

**Draft Opening Statement: Primary Care Hearing  
February 5, 2019**

- The Senate Committee on Health, Education, Labor and Pensions will please come to order.
- Senator Murray and I will each have an opening statement, and then we will introduce the witnesses. After the witnesses' testimony, senators will each have 5 minutes of questions.
- Dr. Lee Gross, of Florida testified last year at this Committee's fifth hearing on the cost of health care.
- He told us that, after seven years as a primary care doctor, he had an epiphany: too many government mandates and insurance companies were getting between doctors and patients and making primary care more expensive than it needed to be.
- So in 2010, Dr. Gross created one of the first Direct Primary Care practices.
- Instead of working with insurance companies and government programs, Dr. Gross' patients pay him a flat monthly fee directly: \$60 a month per adult, \$25 a month for one child, and \$10 a month for each additional child.
- Dr. Gross is one of more than 300,000 primary care doctors in the United States who most of us go to see for day-to-day medical care—receiving vaccines like the flu shot, annual physicals, and help managing chronic conditions, like diabetes.
  - It is also our entry point to coordinate additional medical care, if, for example, we need to get our hip replaced or an MRI to diagnose a problem.
- We heard from Dr. Brent James of the National Academies of Medicine at our second hearing that between 30 and 50 percent of what we spend on health care is unnecessary.
  - I have asked for specific suggestions on what the federal government can do to lower the cost of health care for American families, and this year, I am committed to passing legislation based on that input to create better outcomes and better experiences at a lower cost.
- Dr. Gross' practice is one of about a thousand similar clinics in the United States, and is a good example of how a primary care doctor can help reduce costs.
  - The first way Dr. Gross does this is by helping with his patients' wellness.
    - For \$60 a month, Dr. Gross can do EKGs and cortisone injections, manage chronic conditions like diabetes, asthma, and hypertension, and remove minor skin cancers right in his office.

- Second, by keeping you out of the emergency room.
  - For \$60 a month, patients have unlimited office visits, and they can also email, text, call and use an app to contact his office – anytime, day or night.
  - So for example, if you have stomach pains at 11 pm, you could text Dr. Gross, who knows that it might just be a side effect of a new medicine he prescribed you.
- And third, primary care is patients’ access point to more advanced care.
  - When Dr. Gross refers people for additional care, he is able to provide cost and quality information about the different options, so his patients can choose the best option.
  - For example, one of his patients with rheumatoid arthritis was quoted \$1,800 for blood work, but Dr. Gross was able to find a laboratory to offer the blood tests for under \$100.
- This echoes what Adam Boehler, who leads the Center for Medicare and Medicaid Innovation, recently told me.
  - He estimated that primary care is only 3-7 percent of health care spending but affects as much as half of all health care spending.
- And as Dr. Roizen of the Cleveland Clinic has said before this Committee, regular visits to your primary care doctor, along with keeping your immunizations up to date and maintaining at least four measures of good health, such as a healthy body mass index and blood pressure, will help you avoid chronic disease about 80 percent of the time.
- This is important because, according to Dr. Roizen, over 84 percent of all health care spending is on chronic conditions like asthma, diabetes, and heart disease.
- I believe we can empower primary care doctors, nurse practitioners, and physicians assistants to go even a step further.
  - At our fourth hearing, we heard about how the cost of health care is in a black box – patients have no idea how much a particular treatment or test will end up costing.
  - Even if information on the cost and quality of health care is easily accessible, patients still have trouble comparing different health care options.

- For example, earlier this year, hospitals began to post their prices online, as required by the Centers for Medicare and Medicaid Services, but to the average consumer, this information has proved to be incomprehensible.
- And while the data may be incomprehensible today, it is a ripe opportunity for innovation from private companies, like Health Care Bluebook, a Tennessee company that testified a hearing last fall, and non-profit organizations to arrange the data so primary care doctors, nurse practitioners, and physicians assistants can help their patients can have better outcomes and better experiences at lower costs.
- There are other ways to lower health care costs through expanded access to primary care.
- Dr. Gross' direct primary care clinic is one example.
- Another is community health centers, which we talked about at our last hearing and that are where 27 million Americans go for their primary care.
- And employers are increasingly taking an active role in their employees' health and in the cost of health care.
  - One of our new committee members, Senator Braun, was an employer of a thousand people and was aggressive about helping his employees reduce health care costs.
    - Like primary care doctors, more good data could help employers like Senator Braun more effectively lower health care costs.
  - Employers are also employing a doctor on-site so employees don't have to take time off of work to see a primary care doctor.
    - On-site primary care makes it easier to keep employees healthy by helping to manage a chronic condition or get a referral to a specialist.
- Today, I am interested in hearing more about specific recommendations to improve access to affordable primary care.