



June 25, 2019

The Honorable Lamar Alexander  
Chair, Senate Health, Education, Labor  
and Pensions Committee  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member, Senate Health, Education, Labor,  
and Pensions Committee  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write to share additional feedback on the *Lower Health Care Costs Act of 2019* (S. 1895).

We are pleased the with the committee's longstanding support for primary care programs, particularly the five-year reauthorization of the Teaching Health Center Graduate Medical Education Program. Along with the Community Health Center Program and National Health Service Corps Program, THCGME increases health care access and grows the primary physician workforce. As we consistently state, primary care physicians deliver high quality care to a broad population of individuals. They encourage prevention and wellness and more importantly, primary care physicians identify and treat chronic diseases, and manage these patients with multiple conditions. This is particularly important for rural and medically-underserved communities where health disparities persist. We appreciate the committee's five-year extension of the THCGME program, which will provide critical program stability. As the legislation advances, we strongly recommend increased funding for this vital program, consistent with the *Training the Next Generation of Primary Care Doctors Act*, which includes modest increased investments that will allow for robust THCGME expansion.

Reducing drug prices lowers health care costs and will improve health care access. We are pleased the draft bill included proposals to increase generic drug access and the committee's decision to include additional drug pricing legislative proposals. The AAFP had previously recommended that the bill include language consistent with the *CREATES Act* and is pleased the legislation will finally advance within the U.S. Senate.

Counseling for and administering vaccines are fundamental for family physicians. Therefore, it is important to reiterate support for bill's public education proposals that are consistent with the *VACCINES Act*. We also would like to restate support for a health research survey on vaccine administration challenges. Vaccine hesitancy is not the only immunization challenge. We are pleased that Section 402 would support activities to improve data collection and to reduce vaccination barriers. We still believe a Government Accountability Office report on the challenges within practice settings would be an important priority.

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We commend the committee for including the revised version of *Tobacco-Free Youth Act*. Cigarette smoking is the single leading cause of death in the United States. Therefore, preventing early tobacco usage has significant public health implications. The proposal, which we strongly support, will raise the minimum tobacco purchase age from 18 to 21. We are pleased the bill includes improvements to allow the policy to be quickly implemented. The plan would support state tobacco prevention initiatives and reduce early tobacco usage. Again, we are pleased with this addition.

The AAFP supports mental health parity, which would expand health insurance coverage regardless of medical or mental health diagnosis. We are pleased the legislation includes language requiring a Department of Labor mental health parity analysis of health coverage for medical and surgical care as compared to mental health and substance use limitations.

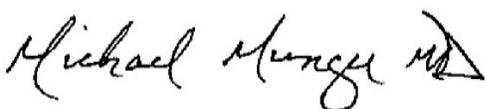
The AAFP reiterates support for the bill's health information technology and cost information language. We strongly support the promotion of Application Programming Interfaces (APIs) and the appropriate sharing of health data to ensure continuity of care and control health care costs. We do have concerns that implementation of these provisions may increase the administrative burden on physicians. We ask that Congress not be overly prescriptive in order to limit unintended consequences. Additionally, we have seen where overly aggressive timelines have led to significant confusion, rework, and burden for physicians and other stakeholders. In the bill's section encouraging patient access to longitudinal data, the AAFP urges the committee to allow the U.S. Department of Health and Human Services to determine how and when that goal is to be achieved. The legislative mandate should be narrowly focused to ensure that patients' information is available in a simple and easy to understand manner – not on the format of that information. We are pleased with the bill's security language. We have heard from family physicians that were fined for lack of documentation – not for lack of security standards.

The AAFP also supports the bill's provision to establish a non-profit entity to lower health care costs and utilize health claims data. The AAFP supported this proposal in a June 5 [letter](#). We believe that this proposal may lead to innovative solutions to promote patient decision-making and advance value-based health care.

The AAFP is committed to improving transparency and the patient experience. However, we continue to stand in strong opposition to the bill's patient billing requirement within Section 305. While we appreciate the updated legislation includes some flexibility for extenuating circumstances, the proposal still includes unreasonable civil penalties. The AAFP urges family physicians to bill in an efficient manner but recognizes that may always not occur. Again, we urge you to reconsider this harsh enforcement provision which we strongly oppose.

Again, we appreciate the opportunity to share additional feedback on the *Lower Health Care Costs Act of 2019*. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or [sclay@aaafp.org](mailto:sclay@aaafp.org).

Sincerely,

A handwritten signature in black ink that reads "Michael Munger MD". The signature is written in a cursive, flowing style.

Michael L. Munger, MD, FAAFP  
Board Chair