AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

March 19, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell and Minority Leader Schumer:

The American Academy of Family Physicians (AAFP), which represents the nation's 134,600 family physicians and medical students, calls on the United States Congress to prioritize primary care and the primary care delivery system as part of your forthcoming legislative efforts to deal with the COVID19 pandemic.

The current crisis has brought to light many issues that must be addressed prior to any future outbreaks or pandemics. While there will be time to evaluate and analyze those issues in the months and years ahead, there is an urgency associated with the financing and support for our primary care system that must be addressed immediately. One of the major takeaways from the COVID19 pandemic, to date, is the essential role primary care physicians are playing in the pandemic and how grossly underfunded our national primary care infrastructure is at the present time.

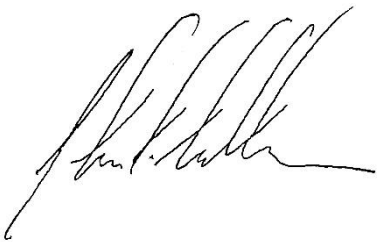
We call on the United States Congress, as part of its ongoing legislative work associated with the COVID19 pandemic, to enact five priority policies as a means of financially stabilizing the primary care delivery system, growing the primary care physician workforce and expanding access to primary care for all Americans:

1. **Establish a 24-month interest-free loan program for small, independent primary care practices who have been negatively impacted by the COVID19 pandemic.**
2. **Reauthorize and fund, for a minimum of five years, the Community Health Center (CHC), Teaching Health Center Graduate Medical Education (THCGME) and National Health Service Corps (NHSC) programs.**
3. **Expand access to primary care for individuals and families with high-deductible health plans by eliminating cost-sharing for, at minimum, two visits with their primary care physician per year.**
4. **Enact provisions that would require Medicaid programs to compensate primary care physicians at rates at least equal to Medicare rates.**
5. **Establish a federal grant program that would assist solo and small group physician practices in purchasing and implementing telemedicine platforms. We would encourage that rural practices be prioritized.**

1133 CONNECTICUT AVE., N.W., STE. 1100 | WASHINGTON, DC 20036-4305 | (800) 794-7481 | (202) 232-9033

The AAFP stands ready to work with you and the appropriate House and Senate Committees to design and implement policies that will provide needed support to our health care system today and make the necessary investments in our primary care infrastructure to ensure that it is prepared for our next national health care crisis. For additional information please contact Shawn Martin at smartin@aafp.org or Stephanie Quinn at squinn@aafp.org.

Sincerely,



John Cullen, MD

Board Chair

Attachment 1 – Background on AAFP Policy Proposals

1. Establish a 24-month interest-free loan program for small, independent primary care practices who have been negatively impacted by the COVI-D19 pandemic.

   As many people across the country are struggling financially due to the impact of this pandemic, primary care physicians are, as well. Many are paying members of their health care team while they need to self-isolate due to possible exposure or care for family members. In addition, they are making investments to meet the growing need of a quarantined patient panel by investing in telehealth capabilities which come with expensive set-up and recurring user fees. Relatedly, these visits are not offered at parity with in-person visits creating a gap in the income they are able to generate. These factors combined with an overall – and significant— reduction in visits has had an outsized impact on physician practices. Many of the existing loan programs have eligibility requirements that would exclude many physician practices from consideration. The AAFP recommends funds set aside specifically for small and mid-size independent physician practices with flexible terms to ensure that family physicians can continue to take care of their patients and not be forced to close their doors during this public health crisis.

2. Reauthorize and fund, for a minimum of five years, the Community Health Center (CHC), Teaching Health Center Graduate Medical Education (THCGME) and National Health Service Corps (NHSC) programs.

