

Protecting Access to Primary Care for High Deductible Health Plan Enrollees During COVID-19



The AAFP urges Congress to pass legislation that allows high-deductible health plans to waive the deductible for critical primary care services during the COVID-19 pandemic.

Background

As individuals, families, and employers struggle with the escalating costs of health care coverage, many are seeking high-deductible health plans (HDHP) as a means of securing affordable coverage.

The Internal Revenue Service defines a HDHP as any plan with a deductible of at least \$1,350 for an individual or \$2,700 for a family.



Impact of COVID-19

Despite the increasing popularity of HDHPs, the deductibles associated with the plans are becoming an increasingly problematic hurdle to obtaining health care, particularly during the ongoing COVID-19 pandemic. According to a survey, 68 percent of adults said that out-of-pocket costs would be very or somewhat important in their decision to get care if they had symptoms of the coronavirus.² Additionally, 40 percent of Americans do not even have \$400 to cover unexpected expenses, implying that high deductibles limit access to services that are deemed critical for patients' well-being.³

The high out-of-pocket cost is causing patients to delay seeking care, extending lapses in health care maintenance,⁴ and decreasing adherence to medication and treatment protocols.⁵

About 41% of U.S. adults have avoided medical care during the pandemic because of concerns about COVID-19, including:

- 12% avoided urgent or emergency care
- 31.5% avoided routine care

- CDC Morbidity and Mortality Weekly Report

Evidence tells us that delaying primary care will have detrimental effects. Mortality rates are lower in regions with more primary care physicians.⁶ As we continue to deal with the COVID-19 pandemic, patients in HDHPs should not have to worry about delaying or losing access to their primary care physician.

For every **10 additional primary care doctors** per 100,000 people, life **expectancy increases by 51.5 days.**

In passing the CARES Act, Congress enabled HDHPs to temporarily waive deductible for telehealth services, which was extremely beneficial in increasing patients' access to those services. While the AAFP supports expanded access to telehealth, not all health care needs can be addressed virtually and the disparity in coverage between telehealth and in-person services may be unintentionally steering patients away from primary care and causing care fragmentation.⁸

Protecting Access to Primary Care for High Deductible Health Plan Enrollees During COVID-19

Solution

Congress should pass legislation to enable individuals with an HDHP to access critical primary care services prior to meeting their deductible during the pandemic.



Primary care providers include:



- General Practice
- Family Medicine
- Internal Medicine
- Pediatric Medicine
- Geriatric Medicine
- Nurse practitioners eligible if allowed by state law

Primary care is focused on comprehensive, continuous and coordinated care. Primary care services that would be included in the temporary IRS safe harbor include certain primary care office visits, nursing home visits and home care visits (defined by CPT codes 99202-99215, 99304-99340 and 99341-99350).

Primary care providers would include the following physician specialties: General Practice; Family Medicine; Internal Medicine; Pediatric Medicine; and Geriatric Medicine. Nurse practitioners are also eligible if allowed by state law.

California's health care marketplace previously instituted a similar structure and documented that there was no negative impact on premiums.⁹



California's health care marketplace previously instituted a similar structure and documented that there was **no negative impact on premiums**.⁹

1. Basu, D. B. (2020, June 18). A Scalpel Instead of a Sledgehammer: The Potential Of Value-Based Deductible Exemptions In High-Deductible Health Plans: Health Affairs Blog. Retrieved January 22, 2021, from <https://www.healthaffairs.org/doi/10.1377/hllog20200615.238552/full/>
2. Collins SR, Gunja MZ, Blumenthal D, et al. What are Americans' views on the coronavirus pandemic? NBC News/Commonwealth Fund health care poll. Published March 20, 2020. Accessed January 22, 2021. <https://www.commonwealthfund.org/publications/surveys/2020/mar/what-are-americans-views-coronavirus-pandemic>
3. Board of Governors of the Federal Reserve System. Report on the economic well-being of US households in 2018. Published May 2019. Accessed January 22, 2021. <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>
4. Gallup Poll: Cost Still a Barrier Between Americans and Medical Care. November 2014. <https://www.cdc.gov/nchs/data/databriefs/db317.pdf>
5. Eaddy, Cook et. al. How Patient Cost-Sharing Trends Affect Adherence and Outcomes. P&T Journal. 2012. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3278192/>
6. Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. JAMA Intern Med. 2019;179(4):506-514. doi:10.1001/jamainternmed.2018.7624
7. Handel, Ben. What Does a Deductible Do? The Impact of Cost-Sharing on Health Care Prices, Quantities, and Spending Dynamics. Stanford University Department of Economics lecture March 2016. <https://economics.stanford.edu/events/what-does-deductible-do-impact-cost-sharing-health-care-prices-quantities-and-spending>
8. Jabbarpour Y, Jetty A, Westfall M, Westfall J. Not Telehealth: What Primary Care Visits Need In-Person Care. Journal of the American Board of Family Medicine. August 2020. https://www.jabfm.org/sites/default/files/COVID_20-0247_Man.pdf
9. Grumbach, L. L. (2017, June 14). Moving The Needle On Primary Care: Covered California's Strategy To Lower Costs And Improve Quality. Health Affairs Blog. Retrieved January 22, 2021, from <https://www.healthaffairs.org/doi/10.1377/hllog20170614.060590/full/>