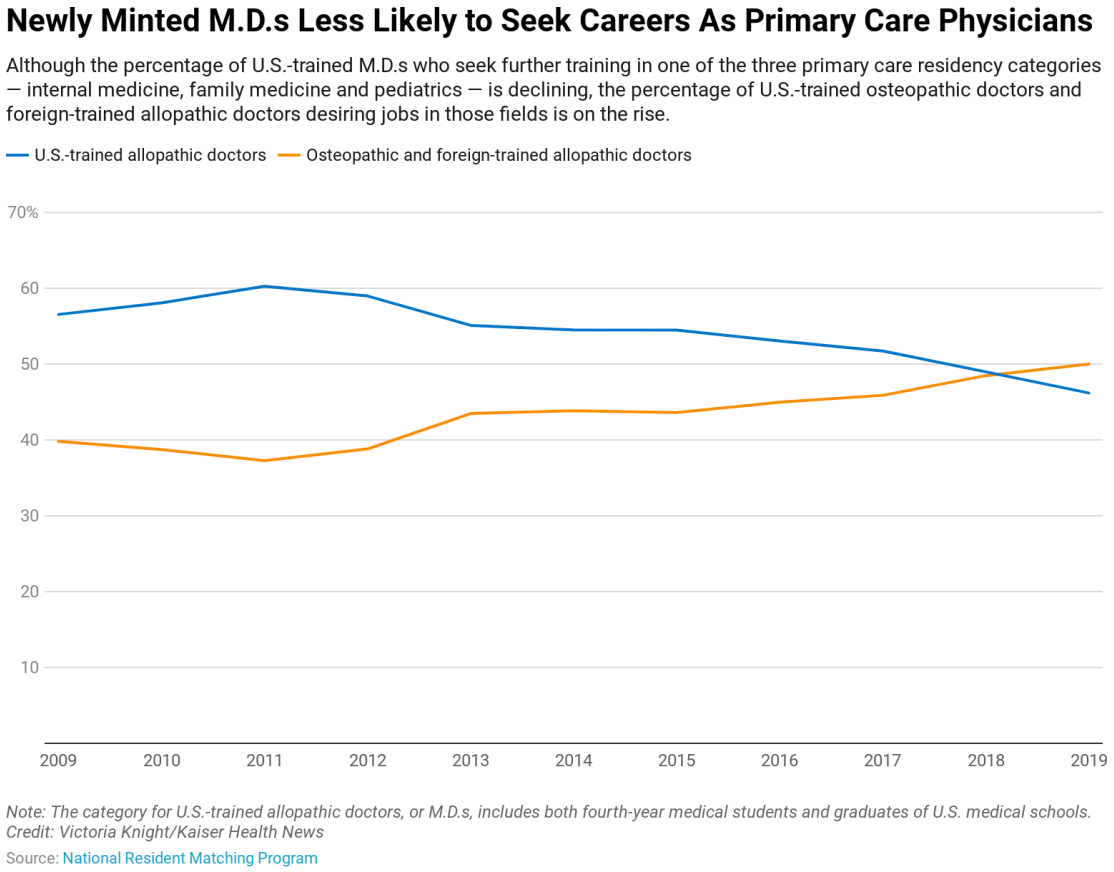
The State of Primary Care:
Federal, State, and Private Sector Responses

House Committee on Health Care

April 23, 2026

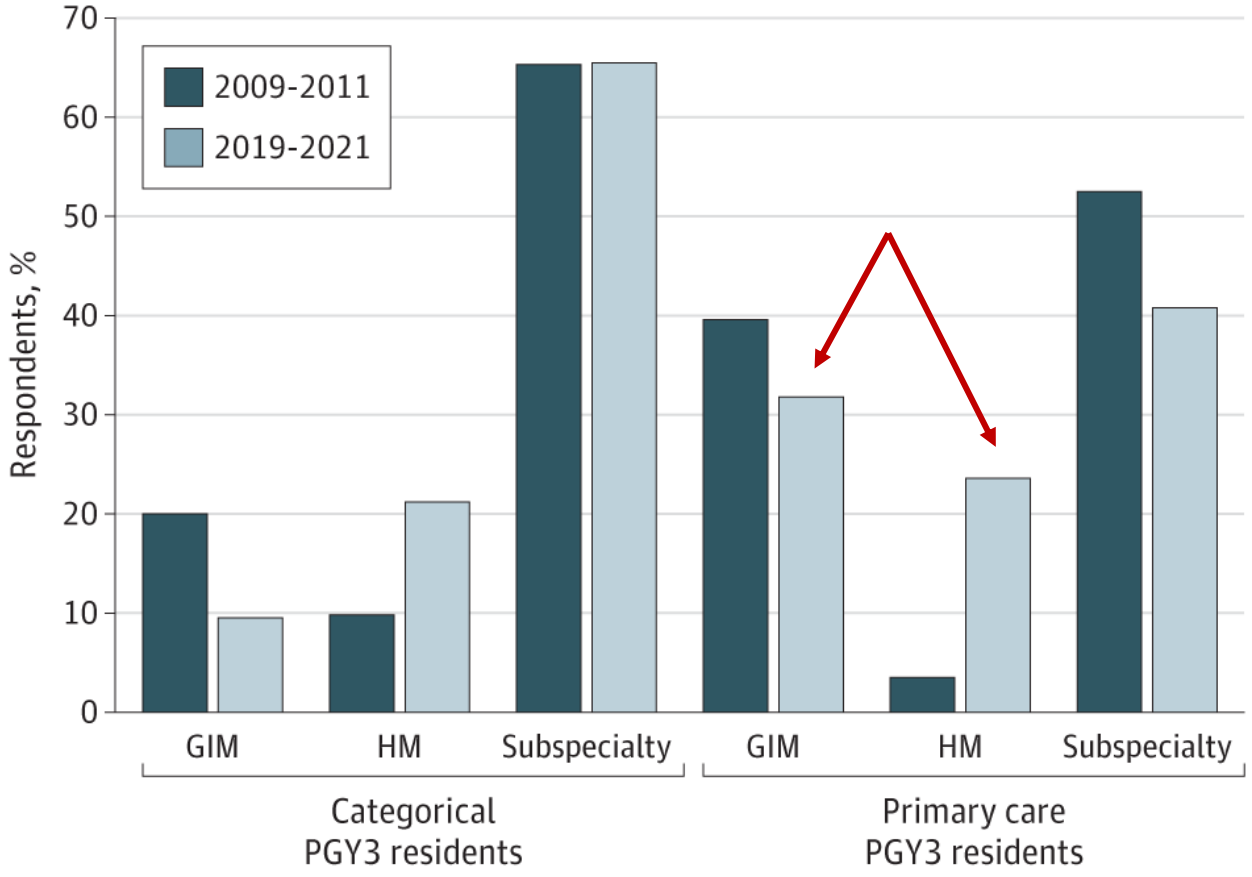
Zirui Song, MD, PhD
Harvard Medical School
Massachusetts General Hospital

U.S. PCP shortage: 21K to 55K by 2032



Association of American Medical Colleges (2022)

Less than 1/3 of primary care residents stay in primary care by end of residency training



Paralkar N, LaVine N, Ryan S, Conigliaro R, Ehrlich J, Khan A, Block L. JAMA Intern Med (2023)

1. Federal Response

↑ Office Visit Fees or New E/M Visit Codes

Changing Medicare Payment to Strengthen Primary Care

Douglas B. Jacobs, M.D., M.P.H., Christiane T. LaBonte, M.S., and Meena Seshamani, M.D., Ph.D.

