November 4, 2021

The Honorable Patty Murray
Chairwoman
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

Dear Chairwoman Murray and Ranking Member Burr,

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students we represent, I applaud the committee for its continued focus on the COVID-19 response. I write in response to the hearing: “Next Steps: The Road Ahead for the COVID-19 Response” to share the family physician perspective and the AAFP’s recommendations to ensure our health care system can make a complete recovery from the ongoing COVID-19 pandemic.

Family physicians and other primary care physicians have been serving on the frontlines of the COVID-19 pandemic for more than a year and a half. They have been screening, diagnosing, triaging, and treating patients fighting the virus, while continuing to provide comprehensive care to patients with ongoing health care needs, including management of chronic conditions. Family Physicians are keeping patients healthy and keeping them out of hospitals and emergency rooms. In addition, many of them have also provided surge staffing when hospitals have been overwhelmed.

As we enter the next phase of the COVID-19 pandemic, which includes new vaccine mandates, recommended boosters for some patients, and COVID-19 vaccines for children under 12, additional actions are needed to support primary care physicians. Primary care physicians, as trusted sources of information, are well positioned to protect their patients and communities from COVID-19. The AAFP urges the committee to consider the following recommendations.

Primary Care Workforce - COVID-19 has both highlighted and exacerbated the physician workforce shortages facing communities throughout the nation. It has demonstrated the urgency of building and financing a robust, well-trained, and accessible primary care system in our country. It is projected we will need up to 48,000 additional primary care physicians by 2034 in order to meet the health care needs of our growing and aging population and be prepared to respond to future crises.¹

Primary care is the largest and most widely distributed platform of care delivery in the U.S. and the only part of the health system in which more investment leads to better population health outcomes and more equitable care.² Congress should address the primary care physician shortage, particularly in rural and underserved communities, by passing the Doctors of Community Act (S. 1958), which permanently authorizes and expands the THCGME program, and increase investment in the National Health Service Corps.
Equitable Vaccine & Testing Distribution – Federal distribution plans for COVID-19 vaccines have focused heavily on mass vaccination sites, retail pharmacies, community health centers and, to some extent, primary care practices. A national survey found that 44 percent of Latino and 53 percent of Black respondents would prefer to get vaccinated in their doctor’s office than elsewhere, and more than half of Latino and Black respondents considered their personal doctor as the most trusted source of information on the vaccine. Recent data also shows that primary care physicians provide the majority of vaccinations in the U.S. and therefore are uniquely well positioned to lead the push for COVID-19 immunization.

Official approval of COVID-19 vaccines for those 5 to 11 has the potential to protect 28 million children from getting sick and from spreading the virus, but it will also require thoughtful planning to ensure all children have access to the vaccine. A recent survey found that 70 percent of parents say the advice of their regular physician (pediatrician or family physician) will be an important factor in their decision, which highlights how primary care physicians are well positioned to provide extensive counseling to vaccine hesitant patients, provide children with COVID-19 vaccines once they are authorized, and ensure adults receive recommended immunization and booster shots.

Additionally, the increased demand for COVID-19 testing driven by vaccine mandates and students returning to school has resulted in physicians having difficulty keeping up with the demand. Despite the Administration’s efforts to increase production of COVID-19 testing, physician practices are still struggling to keep sufficient inventory. We call on Congress to support federal, state, and local efforts to prioritize primary care practices in COVID-19 vaccine and testing distribution.

Adequate Reimbursement for Vaccine Counseling – In the Medicare and Medicaid programs, primary care physicians are unable to bill for the time they spend counseling patients on the importance and safety of COVID-19 vaccinations. These conversations can take place over several visits and may not result in a reimbursable vaccination. While the recent increase in Medicare reimbursement for vaccine administration has been helpful for offsetting costs, it is inadequate, particularly for smaller, independent practices. We encourage Congress to work with CMS to ensure physician practices in Medicare and Medicaid can be paid for the vital vaccine counseling services they are providing, including when calling patients and encouraging them to be vaccinated.

Physician Burnout and Mental Health - Even prior to the pandemic, burnout among physicians and other clinicians was a pervasive public health concern, with some studies reporting burnout in more than 50 percent of clinicians. According to the American Board of Family Medicine, primary care physicians have experienced the highest rate of death (26.9%) among health provider specialties during COVID-19. Physician burn out during the COVID-19 pandemic has only become worse, negatively impacting happiness, relationships, career satisfaction, and patient care. A January 2021 report showed that 47 percent of family physicians are burnt out, and 20 percent of all physicians are clinically depressed. We urge Congress to pass the Dr. Lorna Breen Health Care Provider Protection Act (S. 610), which will make critical investments in the mental health needs of our nation’s doctors, particularly during the pandemic, and fight the stigma around seeking necessary treatment.

Medicaid Parity - Recent data show that Medicaid enrollment has increased by more than 11 million since the start of the COVID-19 pandemic, and trends suggest that enrollment will continue to increase a result of pandemic-related job losses. The demand for primary care physicians in the Medicaid program is more acute than ever. Inadequate Medicaid payment threatens access to primary care services in areas hardest hit by COVID-19, and without proper support during this public health emergency and beyond, family physician practices could be forced to close. Congress should pass the Ensuring Access to Primary Care for Women & Children Act (S. 1833) to ensure
Medicaid beneficiaries have timely access to primary care by raising Medicaid payments to at least Medicare payment levels.

We thank you for your leadership and actions to date to help our nation combat COVID-19. The AAFP stands ready to partner with you on additional legislation to recover from the pandemic and improve our public health preparedness. Should you have any questions, please contact John Aguilar, Manager of Legislative Affairs at jaquilar@aafp.org.

Sincerely,

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians