



March 22, 2019

Alex M. Azar II, Secretary
Department of Health and Human Services
Attention: CMS–9923–NC
P.O. Box 8013
Baltimore, MD 21244–1850

Dear Secretary Azar:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the [request for information](#) regarding grandfathered group health plans and grandfathered group health insurance coverage as published in the February 25, 2019, *Federal Register*.

The *Affordable Care Act* (ACA) provides that grandfathered health plans (i.e., plans that were in place before March 23, 2010, when the ACA was signed into law) are subject to only certain provisions of ACA if they maintain their status as grandfathered health plans. For example, grandfathered health plans are neither subject to the requirement to cover certain preventive services without cost sharing, nor the annual limitation on cost sharing. Citing limited existing information available regarding such coverage, the Administration issued this request for information on grandfathered group health plans and grandfathered group health insurance coverage.

The AAFP continues to support meaningful insurance coverage that guarantees the coverage for essential health benefits and expands access to health care for Americans. We support efforts to eliminate the worst practices of the health insurance industry, such as dropping patients when they become ill or denying coverage because of pre-existing conditions.

Regardless of social, economic or political status, race, religion, gender or sexual orientation, everyone should have access to essential health services. **Furthermore, all public and private insurance policies should adhere to four fundamental patient protections – guaranteed issue, essential health benefits (EHB), limits on age rating, and no limits on annual/lifetime spending.** We believe that the ACA’s EHB requirements prevent insurance discrimination against any individual based on their health status, age or gender. The AAFP is concerned that grandfathered plans may choose not to cover EHBs, creating potential harm for vulnerable patients or those who utilize many health services. Inadequate benefits could leave this population with too little coverage to meet their health care needs.

The AAFP therefore encourages the Administration to focus on improving meaningful access to health insurance rather than fostering opportunities to prolong grandfathered plans.

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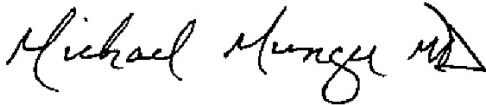
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We appreciate the opportunity to comment. Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 rbennett@aafp.org with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Michael Munger MD". The signature is written in a cursive style with a distinct loop at the end of the "M" and a small flourish at the end of the "D".

Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.