(NEJM 2025)

APCM Service Elements and Practice-Level Capabilities.*

Consent
Inform patients of the availability of APCM services and of related policies.

Initiating visit for new patients (separately paid)
Initiation during a qualifying visit for new patients only.

Provision of 24/7 access to care and care continuity
Provide access to care for urgent needs.
Continuity of care with a designated team member.

Comprehensive care management
May include systematic needs assessment, approaches to ensuring receipt of preventive services, and medication reconciliation.

Patient-centered comprehensive care plan
Development, implementation, revision, and maintenance of an electronic, patient-centered, comprehensive care plan.

Management of care transitions
Coordination of care transitions between practitioners and settings.
Timely exchange of electronic health information.
Follow-up communication with the patient or caregiver within 7 days after ED visits and discharges.

Practitioner, home, and community-based care coordination
Coordinate provision of needed services among practitioners and settings.

Enhanced communication opportunities
Enhance opportunities for the patient to communicate with the care team.
Access to patient-initiated digital communications.

Patient-population–level management
Analyze patient-population data to identify gaps in care and offer interventions.
Risk-stratify the practice population to target services.

Performance measurement
Be assessed on the basis of primary care quality, total cost of care, and meaningful use of certified EHR technology.

Paying Primary Care More—Will It Work This Time?

Zirui Song, MD, PhD

(JAMA 2025)

2025 APCM codes	2026 BHI codes
$80 or $107 PMPM	$91 or $145 PMPM
$36 or $49 PMPM	$99 or $134 PMPM
$12 or $15 PMPM	$41 or $53 PMPM

ORIGINAL RESEARCH

Annals of Internal Medicine

The Underuse of Medicare's Prevention and Coordination Codes in Primary Care

(2022)

A Cross-Sectional and Modeling Study

Sumit D. Agarwal, MD, MPH; Sanjay Basu, MD, PhD; and Bruce E. Landon, MD, MBA, MSc

Table 1. Payment Amounts, Eligibility, Current Use of Code, and Receipt of Service as Input Data Used for Revenue Estimates*

Code	Medicare Payment in 2020 for Code, $†	Service Eligibility (Eligible for Code, Percentage of Medicare Beneficiaries), %	Among Medicare Beneficiaries Eligible for Service/Code	
			Billing Rate (Current Use of Billing Code, Percentage of Eligible), %	Service Provision (Received Service Regardless of Billing for Service, Percentage of Eligible), %‡
Prevention codes				
Smoking cessation counseling	15.52–29.59	8.8	10.1	60.6
Alcohol misuse screening	18.41	100	2.9	57.4
Alcohol misuse counseling	26.71	16.0	<1	25.9
Depression screening	18.41	100	7.9	27.1
Behavioral counseling for cardiovascular disease	26.71	74.0	1.4	46.7
Obesity counseling	26.71	34.6	<1	51.9
Shared decision making for lung cancer screening	29.95	9.3	1.5	5.0
Advance care planning	76.15–86.98	100	3.7	22
Wellness visit	117.29–172.87	100	35.8	-
Coordination codes				
Transitional care management	187.67–247.94	22.5	9.3	43.3
Chronic care management	37.89–92.39	65.8	2.3	-
Behavioral health integration	48.00–156.99	30.2	<1	-
Cognitive assessment with care planning services	265.26	10.5	1.5	-

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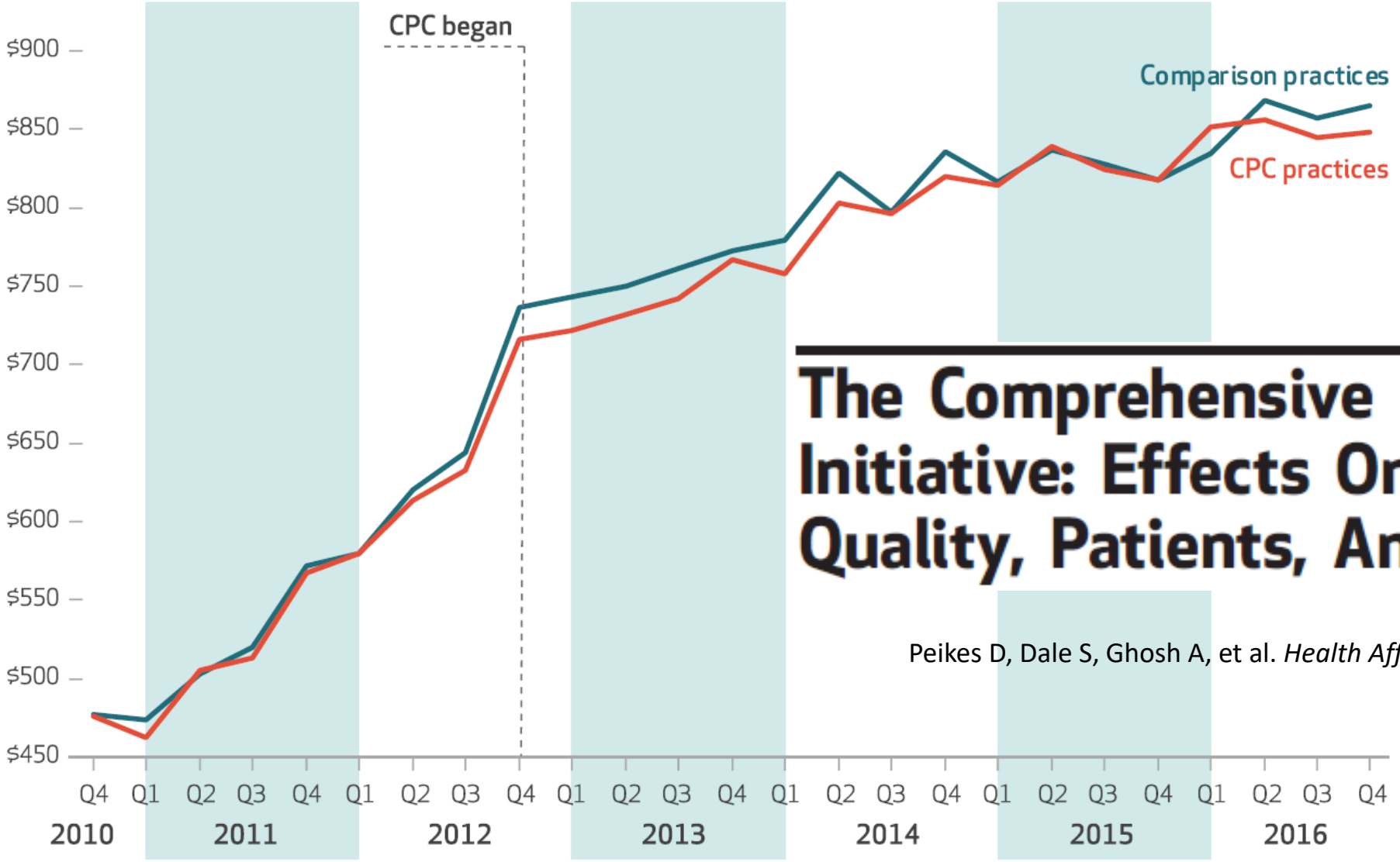
	2017	2023
Total TM beneficiaries	38.9 million	34.4 million
Total PCP Allowed Charges	$17.0 billion	$14.4 billion
PCP Allowed Charges Per TM Enrollee	$438	$420
PCP Office Visit Allowed Charges	$8.4 billion	$7.6 billion
PCP Office Visit Allowed Charges Per TM Enrollee	$215	$221
Total Fee Schedule Spending	$91.4 billion	$91.1 billion
Total Fee Schedule Spending Per TM Enrollee	$2,352	$2,646
PCP Allowed Charges as a Share of Total	18.6%	15.9%
PCP Allowed Office Visit Charges as a Share of Total	9.1%	8.4%
PCP Allowed E/M Charges as a Share of Total	17.0%	14.7%

