



October 28, 2015

Hon. John Boehner
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

Hon. Mitch McConnell
Majority Leader
United States Senate
Washington, D.C. 20510

Hon. Nancy Pelosi
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Hon. Harry Reid
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Speaker Boehner, Leader Pelosi, Leader McConnell, and Leader Reid:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write in support of the *Bipartisan Budget Act of 2015*. The AAFP urges Congress to pass this legislation without delay.

The AAFP notes that the bill will make two important reforms to Medicare. First, the bill will mitigate an anticipated spike in 2016 in premiums and deductibles for America's Medicare Part B enrollees, which will help avoid disruption in access to physicians' services for seniors. Second, the bill removes an incentive in the Medicare hospital outpatient payment system that has driven health systems to purchase physician practices, in turn increasing healthcare costs without any corresponding benefit to patient care. While the AAFP continues to support parity in payments regardless of the site of service, the provision in this legislation is an important first step toward that goal and we strongly support its inclusion.

The AAFP also strongly urges Congress to use this opportunity to extend an important policy supporting access to primary care physician services, by extending the Medicare Primary Care Incentive Program (PCIP), codified at Section 1833(x) of the *Social Security Act*. This program, which helps support family physicians and other primary care physicians who serve Medicare beneficiaries, will expire at the end of 2015 without Congressional intervention. The Medicare Payment Advisory Commission (MedPAC), Congress's official non-partisan advisory body on matters of Medicare payment policy, has recommended that Congress extend the PCIP, and the AAFP believes that this policy deserves inclusion in a large bipartisan package such as this.

Further, the AAFP is pleased that the bill will give Congress \$80 billion in additional authority for discretionary spending over FY2016 and FY2017, half of which will be designated for non-defense programs. This will allow Congress to more easily fund programs that help meet America's dire need for more family medicine and primary care, such as the Agency on Healthcare Research and Quality, Title VII Primary Care Training Programs, and the National Health Service Corps. These programs represent modest yet important national investments in reversing the continuing erosion of primary care in America.

Finally, the AAFP must express its concern once again that Congress has looked to the Medicare sequester to help offset the cost of this legislation (by extending the Medicare sequester an additional year, through FY2025). America's family physicians are intimately involved in caring for America's Medicare beneficiaries, and will continue to partner with Congress to provide physician services to seniors. The AAFP also believes,

however, that this persistent erosion of physician payments ultimately will impact family physicians' willingness to be Medicare providers, and we would strongly urge a discontinuation of using the Medicare sequester as a means of financing other domestic programs.

For any questions you might have please have your staff contact Kevin Burke, Director of Government Relations, at kburke@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wergin MD". The signature is written in a cursive, flowing style.

Robert L. Wergin, MD, FAAFP
Board Chair