



January 29, 2021

The President
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Re: Recommendations for Building a Robust and Diverse Primary Care Workforce

Dear Mr. President:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 136,700 family physicians and medical students across the country, I write to commend you for taking immediate action to improve our nation's immigration system and provide reprieve to the many frontline clinicians with federal student loans. Both of these actions will strengthen our nation's primary care workforce as they continue to respond to the COVID-19 pandemic. The AAFP is committed to ensuring our nation has a robust primary care workforce that is equipped to address our population health needs and facilitate access to health care, improve patient outcomes, and reduce health care costs. We look forward to working with your administration to develop and implement policies to strengthen the primary care workforce.

Family physicians provide comprehensive primary care services to patients across the lifespan. Primary care physicians are vital in helping patients prevent, understand, and manage illness, navigate the health system and set health goals. Additionally, family physicians play critical role in mitigating health inequity, including systemic racism, by collaborating with community stakeholders to affect positive change for the populations they serve. However, the United States is facing a significant shortage of primary care physicians. We will need 52,000 additional primary care physicians by 2025 in order to meet the health care needs of our growing and aging population.¹ Research shows that as the density of primary care physicians decreases, there is a predictable increase in the number of deaths due to preventable causes.²

Family physicians are particularly vital for ensuring access to essential health services in rural and medically underserved areas. Despite comprising just under 15 percent of the outpatient physician workforce, family physicians perform 42 percent of physician visits in rural areas each year.³ About 68 percent of counties that are not Primary Care Health Personnel Shortages Areas would be deemed Shortage Areas if family physicians were removed from them.⁴ Primary care physicians also make up nearly 90 percent of physicians working in Community Health Centers (CHCs), which serve low-income communities, and the majority of those physicians are family physicians.⁵ As such, the AAFP is pleased that your administration recognizes the importance of supporting CHCs to mitigate inequities, improve our response to the COVID-19 pandemic, and increase access to affordable health care.

We appreciate that several of the preliminary actions your administration has taken will bolster the physician workforce, including restoring the Deferred Action for Childhood Arrivals (DACA) program

STRONG MEDICINE FOR AMERICA

| | | | | |
|---|---|--|---|--|
| President Ada Stewart, MD <i>Columbia, SC</i> | President-elect Sterling Ransone, MD <i>Deltaville, VA</i> | Board Chair Gary LeRoy, MD <i>Dayton, OH</i> | Directors James Eilzy, MD, <i>Washington, DC</i> Dennis Gingrich, MD, <i>Hershey, PA</i> Tochi Iroku-Malize, MD, <i>Bay Shore, NY</i> Andrew Carroll, MD, <i>Chandler, AZ</i> Steven Furr, MD, <i>Jackson, AL</i> Margot Savoy, MD, <i>Media, PA</i> | Jennifer Brull, MD, <i>Plainville, KS</i> Mary Campagnolo, MD, <i>Borderntown, NJ</i> Todd Shaffer, MD, <i>Lee's Summit, MO</i> Danielle Carter, MD (New Physician Member), <i>Jacksonville, FL</i> Anna Askari, MD (Resident Member), <i>Palm Desert, CA</i> Cynthia Ciccotelli (Student Member), <i>Yardley, PA</i> |
| Speaker Alan Schwartzstein, MD <i>Oregon, WI</i> | Vice Speaker Russell Kohl, MD <i>Stilwell, KS</i> | Executive Vice President R. Shawn Martin <i>Leawood, KS</i> | | |

which provides work authorization to several thousand health care professionals. The AAFP recently participated in an [amicus brief](#) and [letter](#) detailing the importance of preserving DACA to maintain a robust physician workforce. Further, we commend your administration for swiftly directing agencies to review existing regulations to ensure they serve the health of the public. The AAFP urges your administration to take the following additional actions to ensure access to care and support the physician workforce as our nation continues to grapple with a global pandemic.

Expand Upon Existing Policies to Recruit and Retain Primary Care Physicians

- **Work with Congress to make permanent and increase funding to expand the Teaching Health Center Graduate Medical Education (THCGME) program.** The THCGME program, funded since 2011, is vital to strengthening the family medicine pipeline, and the nation's 56 THCs have been critical in the fight to combat COVID-19. Teaching health centers have successfully trained over 1,000 primary care physicians and dentists who, in return, have established practices and provided high-quality care to millions of Americans. Additionally, most family physicians practice within 100 miles of residency programs, helping to remedy the uneven distribution of physicians in rural and underserved areas. The primary care physician shortage can be significantly reduced by increasing residency slots in current programs and expanding the THCGME program to all 50 states. We urge your administration to work with Congress to strengthen investments in the THCGME program.
- **Preserve and expand the National Health Service Corps.** The AAFP's position paper on [Keeping Physicians in Rural Health Practice](#) indicates that the National Health Service Corps (NHSC) is essential to recruiting physicians who will continue practicing in rural areas long term. We commend your recommendation to utilize the NHSC to assist with the COVID-19 response in high-risk communities, and recommend that your administration prioritize preserving and expanding this program.
- **Invest in primary care services across the health care system.** The previous administration implemented historic payment increases for primary care, which has been historically undervalued by Medicare and other payers. These increases were a [positive step](#) in appropriately valuing vital primary care services and will help to recruit and retain future family physicians. We urge your Administration to build upon these recent Medicare changes by advancing payment policies that prioritize prevention and reward the continuous, comprehensive care that family physicians provide.