	Total E/M Spend (in millions)	E/M Spend as Share of Specialty Total (%)	E/M Spend as a Share of Total E/M Spending (%)
Total	$47,712	52.4	100.0
Primary Care	$13,365	92.5	28.0
Family practice	$5,304	91.8	11.1
Internal medicine	$7,840	92.9	16.4
Geriatric medicine	$221	97.8	0.5
Non-Procedural Specialties	$9,537	83.0	20.0
Non-Surgical, Procedural Specialties	$6,227	41.8	13.1
Surgical Specialties	$5,970	36.1	12.5
Other Health Professionals	$9,848	50.1	20.6
Behavioral Health	$2,192	97.3	4.6
Other MD Specialties	$419	4.1	0.9

Skopec L, Song Z, Braid-Forbes MJ, Hayes KJ, Zuckerman S, Berenson RA (Health Affairs Forefront 2026)

EXHIBIT 2

Predicted mean Medicare expenditures per patient per month for practices in the Comprehensive Primary Care Initiative (CPC) and matched comparison practices, by quarter, 2010–16



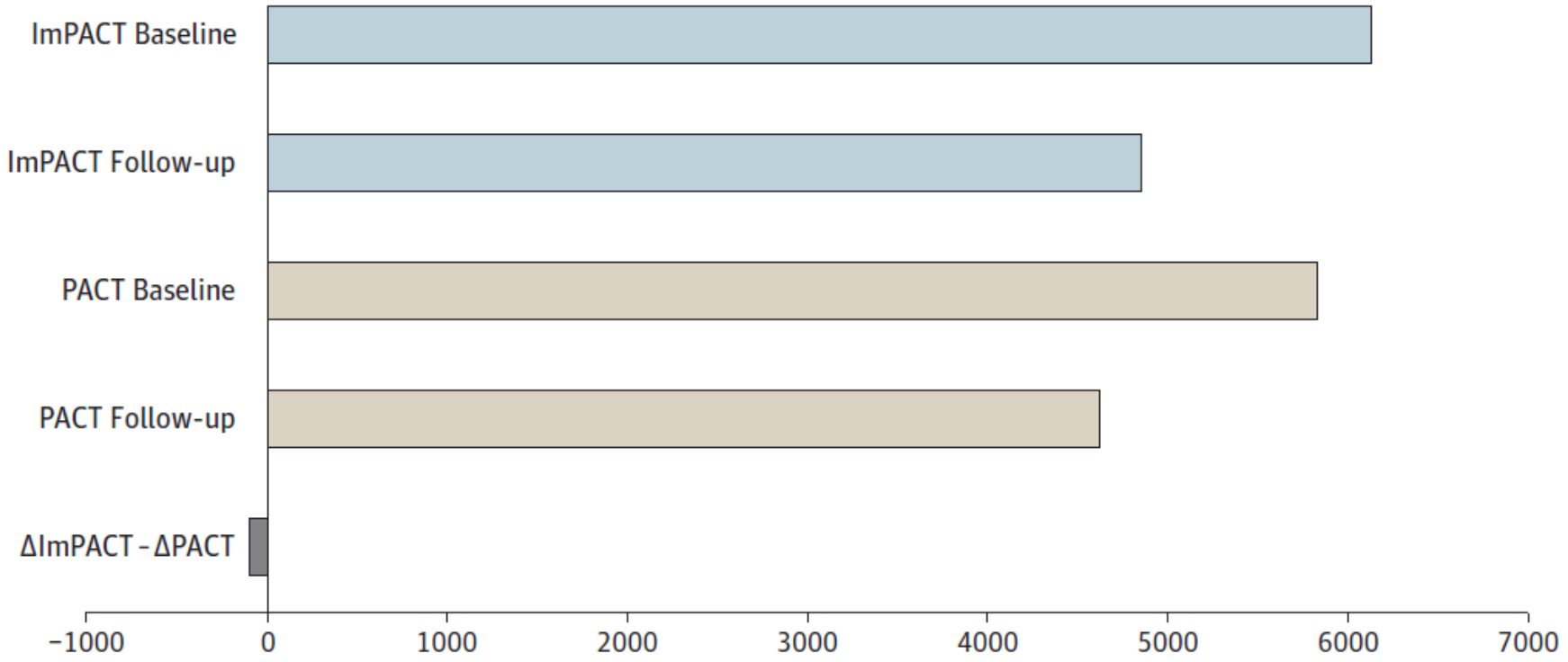
The Comprehensive Primary Care Initiative: Effects On Spending, Quality, Patients, And Physicians

Peikes D, Dale S, Ghosh A, et al. *Health Affairs*. 2018.

