



March 7, 2017

The Honorable Kevin Brady
Chairman
Ways & Means Committee
Washington, DC

The Honorable Richard Neal
Ranking Member
Ways & Means Committee
Washington, DC

Dear Chairman Brady and Ranking Member Neal:

As Board Chair of the American Academy of Family Physicians (AAFP), I am writing to share our opinions and recommendations on the “American Health Care Act”, as drafted and under consideration by your Committee. We recognize that this is an initial step in a longer process. The AAFP looks forward to providing additional analysis and recommendations as the legislative process proceeds.

Independent of analysis from the Congressional Budget Office (CBO), it is difficult to truly understand the impact of your proposal on coverage and affordability for individuals and families – not to mention the impact on the federal and state governments. We strongly encourage the Committee to seek and secure CBO analysis prior to consideration of and voting on this proposal. We believe it is important, when making a decision on policies that will impact over 275 million people, to ensure that the full impact is clearly understood.

The AAFP first adopted a policy supporting health care coverage for all in 1989. For the past 28 years the AAFP has advanced and supported policies that would ensure a greater number of Americans had health care coverage. In a December 28, 2016 [letter](#) to House and Senate leaders, the AAFP outlined the criteria by which we would evaluate any health care reform proposal introduced in the 115th Congress. Based on these criteria I offer the following comments for your consideration.

There are several provisions in your proposal that are consistent with AAFP policy. We strongly support the continuation of protections available under current law that prohibit discrimination in insurance underwriting based on age, gender, race, or an individual’s health history. We also appreciate that the proposal takes steps to ensure that individuals with pre-existing conditions are not subjected to draconian medical underwriting practices that would make coverage unobtainable for them. We also appreciate that you acknowledge the poor payment rates that are prevalent in Medicaid and offer a policy solution that would allow states to address this long-standing problem, even if just temporarily.

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Despite the inclusion of provisions that extend these important policies that are available under current law, the AAFP has significant concerns with the AHCA as drafted and is deeply troubled by the negative impact it would have on individuals, families, and our health care system writ large.

In our December 28 letter we stated:

“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.”

The AAFP is concerned that your proposal falls short of this objective and will result in millions of currently insured individuals losing their health care coverage, including those who currently have employer-based coverage. We are equally concerned that the phased-in implementation outlined in your proposal will destabilize insurance markets over the next three years and directly harm millions of people. We strongly disagree with statements that suggest the AHCA will provide every American “access to health care coverage.” “Access to health care coverage” is distinctly different than “securing health care coverage.” The AAFP’s goal is to ensure that every American “secures health care coverage.”

Furthermore, since the AHCA does not address the affordability of health care coverage or health care more generally, we believe it would compound the economic strain on a large percentage of individuals and families – requiring them to spend a larger percentage of their income on premiums and deductibles and thus leading to greater financial insecurity for many. We also are concerned that the AHCA does not propose policies that would foster greater competition in the insurance market, especially in predominantly rural communities. The combination of policies proposed seems to discourage competition, not foster it.

Clearly there is work that needs to be done to improve the affordability of health insurance coverage and health care services. The AHCA, in our opinion, chooses to focus on “eliminating” policies and not on addressing the real-life economic challenges people have with health care. To this end, we have proposed a true “patient-centered” reform that would maximize the proven benefits of health care coverage and a continuous relationship with a primary care physician through the establishment of a standard primary care benefit for individuals and families with high-deductible health plans (HDHP) whereby individuals would be exempt from cost-sharing requirements such as deductibles (and perhaps co-payments) for visits to primary care physicians in an ambulatory office setting.

The AAFP continues to be deeply concerned with ongoing efforts, at all levels of government, that seek to identify, isolate, and hinder access to legal, safe, and effective health care services to women. We are equally concerned with efforts that seek to limit and, in some cases prohibit, the ability of physicians, other qualified health care professionals, and health care facilities to deliver these legal health care services, as appropriate, to individual patients.

We view Section 103 as an inappropriate intrusion into the patient-physician relationship and outside the scope of legislative bodies. We urge all elected officials to take pause and truly reflect on the negative consequences these and similar actions have on our health care system and, more

importantly, the health and well-being of patients. The patient-physician relationship needs to exist in an environment of honesty and transparency and it should be unencumbered by any legislative and/or regulatory interference except in matters clearly related to overall public health.

Finally, the AAFP is uneasy that the focus of the AHCA appears to be on “taking away” coverage and benefits. Over the past two decades our nation, in a bipartisan manner, has made significant and measurable improvements to improve our health care system. As a result of these efforts, our nation’s uninsured rate is presently at a historic low.

Thank you for the opportunity to share these opinions and recommendations. The AAFP stands ready to work with you to identify and implement policies that will continue to decrease the number of uninsured in our country, establish a competitive private insurance market, and make health care more affordable for all. For more information, please contact Robert Hall, JD, AAFP Director of Government Relations at rhall@aafp.org.

Sincerely,



Wanda Filer, MD, MBA
Board Chair

C: Members, Ways & Means Committee