



June 10, 2020

The Honorable Richard Neal  
Chair  
House Committee on Ways and Means  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
House Committee on Ways and Means  
Washington, DC 20515

Dear Chairperson Neal and Ranking Member Brady:

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians and medical students across the country, I write to express our appreciation for your interest in issues associated with coronavirus (COVID-19), including your recent hearing titled, “Disproportionate Impact of COVID-19 on Communities of Color.” The AAFP shares your concerns about addressing the factors driving these health disparities and we write to share our policy recommendations.

According to the U.S. Centers for Disease Control and Prevention (CDC), there are over 1.9 million cases of COVID-19 and over 100,000 deaths. Higher hospitalization and mortality rates occur among racial and ethnic populations and the CDC indicates that socioeconomic factors have a strong influence on health risks associated with COVID-19. These conditions, which are also known as the social determinants of health (SDoH), predispose individuals to develop chronic health conditions and heighten both infection and mortality risks.

Racial and ethnic minorities are likely to live in densely populated settings and reside in communities that are farther away from economic resources and medical facilities. They also are likely to live in multi-generational housing and serve as family caregivers. Compared to other groups, minority groups are overrepresented in environments and are employed where they often encounter the public. They are essential workers yet often lack paid sick leave. These factors make it challenging for them to follow social distancing guidelines and result in higher COVID-19 rates. The challenges that arise through social determinants, including exposure to discrimination, undermine individuals’ sense of well-being, raise the body’s stress hormone levels, and weaken immune systems. These personal and sociological factors heighten minorities’ risks for chronic diseases, which are associated with severe COVID-19 hospitalizations.

Family physicians play an important role in community health, both as clinicians, and as community partners who understand what takes place outside of the doctor’s office impacts patients’ outcomes and the health of a community. Recognizing this, the AAFP created the Center for Health Equity and Diversity to help family physicians better understand SDoH and to respond to them at the point of care. The AAFP also developed an online tool, the Neighborhood Navigator, to help identify social and community resources at the point of care. The AAFP also launched the [Rural Health Matters](#) initiative to address the unique challenges that exist within rural and remote communities.

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**To address the disparities associated with the COVID-19 pandemic, the AAFP supports the following:**

**Data collection.** On April 9, the AAFP joined other health organizations in sending a [letter](#) calling for increased data collection regarding race and ethnicity of those infected with COVID-19. We are pleased with the recent Department of Health and Human Services [announcement](#) that labs will be required to report racial, ethnic, and geographic data. It is our hope that these and other efforts will help us better understand how to allocate resources and improve health equity.

**COVID-19 Racial and Ethnic Disparities Task Force Act (HR 6763/S. 3721).** The AAFP believes that our nation's pandemic efforts would be incomplete without strategies to reduce health disparities associated with COVID-19. Recently, the AAFP supported the *COVID-19 Racial and Ethnic Disparities Task Force Act* essential to developing recommendations based on the research on why disparities exist.

**Social Determinants Accelerator Act of 2019 (HR 4404/S. 2986).** This bipartisan legislation would provide funding and technical assistance to states and localities to develop SDoH strategies for high-need Medicaid patients. The legislation also encourages federal agency coordination. The data [show](#) that extending health coverage to more low-income people is an important way to reduce health disparities between people of color and others in the United States. Organizations representing medical societies, public health experts, hospitals, and payers increasingly recognize that SDoH strategies can also improve patient and population health. Therefore, we urge your support of this proposal.

**Chronic Disease Management.** A [study](#) cited by the CDC indicates that 90 percent of severe COVID-19 hospitalized patients have a chronic health condition. These risks apply to racial and ethnic minorities and those living in rural communities. The AAFP has consistently supported [proposals](#) to eliminate the patient cost-sharing associated with chronic care management (CCM) codes under the Medicare program. We are pleased the committee approved the *Health Opportunities to Promote Equity Act* (HR 3346) in 2019. We are also pleased CMS proposed [increasing](#) the reimbursement and reducing administrative burdens under the Medicare Physician Fee Schedule for complex care that doctors provide through Evaluation and Management services.

Further, The AAFP supports the *Chronic Disease Management Act* (HR 3709/S. 1948), which will allow high deductible health plans (HDHPs) to provide patients to access to certain chronic care services and treatments with no cost sharing before meeting their deductible. Research shows that the increased the use of HDHPs is associated with delays in care, testing, and treatment that can lead to avoidable disease progression.

Another important priority is passage of the *Primary Care Patient Protection Act* (HR 2774/S. 2793). This [legislation](#) would ensure that patients enrolled in HDHPs have access to primary care services. Research shows that cost barriers to care are disproportionately harmful to low income individuals and those with chronic conditions. Reducing cost barriers could encourage patients to resume seeking essential care, including management of chronic conditions and immunizations, which will be important as we prepare for the fall's influenza season and for a possible "second wave" of COVID-19 infections.

**Sustaining Primary Care Access.** Data show that primary care is associated with improved patient care outcomes, even when controlling for socioeconomic factors. Congress recognized this through emergency funding for community health centers under the *Coronavirus Aid, Relief, and Economic Security* (CARES) Act.

Primary care physicians are more likely to work in medically underserved areas and to serve vulnerable populations. The AAFP recommends that policymakers [sustain](#) primary care access for those in practice settings. A weekly [survey](#) conducted by the Primary Care Collaborative indicates that 47 percent of primary care professionals have furloughed staff, and 45 percent are unsure if they have enough monies to remain in business. A Robert Graham Center study also [revealed](#) that about 60,000 practices could close by the end of June, which would further reduce in patients' ability to access preventive [care](#) and chronic disease management.

Currently, the AAFP is urging a Congress to ensure at least \$20 billion of Health Care Provider Relief Funds are specifically targeted to primary care physicians. The AAFP also supports legislation (HR 6837/S. 3750) to reinstate the Medicare Accelerated and Advance payment program for Part B providers and improve the loan terms to ensure it is available to primary care providers in need. ***Primary care practice viability ensures that family physicians are able to meet the health needs of their patients. Closures will result in an exacerbation of complications due to chronic conditions resulting in worse outcomes and higher costs. This will disproportionately impact communities of color and further the disparities that already exist.***

Again, the AAFP appreciates your work to address the needs of vulnerable communities through efforts to reduce health disparities. For more information, please contact Erica Cischke ([ecischke@aafp.org](mailto:ecischke@aafp.org)) or Sonya Clay ([sclay@aafp.org](mailto:sclay@aafp.org)) in the AAFP's Government Relations Division.

Sincerely,



John S. Cullen, MD, FAAFP  
Board Chair

Cc: The Honorable Charles Grassley, Chair, Senate Finance Committee  
Cc: The Honorable Ron Wyden, Ranking Member, Senate Finance Committee  
Cc: The Honorable Frank Pallone, Chair, House Energy and Commerce Committee  
Cc: The Honorable Greg Walden, Ranking Member, House Energy and Commerce Committee  
Cc: The Honorable Lamar Alexander, Chair, Senate Committee on Health, Education, Labor, and Pensions  
Cc: The Honorable Patty Murray, Ranking Member, Senate Committee on Health, Education, Labor, and Pensions