JAMA Internal Medicine | Original Investigation

Effect of an Intensive Outpatient Program to Augment Primary Care for High-Need Veterans Affairs Patients
A Randomized Clinical Trial

Figure 2. Mean Unadjusted Monthly Costs per Person for Intensive Management PACT (ImPACT) and Patient Aligned Care Team (PACT) Patients During Baseline and Follow-up Periods



Zulman DM, Pal Chee C, Ezeji-Okoye SC, Shaw JG, Holmes TH, Kahn JS, Asch SM. JAMA Intern Med. 2017

2. State Response

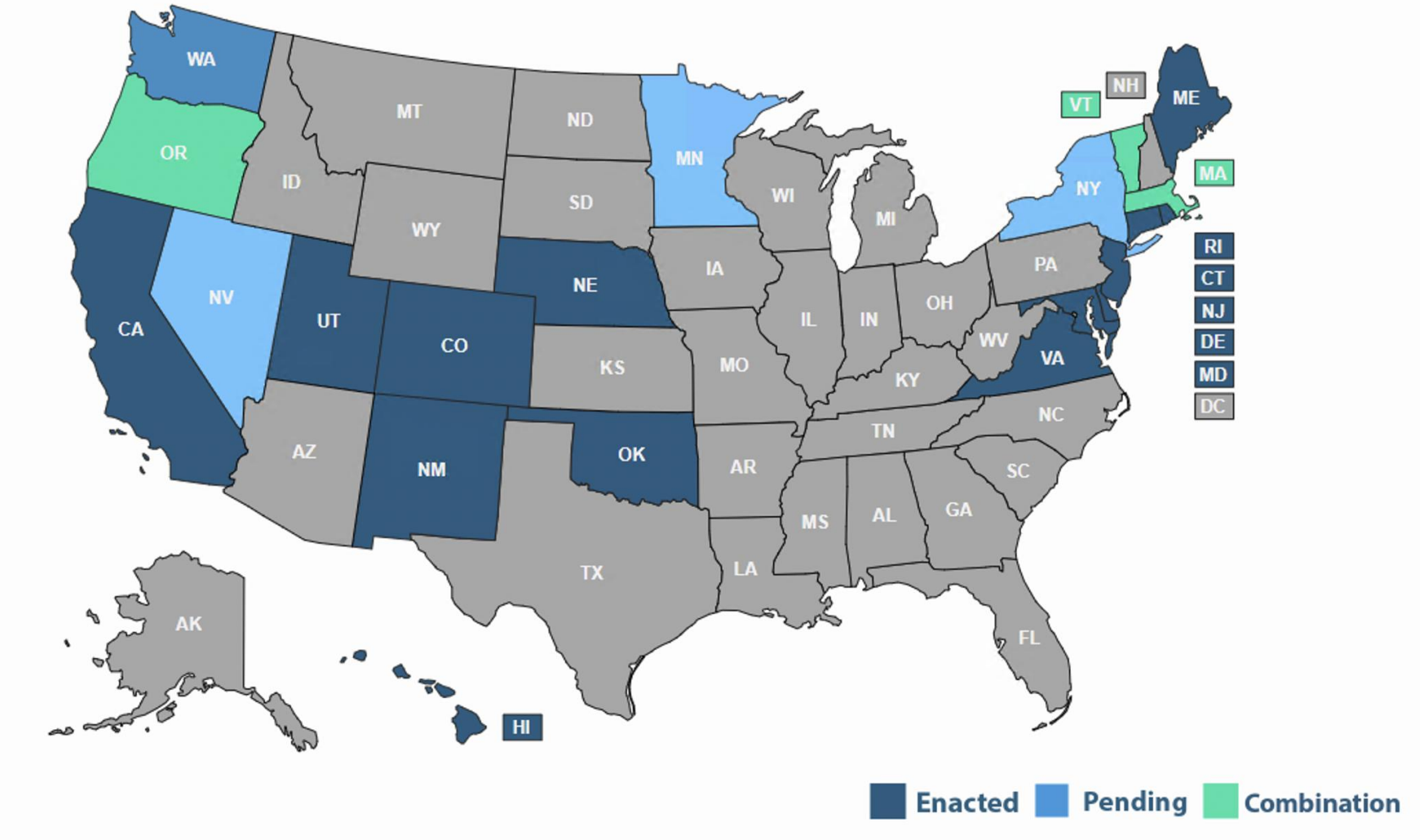
↑ % of Spending on Primary Care +/- APMs and Price Caps

JAMA Health Forum™ (2025)

Viewpoint

State Investments in Primary Care—5 Early Leaders of a Potential Policy Trend

Sarah H. Brown, MD; Dru A. Ricci, BA; Ananya Tadikonda, BSPH; Zirui Song, MD, PhD

