Statement for the Record
American College of Physicians
Hearing before the House Ways and Means Subcommittee on Health
"Bridging Health Equity Gaps for People with Disabilities and Chronic Conditions"
February 4, 2022

The American College of Physicians (ACP) is pleased to submit this statement and appreciates that Chairman Neal is committed to identifying the drivers of health, economic, geographic, and racial disparities in America and promoting legislation that can reduce those inequities. We commend Subcommittee Chairman Doggett for holding this hearing to examine ways to bridge the health equity gap for people with disabilities and chronic conditions. ACP strongly supports policies for advancing health equity and for understanding and addressing disparities and discrimination in health and health care.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

Advancing Health Equity

ACP recently developed a series of policies and recommendations for understanding and addressing disparities and discrimination in health and health care. In an April 2021 policy paper regarding the amelioration of health and health care disparities, ACP proposed a comprehensive policy framework for mitigating social drivers of health care (SDOH) that contribute to poorer health outcomes. In addition to this framework, which includes high-level principles and discusses how disparities are interconnected, ACP offers specific policy recommendations on disparities and discrimination in education and the workforce, those affecting specific populations, and those in criminal justice practices and policies in its three companion policy papers. ACP believes that a cross-cutting approach that identifies and offers solutions to the various aspects of society contributing to poor health is essential to achieving its goal of good health care for all.

In its January 2020 position paper, ACP called for ending discrimination based on personal characteristics, correcting workforce shortages, including the undersupply of primary care

physicians, and understanding and ameliorating SDOH. Specific policy positions and recommendations in this paper include:

- ACP believes that all persons, without regard to where they live or work; their race and ethnicity; their sex or sexual orientation; their gender or gender identity; their age; their religion, culture, and beliefs; their national origin, immigration status, and language proficiency; their health literacy level and ability to access health information; their socioeconomic status; whether they are incarcerated; and whether they have intellectual or physical disability must have equitable access to high-quality health care and must not be discriminated against based on such characteristics.
- ACP believes that public policies and efforts should be directed to ensuring an adequate supply and distribution of physicians and other clinicians to meet the nation's health care needs, especially for underserved rural and urban populations. Integrated actions are needed to address the barriers to physicians, including internal medicine specialists, from entering and remaining in the primary care workforce and practicing in underserved communities. Research and policies to address the effect of hospital closures on access and outcomes of care are urgently needed.
- ACP supports greater investment in the nation's public health infrastructure, research, and public policy interventions to address the SDOH and other factors that have a negative effect on health.

Intellectual and Physical Disability

For people with physical disabilities, barriers to health care can be actual physical barriers. For example, physically disabled women seeking breast cancer treatment reported inaccessible equipment, fear of injury when moved from wheelchair to examining table, or incomplete examination while in a wheelchair.[i] Physical barriers affect the quality-of-care patients receive.

Women with physical disabilities also face barriers in accessing perinatal care. These include "inaccessible care settings, negative attitudes, lack of knowledge and experience, lack of communication and collaboration among 'providers,' and misunderstandings of disability and disability-related needs."[ii] Lack of perinatal care can result in poor health outcomes for both the mother and child. Lack of appropriate and affordable transportation for those with physical disabilities is another physical barrier to care. [iii] In a study, people with intellectual and mental disabilities reported barriers to care related to their physicians' lack of knowledge of disability issues. [iv]

Chronic Conditions

Internal medicine specialists are uniquely qualified and positioned to manage chronic illnesses as part of a physician-led team. They meet patients "where they are" and may be most effective in encouraging prevention measures, including being physically active and having a good diet. Internal medicine specialists are also well positioned to connect patients with community-based resources (social/mental health services and programs) to address SDOH.

States with higher ratios of primary care physicians have lower smoking rates, lower obesity rates, and higher seatbelt use compared to states with lower ratios.[v] [vi] Further, Medicaid-enrolled children who have access to high-quality, timely, family-centered primary care have experienced both lower nonurgent and urgent emergency department utilization rates.[vii] Access to primary care is proven to produce more effective health outcomes, increase evidence-based prevention interventions, and reduce overall health care costs.[viii]

We urge congress and the administration to join with ACP and other clinician and patient advocacy groups to create and implement a forward-looking agenda to improve American health care. This agenda should: reduce barriers to care of patients with chronic conditions; support a well-trained physician workforce; and increase investment in the nation's public health infrastructure, research, and public policy interventions to address SDOH and other factors negatively affecting health outcomes. ACP's paper, "Envisioning a Better Health Care System for All: Health Care Delivery and Payment Reform," advocates eliminating co-pays and deductibles for people with certain chronic conditions.

