



April 13, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell and Minority Leader Schumer:

The American Academy of Family Physicians (AAFP), which represents the nation's 134,600 family physicians and medical students, calls on the United States Congress to prioritize primary care and the primary care delivery system as part of your forthcoming legislative efforts to address the COVID-19 pandemic.

While we applaud the state and federal agencies collaborating with stakeholders to quickly address barriers to effective response to this pandemic, the fact remains that this public health crisis has identified significant cracks in our country's primary care infrastructure. Population health will only be achieved when we identify and remove the barriers that exist. In this next round of financial relief, Congress must do more to provide targeted solutions and support for primary care and patient access.

Ensure the Financial Viability of Primary Care Physicians

At such a critical junction in our nation's response to COVID-19, primary care practices are closing, demonstrating that the current fee-for-service structure puts the primary care delivery system one pandemic away from complete collapse. Primary care physicians are playing a critical role at the frontlines of our national response to this pandemic. They also are responsible for delivering care to the millions of Americans who have ongoing and chronic health care conditions. While our immediate attention is appropriately focused on the COVID-19 pandemic, we must remember that many people with ongoing health care needs require care from their family physician, thus placing additional pressure on the primary care delivery system. Any closures of family medicine practices would result in a rippling effect across our health care system and the lives of millions of people. We fear these closures will continue unless dramatic interventions are undertaken, soon. Congress must take bold steps to repair the damage that has already been done and put primary care on a sustainable path for the future.

- **Hazard Pay** - Many primary care physicians are working without pay, without access to personal protective equipment, and have had to isolate themselves away from their families for fear of transmission. Some have contracted the virus in the course of caring for their patients and continue to deliver care from their homes via telehealth while

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recoveringⁱ. Family physicians have died from COVID-19 as a result caring for their patients. **We call on Congress to compensate primary care physicians for the health and safety hazards they face while caring for their patients during the COVID-19 pandemic.** One way that this could be achieved is by the Centers for Medicare & Medicaid Services (CMS) **paying each primary care provider \$200 per attributed Medicare beneficiary** as a means of acknowledging and compensating primary care physicians for the care they continue to provide in the face of this pandemic.

- Resident physicians have had their training disrupted due to the pandemic, and many are rising to the challenge of caring for high-risk COVID-19 patientsⁱⁱ. Residents are facing the same risks as other frontline clinicians but only receive a fraction of the pay. **We urge Congress to include medical residents in any hazard pay proposal and recommend \$25,000 per resident who is or may be exposed to COVID-19 as part of their work.**
- Prospective Payments - The AAFP applauds CMS for implementing the Medicare Accelerated Advanced Payment program. This was a necessary move to advance payments to physicians and facilities, recognizing that without this immediate cashflow, many practices would be forced to close. This program will provide relief to family physicians and will allow them to keep seeing patients at this critical time. However, it is not enough. We believe these are appropriate, yet necessary steps that will assist in stabilizing the primary care delivery system and preserving access to care for millions of people. The AAFP calls on Congress to:
 - Direct CMS to continue the Accelerated Advanced Payment program for, at minimum, three additional quarters – Q3 & Q4 of 2020 and Q1 of 2021.
 - Extend the timeline for repayment of the Accelerated Advanced Payment program from three months to one year, to give clinicians adequate time to financially recover before repayment is due.
 - Allocate the necessary funding to CMS to forgive the full cost of these advanced payments to physicians for 2020.
 - Direct CMS to provide qualifying primary care physicians a 10% increase on all evaluation and management codes for new and existing patients for services provided through December 31, 2021.
- Student Loan Interest Payments - The Association of American Medical Colleges reports that the average combined medical school and undergraduate loan debt for doctors is roughly \$221,500. The monthly repayment amount of these student loan can be a challenge for physicians who are facing reduced or temporarily suspended income due to the COVID19 pandemic. **The AAFP urges Congress to lift the income limitation on the deductibility of student loan interest payments for primary care physicians for tax years 2020 and 2021 as a means of acknowledging the critical role primary care has played on the front lines during this national health crisis.** This would allow all physicians with student loan debt to deduct 100% of the interest paid on those loans.