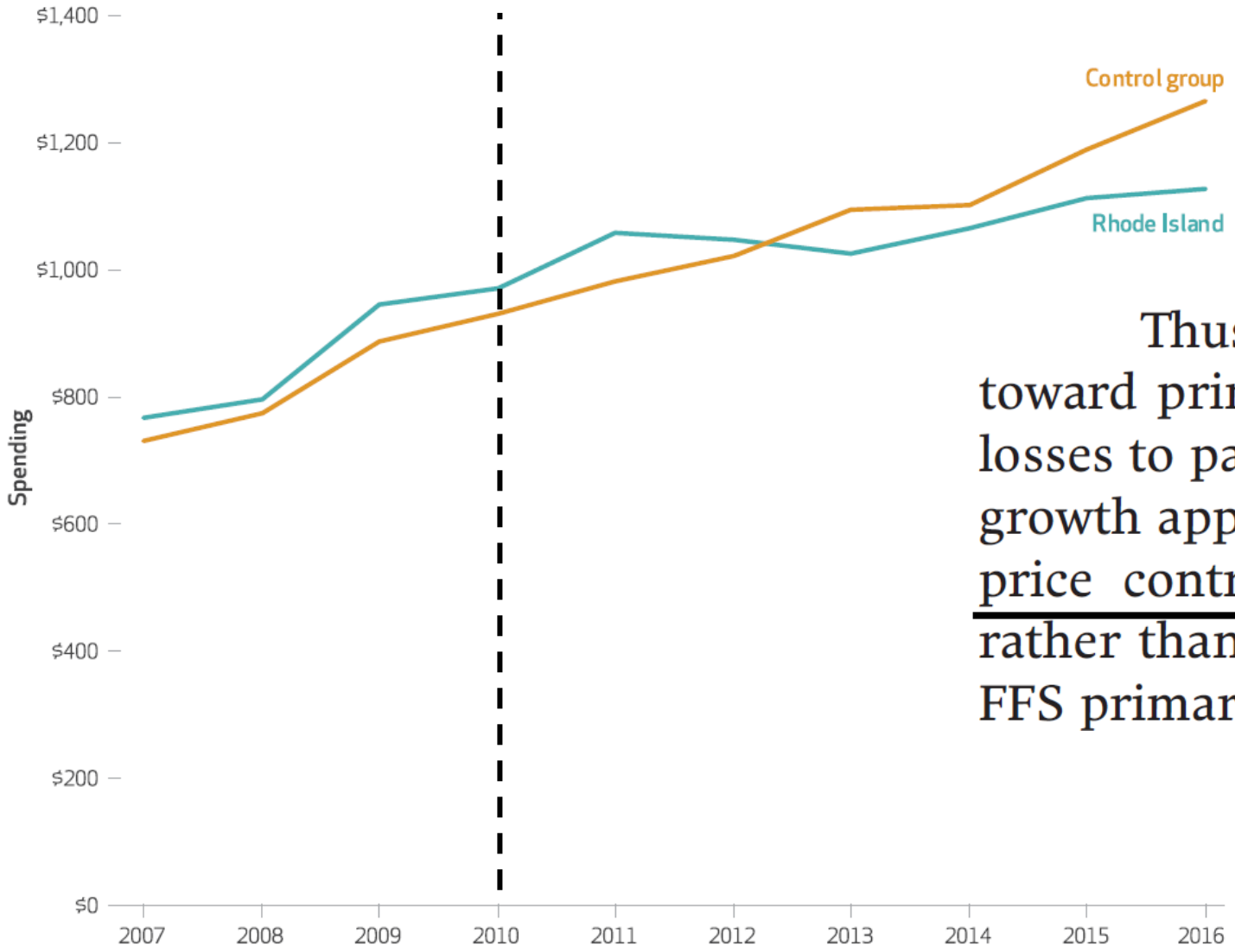


Primary Care Collaborative (2025)

State	Description of Enacted State Policy	Primary Care Spending Goal
California	Senate Bill 184 established the Office of Health Care Affordability, whose goal is to collect health care spending data in order to set health care spending targets.	The Office of Health Care Affordability sets standards for investment in primary care and behavioral health in 2025. Aims to get primary care to 15% of spending in 10 years.
Colorado	House Bill 19-1233 established the Primary Care Payment Reform Collaborative, whose goal is to reduce total health care spending by increasing the use of primary care. Requires payers to submit data yearly.	Primary care was 10.3% of total health care spending in Colorado in 2021; regulation to increase by 1% each year in 2022 and 2023.
Delaware	Senate Bill 120 tasks the Health Care Commission to evaluate primary care spending to ensure compliance with minimums for payment innovations and requires payers to spend a certain percentage on primary care.	Starting 1/1/2019, Commercial sector must increase percent of total medical expenditures allocated to primary care to 7% in 2022 and then 1.5% per year to meet 11.5% by 2025.
Oregon	Senate Bill 213, House Bill 4017, and Senate Bill 924 require the Oregon Health Authority to report primary care spending and requires commercial payers and Coordinated Care Organizations to meet spending targets.	Effective 1/1/2018, regulation for commercial payers and CCOs to increase their primary care spending to 12% of total spending by 2023.
Rhode Island	Ch. 42-14.5 authorizes the insurance commissioner to set primary care spending targets and implement state Affordability Standards.	Increase primary care spending by 1 percentage point per year and at least 10.7% by 2015.

EXHIBIT 2

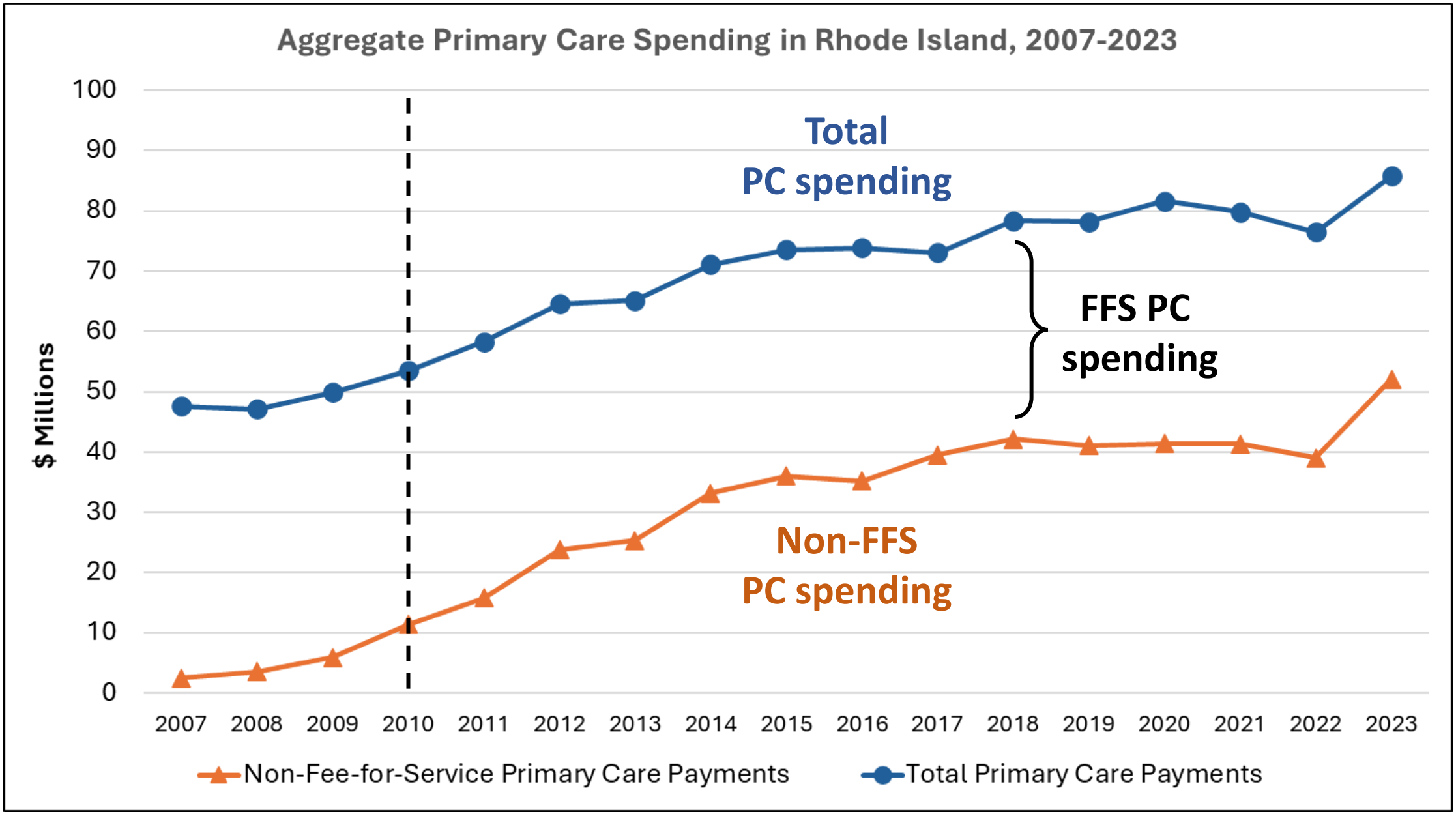
Quarterly per enrollee fee-for-service spending in the Rhode Island and control-group cohorts, 2007–16



