunately, has become untenable for a meaningful debate about health care. There is blame to assign to each of us, but blame does not solve problems. We are respectfully requesting that you, as leaders of the Republican and Democratic parties, change this environment and restore those practices that reflect the Senate's finest traditions of seeking bipartisan solutions to the greatest challenges facing our nation.

Over the past 70 years, we have achieved significant improvements in our health care system. These achievements include the establishment of the Medicare and Medicaid programs, the creation of the Children's Health Insurance Program (CHIP), the establishment of the Medicare Prescription Drug Benefit in Medicare, and the enactment of the Patient Protection and Affordable Care Act (ACA). Our country and our fellow citizens have benefited from each of these achievements.

Historically, we have focused our efforts on how best to improve the health care system in an effort to improve the lives of individuals impacted by such policies. Unfortunately, our current debate has departed from this historical standard. Over the past seven years our nation has been engaged in a continuous, often contentious, debate over health care. This debate has focused almost exclusively on the future of the ACA from an ideological perspective and not from an individual or population perspective.

The enactment of the ACA in 2010 resulted in millions of previously uninsured people gaining health care coverage. While we may disagree on the underlying policies, we should collectively celebrate our success in expanding health care coverage to tens of millions of people and re-double our efforts to provide more affordable coverage to those that still lack it. The AAFP believes our mutual goal is to ensure that every individual has health care coverage, a policy that the AAFP has promoted since 1989.

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The ACA also established a set of standards that prohibit discrimination, provide predictability in the insurance markets and protections to those who seek insurance coverage. This law was not and is not perfect. There are areas where improvements are needed and necessary.

As noted in the opening paragraph of this letter, we believe it is time to set-aside the debate on the Better Care Reconciliation Act (BCRA) and move forward with bipartisan solutions that build on our historical successes and return our health care debate to one focused on increasing access to affordable and meaningful health care coverage. To this end, we offer the following policy recommendations for your consideration.

I. MAKE HEALTH CARE COVERAGE MORE ACCESSIBLE AND AFFORDABLE

a. Provide an opportunity for individuals between 55 and 64 years of age, who purchase their insurance in the individual market, to purchase their health care coverage through a Medicare Advantage plan.
    - Any individual choosing this option should be allowed to apply any tax credit(s) or other subsidies they are eligible for based on their income and/or age.
b. Increase competition in the Health Insurance Marketplaces by requiring insurers who engage with a federal or state health program, in that state, to participate in the Marketplace.
c. Require that all insurance plans adhere to the essential health benefits required under current law.
d. Maintain all consumer protections in current law. This includes guaranteed issue, community rating, prohibition on annual and lifetime benefit caps, limits on out-of-pocket expenses and the medical loss ratio (MLR) requirements.

II. PRIORITIZE AND PROMOTE PRIMARY CARE

a. Establish a standard primary care benefit for individuals with a high-deductible health plan (HDHP). In an effort to maximize the proven benefits of health care coverage and a continuous relationship with a primary care physician, the AAFP proposes the establishment of a standard primary care benefit for individuals and families with any high-deductible health plans (HDHP).
    i. Individuals with a high-deductible health plan, as defined by the Internal Revenue Service (IRS)*, would have access to their primary care physician, or their primary care team, without the cost-sharing requirements (deductibles and co-pays) stipulated by their policy.
    ii. The company issuing the HDHP to the individual or family would be responsible for providing full coverage of primary care services for the plan year. Covered services would include primary care, prevention & wellness and care management services. Plans would pay primary care physicians for the following services at the contracted rate:
        - Evaluation & Management (E&M) codes for new and existing patients 99201-99215
        - Prevention & Wellness codes 99381-99397
        - Chronic care management codes (CCM)
        - Transition care management (TCM) codes
    iii. Primary care, for the purposes of this proposal, is defined as those eligible clinicians enrolled in Medicare via the Internet-based Provider Enrollment,

Chain and Ownership System (PECOS) and practicing under one or more of the following Physician Specialty Codes: 01 General Practice; 08 Family Medicine; 11 Internal Medicine; 37 Pediatric Medicine; and 38 Geriatric Medicine.

- Patients would designate their primary care physician and that physician would be the site of service for this benefit for the enrollment period.
- If a patient fails to designate a primary care physician, the insurer issuing the HDHP would be responsible for assigning a primary care physician to the patient.

b. Require all Medicaid plans, public and managed care, in all states, to compensate primary care physicians for services provided at a rate equal to or greater than Medicare fee-for-service.
   - The federal government should fully fund this provision as part of their share of Medicaid financing.

III. MARKET STABILIZATION

a. Make permanent and fully fund the cost-sharing reduction subsidies.
b. Establish a standard, annual enrollment period that provides a minimum of 45 days for open enrollment in Marketplace plans.
c. Limit special enrollment periods to changes in age, employment, marital status, the addition of a newborn or adopted child during the plan year, change of residence to a different state or changes in income that require transition from Medicaid to a Marketplace plan.
d. Establish bidding areas that ensure robust competition in rural counties.
e. Stabilize Medicaid and reduce churn by requiring 6-month continuous enrollment in Medicaid and allowing auto-enrollment of eligible individuals

IV. OTHER RECOMMENDATIONS FOR CONSIDERATION

a. Repeal the tax on medical devices.
b. Repeal the tax on health insurance companies (HIT tax)
c. Increase investments in primary care physician education and training to ensure a robust primary care workforce for current and future generations.
d. The AAFP supports an evaluation to determine if the current 3:1 rating band continues to be the appropriate ratio.

Sincerely,

Wanda D. Filer, MD

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

C: United States Senate