



December 28, 2016

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
Washington, DC

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC

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

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC

The Honorable Kevin McCarthy
Majority Leader
U.S. House of Representatives
Washington, DC

The Honorable John Cornyn
Majority Whip
U.S. Senate
Washington, DC

The Honorable Steny Hoyer
Minority Whip
U.S. House of Representatives
Washington, DC

The Honorable Richard Durbin
Minority Whip
U.S. Senate
Washington, DC

Dear Speaker Ryan, Majority Leader McConnell, Minority Leader Pelosi, Minority Leader Schumer, Majority Leader McCarthy, Majority Whip Cornyn, Minority Whip Hoyer, and Minority Whip Durbin:

In the coming days the United States Congress will propose, debate, and consider policies aimed at improving the lives of our citizens and the overall well-being of our country. Among the most important issues you will address is our nation's health care system.

Health care is an immensely personal issue. Each of us, at some point in our lives, will interact with the health care system either as a result of our own health issue(s) or the health issues of a family member or loved one. Our individual views and opinions regarding our health care system are shaped by our experiences and observations, but we all agree that health care should be accessible and affordable for every person and family.

As you plan your work on this important issue, the American Academy of Family Physicians (AAFP) and the 124,900 physicians and medical students we represent offer the following goals that we believe any future health care legislation should take into account. Potential changes to current law must be patient-centered, be focused on enhancing and improving our health care system for all

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Americans, and acknowledge the important role of primary care and family physicians in our health care system.

Family physicians are on the frontline each day providing care to millions of men, women, and children in communities large and small, rural and urban, wealthy and poor across the country. Today, one in five physician office visits takes place with a family physician. They are not only physicians, they also are patient advocates. They are the physicians that individuals and their families turn to when they are sick and when they are in need of guidance on life's most complicated and challenging decisions. They are, without question, the foundation of our health care system.

Our members witness each day the importance of individuals and families having health insurance coverage. They see the value of those patient-centered protections that ensure each individual is able to obtain health care coverage regardless of their gender, health history, or socioeconomic status. Our health care system is not perfect and there clearly are areas of our insurance and health care system that require additional reforms. The AAFP is committed to engaging in a dialogue and process that identifies policies that strengthen our health care system and make health care more affordable for individuals and families at all income levels.

The AAFP's policies and advocacy on these issues are guided by a standard that has been proven the world over – the two primary factors that are most indicative of better health and more efficient spending on health care are continuous health care coverage and having a usual source of care, normally through a primary care physician. To assist you in your deliberations, we offer the following insights and recommendations for your consideration.

1. Coverage for All Americans

Currently insured individuals should not lose their health care coverage (public or private) as the result of any action or inaction on the part of the United States Congress and/or the Administration. The AAFP shares your goal of ensuring that currently uninsured individuals have access to affordable health care coverage, but we believe the expansion in the number of individuals with health care coverage should be pursued in a manner that does not disrupt or destabilize the individual, small group, or employer-based insurance markets. Furthermore, we believe that any financial assistance afforded a currently insured individual should continue, as promised, until such time that alternative policies that are at least as affordable and high quality are established.

The AAFP has long advocated for health care coverage for all Americans, a policy that dates back to 1989. Over the past two decades, the AAFP has worked in a bipartisan manner to identify and implement policies that have extended access to affordable health care coverage for millions of previously uninsured, non-Medicare eligible adults and children. Currently, less than 9% of our population is uninsured – a historic low. One decade ago, our uninsured rate was nearing 17% with nearly 50 million people uninsured. The greatest gains in coverage have occurred among our most vulnerable populations and young adults. The uninsured rate among those making less than \$36,000 annually has declined 10.3% in the past 4 years (30.7% to 20.4%). The uninsured rates for those between 18 and 25 years of age decreased from 23.5% to 14.9%, a decrease of 8.6%, and the uninsured rates for those between 26 and 34 years of age decreased 8.8% from 28.2% to 19.4%.

These decreases in the number of uninsured are significant and consequential improvements that should be protected. Now is the time to accelerate our efforts on further reducing the number of

uninsured. An important step in that effort is to ensure a stable and affordable insurance market for the currently insured. This is why we call on Congress to ensure that any actions or inactions you consider do not undermine the individual, small group, and employer-based health insurance markets.

2. Insurance Reforms & Patient Protections

Today, individuals and families benefit from protections against discrimination in all health insurance marketplaces. These patient-centered protections are essential to ensuring that all individuals, regardless of their age, race, gender, or medical history can obtain health insurance. The AAFP urges the continuation of policies that provide the following protections:

- All individuals, in all insurance markets, should continue to benefit from patient-centered insurance reforms that prevent discrimination against individuals and families. Specifically, individuals should not be denied health care coverage based upon a current or pre-existing health care condition, family history, race, gender, or income.
- Policies prohibiting health insurers from imposing annual and lifetime caps on benefits should be retained and should continue to be applicable to all insurance products, public and private.
- All health insurance products should be required to provide a uniform set of minimum benefits. These benefits should place significant emphasis on the value of comprehensive, continuous and coordinated primary care.
- All health insurance products, public and private, should continue to provide those preventive care services and vaccines identified by the United States Preventive Services Task Force, ACIP, and the Bright Futures program to all individuals independent of cost-sharing.
- We oppose changes in covered benefits that could undermine women's access to care, including elimination of contraception and maternity care as covered essential benefits.