Health Care Spending Slowed After Rhode Island Applied Affordability Standards To Commercial Insurers

Thus, while a redistribution of funding toward primary care was achieved without net losses to payers, the reduction in FFS spending growth appears to be mostly attributable to the price controls in the affordability standards, rather than to the increased spending on non-FFS primary care.

Baum A, Song Z, Landon BE, Phillips RS, Bitton A, Basu S. Health Affairs (2019)



Song Z, Giuriato M, Blaser J, et al. (In progress)

Massachusetts – State Primary Care Bills
(Current Legislative Session)

H.1370 – Rep. Haggerty:
Primary Care Stabilization Fund

S.867 – Senator Friedman:
Community Health Centers and BH

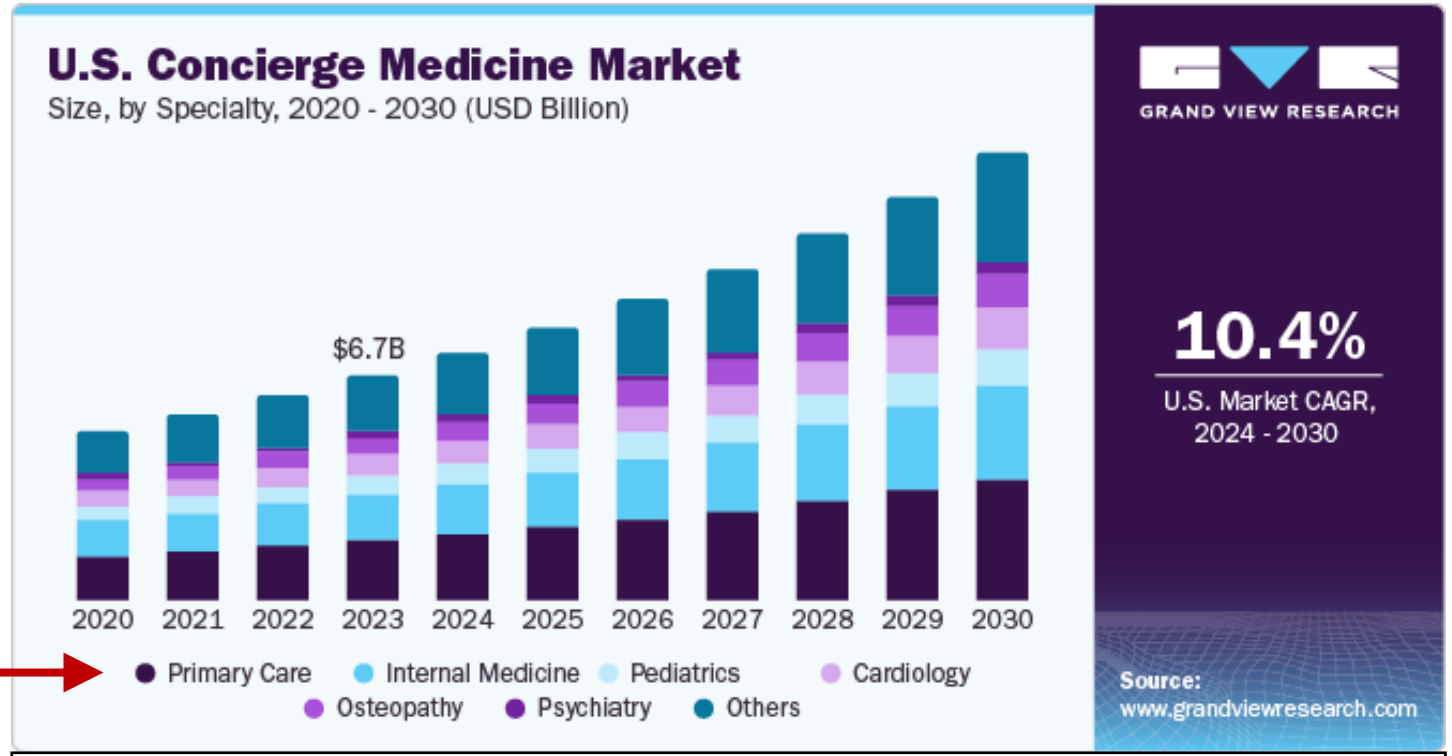
H.2537 – Rep. Schwartz:
Medicaid GME

3. Private Response

Concierge, Direct PC, Private Equity

Key U.S. Concierge Medicine Companies:

- MDVIP
- Signature MD
- Crossover Health
- Specialdocs Consultants, LLC
- PartnerMD
- Concierge Consultants & Cardiology
- Castle Connolly Private Health Partners
- Peninsula Doctor
- Campbell Family Medicine
- Destination HealthMDI
- Priority Physicians, Inc.
- U.S. San Diego Health



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

MAY 29, 2025

Primary Care — From Common Good to Free-Market Commodity

Zirui Song, M.D., Ph.D.,[1,2] and Jane M. Zhu, M.D., M.P.P.[3]

More than 30% of U.S. adults lack a usual source of primary care.[1] As the population ages, the gap between primary care demand and supply is poised to widen. Primary care

along with willingness among many patients to pay retainer fees, health care systems have also opened their own concierge practices, often alongside traditional