Strengthen and Expand Programs for International Medical Graduates (IMGs)

- **Reverse regulations entitled Strengthening Wage Protections for the Temporary and Permanent Employment of Certain Aliens in the United States (RIN 1205-AC00).** This rule will drastically increase the minimum allowable wage that hospitals and physician practices must pay physicians with H-1B visas and therefore make it challenging for H-1B physicians to secure employment. The AAFP expressed serious [concerns](#) that these regulations would exacerbate primary care shortages since IMGs make up 22 percent of family physicians and are more likely to practice in rural and other underserved areas where physician shortages are the most dire.⁶⁷ We urge you to reverse this rule.
- **Reverse the Modification of Registration Requirement for Petitioners Seeking to File Cap-Subject H-1B Petitions rule (RIN 1615-AC61).** By eliminating the H-1B lottery system for cap-subject H-1B visa petitions and replacing it with a system to favor petitioners with higher salaries, this rule will disrupt the primary care pipeline and worsen primary care

shortages. The AAFP [opposed](#) these regulations and urges your administration to reverse them.

- **Rescind notice of proposed rulemaking on Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students and Exchange Visitors (RIN 1653-AA78).** This proposal would disrupt patient care in hospitals and clinics across the country and exacerbate primary care physician shortages by eliminating “duration of status” for foreign national physicians with J-1 visa status. The AAFP [recommended](#) against finalizing this rule as proposed and we urge your administration to rescind it.

Ensure High-Quality Care

- **Rescind Authority of VA Professionals to Practice Health Care interim final rule (RIN 2900-AQ94).** The Veterans Administration inappropriately bypassed statutory notice and comment requirements when promulgating this rule, which allows all non-physician clinicians employed by the VA to practice without supervision of physicians without regard to state scope of practice laws. The AAFP [opposed](#) this rulemaking due to the negative impact it could have on the quality of care provided to our nation’s veterans. We urge you to rescind and reverse this rule.
- **Support interdisciplinary, physician-led, team-based care models in pandemic response and across the health care system.** The AAFP recognizes and appreciates your efforts to increase COVID-19 treatment capacity and improve the rates of vaccine administration, as outlined in the recently published National Strategy for Pandemic Response and Preparedness. The AAFP is strongly supportive of these goals and we [believe](#) that patients are best served when their care team is led by a physician who works with other clinicians to manage the care of patients using a multidisciplinary and collaborative approach to health care. Further, primary care physicians are playing a vital role in counseling patients on the safety and efficacy of COVID-19 vaccines, and it is paramount that trusted community-based physicians are included as an integral part of vaccine distribution.

Thank you for your attention to these important issues. The AAFP looks forward to partnering with you to strengthen the primary care workforce. We would welcome the opportunity to meet with members of your administration to discuss our recommendations and how we can collaborate. For more information please contact David Tully, Director of Government Relations, at dtully@aafp.org.

Sincerely,



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

-
- ¹ Petterson, S. M., Liaw, W. R., Phillips, R. L., Jr, Rabin, D. L., Meyers, D. S., & Bazemore, A. W. (2012). Projecting US primary care physician workforce needs: 2010-2025. *Annals of family medicine*, 10(6), 503–509. <https://doi.org/10.1370/afm.1431>
- ² Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med*. 2019;179(4):506–514. doi:10.1001/jamainternmed.2018.7624
- ³ American Academy of Family Physicians. Position Paper: Keeping Physicians in Rural Practice. Available at: <https://www.aafp.org/about/policies/all/rural-practice-keeping-physicians.html>
- ⁴ Ibid.
- ⁵ Rosenblatt RA, Andrilla CHA, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA* 2006;295:1042–9.
- ⁶ <https://www.aamc.org/system/files/2020-06/stratcomm-aamc-physician-workforce-projections-june-2020.pdf>
- ⁷ Thompson MJ, Hagopian A, Fordyce M, Hart LG. Do international medical graduates (IMGs) "fill the gap" in rural primary care in the United States? A national study. *J Rural Health*. 2009 Spring;25(2):124-34. doi: 10.1111/j.1748-0361.2009.00208.x. PMID: 19785577