



February 10, 2021

The Honorable Ron Wyden  
Chair, Committee on Finance  
U.S. Senate  
Washington, D.C. 20510

The Honorable Mike Crapo  
Ranking Member, Committee on Finance  
U.S. Senate  
Washington, D.C. 20510

The Honorable Patty Murray  
Chair, Committee on Health, Education, Labor and  
Pensions  
U.S. Senate  
Washington, D.C. 20510

The Honorable Richard Burr  
Ranking Member, Committee on Health,  
Education, Labor and Pensions  
U.S. Senate  
Washington, D.C. 20510

The Honorable Richard Neal  
Chair, Committee on Ways and Means  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Kevin Brady  
Ranking Member, Committee on Ways and Means  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Frank Pallone  
Chair, Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers  
Ranking Member, Committee on Energy and  
Commerce  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairs and Ranking Members:

As your Committees develop legislation to further address the COVID-19 pandemic, the American Academy of Family Physicians (AAFP), which represents more than 136,700 family physicians and medical students across the country, calls on you to prioritize primary care and the primary care delivery system.

The AAFP is encouraged by President Biden's American Rescue Plan for emergency legislation to slow the transmission of COVID-19, address health disparities exacerbated by the pandemic, grow the public health workforce and provide economic relief to struggling Americans. Ensuring that individuals and families have access to timely, affordable primary care and strengthening the primary care workforce are integral to achieving these goals.

The American Rescue Plan calls for significant investment in COVID-19 vaccinations, testing and treatments. Primary care is a critical gateway to all of these. Patients rely on their primary care physicians to educate them about vaccines and administer vaccines.<sup>1</sup> Primary care physicians screen, diagnose and treat patients for COVID-19 while managing chronic conditions that increase the risk of severe illness. During a pandemic, timely

## STRONG MEDICINE FOR AMERICA

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access to primary care keeps patients out of hospitals and ICUs and can literally mean the difference between life and death.

Primary care physicians are integral members of their communities and see firsthand how pervasive health inequities contribute to poor health outcomes, a problem exacerbated by COVID-19. They are uniquely positioned to help address health disparities by providing comprehensive clinical care to underserved populations and by linking patients to community resources to address social determinants of health. Additionally, primary care physicians are among the most trusted advisers for vaccine decisions and will be critical in combatting COVID-19 vaccine hesitancy and ensuring equitable vaccination.<sup>ii</sup>

As Americans have faced job and income loss due to the pandemic, Medicaid and CHIP enrollment have increased by more than 6 million people (8.6%), which is in turn increasing the demand for primary care.<sup>iii</sup> Inadequate Medicaid reimbursement makes it more challenging for primary care physicians to accept more Medicaid patients and threatens the viability of practices serving areas with a higher proportion of Medicaid coverage. On average Medicaid, pays just 66% of the Medicare rate for primary care services and can be as low as 33% in some states. This payment disparity is exacerbating the financial and workforce instability that primary care practices are facing due to COVID-19. **The AAFP urges Congress to pass legislation to raise Medicaid payment rates for primary care services to at least Medicare rates.** This legislation would ensure that primary care clinicians have adequate resources to care for Medicaid patients and is an important step in increasing access to care for Black and Hispanic families who have been disproportionately affected by COVID-19 and comprise a majority of Medicaid enrollees.

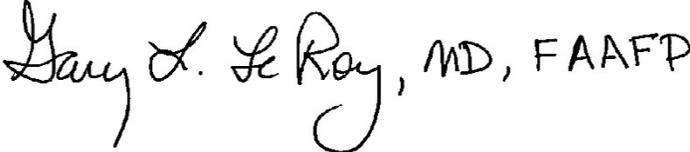
The AAFP supports the American Rescue Plan proposal to increase investment in community health centers (CHCs) and expand the health workforce. CHCs are an important primary care access point for low-income, minority and other underserved populations. However, CHCs have historically struggled to meet physician workforce demands, and recruitment and retention of family physicians—the most common type of CHC clinician—is one of the greatest needs.<sup>iv</sup> The *Strengthening America's Health Care Readiness Act* would help alleviate the health workforce shortage by increasing funding for the National Health Service Corps and would help to address inequalities and barriers for entry into the primary care profession by setting aside funding for racial and ethnic minorities and students from low-income urban and rural areas. Studies show that patient satisfaction and health outcomes are improved when health providers and their patients have concordance in their racial, ethnic and language backgrounds.<sup>v</sup> The THCGME Program provides funding to increase the number of primary care medical and dental residents training in community-based settings across the country. Research demonstrates that most family physicians practice within 100 miles of their residency program, and in rural or medically underserved areas.<sup>vi</sup> **As the next COVID relief package is being negotiated, we urge inclusion of the *Strengthening America's Health Care Readiness Act* and increased investment in the THCGME program to allow for the expansion to underserved areas that face severe shortages of primary care physicians, especially during the pandemic.** The inclusion of these items will ultimately help our health care system "build back better."

