

July 11, 2018

The Honorable Kevin Brady Chairman, Ways & Means Committee Longworth House Office Building Washington, DC 20515

The Honorable Richard Neal Ranking Member, Ways & Means Committee Longworth House Office Building Washington, DC 20515

Dear Chairman Brady and Ranking Member Neal:

The American Academy of Family Physicians (AAFP) applauds your decision to consider legislation aimed at assisting individuals and families with their escalating health care costs. As you know, the costs of health care and health care coverage continue to increase at significant rates. As a result, many individuals, families, and employers are turning to high-deductible health plans (HDHP) as a means of securing affordable coverage for themselves, their families and their employees.

According to a report from Americas Health Insurance Plans (AHIP), in 2017, almost 22 million Americans had enrolled in an HDHP, up from only one million in 2005. All indicators suggest that this rapid growth of HDHPs will continue in individual, small group, and employer-sponsored markets.

It is well documented that individuals who have health care coverage are more likely to have a continuous relationship with a primary care physician, which is a key indicator of health and health maintenance. For this and other reasons, the AAFP continues to place a priority on ensuring that all Americans have health care coverage. However, we recognize that having health care coverage does not always equate to having access to primary care and other health care services. Recent data on the influence of high deductibles on patients' health care decisions are concerning.

A recent Centers for Disease Control and Prevention (CDC) report: Financial Barriers to Care: Early Release of Estimates From the National Health Interview Survey, 2016 found:

"Among privately insured adults aged 18–64 with employment-based coverage, those enrolled in an HDHP were more likely than those enrolled in a traditional plan to forgo or delay medical care and to be in a family having problems paying medical bills."

These statistics suggest that there is a need for policy solutions aimed at assisting individuals and families with HDHPs access primary care physicians. The AAFP supports two bills that would make primary care more accessible and affordable:

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Primary Care Enhancement Act (H.R 365)

The AAFP supports physician and patient choice to, respectively, provide and receive health care in any ethical health care delivery system model, including the DPC practice setting. The direct primary care (DPC) model gives family physicians a meaningful alternative to fee-for-service insurance billing, typically by charging patients a periodic fee that covers all or most primary care services including clinical, laboratory, and consultative services, and care coordination and comprehensive care management. Because some services are not covered by a retainer, patients often also acquire a high-deductible health plan to cover non-primary care services. Direct primary care benefits patients by providing substantial savings and greater access to, and time with, physicians.

Under current interpretation of the Internal Revenue Code, patients with health savings accounts (HAS) have been prohibited from engaging in DPC arrangements with a family physician or any other physicians. The *Primary Care Enhancement Act* (H.R 365), as introduced, removes this barrier thus allowing patients with a HSA to enter into an arrangement with a DPC family physician for their primary care needs.

The Paulsen-Blumenauer bill under consideration by the Committee, H.R. 6317, differs from H.R. 365 in some significant ways. While the AAFP is unable to endorse the new proposal at the present time, we do applaud the continued leadership of Representatives Paulsen and Blumenauer to advance this primary care policy. H.R. 6317 is a proposal that advances the DPC issue and we look forward to working with them and the committee to further improve this legislation.

Primary Care Patient Protection Act of 2018 (H.R. 5858)

In addition, the AAFP strongly supports the *Primary Care Patient Protection Act of 2018* (H.R. 5858) introduced by Congresswoman Elise Stefanik (R-NY) and Congressman Brad Schneider. This legislation aims to assist individuals and families who have secured health care coverage through a high-deductible health plan (HDHP), but face obstacles to accessing the health care system due to their deductibles, secure access to their primary care physicians. While this legislation is not part of the Committee's proceedings at the present time, we would urge you to act on this patient-centered, common sense proposal at your earliest opportunity.

The *Primary Care Patient Protection Act of 2018* would create a primary care benefit for all HDHP holders allowing for up to two deductible-free primary care office visits each plan year. If enacted into law, individuals with a HDHP would have access to their primary care physician, or their primary care team, independent of cost-sharing – meaning that the patient could receive a defined set of primary care services prior to meeting their deductible. The company issuing the HDHP to the individual or family would be responsible for providing full payment for the primary care services provided by the physician and cost-sharing requirements would remain in place for all services outside the defined primary care services outlined in the bill.

Thank you again for your leadership in holding this legislative mark-up. We applaud your commitment to identifying and pursuing policy solutions that will assist individuals and families secure affordable health care coverage that provides them access to primary care physicians. We look forward to working with you to further refine and improve these proposals as the Committee continues its work.

Sincerely,

John Meigs, Jr., MD, FAAFP

Board Chair

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The Honorable Sander Levin

The Honorable Erik Paulsen

The Honorable Earl Blumenauer