Patient Protections

We are pleased to see that Congress has taken meaningful steps to ensure that patients have access to the care that they need during this public health crisis. It will be important as we move forward to ensure that the insurance market remains viable and affordable while still continuing to provide meaningful coverage.

- Standard Primary Care Benefit - This pandemic has underscored that personal finances can present an unfortunate barrier to seeking care at critical times, especially for primary

care. We were pleased to see legislation and regulations temporarily waiving the need to apply copays and deductibles for telehealth visits and for COVID19 testing. Those policy changes recognize that the structure of high-deductible health plans (HDHPs) can create dangerous barriers to seeking timely care that could lead to poor outcomes.

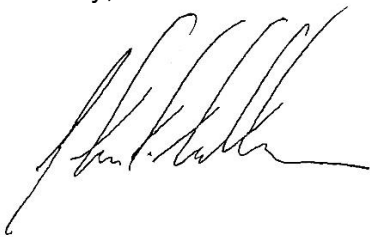
Unfortunately, this deterrent exists with or without COVID19. Numerous surveysⁱⁱⁱ and studies^{iv} have shown that individuals enrolled in HDHPs are more likely than those enrolled in a traditional plan to forgo or delay medical care, and high deductibles compound other cost problems for low-income patients^v. Family physicians help effectively manage chronic conditions and can identify an appropriate site of care – whether that be at home or at a hospital – but only if their patients can afford to be seen.

We urge Congress to pass the bipartisan *Primary Care Patient Protection Act (H.R. 2774/S. 2793)*. Allowing individuals enrolled in HDHPs to see their primary care provider two times per year, in addition to their annual wellness visit, prior to meeting their deductible will ensure that those plans provide more meaningful health care coverage.

- **Reinsurance/ Market Stability** - The effects of this pandemic will be felt for some time. Recognizing that current health insurance premiums are not a good indicator of the funds needed to cover treatment and hospitalizations related to COVID-19, we are concerned that, without intervention, there will be a premium shock that occurs from the sharp increase in patients seeking care for COVID-19 related illness. This could put health care coverage financially out of reach for patients and leave only those with critical health needs with skyrocketing premiums. **Congress must include reinsurance funding to protect those in the individual and small group market from adverse impacts on premiums and reduce the likelihood that patients are left uninsured.**

This pandemic provides Congress the opportunity to address systemic issues that have been plaguing primary care and the health care system more broadly. It is our sincere hope that we take the lessons learned from this public health crisis to evolve our healthcare system to one that is sustainable and able to adequately respond in the event of a future pandemic and we stand ready to partner with Congress to achieve that goal. For additional information, please contact Stephanie Quinn at squinn@aafp.org.

Sincerely,



John Cullen, MD
Board Chair

ⁱ WSJ article: Sick with Coronavirus, an Ohio Doctor Soldiers On <https://www.wsj.com/articles/sick-with-coronavirus-an-ohio-doctor-soldiers-on-11585828800>

ⁱⁱ AMA article: Residency in a pandemic: How COVID-19 is affecting trainees <https://www.ama-assn.org/delivering-care/public-health/residency-pandemic-how-covid-19-affecting-trainees>

ⁱⁱⁱ CDC National Center for Health Statistics. 2016 National Health Interview Survey. https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERHDHP_Access_0617.pdf

^{iv} KFF Cost-Sharing for Plans Offered in the Federal Marketplace, 2014-2020. <https://www.kff.org/slideshow/cost-sharing-for-plans-offered-in-the-federal-marketplace-2014-2020/>

^v Handel, Ben. What Does a Deductible Do? The Impact of Cost-Sharing on Health Care Prices, Quantities, and Spending Dynamics. Stanford University Department of Economics lecture March 2016. <https://economics.stanford.edu/events/what-does-deductible-do-impact-cost-sharing-health-care-prices-quantities-and-spending>