

October 8, 2021

The Honorable Brad Schneider U.S. House of Representatives Washington, D.C. 20515

The Honorable Brad Wenstrup U.S. House of Representatives Washington, D.C. 20515

Dear Representatives Schneider and Wenstrup:

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students across the country we represent, I write to offer 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, particularly during the ongoing COVID-19 pandemic.

Your legislation give employers and health plan sponsors the flexibility to waive the deductible for primary care and telehealth services through December 31, 2023 for patients covered by HDHPs. This will ensure that patients can access primary care—both in-person and virtually—which is especially critical during the ongoing pandemic to keep patients out of the hospital, address lapses in care and catch them up on missed routine and preventive services.

From 2006 to 2019, HDHPs increased in popularity from 6 percent of enrollees in employersponsored plans to over 30 percent. According to a survey, 68 percent of adults said that out-ofpocket costs would be very or somewhat important in their decision to get care if they had symptoms of the coronavirus. Additionally, 40 percent of Americans do not even have \$400 to cover unexpected expenses. Considering the Internal Revenue Service definition of HDHP as any plan with a deductible of at least \$1,350 for an individual or \$2,700 for a family, it's clear that high deductibles limit access to services that are deemed critical for patients' well-being." The high out-of-pocket cost is causing patients to delay seeking care, extending lapses in healthcare maintenance, and decreasing adherence to medication and treatment protocols.iv, v

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. if 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. 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

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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.<sup>vii</sup>

By passing the CARES Act in 2020, Congress enabled HDHPs to temporarily waive deductible for telehealth services, which was extremely beneficial in increasing patients' access to those services. The *Primary and Virtual Care Affordability Act* builds upon the success of the CARES Act provision by extending the telehealth flexibility for an additional two years 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. 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 efforts to improve patients' access to primary care and telehealth. The AAFP is committed to working with you to pass the *Primary and Virtual Care Affordability Act*. For additional questions, please contact Erica Cischke, Senior Manager of Legislative and Regulatory Affairs, at <a href="mailto:ecischke@aafp.org">ecischke@aafp.org</a>.

Sincerely,

Ada D. Stewart, MD, FAAFP

Board Chair, American Academy of Family Physicians

 $\underline{https://www.commonwealthfund.org/publications/surveys/2020/mar/what-are-americans-views-coronavirus-pandemic}$ 

<sup>&</sup>lt;sup>1</sup> 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/do/ 10. 1377/ hbl og20200615. 238552/full/

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iv Gallup Poll: Cost Still a Barrier Between Americans and Medical Care. November 2014. https://www.cdc.gov/nchs/data/databriefs/db317.pdf

<sup>&</sup>lt;sup>v</sup> 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/

vi Handel, Ben. What Does a Deducible 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

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

viii 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. <a href="https://www.jabfm.org/sites/default/files/COVID\_20-0247">https://www.jabfm.org/sites/default/files/COVID\_20-0247</a> Man.pdf