AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

January 23, 2019

U.S. House of Representatives
Washington, DC 20515

Dear Representative:

On behalf of the 131,400 members of the American Academy of Family Physicians (AAFP), congratulations on your election to the U.S. House of Representatives for the 116th Congress. The AAFP is the nation's largest primary care organization and we are honored to represent the nation's family physicians and the millions of patients for whom we provide care. We look forward to working with you and your colleagues over the course of the next two years.

The AAFP's legislative agenda is comprehensive and reflects the diversity of our discipline and members. We are committed to the advancement of policies that promote healthier individuals, healthier communities, and a health care system that is accessible and equitable to all, regardless of race, gender or geographic location. We hope you will agree to support these priority policy positions that the AAFP will be advocating for during the 116th Congress:

- **Health Care Coverage for All** - the AAFP believes that access to health care is a human right. We look forward to working with you to advance policies that expand access to affordable and comprehensive health care coverage for all Americans. Specifically, we see an opportunity to advance bipartisan legislation that would reaffirm the core tenets of insurance reforms in current law that extend protections to individuals with pre-existing conditions by strengthening laws that prohibit discrimination in coverage and pricing.

  In 2018, the AAFP Congress of Delegates adopted a policy entitled "Health Care for All: A Framework for Moving to a Primary Care-Based Health Care System in the United States. " This policy is built around 7 key principles:

  1. Everyone will have affordable health care coverage providing equal access to age-appropriate and evidence-based health care services.

  2. Everyone will have a primary care physician and a medical home.

  3. Insurance reforms that have established consumer protections and nondiscriminatory policies will remain and will be required of any proposal or option being considered to achieve health care coverage for all. Those reforms and protections include, but are not limited to, continuation of guaranteed issue; prohibitions on insurance underwriting that uses health status, age, gender, or socioeconomic criteria; prohibitions on annual and/or lifetime caps on benefits and coverage; required coverage of defined essential health benefits (EHB); and required

coverage of designated preventive services and vaccines without patient cost sharing.

4. Any proposal will reflect at least a doubling of the percentage of health care spending invested in primary care. This investment must result in a payment model for primary care that supports and sustains primary care medical home transformation and reduces the current income disparity between primary care and subspecialty care to ensure an adequate primary care physician workforce.

5. Federal, state, and private funding for graduate medical education will be reformed to establish and achieve a national physician workforce policy that produces a primary care physician workforce sufficient to meet the nation's health care needs. Additionally, U.S. medical schools will be held to a higher standard in regard to producing the nation's needed primary care physician workforce.

6. A defined set of visits and services to a primary care physician will not be subject to cost-sharing.

7. In any system of universal coverage, the ability of patients and physicians to voluntarily enter into direct contracts for a defined or negotiated set of services (e.g., direct primary care [DPC]) will be preserved. Additionally, individuals will always be allowed to purchase additional or supplemental private health insurance.

- **Investment in Primary Care** – decades of research have demonstrated that an ongoing relationship between an individual and a primary care physician contributes to better patient health and better utilization of health care resources. Strong evidence proves that primary care facilitates health, improves care coordination, and efficiently stewards health care resources. Unfortunately, our country invests very little in primary care compared with other industrialized nations with lower-cost health systems. Today, the U.S. devotes only 5% to 6% of the overall health dollar on primary care. AAFP research and analysis shows that that the U.S. health care system would function more effectively if that percentage was at least between 12% and 15%. The AAFP will advocate for policies that build on the demonstrated value of primary care to establish a U.S. health system that is foundational in primary care. And importantly, this demonstrated value of primary care must be appropriately accounted for in all methods of payment whether by historical fee-for-service or in transitioning to alternative payment models.

  As individuals and families grapple with escalating health care costs, many face a difficult financial choice between obtaining health care or other priorities such as housing, food, or education. Patient decisions to prolong or forgo primary care lead to worsening health and more costly health interventions. Therefore, the AAFP is committed to ensuring that all individuals and families have ongoing access to their primary care physician. Enactment of the *Primary Care Patient Protection Act* would ensure that individuals facing high-deductibles could obtain primary care independent of financial cost-sharing requirements. We urge you to work toward passage of this important legislation during the 116th Congress.