3. Investment in Primary Care

The value of primary care to the health and wellbeing of individuals has long been acknowledged and understood. The existence of a continuous relationship with a primary care physician helps prevent illness and death, and it is associated with a more equitable distribution of health in populations.¹ Primary care is also associated with enhanced access to health care services and better health outcomes, as well as lower costs through changes in utilization, such as lower rates of hospitalization and emergency department visits.²

There is an emerging consensus that strengthening our nation's investment in primary care is imperative to improving individual and population health outcomes and restraining health care spending growth. The evidence proves that increasing the ability of family physicians to deliver primary care functions and reorienting health systems to emphasize delivery of primary care can help accomplish these goals.³ Portland State University recently published a study that found for every \$1 increase in primary care expenditures as part of the patient centered medical home model \$13 in savings resulted in other health care services, including specialty, emergency room, and inpatient care.

Primary care is and must remain a critical and foundational component of any health care system. Its value to patients and payers alike is well documented in terms of its positive effects on costs, access,

and quality. Due to this, the AAFP urges all public and private payers to increase their investment in primary care by:

- Prohibiting the exclusion of primary care physicians from any network. Access to primary care physicians should be encouraged, not de-incentivized by restrictive networks. Requiring that all primary care physicians be considered “in-network” for all insurance products encourages the establishment of a continuous relationship between patients and their primary care physician.
- Ensuring that all insurance products, public and private, guarantee access to, at minimum, four visits annually to a primary care physician for each enrollee independent of cost-sharing.
- Require that all health insurance plans increase their overall investment in primary care functions to, at minimum, 12 percent of their total health care spending. Current spending on primary care represents approximately 6 percent of total spending on health care – a percentage that we find inadequate and non-supportive of our nation’s health care goals.

4. Protect the Safety-Net

The AAFP and our members are committed to ensuring that all individuals, regardless of their socio-economic status, have access to health care coverage. This commitment is acutely focused on those individuals and families who do not have access to employer-based health insurance and/or are economically unable to secure health care coverage through the individual market. Our nation has extended health security to low-income individuals and families for more than 50 years. We have more work to do to ensure health equity among all individuals and populations, but ensuring affordable health coverage for all Americans is a critical first step towards this goal.

Today, more than 70 million people rely on the Medicaid program for their health care coverage. The AAFP believes that these individuals and families should not face immediate or premature discontinuation of that coverage as a result of any action or inaction on the part of the United States Congress or the Administration. Furthermore, we believe that that the basic functions of Medicaid should be universal, meaning regardless of the state of residency, low-income individuals are guaranteed health care coverage that is equitable with coverage in any of the other states. While the approach to how these benefits are extended to eligible populations is an important discussion, our commitment as a nation to ensuring health security for our most vulnerable populations should not be in question.

5. Physician Workforce

The country continues to face a troubling and looming physician shortage, especially among family medicine and other primary care specialties. This shortage may result in limitations or delays in accessing care for millions of people, especially those in rural and other non-urban communities, within the next three to five years. We believe there are three critical steps that should be taken during the 115th Congress:

- Establish a national workforce strategy that promotes the value of primary care as inherently fundamental to the health of individuals and populations as well as a high-functioning and efficient health care system.

- Reform the nation's graduate medical education system to place greater emphasis on training the primary care physician workforce of the future in the most appropriate care settings and creating greater accountability for teaching institutions.
- Build on the successful Teaching Health Center program by reauthorizing the program and expanding it to a greater number of communities. The THC program, by all measures, has been a tremendous success and is a key to addressing our nation's primary care physician workforce challenges. We urge Congress to reauthorize, expand, and appropriately fund this critical and highly successful program.

6. Legislative Interference

The AAFP remains concerned about recent trends whereby legislators at all levels of government have attempted to dictate the nature and content of patients' interactions with their physicians. We are equally concerned with attempts by policymakers to dictate or unduly influence, through legislation, the practice of medicine. These efforts, in our opinion, are outside the traditional bounds of the role of legislators in overseeing health care, are direct intrusions into the practice of medicine and infringe upon the patient-physician relationship – in a negative manner. We urge you to always be mindful and respectful of the important relationship between a patient and their physician. This relationship needs to exist in an environment of honesty and transparency and should be unencumbered by any legislative and/or regulatory interference except in matters clearly related to overall public health.

Sincerely,



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