



March 4, 2025

The Honorable Vern Buchanan  
2210 Rayburn House Office Building  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Jimmy Panetta  
304 Cannon House Office Building  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Representatives Buchanan and Panetta:

On behalf of the American Academy of Family Physicians (AAFP), which represents 130,000 family physicians and medical students across the country, I write to thank you for introducing the Chronic Disease Flexible Coverage Act.

Family physicians provide continuing and comprehensive medical care, health maintenance and preventive services to each member of the family regardless of gender, age, or type of problem, be it biological, behavioral, or social. This includes helping patients manage chronic conditions, such as diabetes or arthritis, and serving as their usual source of care. Recently, family physicians have also provided care for more patients, including those with chronic conditions, who are enrolled in high deductible health plans (HDHPs).

Over the last decade, more Americans have opted for more affordable upfront coverage through HDHPs, which generally utilize lower premiums. From 2010 to 2021, enrollment in employer- sponsored HDHPs [increased](#) from 13% to 28%. However, the escalating costs of deductibles have become increasingly problematic for patients, causing them to forgo needed health care due to upfront costs.

Research shows that the increased the use of HDHPs is associated with delays in care, testing, and treatment that can lead to avoidable disease progression. This can be particularly problematic for patients with chronic conditions, who often require more frequent and expensive care but face higher out-of-pocket pockets. For example, a 2023 [study](#) found that patients with diabetes who experienced an employer-forced switch to HDHPs were significantly more likely to experience serious, but preventable, acute diabetes complications compared with patients who remained in conventional insurance plans. Cost barriers like those associated with screenings, counseling, and chronic disease management discourages patients, especially those of lower socioeconomic status, from seeking necessary care.

In July 2019, the Internal Revenue Service (IRS) issued a notice expanding its interpretation of preventive care to include certain items and services that are prescribed to individuals with certain chronic conditions, if the items and services are low-cost and prevent the worsening of a chronic condition or development of a secondary condition. After the IRS issued their

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updated guidance, 76% of employers with [over 200 employees](#) and almost half of employers with [over 5,000 employees](#) chose to expand pre-deductible coverage, which did not result in significant premium increases.

Congress must take steps to keep this guidance in place and ensure continued access to care by addressing financial and coverage barriers for individuals with chronic conditions. Therefore, the AAFP is pleased to support the Chronic Disease Flexible Coverage Act, which codifies the IRS guidance. Your legislation helps ensure that HDHPs can permanently provide patients access to critical chronic care services and treatments without cost sharing before meeting their deductible.

We applaud your leadership on this important issue, and we are pleased to support this legislation. The AAFP looks forward to continuing to work with you to improve access to affordable care for patients with chronic conditions. For questions, please contact Natalie Williams, Senior Manager of Legislative Affairs at [nwilliams2@aafp.org](mailto:nwilliams2@aafp.org).

Sincerely,

*Steve Furr, M.D., FAAFP*

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American Academy of Family Physicians, Board Chair

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