

STANDARD PRIMARY CARE BENEFIT IN HIGH DEDUCTIBLE HEALTH PLANS

RECOMMENDATION

The American Academy of Family Physicians (AAFP) urges House members to cosponsor the *Primary Care Patient Protection Act of 2018* (HR 5858), a bill sponsored by Reps. Elise Stefanik (R-NY) and Brad Schneider (D-IL). The bill would make it more affordable for patients with high deductible health plans¹ to access primary care.

Background

As individuals, families, and employers struggle with the escalating costs of health care coverage, many are seeking high-deductible health plans (HDHP) as a means of securing affordable coverage. In 2017, almost 22 million Americans had enrolled in an HDHP, up from only one million in 2005.ⁱ

While HDHPs are playing an important role in expanding access to affordable health care coverage, the deductibles associated with the plans are becoming a hurdle to obtaining health care. The Internal Revenue Service defines a HDHP as any plan with a deductible of at least \$1,350 for an individual or \$2,700 for a family. This high out-of-pocket cost is causing patients to delay seeking care,ⁱⁱ extending lapses in health care maintenance,ⁱⁱⁱ and decreasing adherence to medication and treatment protocols.^{iv}

Family medicine and primary care are foundational to health and wellbeing, as well as a highly-functioning health care system. Patients that have a longitudinal relationship with a family physician and a primary care team tend to have better health outcomes and are better stewards of health care resources. However, the value of primary care to patients and the health care system diminishes when financial or other obstacles are erected.

According to a Centers for Disease Control and Prevention (CDC) report: [Financial Barriers to Care: Early Release of Estimates From the National Health Interview Survey, 2016](#); “Among privately insured adults aged 18–64 with employment-based coverage, those enrolled in an HDHP were more likely than those enrolled in a traditional plan to forgo or delay medical care and to be in a family having problems paying medical bills.” Family physicians hear about cost concerns from patients every day. Even if they have health insurance, patients are skipping care because they simply can’t afford it, and perhaps more troubling, patients are more worried about paying for care than getting sick.^v

- About 40% of Americans report skipping a recommended medical test or treatment and 44% say they did not go to a doctor when they were sick or injured in the last year because of cost.
- More people fear the bills that come with a serious illness than the illness itself (40% vs. 33%).

While they are innovative structures that the AAFP supports, HDHPs can compound the cost problem, especially for low-income Americans.^{vi} Among low-income individuals with diabetes, for instance, the “skin in the game” created by the HDHP structure appears to discourage appropriate use of health services.^{vii} HDHPs should provide more value for the premiums families pay.

The Solution

Under the *Primary Care Patient Protection Act of 2018*, individuals with a HDHP would have access to their primary care physician, or their primary care team, independent of cost-sharing – meaning that the patient could receive primary care services prior to meeting their deductible. The company issuing the HDHP to the individual or family would be responsible for providing full coverage of primary care services for the plan year. Primary care is focused on comprehensive, continuous and coordinated care. Primary

care services include primary care, prevention and wellness, and care management services (defined by a specific set of billing codes).

Primary care, for the purposes of the legislation, is defined broadly to include the following physician specialties: General Practice; Family Medicine; Internal Medicine; Pediatric Medicine; and Geriatric Medicine. Nurse practitioners are also eligible if allowed by state law.

The California health care marketplace has instituted a similar structure and documented that there was no negative impact on premiums.^{viii}

ⁱ (See https://www.ahip.org/wp-content/uploads/2018/04/HSA_Report_4.12.18.pdf)

ⁱⁱ (See <http://news.gallup.com/poll/179774/cost-barrier-americans-medical-care.aspx>)

ⁱⁱⁱ Ibid.

^{iv} Eaddy MT, Cook CL, O’Day K, Burch SP, Cantrell CR. How patient cost-sharing trends affect adherence and outcomes: A literature review. P T. 2012;37(1):45–55. [[PMC free article](#)] [[PubMed](#)]

^v (See <http://www.westhealth.org/press-release/survey2018/>)

^{vi} (See <https://economics.stanford.edu/events/what-does-deductible-do-impact-cost-sharing-health-care-prices-quantities-and-spending>).

^{vii} (See <http://care.diabetesjournals.org/content/diacare/early/2016/12/09/dc16-1579.full.pdf>)

^{viii} (See <https://www.healthaffairs.org/doi/10.1377/hblog20170614.060590/full/>)