



May 14, 2019

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

The Honorable Elise Stefanik
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Schneider & Congresswoman Stefanik:

On behalf of the American Academy of Family Physicians (AAFP) and the 134,600 members we represent, I write to offer our support for the *Primary Care Patient Protection Act of 2019*.

Your legislation takes a commonsense approach towards assisting millions of individuals in obtaining timely care from their primary care physician. This legislation promotes continuity of care, which studies¹ show leads to healthier people and longer lives. By providing individuals the ability to secure visits with their primary care physician, independent of cost-sharing requirements, you place the health and well-being of patients ahead of the economic barriers they otherwise may face in obtaining that care.

Your legislation also promotes timely care which, in many circumstances, ensures individuals avoid costlier health care episodes in the future. According to the Medical Expenditure Panel Survey (MEPS) in 2016 the average emergency room visit cost \$1,003; almost 10 times the cost of a visit to a family physician.

It is well understood that Americans, regardless of where they get their health insurance, are facing escalating costs associated with obtaining that coverage. The average premium for employer-sponsored coverage for a family of four now exceeds \$18,000 and employee contributions to this coverage exceeds \$5,500 annually.²

Over the past decade, an increasing number of American families have turned to high-deductible health plans as a means of lowering the cost of their health care coverage. According to the Center for Disease Control & Prevention (CDC) National Center for Health Statistics (NCHS)³, among adults aged 18-64 with employment-based coverage, the percentage enrolled in a traditional plan decreased from 85.1% in 2007 to 56.6% in 2017. At the same time, the percentage enrolled in a HDHP increased from 14.8% in 2007 to 43.4%.

¹ <http://www.annfammed.org/content/16/6/492.abstract>

² <https://www.kff.org/health-costs/report/2017-employer-health-benefits-survey/>

³ <https://www.cdc.gov/nchs/data/databriefs/db317.pdf>

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It is also well understood that Americans with HDHPs have deductibles associated with their plans and, the amount of that deductible has become a major barrier to seeking and receiving health care. According to a Kaiser Family Foundation study⁴, the average deductible for people with employer sponsored insurance increased from \$303 in 2006 to \$1,505 in 2017 – a 397% increase. The average deductible for individuals purchasing coverage in the Marketplace for 2019 is \$4,375 for a silver plan and \$6,258 for a bronze plan.⁵ The average individual deductible for small business plan was \$3,140 in 2018.⁶

As deductibles increase, individuals and families face tough choices that often aligns their health care needs and available financial resources in opposition to each other. According to a study from the Commonwealth Fund⁷, adults with HDHP and a deductible of \$3,000 or more reported problems getting needed care because of cost. In fact, 30% reported that they had a medical problem, but did not go their physician or clinic because of the associated cost. Additionally, 47% reported that they had at least one cost-related access problem and 23% reported that they did not fill a prescription due to the out-of-pocket cost.

A separate Commonwealth Fund report found that the percent of insured adults ages 19-64 who had deductibles that were 5% or more of their income had increased to 12% in 2016, up from 3% in 2005. Among those with coverage purchased in the individual market the percentage was 23% in 2016 versus 12% in 2005.

This level of economic strain forces individuals and families to make choices and, too often, they choose to forgo a visit with their primary care physician. This decision potentially results in a worsening of their condition and a costlier encounter with the health care system in the future.

Again, thank you for introducing this important legislation. Once enacted, it will ensure that individuals and families are able to prioritize their health and well-being independent of the economic limitations established by their health plan. The AAFP and our members stand ready to work with you to enact this legislation.

Sincerely,



Michael L. Munger, MD, FAAFP
Board Chair

⁴ <https://www.kff.org/health-costs/report/2017-employer-health-benefits-survey/>

⁵ <https://www.kff.org/health-reform/fact-sheet/cost-sharing-for-plans-offered-in-the-federal-marketplace-for-2019/>

⁶ https://news.ehealthinsurance.com/_ir/68/20193/Small%20Business%20Health%20Insurance%20Costs%20Trends%20Insights%202018.pdf

⁷ <https://www.commonwealthfund.org/chart/2017/adults-high-deductibles-reported-problems-getting-needed-care-because-cost>

⁸ <https://www.commonwealthfund.org/chart/2017/adults-high-deductibles-reported-problems-paying-medical-bills-twice-rate-adults-without>