Support and Sustain Primary and Comprehensive Care
Ensure Access to Care by Supporting Positive Payments for Primary, Comprehensive and Cognitive Care

Talking Points for Use in Calls with Members of Congress and Staff

Targeted Allocation from the PRF for Primary Care

• I am a physician from [TOWN] and have been treating patients for [# OF YEARS]. I am very concerned about the future viability of primary care physician practices unless Congress steps in to pass measures that will help sustain them.

• Now more than ever, patients need access to primary care, especially during this national pandemic.

• I urge you to require that HHS make a targeted allocation out of the Provider Relief Fund (PRF) to primary care clinicians, like myself, and/or our practices, to offset reduced revenue and increased costs related to COVID-19, similar to the targeted allocation made to rural hospitals. Please include this in the next COVID-related legislative package.

• Congress created the PRF so that those on the frontlines of health care during this pandemic would receive immediate aid but, unfortunately, disbursements from the PRF are not reaching these vital primary care practices as they should. I believe that without immediate action to prioritize PRF funding to primary care, many of us will soon have no choice but to close our doors or sell out to equity firms or large consolidated health care systems, which will drive up health care costs and reduce access to care.

• The targeted primary care allocation should be sufficient to offset lost revenue and increased expenses related to COVID-19, after taking into account any disbursement we may receive from the PRF general allocations. The allocation should be distributed immediately and effectively to primary care clinicians and practices, in time to prevent us from closing our doors, which could be in a matter of weeks, and it should be continued through CY 2020.

• Even as we begin to resume in-office visits, we anticipate that reduced patient volumes, and associated revenue losses, will continue through at least the end of 2020. COVID-19 mitigation will require that primary care clinicians see fewer patients per hour and daily, as we will have to space out appointments, and many patients will be reluctant to come into the office for care.

• Coverage of telehealth and phone consultations even at in-person rates as announced by CMS, while helpful and appreciated, will not be sufficient to offset reduced patient volume associated with fewer in-person visits.
• A targeted allocation to primary care would ensure that primary care gets the direct and dedicated funding needed to survive.

**Support Increases for Primary Care in Medicare and Medicaid**

• Primary care physician practices are facing extraordinary financial pressures as a result of the COVID-19 pandemic but also because both Medicare and Medicaid have long undervalued payment for primary care services. Even before the pandemic, physician practices faced increasing costs and payments that did not keep up with inflation.

• I applaud recent action by CMS to provide payment increases for office-based primary care visits under Medicare, as included in final regulations to be effective Jan. 1, 2021.

• I also appreciate congressional efforts to provide financial assistance to physician practices through the Provider Relief Fund and the Paycheck Protection Program, although more is needed to target that funding directly to primary care practices.

Congress can and should do more so that primary care physician practices can keep their doors open to care for patients, especially during this national pandemic. I am asking you to:

- **✓** Urge CMS to implement increases in Medicare payments for undervalued Evaluation and Management (E/M) Services and complex visits—as included in the 2020 Medicare Physician Fee Schedule Final rule—on January 1, 2021 as scheduled without any delay or transition;

- **✓** Cosponsor and pass legislation that provides pay parity for primary care services under Medicare and Medicaid, such as introduced in the House, the Kids Access to Primary Care Act (H.R. 6159), by Rep. Kim Schrier (D-WA), and as introduced in the Senate, the Ensuring Access for Women’s and Children’s Act (S. 4088), by Sens. Sherrod Brown (D-OH) and Patty Murray (D-WA).

- **✓** Require that all payers pay for audio-only phone calls and telehealth at the same rate as in-person visits.