



April 27, 2021

The Honorable Anna Eshoo
Chairwoman
Subcommittee on Health,
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Health,
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie,

On behalf of the American Academy of Family Physicians (AAFP), representing more than 136,700 family physicians, residents, and medical students across the country, I write in response to the hearing: “The Long Haul: Forging a Path through the Lingering Effects of COVID-19” to share the family physician perspective and the AAFP’s recommendations to ensure a successful recovery from the COVID-19 pandemic.

An estimated 10 percent to 30 percent of people who get COVID-19 suffer from lingering symptoms beyond three weeks of the disease, or what’s known as “long COVID”.^{1 2} With over 30 million cases of COVID-19 in the U.S., if even a small percentage of people experience long COVID, this could have significant and lasting health and economic consequences. Although research on long COVID is still in its infancy, it is clear that a comprehensive plan and federal investment is needed to fully recover from the COVID-19 pandemic and should include the following.

Investing in the Primary Care Workforce

Primary care physicians are the main source of care for patients managing chronic conditions. They are also in a unique position to provide and coordinate care for vulnerable patients with long COVID. Each year, 77 percent of adults and nearly 90 percent of children and adolescents see a primary care physician.³ **As a result, primary care physicians will play a critical role in treating patients with long COVID.**

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. According to the American Association of Medical Colleges, we will need up to 55,200 additional primary care physicians by 2033 in order to meet the health care needs of our growing and aging population and be prepared to respond to future crises.⁴ **Congress should address the primary care physician shortage by increasing investments in the Teaching Health Center Graduate Medical Education (THCGME) program and the National Health Service Corps, which train and place primary care physicians in underserved and rural communities.**

Even prior to the pandemic, burnout among physicians and health providers was a pervasive public health concern, with some studies reporting burnout in more than 50 percent of clinicians. According

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to the American Board of Family Medicine, primary care physicians have experienced the highest rate of death (26.9 percent) among health provider specialties during COVID-19.⁵ Physician burn out during the COVID-19 pandemic has 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.⁶ **Congress should invest in the mental health needs of our nation's doctors, particularly during the pandemic, and fight the stigma around seeking necessary treatment by passing the Dr. Lorna Breen Health Care Provider Protection Act (S. 610).**

Health Care Access & Equity

Cost continues to remain a barrier to access primary care services and must be addressed to achieve equitable access and outcomes. According to a recent survey, nearly 3 in 10 Americans lost health insurance coverage in 2020, and more than half haven't bought new coverage and remain uninsured in 2021.⁷ Community Health Centers (CHCs) provide primary care to more than 29 million people in communities large and small, regardless of individuals' ability to pay. Primary care physicians also make up nearly 90 percent of physicians working in CHCs, where they are often the only sources of care for people in rural and urban underserved communities. **As such, we encourage Congress to invest in and leverage CHCs to mitigate inequities, improve our response to the COVID-19 pandemic, and increase access to affordable health care.**

Medicaid enrollment has increased by 7.7 million since the start of the pandemic and enrollment is expected to continue to increase as a result of pandemic-related job loss.⁸ 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 Kids' Access to Primary Care Act (H.R. 1025), which would ensure Medicaid beneficiaries have timely access to primary care by raising Medicaid payments to at least Medicare payment levels.**

Family physicians have rapidly changed the way they practice to meet the needs of their patients during the COVID-19 pandemic. About 70 percent report that they want to continue providing more telehealth services in the future and it can be a valuable tool in treating long COVID patients. Telehealth can enhance patient-physician collaboration, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, continuous care. Given these benefits, patients and physicians alike have indicated that current telehealth flexibilities should continue beyond the public health emergency. **Congress should act to extend Medicare telehealth flexibilities and ensure telehealth is permanently recognized across payers as a valuable modality of providing primary care services beyond the public health emergency.**

Many vulnerable groups are highly represented in essential worker positions. As a result, these populations are more exposed to acute COVID-19 and may represent a higher proportion of long COVID patients. Given the occupational requirements of essential workers, these patients may have less ability to adapt their work functions while managing the symptoms of Long COVID. **Congress should act to protect these essential workers and provide guidance for employers on if and how ADA and FMLA accommodations extend to long COVID patients.**

