

November 30, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

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

The primary care system in the United States is straining under decades of underinvestment, a poorly designed financing structure and a crushing set of administrative functions. The COVID-19 pandemic didn't create this strain in the primary care system, it accelerated it. In the United States, primary care accounts for greater than 55% of all office visits – approximately 500 million of 900 million annual visits.¹ However, our financial investment in primary care accounts for less than 5% of our overall health care spend – a gross distortion between utilization and financing. We have systemically destroyed the foundation of our health care system, not by blunt force, but by neglect.

Our national investment in primary care, across public and private payers, is currently unacceptable and, shockingly, it is decreasing. A study published in the May 2020 JAMA Internal Medicine, Primary Care Spending in the United States, 2002-2016², concluded that spending on primary care, as a percentage of overall annual health care expenditures, actually decreased between 2002 and 2016.

Given that six in ten American adults have a chronic disease and four in ten have two or more chronic conditions, why would we, as a country, accept such an inadequate investment in the very care model that stands to provide maximum value to these patients? Given that 85% of all health care spending is allocated to individuals with chronic conditions, why would we accept the ongoing underinvestment in primary care? Since we know that individuals with a longitudinal relationship with a primary care physician have better health outcomes and use fewer health care resources, why would we continue to direct money to higher-cost, marginal value services?

We shouldn't accept this level of underinvestment and the Centers for Medicare and Medicaid Services (CMS) agrees. As part of the 2020 Medicare Physician Fee Schedule (MPFS), CMS finalized a significant and appropriate set of policies that would increase the Medicare program's overall investment in primary care, thus initiating a process to reverse a decades long trend of underinvestment in primary care. CMS reiterated the rationale for these impending changes in the 2021 MPFS proposed rule. Sadly, there are groups and organizations that seek to discredit the 2021 Medicare Physician Fee Schedule (MPFS), even urging Congress to intervene in a way that could threaten CMS's critical and long-overdue investment in primary care.

Our organizations call on Congress to support CMS's decision to finalize policies in the MPFS to increase investment in primary care, benefiting millions of Medicare patients and the program itself, and reject last-minute efforts to prevent these essential and long-overdue changes from going fully into effect on January 1, 2021. It is time for the country to make appropriate investments in primary care.

¹ [National Center for Health Statistics. National Ambulatory Medical Care Survey: 2016 National Summary Tables.](#)

² <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2765245>

For the past seven months, primary care physicians have been on the frontlines of the worst public health emergency to hit our country in over 100 years. Despite the setbacks they experienced in securing personal protective equipment, their inability to access testing supplies and the inconsistent payment for services provided to their patients, these dedicated physicians innovated and persevered, always placing the needs of their patients and communities first.

The winter months and the annual flu season are upon us. Will the primary care physicians that tens of millions of Americans rely on be there? Will their clinics be open? Will the more than 130 million Americans with one or more chronic condition have access to the comprehensive primary care they rely on? Will the millions of Americans seeking mental and behavioral health care be able to see their primary care physician?

Congress has an opportunity to prioritize the health and well-being of all Americans by ensuring that the primary care system is preserved, promoted and appropriately financed. **Our organizations, who are committed to comprehensive, continuous and coordinated primary care, call on Congress to stand with CMS in supporting a long-overdue increase in our national investment in primary care, thus seizing the opportunity to invest more resources into the primary care system that millions of people depend on for their health care.**

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Elation Health
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One Medical
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