



May 21, 2018

The Honorable Brad Schneider
U.S. House of Representatives
1432 Longworth House Office Building
Washington, DC 20515

Dear Congressman Schneider:

On behalf of the American Academy of Family Physicians and the 131,400 family physicians and medical students we represent, thank you for introducing the *Primary Care Patient Protection Act of 2018* (H.R. 5858). This common sense, patient-centered, value-based proposal, takes important steps towards ensuring that individuals and families have access to their primary care physician independent of financial obstacles.

As individuals, families, and employers grapple with the escalating costs of health care coverage, many are turning to high-deductible health plans (HDHP) as a means of reducing their monthly premiums thus making health care coverage more affordable. In 2017, almost 22 million Americans had enrolled in an HDHP, up from only one million in 2005.ⁱ

While HDHPs are innovative health care coverage structures that the AAFP supports, they can compound access to care problems due to the upfront, out-of-pocket cost assigned to patients. The impact of high out-of-pocket costs are especially problematic for low and middle-income Americans.ⁱⁱ Family physicians across the nation have reported the emerging trend of individuals forgoing health care services due to these upfront costs and high-deductibles.

This growing trend has been noted in two recent reports. According to a 2016 CDC Reportⁱⁱⁱ, “among privately insured adults aged 18–64 with employment-based coverage, those enrolled in an HDHP were more likely than those enrolled in a traditional plan to forgo or delay medical care and to be in a family having problems paying medical bills.” A 2018 analysis conducted by West Health and NORC found that about 40% of Americans reported skipping a recommended medical test or treatment and 44% did not go to a doctor when they were sick or injured in the last year because of cost^{iv}.

Forgoing primary and preventive care is not only bad for an individual’s health, it also is not economically sound. Many individuals who forgo a primary care visit will experience worsening health conditions and may end up seeking care at a costlier site of care, such as an emergency department or urgent care. Furthermore, they may experience a loss of productivity or missed days of work due to an illness or condition that could have been addressed through a visit to their primary

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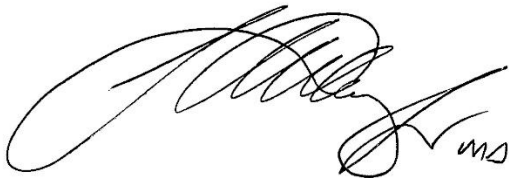
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care physician. When this happens, the patient faces costs that are 7 to 8 times greater and they have experienced a significant medical event. This should not happen.

Your legislation takes a patient-centered and moderated approach to ensuring that individuals and families with HDHPs have access to their primary care physician, for a limited set of primary care services, independent of cost-sharing requirements associated with their plan. By providing for two visits each plan year for primary care office visits, your bill ensures that individuals and families do not forgo health care when they are sick or experiencing worsening health conditions.

We applaud your leadership and thank you for introducing legislation that will benefit millions of Americans. We look forward to working with you to secure the enactment of H.R. 5858.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Meigs, Jr.', with a stylized flourish at the end and the initials 'JMS' written in smaller letters to the right.

John Meigs, Jr., MD, FAFAP
Board Chair

ⁱ (See https://www.ahip.org/wp-content/uploads/2018/04/HSA_Report_4.12.18.pdf)

ⁱⁱ (See <https://economics.stanford.edu/events/what-does-deductible-do-impact-cost-sharing-health-care-prices-quantities-and-spending>).

ⁱⁱⁱ (See https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERHDHP_Access_0617.pdf)

^{iv} (See <https://www.westhealth.org/press-release/survey2018/>)