

July 7, 2021

VIA ELECTRONIC SUBMISSION

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, D.C. 20515

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

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer and Minority Leader McConnell:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), I am writing to express our support for ongoing efforts to develop comprehensive infrastructure legislation. While we appreciate the many competing priorities for an infrastructure package, the COVID-19 pandemic has highlighted the need to improve our public health infrastructure. Family physicians play a key role in our country's public health system, and we urge Congress to support their important work by addressing ACOFP's priorities in an infrastructure package. Doing so would help combat the COVID-19 pandemic and better prepare the country's public health system in addressing future public health emergencies.

ACOFP is the professional organization representing more than 18,000 practicing osteopathic family physicians, residents and students throughout the United States, who are deeply committed to responding to the COVID-19 pandemic. Family physicians are essential to our nation's public health system and have played a significant role in combating COVID-19. As primary care providers, family physicians are critical for screening, triaging and directing patients to appropriate care settings when necessary and for maintaining access for individuals, especially those needing non-COVID-19 healthcare services. Family physicians also are helping to improve COVID-19 vaccination rates by addressing hesitancy among patients and have become critical in the management of patients who have suffered from acute COVID-19 infection and continue to have long-term health effects.

In response to COVID-19, family physicians implemented many changes to ensure that patients continue to receive care. For example, family physicians across the country quickly transitioned to telehealth to reduce the potential spread of COVID-19 while also ensuring that high-quality healthcare services continue to be accessible for all patients. Family physicians have also been utilizing telehealth to treat individuals with long-term effects from COVID-19. These "long-haulers" often need follow-up visits, strong care coordination and additional resources to ensure they return to optimal health. Furthermore, these patients are often at risk for other infections or even for serving as a vector for others to become infected. As such, family physician investment in telehealth has resulted in higher quality care for these patients.

The COVID-19 pandemic also forced family physicians to procure personal protective equipment (PPE) to protect staff and patients, as well as implement safety protocols to mitigate the spread of COVID-19. Although family physicians were able to quickly respond to the outbreak, the changes required considerable investment in

telehealth technologies, as well as costs associated with purchasing PPE. These costs continue for family physicians and are likely to be an ongoing expense for the foreseeable future.

Family physicians and other primary care providers have demonstrated their critical role in public health. For example, primary care providers are becoming a key solution to vaccine hesitancy. Studies are showing that although most Americans are eligible for the vaccine, many are not receiving the vaccine for several reasons, including vaccine hesitancy.¹ However, 15 percent of unvaccinated individuals indicated they would be more likely to receive a vaccine if recommended by their provider.² Primary care providers also have close relationships with patients and the community, positioning them as a trusted resource who can implement tailored vaccination efforts for their patients.

Additionally, access to high-quality primary care results in healthier patients who are less susceptible to complications from COVID-19. Individuals with underlying medical issues like cardiovascular disease, diabetes and chronic respiratory disease are more vulnerable to COVID-19.³ With appropriate disease and patient management through primary care, individuals are likely to be healthier,⁴ and therefore, more likely to avoid complications from COVID-19.

The federal government has recognized the critical role primary care can play in public health. On April 29, the U.S. Centers for Disease Control and Prevention (CDC) announced an initiative to incorporate primary care into the federal government’s vaccination strategy.⁵ The CDC has committed to work with states to identify providers who can administer the vaccine and to enroll additional primary care providers to support vaccination efforts. This is a welcome recognition of primary care providers’ work in public health and a good first step in bolstering primary care in the fight against COVID-19. Yet, more needs to be done to ensure the long-term primary care workforce is prepared for the next outbreak.

The United States is facing a primary care workforce shortage of between 21,400 and 55,200 physicians by 2033.⁶ We strongly believe that our country’s public health infrastructure will require additional primary care physicians. **It is critical that Congress take steps now to ensure our primary care physician workforce is fully staffed and prepared for the next outbreak.** Moreover, an increase in primary care physicians will provide overall benefits for patients through greater access to preventative and personalized care. Congress could help strengthen the primary care physician workforce pipeline by supporting loan repayment programs that incentivize young physicians to work in small, solo and independent practices.

ACOFP has developed policy priorities for 2021 designed to address the issues we have identified above. These policy priorities also would help bolster the country’s public health infrastructure through greater access to high-quality primary care. Therefore, we recommend Congress include the following policies into the upcoming infrastructure package:

¹ Scott Ratzan, M.D., M.P.A., et al. Missing the Point – How Primary Care Can Overcome COVID-19 Vaccine “Hesitancy.” May 5, 2021. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMp2106137>

² Id.

³ World Health Organization. Overview: Coronavirus. Accessed May 10, 2021. Available here: https://www.who.int/health-topics/coronavirus#tab=tab_1

⁴ See generally O. Capelli, et al., Integrated Care for Chronic Diseases – State of the Art. May 11, 2016. Accessible here: <https://www.intechopen.com/books/primary-care-in-practice-integration-is-needed/integrated-care-for-chronic-diseases-state-of-the-art>

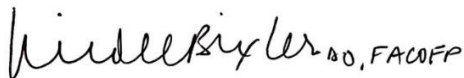
⁵ CDC Looks to Help Primary Care Deliver COVID Vaccines. April 29, 2021. Available at: <https://www.pcpcc.org/2021/04/29/cdc-looks-help-primary-care-deliver-covid-vaccines>

⁶ Stuart Heiser. “New AAMC Report Confirms Growing Physician Shortage.” Association of American Medical Colleges. June 26, 2020. Available at <https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage>

- Provide financial support for family physicians through appropriate reimbursement from Medicare and Medicaid for primary care-related procedures and services, including vaccine administration.
- Make permanent the COVID-19 telehealth flexibilities for primary care physicians—especially related to the geographic restrictions and originating site requirements—and make audio-only services a permanent telehealth service.
- Ensure reimbursement rates for telehealth visits, including audio-only visits, are appropriately reimbursed by Medicare and Medicaid.
- Provide resources for physicians to ensure they can develop and maintain telehealth capabilities.
- Ensure physicians and medical students have access to mental health services.⁷
- Establish and expand medical school loan forgiveness and repayment programs to incentivize the growth of the primary care physician workforce.
- Decrease physician administrative and documentation burden in electronic health record systems to help ensure physicians will remain in the profession.
- Ensure reimbursement is tied to quality of care and value for the patient.

Thank you for your continued efforts and consideration of our comments. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Nicole Bixler, DO, MBA, FACOFP
ACOFPP President

⁷ ACOFP supports H.R. 1667 and S. 610, the *Dr. Lorna Breen Health Care Provider Protection Act*, which would establish several grant programs and otherwise require the Secretary of the Department of Health and Human Services to take actions to improve mental and behavioral health and prevent burnout among health care providers.