December 6, 2018

The Honorable Pat Roberts  
Chairman, U.S. Senate  
Agriculture Committee  
Washington, DC 20510

The Honorable Debbie Stabenow  
Ranking Member, U.S. Senate  
Agriculture Committee  
Washington, DC 20510

The Honorable Mike Conaway  
Chairman, U.S. House  
Agriculture Committee  
Washington, DC 20515

The Honorable Colin Peterson  
Ranking Member, U.S. House  
Agriculture Committee  
Washington, DC 20515

Dear Chairman Roberts, Ranking Member Stabenow, Chairman Conway, and Ranking Member Peterson:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write to comment on the Agriculture and Nutrition Act/Agriculture Improvement Act (HR 2/S 3042), also known as the proposed Farm Bill conference report.

The vision of the American Academy of Family Physicians (AAFP) is to transform health care to achieve optimal health for everyone. Recognizing this, the AAFP supports the legislation’s programs that address food insecurity, nutrition education, healthy food access, opioid abuse, and research. These programs are consistent with the organization’s commitment to address health care through innovative public health and social determinants of health (SDOH) activities. In addition, the AAFP remains concerned about language to establish US Department of Agriculture association health plans (AHPs).

**Food Insecurity**

The nation's largest and most important food safety net, Supplemental Nutrition Assistance Program (SNAP) is critical to addressing SDOH in communities served by family physicians across the country. Since an estimated one-fifth of Americans depends on federal food assistance programs to supplement their diet, these programs have significant relevance to any efforts at improve nutrition, obesity and overweight. The AAFP supports full funding for SNAP. More than 42.2 million Americans live in food-insecure households in rural, urban, and suburban communities. Food insecurity in adulthood is associated with common chronic diseases, depression and obesity. For children, food insecurity is associated with poor overall health status, developmental risk, and poor educational outcomes. Understanding the program's role in addressing food insecurity – even for those who are employed - the AAFP supports full funding without unnecessary administrative restrictions.
The AAFP also supports The Emergency Food Assistance Program, the Commodity Supplemental Food Program, and funding for the Food Distribution Programs on Indian Reservations program. Respectively, these anti-hunger initiatives provide vital support for food pantries, senior outreach programs, and efforts targeted to underserved communities.

Nutrition
Harmonizing with food insecurity measures, education programs are fundamental for population health and encouraging behavior change. The SNAP Nutrition education (SNAP-Ed) program helps SNAP recipients make healthful decisions and encourages obesity prevention. According to the USDA's Food and Nutrition Service, the program resulted in participants consuming more fruits, vegetables, and low-fat milk options. The AAFP also supports the Expanded Food and Nutrition Education Program that promotes public nutrition education. Early prevention and health equity are important priorities. Through the Fresh Fruit and Vegetables Program, low-income elementary school students access healthful food and snacks. Similarly, low-income recipients are increasing healthful food purchases through SNAP incentives programs.

Health Care and Research
Recognizing that physicians play an important role in identifying food-insecure patients and those with special nutritional needs, the AAFP is pleased to the USDA Agricultural Research Service (ARS) Human Nutrition Research Centers. The program supports education and training for scientists and physicians in nutrition.

The Farm bill also includes funding for the Harvesting Health pilot program, which will authorize grant funding for innovative nutrition “prescription” programs. We believe that this pilot program could be an important resource for family physicians and represents a groundbreaking public health-primary care program with the potential to improve patient health outcomes. A 2017 AAFP survey found that nearly 60 percent of family physician respondents screen patients for SDOH, like food insecurity, and 52 percent follow up on identified needs by referring patients to community-based social services. The pilot program will provide monies to health care organizations for healthy food access and nutrition education targeted for individuals who have acquired or at-risk for diet-related health conditions.

The AAFP supports the bill’s Distance Learning and Telemedicine Grant program that aims to increase access to health care and related services to rural communities. According to an American Farm Bureau Foundation and National Farmers Union study, 74 percent of American farmers and farm workers are impacted by the opioid crisis. The study also highlighted the distinct barriers and disparities that exist within rural communities.

We recognize that AHPs could expand affordable access to health care for certain individuals. However, the AAFP has significant concerns with these proposals since AHPs are unlikely to provide meaningful insurance coverage. We are very concerned that allowing employers to buy low-cost health insurance plans through USDA AHPs is a step away from important and needed consumer protections under the ACA. Therefore, we reiterate our request that this language not be included in the final legislation.
We appreciate the opportunity to comment on this important legislation. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,

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.