Reducing the Barriers to Care of Patients with Chronic Conditions

The Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017, after being signed into law, removed some of the barriers to care for seniors with multiple chronic conditions. However, additional challenges remain. ACP signed onto a joint letter supporting proposals to eliminate the patient cost-sharing associated with chronic care management across public and private insurance. Evidence-based, patient-centered solutions must enable people living with serious chronic conditions to have affordable access to needed care throughout the year. Waiving cost-sharing requirements would increase coordination of care for those patients with the greatest health care needs. Research shows that the increased use of high deductible health plans (HDHPs) is associated with delays in care, testing, and treatment that can lead to avoidable disease progression. ACP fully supports eliminating co-pays and deductibles for people living with chronic illnesses.

ACP urges passage of H.R. 3563, the *Chronic Disease Management Act,* which will allow HDHPs to provide patients with access to certain chronic care services and treatments with no cost sharing before meeting their deductible. Additionally, we urge passage of H.R. 5541, the *Primary and Virtual Care Affordability Act*, which gives employers and health plan sponsors the flexibility to waive the deductible for primary care and telehealth services through December 31, 2023, for patients covered by HDHPs.

We urge the elimination of beneficiary co-pays for Chronic Care Management (CCM) Services. The Centers for Medicare and Medicaid Services (CMS) now pays for non-face-to-face chronic CCM services for Medicare beneficiaries who have multiple (two or more) chronic conditions, an effort championed by ACP. However, beneficiaries are responsible for copayments on these services, which can cause undue strain on a doctor-patient relationship because patients are not accustomed to paying for a service when they do not see the doctor face-to-face. It is often difficult to convince patients that their copayment is worth the service. This co-pay should be

eliminated by treating CCM services under the preventive services category under Medicare Part B to eliminate any beneficiary cost-sharing associated with the services.

ACP is concerned that Medicare does not adequately value physicians' time spent with patients with multiple chronic conditions. We urge Congress to direct CMS to establish two new codes (perhaps initially as G codes) that would recognize the value of care for clinicians who treat patients with chronic conditions between 20-40 minutes and 40-60 minutes, and authorize payment for CCM codes to allow physicians to spend up to 40 minutes with a patient and an additional code that would allow for 60 minutes of treatment for a patient with multiple chronic illnesses.

Ensuring Adequate Supply and Distribution of Physicians and Other Clinicians

The nation needs workforce policies that include sufficient support to educate and train a supply of health professionals that meets the nation's health care needs and prioritizes physician specialties where millions of patients lack access, including internal medicine specialists trained in comprehensive primary care and have the skills needed to treat an aging population with multiple chronic diseases. According to the Association of American Medical Colleges (AAMC), before the Coronavirus crisis, estimates were that there would be a shortage of 21,400 to 55,200 primary care physicians by 2033. Now, with the closure of many physician practices and near-retirement physicians not returning to the workforce due to COVID-19, it is even more imperative to assist those clinicians serving on the frontlines and increasing the number of future physicians in the pipeline.

ACP supports several pieces of legislation introduced in the 117th Congress to assist medical graduates and the overall physician workforce:

- *The Resident Physician Shortage Reduction Act of 2021* (H.R. 2256/S. 834) is bipartisan legislation that would take steps to alleviate the physician shortage by gradually providing 14,000 new Medicare-supported graduate medical education (GME) positions.
- *Conrad State 30 and Physician Access Reauthorization Act* (H.R. 3541, S. 1810) allows states to sponsor foreign-trained physicians to work in medically underserved areas in exchange for a waiver of the physicians' two-year foreign residence requirement.
- *The Student Loan Forgiveness for Frontline Health Workers Act* (H.R. 2418) would forgive student loans for physicians and other clinicians who are on the frontlines of providing care to COVID-19 patients or helping the health care system cope with the COVID-19 public health emergency.
- *The Resident Education Deferred Interest Act* (H.R. 4122) would make it possible for residents to defer interest on their loans.

