

May 27, 2021

The Honorable Sherrod Brown  
United States Senate  
Washington, D.C. 20510

The Honorable Patty Murray  
United States Senate  
Washington, D.C. 20510

Dear Senators Brown and Murray:

On behalf of the undersigned organizations, who together represent more than 500,000 physicians, we write in support of the *Ensuring Access to Primary Care for Women and Children Act of 2021* (S.1833). This legislation would match Medicaid payment rates for primary care clinicians to at least those of Medicare, which would help alleviate barriers to care for patients who are most in need.

Our physicians are working together to ensure that our nation's primary care needs are met during the COVID-19 pandemic and beyond. The Medicaid program is a critical component of this response, providing health insurance to 1 in 5 Americans and covering some of our most vulnerable populations, including low-income children, pregnant women, and families, children with special health care needs, non-elderly adults with disabilities, and other adults, many of whom are uniquely susceptible to COVID-19 and a host of other adverse health outcomes.

Our physicians' efforts to mobilize against COVID-19 over the past year, including prioritizing telehealth services for patients and delaying certain in-person visits slowed COVID-19 transmission and prevented countless deaths but also caused tremendous financial strain for practices. Further, these financial challenges were disproportionately concentrated among those independent practices in rural and urban underserved communities. While the temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase helped to avoid physician payment reductions in the short-term, should states cut payment rates to physicians, the negative impact on patients and physician practices would be even more dire.

Increases in Medicaid enrollment pose challenges for physicians who have to choose between the financial viability of their practice and their ability to provide care to the growing number of Medicaid beneficiaries. The low payment rate for Medicaid services compared to that of Medicare or private payers exacerbates the financial instability of physician practices that accept large numbers of Medicaid patients. Nationwide Medicaid pays an average of 66 percent of the Medicare rate, with some states paying as low as 33 percent.<sup>1</sup> Lack of parity between these rates threatens access to care for some of the most disadvantaged patients when physicians do not have adequate resources to meet their complex care needs.

Data suggest that Americans' health and well-being are in jeopardy if Congress and the administration do not act now to put primary care on a more sustainable path, a reality made all the more clear by the COVID-19 pandemic. While primary care practices are struggling to remain open, 62% of patients said they would be panicked, heartbroken or otherwise find it difficult if their primary care practice were to close.<sup>2</sup> Inadequate Medicaid payment threatens access to primary care services in areas hardest hit by COVID-19. Without proper support during this public health emergency and beyond, these practices could close forever. Medicaid enrollment has increased by 7 million since the start of the pandemic and enrollment is expected to continue to increase as a result of pandemic-related job loss.<sup>3</sup> The demand for

primary care physicians in the Medicaid program is more acute than ever. Additionally, Medicaid plays a particularly vital role in providing coverage to pregnant women, rural residents, individuals with disabilities, as well as Black, Indigenous, Hispanic, and other people of color<sup>4</sup>, many of whom have been disproportionately impacted by the COVID-19 pandemic. Ensuring timely access to primary care physicians for these patients, who are also more likely to receive coverage through Medicaid, is essential for mitigating the pervasive inequities that were exacerbated by the pandemic.

When Congress raised Medicaid primary care payment rates to Medicare levels in 2013 and 2014, patient access improved.<sup>5</sup> Primary care physicians commit themselves to a long-term relationship with their patients and provide not only first-contact and preventive services but also long-term care for chronic conditions. Vulnerable populations need access to comprehensive primary care, especially now. The *Ensuring Access to Primary Care for Women and Children Act* would return Medicaid payments for primary care services to Medicare payment levels for two years and expand the number of clinicians eligible for this increase to ensure that all Medicaid enrollees have access to the primary and preventive care they need.

The legislation also raises Medicaid payment rates to those of Medicare for the duration of any future public health emergency and six months thereafter. During this time of crisis and once things return to normal, it is critical that the Medicaid program be able to respond to take on any qualified new individuals and ensure physicians have the means to serve these new patients.

Your targeted and timely legislation will help strengthen our nation's primary care infrastructure and preserve critical health care access for Americans as our country rebounds from the COVID-19 pandemic and in the event of future public health emergencies.

We are pleased to support this important legislation and look forward to working with you to ensure its passage. If you have any questions, please contact Erica Cischke at [ecischke@aafp.org](mailto:ecischke@aafp.org).

Sincerely,

American Academy of Family Physicians  
American College of Obstetricians and Gynecologists  
American College of Physicians  
American Osteopathic Association

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<sup>1</sup> Zuckerman, S., Skopec, L., & Aarons, J. (2021, February 01). Medicaid physician fees remained substantially below fees paid by Medicare in 2019. Retrieved February 10, 2021, from <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.00611>

<sup>2</sup> Etz, Rebecca: "Quick COVID-19 Primary Care Survey" <https://www.pcpcc.org/2020/05/26/primary-care-covid-19-week-11-surveys>

<sup>3</sup> Corallo, B., & Rudowitz, R. (2021, January 21). Analysis of recent national trends in Medicaid and CHIP Enrollment. Retrieved February 09, 2021, from <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>

<sup>4</sup> Medicaid coverage rates for the Nonelderly by Race/Ethnicity. (2020, October 23). Retrieved March 24, 2021, from <https://www.kff.org/medicaid/state-indicator/nonelderly-medicaid-rate-by-raceethnicity/?dataView=0&Timeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>

<sup>5</sup> Polsky, Daniel; Richards, Michael; Basseyn, Simon; Wissoker, Douglas; Kenney, Genevieve; Zukerman, Stephen; Rhodes Karin: "Appointment Availability After Increases in Medicaid Payments for Primary Care" <https://pubmed.ncbi.nlm.nih.gov/25607243/>