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**VIA ELECTRONIC SUBMISSION**

Charles Rettig, Commissioner  
Internal Revenue Service  
Attention: IRS-2018-0028  
111 Constitution Ave NW,  
Washington, D.C., 20416

Dear Commissioner Rettig:

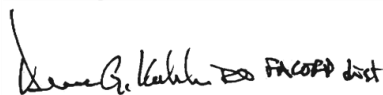
On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the *Health Reimbursement Arrangements and Other Account-Based Group Health Plans* notice of proposed rulemaking (NPRM).

ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes, and ensuring that patients receive high-quality care.

As an organization with many osteopathic family physicians in solo, small and rural practices, we support proposals designed to improve access to care through affordable health insurance. As health care costs have risen, we have seen patients avoid health care services because their co-payments and deductibles are too high. Many patients will either forgo care entirely or come to the doctor later in the course of their health issues. This leads to sicker patients that ultimately cost more for the health care system and lower quality of life for the patient. Health Reimbursement Arrangements (HRAs) coupled with a plan available on the individual insurance market (HRA-integrated plan) can be a tool to improve access to care and patient medical decision-making while providing affordable health care coverage for the patient.

Our full comments are detailed on the following page. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact Debbie Sarason, Manager, Practice Enhancement and Quality Reporting at (847) 952-5523 or [debbies@acofp.org](mailto:debbies@acofp.org).

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*  
ACOFP President

ACOFP is concerned with rising premiums, co-payments, and deductibles and strongly supports Administration efforts to lower the cost of insurance while improving access to care. We applaud the Administration's NPRM as it is a creative approach to addressing the problems associated with costly health insurance.

We recognize that employers are the primary providers of health insurance to individuals and families in the United States. It is critically important that employees have access to affordable and flexible health insurance plans that can meet their clinical needs. ACOFP believes the proposals will provide more choice for employers and employees while lowering costs through increased competition in the individual market. Specifically, the proposals would increase competition in the individual market as more people use HRA-integrated plans. We agree that increasing competition among insurers will lead to lower premiums and deductibles, supporting patient access to quality health care and ensuring patients stay healthy.

ACOFP members are concerned that patients are avoiding or delaying treatment because they cannot afford their deductibles or co-payments. This is worrisome because otherwise healthy patients may develop serious and costly health issues if they do not receive timely care. Primary care services are critical to identifying potentially avoidable medical conditions and to ensure continued, appropriate chronic condition management. Any barriers to family medicine, especially financial ones, will result in poorer patient outcomes. We believe the proposals will lower the patient's exposure to health care costs, alleviating financial considerations when individuals and families are deciding whether to visit the doctor. Most importantly, it would allow patients to see their doctor at the beginning of a non-emergent issue potentially avoiding more serious health issues in the future.

We encourage the Administration to continue to closely monitor whether the NPRM would lead to employers "off-loading" sicker patients to the individual market. Many of the patients we treat suffer from chronic diseases and require multiple doctor visits along with prescription drugs. ACOFP is concerned that employers may take steps to push these patients into the individual market and off their traditional health plans. Therefore, we also ask that the Administration ensure the NPRM does not adversely impact these patients and that there are no incentives for employers to target and move these patients to the individual market.