



March 28, 2024

The Honorable Brad Wenstrup
U.S. House of Representatives
2335 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Brad Schneider
U.S. House of Representatives
300 Cannon House Office Building
Washington, D.C. 20515

Dear Representatives Wenstrup and Schneider:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 130,000 family physicians and medical students across the country, I write to share our support for the *Primary and Virtual Care Affordability Act*.

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. However, the deductibles associated with the plans are becoming an increasingly problematic hurdle to obtaining health care.

For calendar year 2024, the Internal Revenue Service defines HDHPs as any plan with an annual deductible of at least \$1,600 for an individual or \$3,200 for a family.¹ From 2006 to 2022, HDHPs increased in popularity from four percent of enrollees in employer-sponsored plans to nearly 30 percent.² A February 2024 survey found that unexpected medical bills and health care costs are top concerns for Americans, with three out of four adults saying they are “very” or “somewhat worried” about being able to afford these potential expenses.³ This includes insured individuals, half of whom say it is difficult for them to afford health care costs. One out of four adults say they have skipped or delayed getting necessary care in the last twelve months due to the cost.⁴

While HDHPs are intended to reduce unnecessary health care utilization, they are also limiting access to services that can be critical for patients’ well-being. High out-of-pocket costs are causing patients to delay seeking care, extending lapses in healthcare maintenance, and decreasing adherence to medication and treatment protocols.⁵ While HDHPs have been touted as innovative structures to control health care costs, they can compound access problems and ultimately lead to worse and costlier health outcomes, especially for low-income Americans.

Patients in HDHPs should not have to worry about delaying or losing access to their primary care physician. Moreover, health plans and employers want to expand pre-deductible coverage, especially for primary care office visits and certain telehealth visits. After the IRS issued new guidance on what chronic care management services may be covered pre-deductible, 29% of employers with over 200 employees and almost half of employers with over 5,000 employees chose to expand pre-deductible coverage, and those changes did not result in significant premium increases.⁶

Your legislation would help alleviate the financial barriers for individuals enrolled in HDHPs by allowing employers and health plans to waive the deductible for certain primary care services. It also extends the existing flexibility that allows employers and health plan sponsors to waive the deductible for telehealth services through December 31, 2026. This will ensure that patients can access primary

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care—both in-person and virtually—which helps reduce health care costs by addressing a patient’s new or ongoing health concerns earlier, catching them up on routine and preventive services, and ultimately keeping them out of the hospital or from requiring more expensive care down the line.

Beginning in 2020, Congress allowed sponsors and employers offering HDHPs to temporarily waive the deductible for telehealth services, which was extremely helpful in increasing patients’ access to those services. The *Primary and Virtual Care Affordability Act* builds upon this success by extending the telehealth flexibility while also improving access to in-person primary care. The AAFP supports expanded access to telehealth; however, not all health care needs can or should be addressed virtually. Disparities in coverage and out-of-pocket costs between telehealth and in-person services may be unintentionally steering patients away from primary care and causing care fragmentation.⁷ By allowing HDHPs to waive the deductible for both telehealth and primary care, your legislation supports physicians’ and patients’ freedom to decide the most appropriate modality of care.

Thank you for your continued efforts to improve patients’ access to primary care across modalities. The AAFP is committed to working with you to pass the *Primary and Virtual Care Affordability Act*. Should you have any additional questions, please contact Natalie Williams, Senior Manager of Legislative Affairs at nwilliams2@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Tochi Iroku-Malize" followed by "MD, MPH, MBA" on a separate line below it.

Tochi Iroku-Malize, MD, MPH, MBA, FAAFP
American Academy of Family Physicians, Board Chair

¹ Internal Revenue Service, “26 CFR 601.602: Tax forms and instructions.” Accessed March 13, 2024. Available online at: <https://www.irs.gov/pub/irs-drop/rp-23-23.pdf>

² Kaiser Family Foundation, “2022 Employer Health Benefits Survey.” Published October 27, 2022. Available online at: <https://www.kff.org/report-section/ehbs-2022-section-8-high-deductible-health-plans-with-savings-option/>

³ [KFF Health Tracking Poll February 2024: Voters on Two Key Health Care Issues: Affordability and ACA | KFF](https://www.kff.org/health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/)

⁴ “High-Deductible Health Plans,” Health Affairs Health Policy Brief, February 4, 2016.DOI: 10.1377/hpb20160204.950878

⁵ <https://www.healthaffairs.org/doi/10.1377/hpb20160204.950878/>

⁶ Kaiser Family Foundation. (2020). Employer Health Benefits 2020 Annual Survey.

⁷ 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