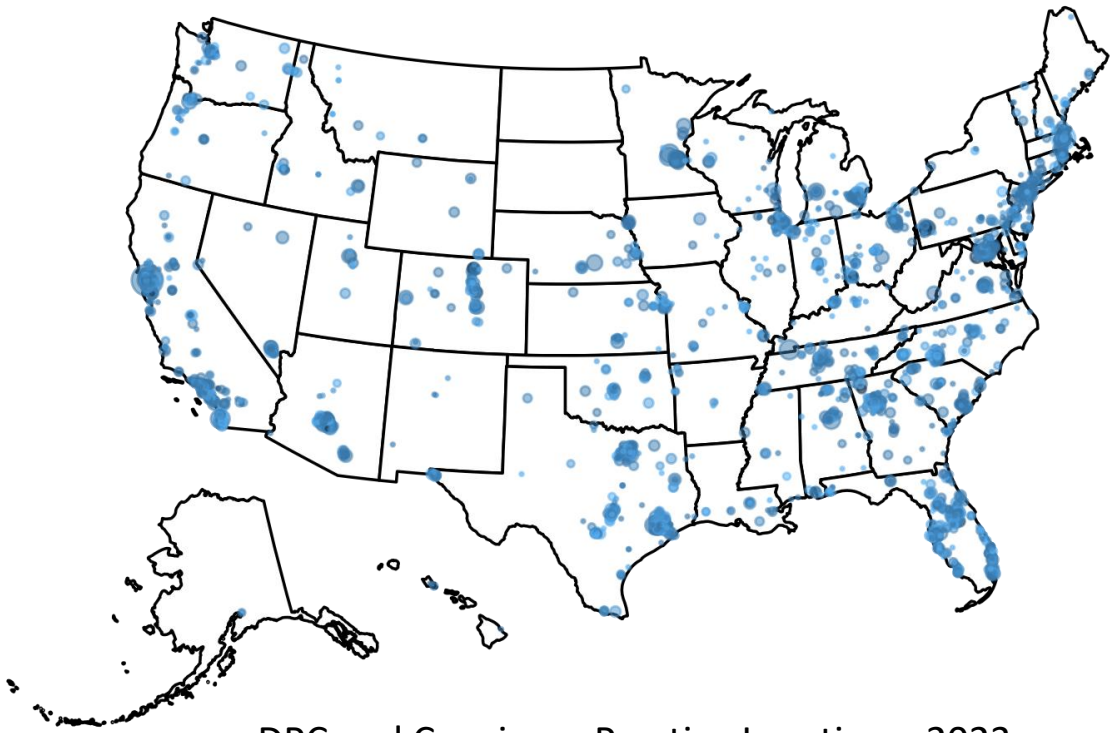
Characteristics of Concierge and Direct Primary Care Practices in the U.S., 2018-2023

Zhu JM, Marsh T, Polsky D, Huntington A, Song Z

From 2018 to 2023, concierge and DPC practices ↑ from 1,441 to 2,413, (68% ↑) and concierge and DPC clinicians from 3,706 to 6,275 (69% ↑).

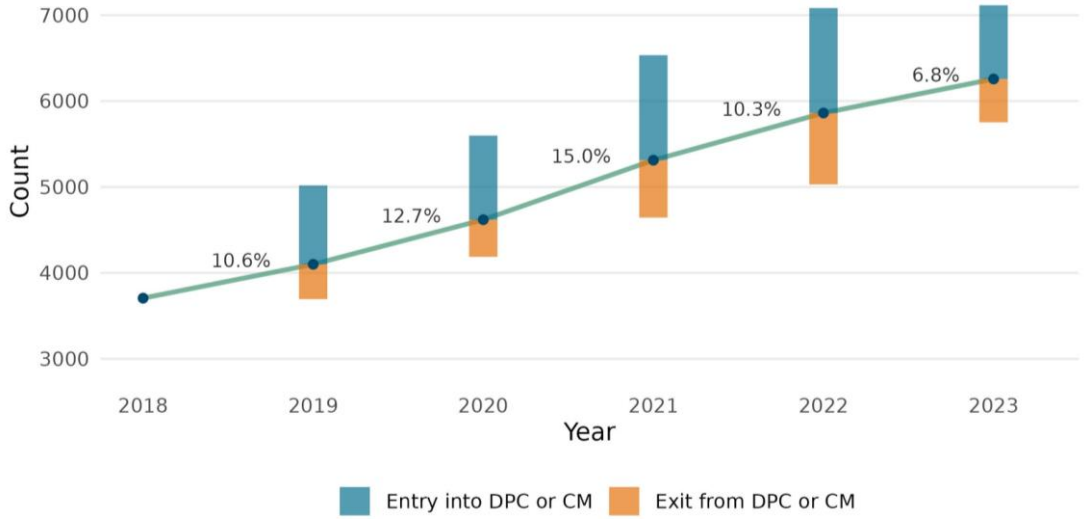
Share of MDs in practices ↓ from 66% to 59%.

Independent ownership ↓ from 84% to 62%. Corporate-affiliated ↑ ~5-fold.

