AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

October 21, 2011

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS–9982–NC
P.O. Box 8016
Baltimore, MD 21244–1850

Sarah Hall Ingram
Acting Deputy Commissioner
Internal Revenue Service
Department of Treasury
Attention: REG–140038–10
P.O. Box 7604
Ben Franklin Station
Washington, DC 20044

Phyllis C. Borzi
Assistant Secretary
Employee Benefits Security Administration
U.S. Department of Labor
Attention: RIN 1210–AB52.
200 Constitution Avenue NW.
Room N–5653
Washington, DC, 20210

Dear Dr. Berwick, Acting Deputy Commissioner Ingram, and Assistant Secretary Borzi:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I write in response to the proposed *Summary of Benefits and Coverage and Uniform Glossary—Templates, Instructions, and Related Materials* as published in the August 22, 2011 *Federal Register*.

The AAFP appreciate that the Departments of Health & Human Services, Treasury, and Labor have come together to propose this regulation which describes a standard glossary and format of the summary of benefits group health plans and health plan issuers will use for future enrollee materials. The AAFP acknowledges the need for various health insurers to consistently use standardized health insurance terminology and for insurers to make available understandable summary forms for plan beneficiaries. As such we appreciate that the Departments consulted with the National Association of Insurance Commissioners and other representatives of the health insurance industry including issuers, healthcare physicians, and patient advocates including those representing individuals with limited English proficiency while developing these standards.

While reviewing this proposed regulation, it became clear that the Departments are attempting to be somewhat broad in order to facilitate the comparison of different health plan types. The AAFP appreciates the need to allow for some variation.

However, the AAFP must object to two of the proposed definitions:
- Primary care physician: Medical Doctor or Doctor of Osteopathic Medicine who directly provides or coordinates a range of health care services for a patient and;
- Primary care provider: Medical Doctor or Doctor of Osteopathic Medicine, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Though we recognize that these definitions were written to make it as easy as possible for all individuals to understand the terms of their health insurance coverage and compare benefits efficiently and accurately, the AAFP nevertheless remains concerned with public and private insurers utilizing inconsistent definitions of primary care.

The AAFP defines "primary care physician" as a *"generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must be specifically trained to provide primary care services. Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient."*

We define "non-physician primary care providers" as *"providers of health care other than physicians who render some primary care services. Such providers may include nurse practitioners, physician assistants and some other health care providers. These providers of primary care may meet the needs of specific patients. They should provide these services in collaborative teams in which the ultimate responsibility for the patient resides with the primary care physician."*

The Institutes of Medicine defines "primary care" as, *"the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."*

Though the AAFP stands by our more robust and accurate definitions, especially as they relate to physician payment policies, we also recognize the intent of the regulation is to create standardized definitions comprehensible by diverse patient populations. As the Departments prepare the final rule to this proposed regulation, the AAFP urges use of the Institutes of Medicine's definition for primary care since we believe it accomplishes the goals of accuracy and accessibility.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

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