- **Reduce Administrative Burden** – the AAFP exists to support the work of our members and is committed to establishing a practice environment that allows them to do what they do best – care for patients. Unfortunately, current payment models and the overabundance of regulatory and administrative tasks burdening family physicians have become obstacles to patient care. The AAFP strongly supports new models of payment that promote longitudinal, comprehensive

primary care and move rapidly away from the episodic nature of the legacy fee-for-service system. Furthermore, family physicians believe that the regulatory and administrative oversight of the practice of medicine has devolved from a well-intentioned focus on quality and performance improvement to a practice-level paperwork morass that drives frustration among patients and physicians alike.

Administrative burden has become a major contributor to medical errors and physician burnout. The U.S. health system can and must do better and the AAFP looks forward to working with Congress to enact policies that promote the delivery of quality health care by focusing on the patient and not the paperwork.

- **Support & Promote High-Functioning Family Medicine Practices** - the AAFP strongly supports and promotes independent physician practices. These practices are the foundation of our health care system and the U.S. must maintain an environment where independent practices can succeed. In recent years, the rapid consolidation in health care has been caused by hospitals and health systems absorbing physician practices at an alarming rate. While family physicians support choice in practice opportunities among AAFP members, AAFP does not support policies that tilt the playing field toward consolidation. AAFP will work with Congress to identify and implement policies that promote a strong, independent physician workforce.

- **Primary Care Workforce** – the AAFP strongly supports policies that facilitate a more robust primary care physician workforce. The current graduate medical education (GME) system should be reformed to ensure that national health workforce investments align better with the needs of states and communities. To drive a conversation about such reforms, the AAFP has proposed a Graduate Medical Education Financing Policy that promotes 6 principles of reform:

  1. Provide an adequate number of family medicine residency positions to allow capacity for meeting the "25% by 2030" goal for U.S. medical school graduates making a career choice of family medicine. This results in a goal of "10,000 by 2030" for Postgraduate Year One (PGY1) family medicine resident GME positions and the need for ongoing support for the duration of training for those positions.

  2. Make permanent and increase funding to the Teaching Health Center Graduate Medical Education (THCGME) program to ensure stability, growth, and long-term sustainability of the program.

  3. Establish accountability for federal GME payments to correct the historical maldistribution of federal GME financing by ensuring new positions are allocated to mitigate rural/urban and other geographic and specialty imbalances to reduce health professional shortage and medically underserved areas.

  4. Create new funding collaborations between federal, state, and nongovernmental stakeholders investing in primary care GME to positively impact factors such as health disparities, primary care access, workforce maldistribution, health equity, infant mortality, and social determinants of health.

  5. Modernize GME financing by replacing Indirect Medical Education (IME)/Direct Graduate Medical Education (DGME) payments with a per-resident payment (PRP).

6. Support existing and expanded funding for family medicine residencies by refocusing existing Medicare GME funding to first-certificate residency programs.

- **Reducing Rural Health Disparities** – the AAFP is a vocal proponent of policies that reduce health care disparities, including those faced by individuals and families living in rural communities. Currently, 62 million people live in a rural community or county. Most of these people depend on a family physician for their health care. According to research conducted by the Robert Graham Center, greater than 8 percent of family physicians are practicing in a community of less than 20,000 population – almost four times more than any other physician specialty. When you look at communities of less than 2,500 population, if they have a provider of health care in their community, it is a family physician.

  Despite the commitment of family physicians to rural communities, these individuals continue to face significant challenges in accessing health care. This month, the AAFP launched a multi-pronged, three-year advocacy effort aimed at improving access to affordable high-quality care for rural communities. Our efforts will be focusing on reversing current trends that have led to significant decreases in health care services for individuals in rural communities with an emphasis on primary care and obstetrics provided by family physicians.

- **Promotion of Health & Wellness** – the AAFP is committed to promoting public policies that focus on assisting individuals to live healthier lives. While the treatment of disease as an illness is an important aspect of family physician practices, we also partner with patients to take action to improve overall health through prevention.

- **Primary Care Caucus** – the AAFP encourages you to become a member of the Primary Care Caucus, co-chaired by Rep. Joe Courtney (D-CT) and Rep. David Rouzer (R-NC). The Primary Care Caucus facilitates the sharing of information to better evaluate proposed policies' impact on primary care. The caucus also provides a platform to highlight policies that promote an accessible high-quality primary care system for all Americans.

Again, congratulations on your election to serve in the 116th Congress. AAFP looks forward to working with Congress to develop and implement public policies that will benefit the country and the hundreds of thousands of individuals you represent. For more information on the AAFP please visit our website at www.aafp.org and for additional information on our policy and legislative priorities, please visit our Resources for Policymakers page.

Sincerely,

John S. Cullen, MD, FAAFP
President