



November 18, 2020

The Honorable Mark Warner
U.S. Senate
Washington, DC 20015

The Honorable Tim Scott
U.S. Senate
Washington, DC 20015

Dear Senators Warner and Scott:

On behalf of the American Academy of Family Physicians (AAFP) and the 136,700 family physicians, residents and medical students we represent, I write to offer our support for S. 4507, the *Getting Early Treatment and Comprehensive Assessments Reduces Emergencies (GET CARE) Act*.

Your legislation seeks to reverse the alarming trend of patients foregoing preventative care services during the ongoing COVID-19 pandemic. Although it was appropriate to delay non-essential services at the beginning of the pandemic, primary care facilities have now adapted to sanitation and social distancing requirements to keep physicians and their patients safe. Patients under 65 with comorbidities like diabetes, heart disease, and asthma are more likely to visit a primary care physician to manage these conditions; but left unmanaged, these comorbidities make a patient more susceptible to COVID-19 infection. ^{i, ii}

Despite the current safety procedures and necessity of primary care physician visits, patient volume is still below pre-pandemic levels and physicians are facing significant financial burdens as they adapt to sanitation procedures while lacking normal patient volume. ⁱⁱⁱ Increased expenses coupled with lower revenue is forcing some physician practices to close down, which could permanently reduce access to preventative services especially for patients in rural areas and marginalized populations. ^{iv}

Physicians are not the only ones struggling with the current lack of preventative care usage. Vaccination levels for common childhood vaccines fell by 75% in April and are still lower than pre-pandemic levels, leaving communities susceptible to vaccine-preventable illnesses like the rising trend in measles outbreaks seen over the last year. ^v Screening services like colonoscopies and mammograms are similarly not back to normal levels as patients continue to forego primary care and preventative services. ^{vi} Importantly, your legislation requires the public awareness campaign pay special attention to medically underserved populations for development and outreach. As of August, Medicaid beneficiaries lag behind commercial or Medicare beneficiaries in the number of all healthcare visits, showing a concerning trend in low-income populations not seeking care. ^{vii} Additionally, we continue to see communities of colors facing a disproportionate share of COVID-19 hospitalizations and deaths. ^{viii} These populations must be prioritized as the amount of preventative care appointments return to its pre-pandemic level.

The *GET CARE Act* would launch a much-needed public awareness campaign regarding the safety and necessity of specific preventative services. This public health initiative would be informed by clinicians, work in conjunction with CDC efforts, and take an evidence-based approach to its message. It would also provide much needed funding in the form of one-time grants to organizations

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contributing to planning, implementation, and evaluation activities. This awareness campaign will help communities stay healthy and get physicians back to serving their patients.

Thank you again for introducing this legislation. We stand ready to work with you to ensure its passage and look forward to supporting this initiative once enacted. For more information, please contact Erica Cischke, Senior Manager for Legislative and Regulatory Affairs at ecischke@aafp.org,

Sincerely,



Gary L. LeRoy, MD, FAAFP
Board Chair, American Academy of Family Physicians

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466556/>

ⁱⁱ Center for Disease Control and Prevention. "Coronavirus Disease 2019 (COVID-19): People with Certain Medical Conditions." Updated: November 2, 2020; Accessed: November 16, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

ⁱⁱⁱThe Larry A. Green Center "Quick COVID-19 Primary Care Survey: Series 21 Fielded September 18-21, 2020." <https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/5f75da37bde1f0691fc28b0d/1601559097041/C19+Series+21+National+Executive+Summary.pdf>

^{iv} Mark Carrozza. "Potential Impact of Family Medicine Practice Closures During COVID-19 Pandemic." April 9, 2020. <https://healthlandscape.org/potential-impact-of-family-medicine-practice-closures-during-covid-19-pandemic/>

^v Sarah Kliff. "Missed Vaccines, Skipped Colonoscopies: Preventive Care Plummets." September 11, 2020. <https://www.nytimes.com/2020/09/11/upshot/pandemic-decline-preventive-care.html>

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- ^{vi} Sarah Kliff. “Missed Vaccines, Skipped Colonoscopies: Preventive Care Plummets.” September 11, 2020. <https://www.nytimes.com/2020/09/11/upshot/pandemic-decline-preventive-care.html>
- ^{vii} Ateev Mehrotra, Michael Chernew, David Linetsky, Hilary Hatch, David Cutler, and Eric C. Schneider. “The Impact of the COVID-19 Pandemic on Outpatient Visits: Changing Patterns of Care in the Newest COVID-19 Hot Spots.” August 13, 2020. <https://www.commonwealthfund.org/publications/2020/aug/impact-covid-19-pandemic-outpatient-visits-changing-patterns-care-newest>
- ^{viii} Center for Disease Control and Prevention. “COVID-19 Hospitalizations and Death by Race/Ethnicity.” Updated: August 18, 2020; Accessed: November 16, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>