



November 30, 2016

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

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

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

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

Dear Speaker Ryan, Majority Leader McCarthy, Democratic Leader Pelosi, and Democratic Whip Hoyer:

On behalf of the American Academy of Family Physicians (AAFP) and the 124,900 family physicians and medical student members we represent, I write to express our opinions on several provisions included in the 21st Century Cures legislation that may be considered by the House of Representatives this week. We were pleased to have had the opportunity to comment and contribute to the legislation at various phases of its development.

While there are numerous policies included in this legislation that are consistent with AAFP policies and are important to our members and the patients they care for, there are two areas which we must express significant disappointment. First, the legislation fails to allocate mandatory funding to address the nation's rapidly escalating opioid crisis. Second, the legislation takes money dedicated for the prevention of disease to finance the treatment of disease.

Despite growing mortality rates that are shattering families and communities, this legislation fails to allocate mandatory funding to address our nation's alarming opioid crisis. Furthermore, the legislation stops well short of appropriately funding the important mental health and addiction provisions that are included. While we applaud the attention paid to the opioid crisis and addiction more broadly, we are deeply disappointed that definitive and decisive action is not being taken to expressly allocate funding to combatting the current crisis and preventing the next one. Each day that treatment and prevention programs go unfunded is a day that more Americans die as a result of this epidemic. We urge you to reconsider the inclusion of mandatory funding for this devastating crisis.

Chronic diseases and injuries are the leading causes of death in the United States. The prevalence of chronic conditions represents a growing economic burden for individuals, their families, payers, and government health care programs. Many chronic conditions are preventable and, if not completely preventable, better managed through primary and preventive care at early stages of the disease. Despite overwhelming evidence regarding

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the value of prevention and primary care, this legislation would rescind \$3 billion in Prevention and Public Health monies. We remain confused and strongly concerned that Congress continues to provide billions toward research into treatment while depleting resources aimed at preventing disease through primary care and preventive services. At some point in the near future, funding for disease prevention should receive equitable consideration to that of the margins of companies which produce treatment interventions for those same diseases.

In addition to these two issues, the AAFP is offering comments on several other provisions of the legislation for your consideration:

Mental Health Reform

As previously noted, the AAFP is pleased that the legislation includes provisions to improve our mental health system and promote greater coordination across health care sectors. The legislation encourages integration within the Community Mental Health Services Block Grant and the Substance Use Prevention and Treatment Block Grant programs. The bill also reauthorizes Substance Abuse and Mental Health Services Administration's Primary and Behavioral Health Care Integration program. Furthermore, the bill would strengthen the National Violent Death Reporting System, a program the AAFP strongly supports; as well as authorize the underage drinking prevention legislation.

We also support the Health Insurance Portability and Accountability Act (HIPAA) language on permitted uses and disclosures of health information. We also commend policy makers for authorizing monies for training and education programs designed to improve care coordination with patient privacy standards.

Medicaid Mental Health Coverage

Mental health services are an important and integral part of the services administered by primary care physicians. The legislation clarifies that nothing should prohibit physicians from billing for both mental health and physical care on the same day under the Medicaid program.

Mental Health Parity

Primary care physicians play an important role in providing mental health care services for their patients. In many cases insurers, including Medicaid, utilize "carve-outs" that result in family physicians not being considered qualified providers. We support requirements to strengthen mental health parity through updated regulations, transparency, and new requirements to convene follow up activities, including convening to advance the administration's Mental Health Task Force recommendations.

Sunshine Act CME Exemption

We are pleased the legislation maintained language to exempt continuing medical education (CME) from the Sunshine Act requirements. Section 4009 would ensure that efforts to promote transparency do not undermine efforts to provide the most up-to-date independent medical knowledge, which improves the quality of care patients receive through timely dissemination of medical knowledge.

Antibiotic Innovation and Stewardship

Antibiotic resistance is a serious public health crisis and addressing it is a priority for family physicians. According to the U.S. Centers for Disease Control and Prevention's (CDC) 2013 *Threats Report*, two million people acquire serious infections from bacteria

that are resistant to one or more antibiotics. We support language under Section 3042 that would speed the approval of antimicrobial drugs for limited populations if the drug treats life-threatening illnesses.

Interoperability

Family physicians were early adopters of health information technology because they saw its promise of transforming health care delivery and achieving the Triple Aim. The AAFP has also been a leading voice for administrative flexibility and improved interoperability standards. During the 2015 testimony before the Senate Health, Education, Labor, and Pensions Committee, the AAFP urged Congress to reduce documentation requirements and end the practice of information blocking. We are pleased the legislation improves those standards. We are also pleased the bill includes AAFP's recommendation to study patient matching and to review patient access to health information. It will also establish a reporting system to evaluate electronic health record usability, interoperability, and security: key elements that are essential for improving care coordination and safety.

Site-neutral payment

The AAFP continues to support site-neutral payment reform and is very disappointed that the legislation exempts certain hospitals and health systems from the full scope of the regulation. The AAFP views this as a step in the wrong direction, and urges Congress to continue expanding site-neutral payment rather than exempting more providers from site neutrality.

The AAFP recognizes fully that the core policies advanced by this legislation are aimed at identifying and accelerating the availability of treatments and interventions aimed at cancer and other terminal illnesses. We certainly applaud your commitment to this effort and support your intentions wholly. However, we do urge you to reconsider the two issues we outlined in this letter. Specifically, we strongly urge the inclusion of mandatory funding for the opioid crisis. This crisis has killed and will continue to kill far too many, too soon. Thank you for your consideration of our recommendations. Please contact Robert Hall, Director of Government Relations at rhall@aafp.org for additional information.

Sincerely,

A handwritten signature in black ink that reads "Wanda D. Filer, MD". The signature is fluid and cursive, with the first name "Wanda" being the most prominent.

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