



November 24, 2021

The Honorable Chuck Schumer
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Chairman, Finance Committee
United States Senate
Washington, D.C. 20510

The Honorable Patty Murray
Chair, Health, Education, Labor & Pensions Committee
United States Senate
Washington, D.C. 20510

The Honorable Bernie Sanders
Chairman, Budget Committee
United States Senate
Washington, D.C. 20510

Dear Leader Schumer, Chairman Wyden, Chairman Sanders, and Chair Murray,

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 133,500 family physicians and medical students across the country, I write to express our strong support for the following provisions in the Build Back Better Act as passed by the House of Representatives. If enacted, these provisions will invest in the primary care workforce, improve health equity, increase access to health coverage, address vaccine access and confidence, and strengthen our public health infrastructure.

Primary Care Workforce Investments

The AAFP supports the inclusion of \$3.37 billion for the Teaching Health Center Graduate Medical Education (THCGME) Program as well as funding for THC infrastructure improvements and \$2 billion for the National Health Service Corps. This funding will help increase access to care for rural and urban medically underserved Americans by training more primary care physicians to serve these populations. The Academy has strongly [advocated](#) for the THCGME program, a critical program to address the maldistribution and shortage of primary care physicians, and [supported](#) the National Health Service Corps, which helps place primary care physicians in both urban and rural health care shortage areas.

We applaud the creation of the new Pathway to Practice Training Program, which would help diversify and strengthen the physician pipeline by providing scholarships to underrepresented and economically disadvantaged students, as well as the addition of 1,000 GME new slots for these students beginning in FY 2027. Studies show that patient satisfaction and health outcomes are improved when health providers and their patients have concordance in their racial, ethnic, and language backgrounds.

We are pleased to see the creation of 4,000 new Medicare GME slots with 25% of those dedicated to primary care, which will better address rural and urban imbalances, reduce physician shortages, and focus on providing access to care for those in medically underserved areas. The AAFP [supports](#) the realignment of GME funding and residency slots to address the projected shortage of up to 48,000 primary care physicians by 2034 and increase access to the communities that need care the most – as well as [developing](#) a family medicine workforce that is as diverse as the U.S.

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population. We also support the requirement that GME programs report data on race, ethnicity, and practice patterns to better understand the distribution of physicians during and post-residency to inform future policy changes.

Expanding Access to Health Coverage

The AAFP is supportive of continuing the enhanced subsidies for ACA marketplace plans made possible by the American Rescue Plan. Recent [analysis](#) has shown the uninsured rate has been steady at 11% throughout the pandemic, due in large part to the current subsidies in place. Extension of these subsidies will ensure individuals continue to have access to affordable, comprehensive coverage. The AAFP also [supports](#) funding for states to establish reinsurance and affordability programs which would allow states to experiment with different approaches to lowering individual market premiums while protecting access to essential health benefits.

Closing the Medicaid expansion coverage gap would grant over 2 million uninsured Americans access to health coverage. Family physicians have repeatedly [called](#) upon states to expand Medicaid to avoid coverage gaps, and in the absence of state action, we [support](#) the proposed alternative option to cover individuals who would otherwise be eligible.

Medicaid and CHIP provide critical health coverage to more than 45 million children. Unfortunately, many lose their health coverage each year – despite often still being eligible – because of the cycle of enrollment and disenrollment called “eligibility churn.” We know that interruptions in coverage worsen health outcomes and lead to avoidable hospitalizations or emergency room care for chronic disease exacerbations and untreated acute illness. The AAFP’s [Medicaid principles](#) support the requirement that states provide continuous eligibility for at least 12 months, since it ensures our most vulnerable maintain coverage and helps physicians maintain strong relationships with their patients and provide continuous care.

Studies have shown that individuals who have been incarcerated have higher rates of morbidity and mortality than the general population and rates of hospitalization are higher in individuals who have been incarcerated. Additionally, the use of mental health and substance use treatment services decreases significantly following release from prison. To pave the way for access to care for these individuals, the AAFP [supports](#) policies that equip individuals who are incarcerated or detained with access to comprehensive medical services including mental health care and reproductive health care, including the Medicaid Reentry Act.

Advancing Health Equity

Federal Medicaid funding for the U.S. territories is capped, with block grants that are highly insufficient to support the operation of Medicaid programs, and the regular matching rate for the territories sits at 55%. Increases in recent years have been temporary and unstable, and residents in the territories are subject to longstanding health disparities that are only exacerbated by this capped funding. The AAFP is [pleased](#) to see the permanent increase of federal Medicaid funding for the U.S. territories with higher block grant amounts and an 83% FMAP for each territory.

As the largest single payer of maternity care in the U.S., covering 43% of births nationwide, Medicaid also has a critical role to play in ensuring healthy moms and babies. Under current law, Medicaid coverage for postpartum women expires after 30 days postpartum, even though nearly 23% of pregnancy-related deaths occur between six weeks and one year after delivery. A more permanent solution across all states is necessary and the AAFP [supports](#) the provision of one year of postpartum coverage for women enrolled in Medicaid and CHIP. Additionally, we applaud the new permanent Medicaid state plan option for maternal health homes: team-based care models for pregnant and postpartum women that provide coordinated, comprehensive care to improve

maternal morbidity and mortality rates. The Build Back Better Act also includes every eligible provision from the Mornibus and will address social determinants of maternal health, advance a diverse perinatal health workforce, and strengthen federal maternal health programs. The AAFP applauds this historic investment to address preventable maternal mortality and end systemic inequities in maternal health care.

Improving Public Health

Importantly, the Build Back Better Act includes grants to state and local health departments funding to increase vaccine confidence and improve rates of routine vaccinations, and also includes critical measures to eliminate cost-sharing for routine immunizations for adults on [Medicaid](#) and [Medicare](#). The Build Back Better Act also closes the tax loophole on nicotine by taxing nicotine products above a certain threshold at the same rate as cigarettes. This will help reduce rates of vaping and e-cigarette use, especially in young people, and ensure the U.S. has appropriate funding for critical health programs.

We look forward to working with you to preserve all these provisions as the Senate discusses the reconciliation package over the coming days. Should you have any questions, please contact Erica Cischke, Director of Legislative and Regulatory Affairs at ecischke@aaafp.org.

Sincerely,

A handwritten signature in black ink that reads "Ada D. Stewart, MD". The signature is written in a cursive, flowing style.

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