



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

July 18, 2012

The Honorable Denny Rehberg
Chairman, Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Rehberg:

Thank you for releasing your draft of the House Labor, HHS, Education appropriations bill for fiscal year 2013. We recognize the difficult decisions which our nation's budgetary pressures present. However, we remain convinced that wise federal investment will help to transform health care to achieve high quality, cost-efficient health for everyone. Consequently, we feel compelled to inform you of our serious concerns with a number of provisions in the draft bill.

In particular, we are very disappointed that the Subcommittee proposes to terminate the Agency for Healthcare Research and Quality (AHRQ). We feel this proposal is contrary to your desire to reduce costs in our nation's health care system. The mission of AHRQ—to improve the quality, safety, efficiency, and effectiveness of health care for all Americans—closely mirrors the AAFP's own mission. AHRQ supports important research to improve clinical decision-making, reduce costs, advance patient safety, decrease medical errors and enhance health care quality and access. Federal investment by AHRQ in the Patient-Centered Outcomes Research Institute is needed to help physicians and patients make informed health care decisions. By determining what has limited efficacy or does not work, this important research can spare patients from tests and treatments of little value to them.

The AAFP also supports the work of AHRQ's Center for Primary Care, Prevention, and Clinical Partnerships (CP3), which serves as the home for the AHRQ's Practice-Based Research Network of primary care ambulatory practices which studies community-based practice. Furthermore, we recognize AHRQ as an important resource for primary care workforce data. The AAFP urges the Subcommittee to reconsider and provide at least \$400 million for AHRQ in FY 2013 and allow for the funds authorized by the *Affordable Care Act* to allow this important work to proceed. In addition, we ask that the Subcommittee restore the \$1 billion authorized by the *Affordable Care Act* for the Prevention and Public Health Fund in fiscal year 2013.

The AAFP also is concerned that the Subcommittee may not have included sufficient funding for the Health Resources and Services Administration (HRSA) to provide \$71 million for the Title VII, Section 747, Primary Care Training and Enhancement (PCTE) program to support the education and

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training of family physicians. Title VII primary care training grants are vital to departments of family medicine, general internal medicine, and general pediatrics; they strengthen curricula; and they offer incentives for training in underserved areas. In the coming years, medical services utilization is likely to rise, given the increasing and aging population, as well as the insured status of more people. These demographic trends will worsen family physician shortages, unless we begin training the needed physicians now.

The AAFP commends the Center for Medicare & Medicaid Innovation for adapting the Accountable Care Organization (ACO) concept to the small primary care practice and urges the Subcommittee to restore the fund of \$1.59 billion which is rescinded in the draft bill. The AAFP supports the important work of the Innovation Center which provides CMS with a degree of nimbleness and creativity that is unusual in the private sector, much less the federal government. The AAFP is working closely with the Innovation Center to encourage selected family physicians to participate in the Comprehensive Primary Care initiative that includes several health plans in various markets that will offer a per-patient, per-month care coordination fee for primary care physicians whose practices function as Patient-Centered Medical Homes. We hope this initiative will quickly show the same levels of quality improvement and cost restraints that have become clear in other single-payer tests. The importance of this initiative is that it contains more than just Medicare patients. Since only about 20-25 percent of the patients in an average family physician's practice are in the Medicare program, it has been difficult for many of these practices that want to transform themselves into a PCMH to find the up-front finances needed to pay for the required investments. By including other payers in a specific market, the chances that the family physician will have access to the necessary capital are greatly increased and practice transformation is much more feasible.

Family physicians share your commitment to restoring the economic prosperity of this nation by addressing the federal deficit. We urge you to include sound and appropriate investments in the patient-centered research and primary care infrastructure outlined above that support more efficient health care for all and thus help tackle the long-term debt of the federal government. The AAFP and family physicians across the country remain ready to help you in this critical responsibility.

Again, we feel the provisions included in the proposed legislation are not supportive of your goal and ongoing efforts to improve quality and reduce the overall costs of health care. We appreciate your consideration and invite you to contact Teresa Baker, Senior Government Relations Representative, at 202-232-9033 or tbaker@aafp.org with any comments or questions.

Sincerely,



Roland A. Goertz, MD, MBA, FAFPM
Board Chair

cc: Subcommittee Members