President Biden has called on Congress to preserve and expand health coverage in response to the COVID-19 pandemic. The American Rescue Plan calls for COBRA subsidies and expanded premium tax credits to help more Americans access insurance through their employer or exchanges. While these policies would reduce insurance premiums and reduce the number of uninsured individuals, they unfortunately do not guarantee affordable access to health care. More than 30% of people with employer-sponsored health coverage are

enrolled in high-deductible health plans (HDHPs).<sup>vii</sup> The large deductibles associated with these plans are becoming an increasingly problematic hurdle to obtaining health care, particularly as Americans struggle financially as a result of the pandemic. According to a survey, 68% of adults said that out-of-pocket costs would be very or somewhat important in their decision to get care if they had symptoms of the coronavirus.<sup>viii</sup> Additionally, 40% of Americans do not have \$400 to cover unexpected expenses, implying that high deductibles limit access to services that are deemed critical for patients' well-being.<sup>ix</sup> HDHPs compound access problems and ultimately lead to worse health outcomes, especially for low-income Americans and those with chronic conditions. In addition to the pandemic itself, the COVID-19 recession has hit people with low incomes and people of color especially hard.<sup>x</sup> During the last recession, both Black and Hispanic people saw a disproportionate increase in the share of people unable to access needed care due to cost.<sup>xi</sup> **To help alleviate cost barriers to care and avoid worsening access disparities, Congress should pass legislation to allow HDHPs to waive the deductible for critical primary care services.** In passing the CARES Act, Congress enabled HDHPs to temporarily waive deductible for telehealth services, which was beneficial in increasing patients' access to those services; however not all health care needs can be met virtually, and patients need comprehensive primary care to navigate the pandemic.

As you develop legislation to rescue Americans from the health and financial threats of COVID-19 and help our nation recover from the impact, we urge you to remember the vital role that primary care plays in both. The AAFP stands ready to work with you to swiftly enact legislation providing much-needed stimulus. For more information, please contact Erica Cischke, Senior Manager for Legislative and Regulatory Affairs, at [ecischke@aafp.org](mailto:ecischke@aafp.org).

Sincerely,



Gary L. LeRoy, MD, FAAFP  
Board Chair

Cc: Members of the Committee on Finance; Committee on Health, Education, Labor and Pensions; Committee on Ways and Means; and Committee on Energy and Commerce

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<sup>i</sup> According to data from the Medical Expenditure Panel Survey, primary care physicians provided 54% of all clinical visits for vaccinations, which made them more likely to administer vaccines than other stakeholders, such as pharmacies or grocery stores. Analysis conducted by the Robert Graham Center. Publication forthcoming.

<sup>ii</sup> Paterson P, Meurice F, Stanberry LR, Glismann S, Rosenthal SL, Larson HJ. Vaccine hesitancy and healthcare providers. *Vaccine*. 2016 Dec 20;34(52):6700-6706. doi: 10.1016/j.vaccine.2016.10.042. Epub 2016 Oct 31. PMID: 27810314.

<sup>iii</sup> Bradley Corallo and Robin Rudowitz (2021, January 21). Analysis of Recent National Trends in Medicaid and CHIP Enrollment. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicare-and-chip-enrollment/>

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- <sup>iv</sup> Rosenblatt RA, Andrilla CH, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA* 2006;295(9):1042-9
- <sup>v</sup> Cooper LA, Powe NR. Disparities in patient experiences, health care processes, and outcomes: the role of patient-provider racial, ethnic, and language concordance. The Commonwealth Fund. Accessed Feb. 8, 2021.
- <sup>vi</sup> Stephen M. Petterson et al., "Projecting U.S. Primary Care Physician Workforce Needs: 2010–2025," *Annals of Family Medicine* 10, no. 6 (Nov./Dec. 2012): 503–9
- <sup>vii</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/doi/10.1377/hblog20200615.238552/full/>
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- <sup>ix</sup> Board of Governors of the Federal Reserve System. Report on the economic well-being of US households in 2018. Published May 2019. Accessed January 22, 2021. <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>
- <sup>x</sup> Parker K, Minkin R, Bennett J. (2020, Sept 24). Economic Fallout from COVID-19 Continues to Hit Lower Income Americans the Hardest. Retrieved from <https://www.pewsocialtrends.org/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest/>
- <sup>xi</sup> Cross-call J. (2020, Oct 21). Medicaid Expansion Has Helped Narrow Racial Disparities in Health Care Coverage and Access to Care. Retrieved from [https://www.cbpp.org/research/health/medicaid-expansion-has-helped-narrow-racial-disparities-in-health-coverage-and#\\_ftn16](https://www.cbpp.org/research/health/medicaid-expansion-has-helped-narrow-racial-disparities-in-health-coverage-and#_ftn16)