ACP supports provisions in the House-passed H.R. 5376, the *Build Back Better Act* (BBBA), that seek to improve the nation's healthcare infrastructure and workforce. That legislation creates a new Pathway to Training Program to provide scholarships for tuition and other fees to underrepresented and economically disadvantaged students planning to attend medical schools. ACP is pleased that an additional 4,000 Medicare-supported GME slots were included

in the House-passed BBBA in Sec. 137405 pertaining to the Pathways to Practice Training Program. A thousand slots associated with the Pathways to Practice Training Program can be found in Sec. 137404.

Other provisions affecting the health care workforce include: $3.37 billion in supplemental Teaching Health Center (THC) Graduate Medical Education; $200 million for Children's Hospital GME; $2 billion for the National Health Service Corps (NHSC); $20 million for training physicians in palliative care; $85 million for healthcare professions schools to identify and address risks associated with climate change; and 500 new residency positions at Veterans Affairs Medical Centers. ACP also considers it vital for Congress to support ongoing funding for Community Health Centers, NHSC and THC Graduate Medical Education sites nationwide. These programs are essential to expanding primary care services to serve those needing primary and behavioral care.

Investing in Nation's Public Health Infrastructure, Data Collection and Research

In order to advance health equity for persons with disabilities and chronic conditions, congress must continue to invest in the nation's public health infrastructure, data collection and research. It is vitally important that agencies such as the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) are adequately funded. NIH is the nation's medical research agency, making important discoveries that improve health and save lives. CDC's mission is to collaborate to create the expertise, information, and tools needed to protect the nation's health—through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

ACP is urging congress to approve the appropriations bill for FY 2022, which began last Oct. 1. This funding is vitally needed to address the health inequities experienced by persons with disabilities, including some veterans, and those with chronic conditions caused by a number of factors. ACP is supportive of appropriations being discussed that would increase funding for the U.S. Department of Veterans Affairs (VA), the CDC, the FDA, and the NIH. ACP is encouraging Congress to approve $103.1 billion in funding for FY 2022 for the Veterans Health Administration (VHA). That funding amount includes $66.2 billion for medical services, $20.7 billion for medical community care, and $902 million for medical and prosthetic research.

ACP is also urging congress to ensure sufficient funding through the appropriations process for several essential and proven programs to advance health equity. These include:

- Health Resources Services Administration (HRSA), $9.2 billion;
- Title VII, Section 747, Primary Care Training and Enhancement (PCTE), Health Resources and Services Administration (HRSA), $71 million;
- National Health Service Corps (NHSC), $860 million in total program funding;
- Agency for Healthcare Research and Quality (AHRQ), $500 million;
- CMS, Program Operations for Federal Exchanges, $296.5 million;
- CDC, $10 billion, Injury Prevention and Control, Firearm Injury and Mortality Prevention Research, $50 million;

- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Social Determinants of Health program, $153 million; and
- (NIH), $46.1 billion.

Congress should ensure that the FY22 and FY23 budgets provide sufficient funding for the Agency for Healthcare Research and Quality (AHRQ). ACP strongly believes that AHRQ's activities and related outcomes research provides incomparable and invaluable data that neither can be replicated nor replaced elsewhere in the federal government or the private sector. The College is dedicated to ensuring AHRQ's vital role in improving the quality of our nation's health and over the years in written testimony has consistently requested that the necessary resources be provided for its activities.

Finally, there must be adequate funding for the Patient-Centered Outcomes Research Institute (PCORI). ACP strongly supports PCORI) and its mission of helping patients and those who care for them make the best care decisions based on reliable information about the potential benefits and harm of various treatment options. Eliminating the Patient Centered Outcomes Research Trust Fund—as Congress has threatened to do in the recent past—would cripple the ability of PCORI, an independent non-profit entity, to continue important unbiased medical and healthcare system research regarding the delivery of effective care in an efficient manner—with an emphasis from the perspective of the patient. ACP believes PCORI's research is invaluable, and Congress should not reduce or eliminate its funding.

Conclusion

We appreciate this opportunity to offer our input on policies congress should support for eliminating health inequities for those with disabilities and chronic conditions. We urge congress to take these steps and pass legislation that will make health care more affordable and accessible to those with disabilities and chronic conditions. Should you have any additional questions, please contact George Lyons at glyons@acponline.org .

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