March 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 Charles Schumer
Minority Leader
U.S. Senate
Washington, DC  20510

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

Our nation faces a public health crisis of significant proportion. Our ability to manage the crisis, mitigate its negative impacts and provide every American with quality, timely health care will require a concentrated effort. We applaud your commitment to passing legislation aimed at further helping the nation deal with the SARS-CoV-2 (COVID-19) pandemic. The American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students, stands ready to assist you in these efforts.

Family physicians and other primary care clinicians are on the frontlines of the COVID-19 outbreak. Thousands of individuals impacted by COVID-19 outbreak, in all states and territories, will rely on their primary care physician and the community primary care delivery system over the next several weeks and months. In addition to identifying and treating patients with COVID-19, family physicians must keep non-infected other patients healthy and out of the hospital and Emergency Rooms, thus preserving capacity for more severely ill patients. As a result, the pressures on the primary care system are mounting.

We call on Congress to include 5 policies in the legislation you are developing. Each of these policies will strengthen the primary care system, expand access to care for individuals and families and invest in the primary care infrastructure so that we will be better prepared for future outbreaks and pandemics.

FUND THE PRIMARY CARE WORKFORCE AND DELIVERY SYSTEM

The current pandemic has demonstrated the urgency of building and financing a robust, well-trained and accessible primary care system in our country. Sadly, much of our primary care system, despite broad bipartisan support, has been operating under temporary authorization and funding since October 2019. The consequences of this inaction have grown from concerning, to consequential for the health and wellbeing of millions of people. It is time for Congress to act. Millions of people are depending on our
health care system and it is time for Congress to make the necessary investments to ensure that the health care system is prepared to provide care to people in this time of national emergency.

1. **Reauthorize and fund the Community Health Center program.** Community Health Centers provide primary care to over 29 million people in communities large and small. They often are the only sources of care for people in rural and urban underserved communities. Currently, CHCs are operating under short-term financing, which compromises their ability to invest in the personnel and supplies needed to confront this pandemic. It is an imperative that Congress provide long-term funding for CHCs, immediately. Our ability to effectively manage this pandemic and extend care to millions of people depends on this vital program. Additionally, CHCs employ thousands of people. The underfunding of this program threatens the jobs of essential health care workers at a time we need them at their posts.

2. **Reauthorize and fund the Teaching Health Center Graduate Medical Education (THCGME) program.** Investment in the THCGME program is critical to ensuring that our nation has a robust primary care workforce in the future. Continued underinvestment in primary care education and training will only result in further strains on our primary care system in the future and weakens our ability to confront and manage future outbreaks and pandemics. More importantly, funding the THCGME program will ensure that hundreds of family physicians are available to provide care to vulnerable populations, today. Residents training in THC programs provide care to over 1 million patients per year and our system needs them at this critical time. Now is the time to boldly invest in the primary care infrastructure by investing in this important program.

3. **Establish Medicaid to Medicare Payment Parity for Primary Care.** The AAFP calls on Congress to immediately reinstate payment policies that elevate Medicaid payment rates for all evaluation and management services provided by family physicians and other primary care clinicians to Medicare levels. Medicaid beneficiaries are among the most vulnerable and this policy will ensure that they have access to the primary care system.

PROMOTE TELEMEDICINE CAPABILITIES IN PRIMARY CARE PRACTICES

4. **The AAFP calls on Congress to create a time-limited, telemedicine grant program, available to solo and small primary care physician practices, that will enable them to purchase, implement and utilize telemedicine technology in their practices.** Expanding access to primary care through virtual visits has been established as a best practice and is strongly supported by the Center for Disease Control (CDC) as a means of evaluating and triaging patients impacted by the coronavirus. While many large primary care practices have telemedicine technology available today, most small practices – especially those in rural communities – do not have such capabilities. We strongly encourage you to create and fund a grant program, specifically aimed at solo and small family medicine practices, that will enable them to quickly bring this technology into their practices. The AAFP, based upon conversations we have had with telemedicine vendors, believes we can bring thousands of family physicians online with telemedicine technology in a matter of days.

REMOVE FINANCIAL BARRIERS TO PRIMARY CARE

5. **The AAFP calls on Congress to pass the Primary Care Patient Protection Act (H.R. 2774)**, which would require all Health Savings Account (HSA) eligible high deductible health
plans (HDHPs) cover two primary care visits without cost-sharing or deductible. This legislation ensures that patients can access to essential primary care services without first worrying about the financial impact – this is critically important in emergency situations like the current COVID-19 outbreak.

Numerous surveys\(^1\) and studies\(^2\) 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\(^3\).

While many private insurers are committing to waive cost-sharing for COVID-19 testing and the IRS recently released guidance allowing HDHPs to waive deductibles for testing, it is still unclear what patients’ financial responsibility will be for other medical services they receive when seeking care for COVID-19, such as physician office visits and other diagnostic testing (e.g. Influenza).

Again, the AAFP applauds your leadership in the development of legislation aimed at enhancing our health care system and stabilizing our economy at this critical time. We implore you to include the policies outlined in this letter. Now is the time for bold, fearless investments in primary care. The AAFP and the nation’s family physicians are resolute, prepared and ready to provide care to the nation during this time of crisis, we just need Congress to provide the resources that will enable us to do so.

Sincerely,

John S. Cullen, MD, FAAFP
Board Chair

C: Members, U.S. House of Representatives
   Members, U.S. Senate