Health Care Coverage

The AAFP firmly believes that all people should have access to affordable, meaningful health insurance. A 2019 analysis found that individual market premiums increased by 6 percent due to the repeal of the individual mandate and the proliferation of short-term limited duration and other noncompliant plans.⁹ While noncompliant plans could expand affordable access to a minimal level of health coverage for certain individuals, these plans do not provide meaningful insurance coverage for all, including, most notably, those with complex medical conditions or the very ill. Noncompliant plans harm patients by reducing or eliminating coverage of the essential health benefits required by the Affordable Care Act. Among the protections at risk are the prevention of insurance discrimination based on health status, age or gender, and coverage for preexisting conditions. **Congress should pass legislation that limits or eliminates noncompliant plans to prohibit insurers from selling plans that fail to provide meaningful coverage.**

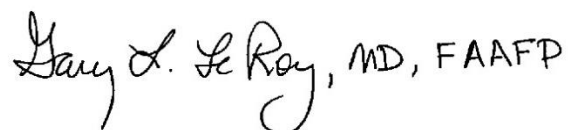
As individuals, families, and employers struggle with the escalating costs of health care coverage, many are seeking high-deductible health plans (HDHP) as a means of securing affordable coverage. Despite the increasing popularity of HDHPs, the deductibles associated with the plans are becoming an increasingly problematic hurdle to obtaining health care, particularly during the ongoing COVID-19 pandemic. The high out-of-pocket cost is causing patients to delay seeking care, extending lapses in health care maintenance,¹⁰ and decreasing adherence to medication and treatment protocols. As we continue to deal with the pandemic, including long COVID, patients in HDHPs should not have to worry about delaying or losing access to their primary care physician. **Congress should pass legislation to enable individuals with an HDHP to access critical primary care services prior to meeting their deductible during and beyond the pandemic.**

Long COVID Research

As the federal government funds research efforts to better understand the impact and causes of long COVID, particularly in vulnerable populations, we urge the inclusion of primary care physicians. Importantly, primary care physicians and their staff can contribute to the collection of robust data on long COVID and the associated health inequities. Ongoing and future long COVID research funded should support health providers in real-time through rapid development and widespread dissemination of best practices. **Additionally, any legislative solution should include flexibilities since long COVID research will evolve over time and should account for these changes.**

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. Again, thank you for holding today's hearing on this important topic. Should you have questions, please contact John Aguilar, Manager of Legislative Affairs, at jaguilar@aafp.org.

Sincerely,



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

¹ Rubin R. As Their Numbers Grow, COVID-19 “Long Haulers” Stump Experts. *JAMA*. 2020;324(14):1381–1383. doi:10.1001/jama.2020.17709

² Logue JK, Franko NM, McCulloch DJ, et al. Sequelae in Adults at 6 Months After COVID-19 Infection. *JAMA Netw Open*. 2021;4(2):e210830. doi:10.1001/jamanetworkopen.2021.0830

³ *Primary care physician visit frequency among adults U.S. 2018*. (n.d.). Statista. Retrieved April 23, 2021, from <https://www.statista.com/statistics/916781/primary-care-physician-visit-frequency-among-adults-us/>

⁴ AAMC Report Confirms Growing Physician Shortage. (2020, June 26). <https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage>.

⁵ Gouda D, Singh PM, Gouda P, Goudra B. An Overview of Health Care Worker Reported Deaths During the COVID19 Pandemic. *J Am Board Fam Med*. 2021 Feb;34(Suppl):S244-S246. doi: 10.3122/jabfm.2021.S1.200248. PMID: 33622846.

⁶ Kane, L. (2021, January 22). 'Death by 1000 CUTS': Medscape National Physician Burnout and Suicide Report 2021. Retrieved March 05, 2021, from <https://www.medscape.com/slideshow/2021-lifestyle-burnout6013456?faf=1#28>

⁷ *Nearly 3 in 10 Americans Lost Health Insurance Coverage in 2020, and More Than Half of Them Remain Uncovered Due to Cost Barriers*. (n.d.). ValuePenguin. Retrieved April 23, 2021, from <https://www.valuepenguin.com/health-insurance-marketplace-cuts>

⁸ Corallo, B. & 2021. (2021, April 8). Analysis of Recent National Trends in Medicaid and CHIP Enrollment. *KFF*. <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>

⁹ Kamal R, Cox C, Fehr R, Ramirez M, Horstman K, Levitt L. How Repeal of the Individual Mandate and Expansion of Loosely Regulation Plans are Affecting 2019 Premiums. Kaiser Family Foundation. October 2018. Available at: <https://www.kff.org/health-costs/issue-brief/how-repeal-of-the-individual-mandate-and-expansionof-loosely-regulated-plans-are-affecting-2019-premiums/>

¹⁰ Gallup Poll: Cost Still a Barrier Between Americans and Medical Care. November 2014. <https://www.cdc.gov/nchs/data/databriefs/db317.pdf>