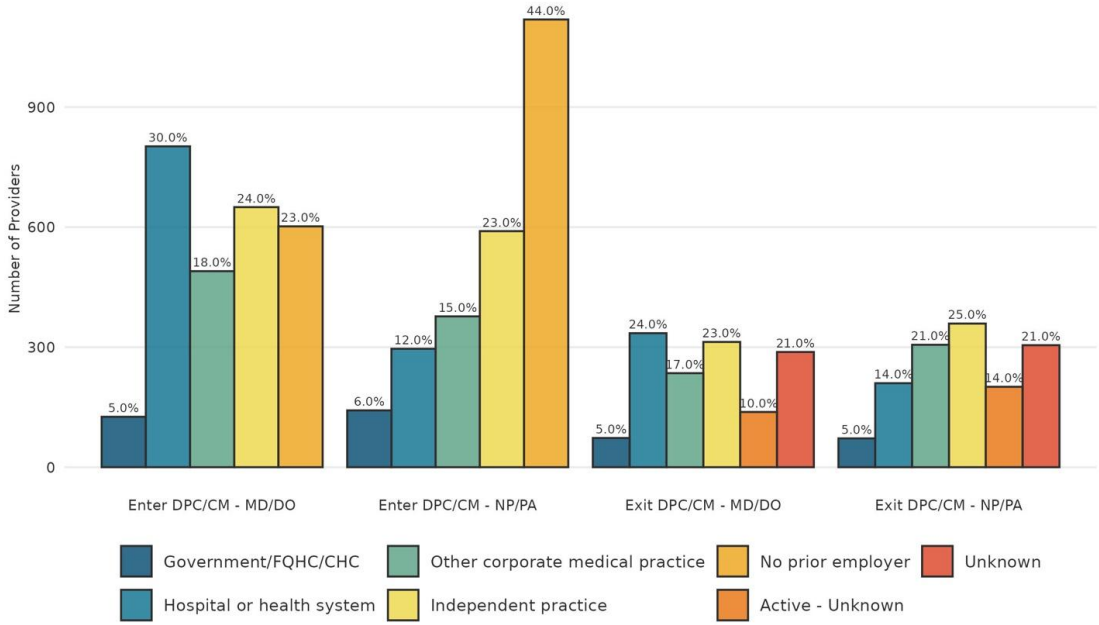


DPC and Concierge Practice Locations, 2023

Provider Entry, Exit, and Growth in Concierge and DPC Practices

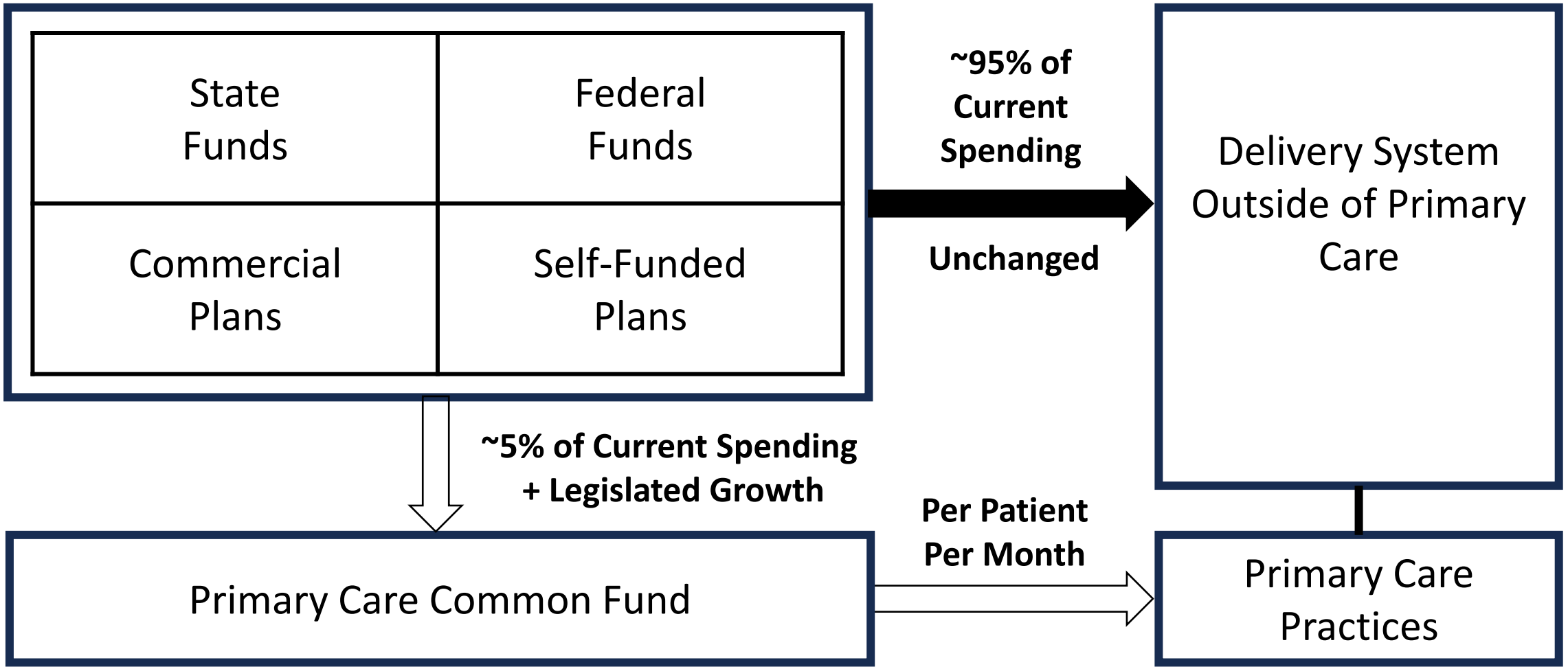


Entrants to and Leavers from DPC and Concierge Practices



Health Affairs (2025)

Primary Care as a Public Utility – the Idea of a Common Fund



Song Z, Altman W, Crichlow R, Grumbach K (Forthcoming 2026)

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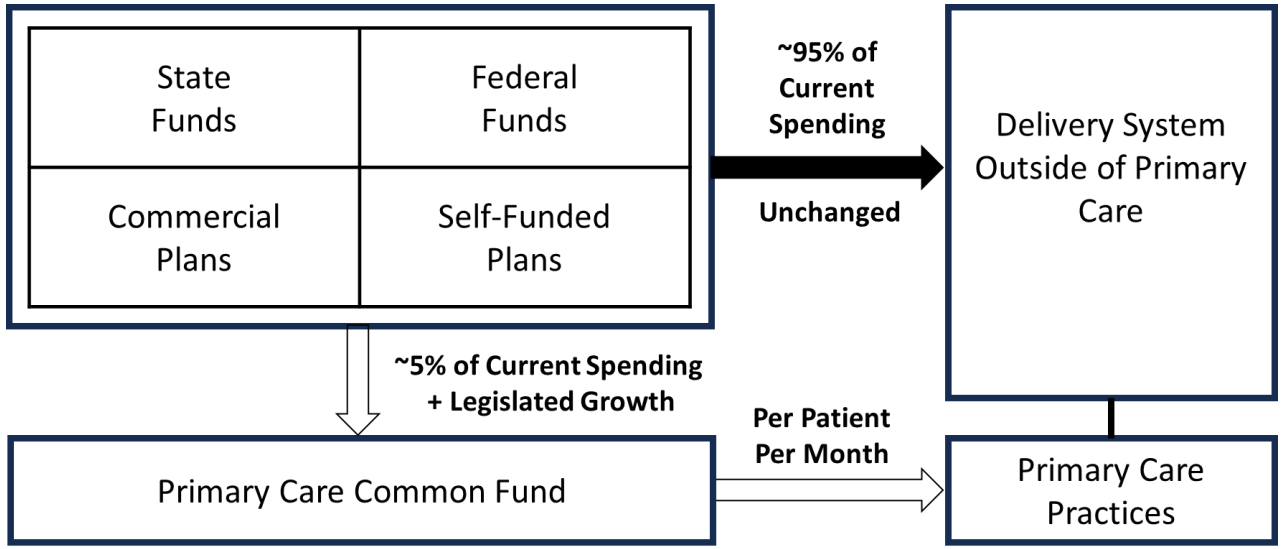

Advantages of a Common Fund

- Consumer freedom
- Purchaser alignment and state choice
- Administrative burden reduction
- Philosophical compromise

Song Z, Altman W, Crichlow R, Grumbach K (Forthcoming 2026)