   During this time, the United States' health infrastructure is being stretched to its full capacity. Two programs rising to meet the needs of communities struggling with this pandemic are the Community Health Center Program and the Teaching Health Center Graduate Medical Education (THCGME) Program. Currently, both programs are operating under short-term financing, which compromises their ability to invest in the workforce, personnel and supplies needed. Together, these two programs see 29 million patients each year. In addition, the National Health Service Corps (NHSC) offers financial assistance and loan repayment awards to primary care health professionals in exchange for service in a federally designated Health Professional Shortage Area (HPSA). These programs must be meaningfully resourced to promote a robust primary care system and workforce to meet the country's health care needs. Congress must reauthorize these primary care programs for 5 years.

3. Expand access to primary care for individuals and families with high-deductible health plans by eliminating cost-sharing for, at minimum, two visits with their primary care physician per year.
   The AAFP calls on Congress to pass the Primary Care Patient Protection Act (H.R. 2774/S. 2793) which would require all Health Savings Account (HSA) eligible high deductible health plans (HDHPs) cover two primary care visits without cost-sharing or deductible. This legislation ensures that patients can access to essential primary care services without first worrying about the financial impact – this is critically important in emergency situations like the current COVID-19 outbreak.

   Numerous surveys and studies have shown that individuals enrolled in HDHPs are more likely than those enrolled in a traditional plan to forgo or delay medical care, and high deductibles compound other cost problems for low-income patients.

   While many private insurers are committing to waive cost-sharing for COVID-19 testing and the IRS recently released guidance allowing HDHPs to waive deductibles for testing, it is still unclear what patients' financial responsibility will be for other medical services they receive when seeking care for COVID-19, such as physician office visits. The Primary Care Patient Protection Act ensures that patients can see their physician without first worrying about costs.

4. Enact provisions that would require Medicaid programs to compensate primary care physicians at rates equal to Medicare rates.

   Most family medicine practices already operate on extremely thin margins and their services have been undervalued for decades. During this pandemic, family physicians are busy treating patients regardless their public or private payer status. To better allow practicing physicians to focus their time and efforts on treating their patients. We implore CMS to advocate for urgent state and federal efforts to raise Medicaid physician payment levels to at least Medicare rates for services rendered by a primary care physician. Payment rates in Medicaid are seriously low, especially for primary care services. Nationwide, Medicaid payment is 66 percent of Medicare for primary care services and can be as low as 33 percent of Medicare rates depending on the state. Lack of parity between these rates is acutely felt in circumstances such as these or in rural areas where patient volume is reduced.

5. Facilitate broad uptake of telehealth services

   Widespread use of telemedicine is a critical component of containing the COVID-19 virus and maintaining patients' access to medical services during the current outbreak. Telemedicine has been identified as a priority strategy for screening and triaging patients who may be infected with COVID-19. Additionally, telemedicine allows physicians to keep other healthy and mildly ill patients out of their offices – thereby reducing their risk of exposure to COVID-19 and preserving limited PPE – by enabling care to be provided virtually rather than in-person. However legal, financial and technological barriers are preventing many physicians from adopting or scaling-up the practice of telemedicine.

   For many small physician practices, especially those in rural areas, the costs of telehealth technology can be prohibitively expensive. Many telemedicine vendor solutions charge set-up fees ranging from $400- $3,000 dollars, in addition to recurring subscription or transaction fees. **The AAFP calls on Congress to establish a grant program to extend financing to small primary care practice for the purposes of implementing telemedicine technology in their practices.**

   Congress should also require that Medicare, Medicaid and all commercial insurers have parity for coverage and payment for telehealth and in-person health care services. This is essential for ensuring that patients can access necessary medical care virtually. It is also essential for health care providers who are forced to suddenly transition the bulk of their care from in-person to telehealth while still maintaining their brick and mortar offices during this outbreak.

   The AAFP calls on Congress to allow Federally Qualified Health Centers and Rural Health Clinics to furnish telehealth services to patients in their homes or other care settings. Currently statutory and regulatory limitations prevent FQHCs and RHCs from taking advantage of the new telehealth flexibility granted by CMS via Section 1135 Emergency Waivers.

   Congress should increase investment in broadband for rural areas. Without this critical infrastructure, health care providers in remote communities will be unable to provide virtual care.