

**Cassie Littler, MD, FAAP**  
**Statement in Support of the Primary Care Payment Reform Collaborative Sunset**  
**April 22, 2025**

Members of the Committee, my name is Dr. Cassie Littler, and I am a member of the Primary Care Payment Reform Collaborative. I'm here on behalf of the American Academy of Pediatrics, Colorado Chapter, and our nearly 800 members across the state. We want to thank the sponsors of this important bill and express our support for its passage as amended.

I have had the privilege of serving as a PCPRC member. While much progress has been made since the passage of the 2018 bill, Colorado's primary care practices continue to struggle. Chronic underpayment from public and private payors, inadequate payment for preventive pediatric care, staffing shortages, and insufficient investment in health models that support prevention and early intervention are causing immense strain. Delays in pediatric care mean delays in cost-effective, early interventions that promote healthy, productive adults.

A recent report from the Milbank Memorial Fund discusses the "Cost of Neglect," explaining how underinvestment in healthcare infrastructure has left the system unable to meet the needs of patients, particularly in rural and underserved communities. The report states, "Primary care, when achieving its full potential, has the capacity to enhance life expectancy, improve health outcomes, and lower healthcare costs." For the American Academy of Pediatrics, Colorado Chapter, this is particularly concerning, as we often say, kids are not just little adults, and they have vastly different health care needs compared to other primary care users. Children have unique healthcare needs that require focused promotion, prevention, and early intervention strategies for long-term health.

We urge Colorado lawmakers to support policies that recognize the unique aspects of pediatric care and promote alternative payment models that emphasize the well-being of the whole child. These models should ensure sustainability, flexibility, and equity for families across all payor systems, including commercial insurance, Medicaid, and CHP+.

Given the current concerning state of pediatrics in Colorado where over 50% of counties lack a local pediatrician, AAP Colorado is eager see the Primary Care Payment Reform Collaborative take on the challenges faced by pediatric medical homes, including support for team-based care, integrated behavioral health, and alternative payment models. This collaborative is the only place that brings together payors and providers in the same room, helping align care across both public and private sectors.

We urge your support for the continued work of the PCPRC. We - along with the children and families whom we serve - are looking forward to the critical work ahead.

Thank you for your consideration.



COLORADO ACADEMY OF  
FAMILY PHYSICIANS  
**STRONG MEDICINE FOR COLORADO**

April 22, 2025

Dear Members of the House Health & Human Services Committee:

My name is Stephanie Gold and I am a family physician practicing in Denver. I am testifying on behalf of the Colorado Academy of Family Physicians, which represents over 2500 physicians, residents and students across the state, in support of SB25-193 (Sunset Primary Care Payment Reform Collaborative).

I am testifying based both on my experience as a former member of the Primary Care Payment Reform Collaborative (PCPRC) and also as a health policy researcher who is currently investigating state policies that support primary care payment reform.

Primary care has been shown both to improve health outcomes and also lower costs over time. There have been important steps made in the last several years to support primary care, thanks to the PCPRC, the Division of Insurance, the Department of Health Care Policy and Financing, our legislature, and others. However, we are still facing a primary care crisis that merits ongoing policy attention. I imagine many of you know someone who has struggled to get a primary care appointment. Payment issues are a major driver of workforce shortages and access challenges for patients; medical students are incentivized to choose higher paying specialties to pay back large loans. Approaches to payment that are not aligned across insurers also lead to different requirements that add to administrative burdens for primary care providers and contribute to burnout.

The PCPRC has been a unique and effective forum for bringing primary care providers, patient representatives, payers, state agencies, and others to the table to work together and inform policy. I was a member for its first three years, and during that time recommendations from the PCPRC on targets for primary care investment and a state definition of primary care were adopted into regulation, and the PCPRC also gave input that helped shape regulation on aligning payment reform for primary care across commercial plans.

The value of multistakeholder groups like the PCPRC has also been recognized in other states. I am currently leading a study of state policies to support alternative payment models for primary care. We interviewed a wide range of stakeholders in 5 states that are leaders in this space, including Colorado. One of the takeaways from this study, drawn from multiple states, was a recommendation to create a multistakeholder primary care advisory group, like the PCPRC, to inform policymaking in an ongoing fashion. Decisions on how to define primary care, targets to set, and how to align alternative payment models across payers need input from the stakeholders who will be implementing, adopting, and affected by the policies. Opportunities for written public comment or one time stakeholder meetings are also very valuable but do not



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achieve the same level of collaborative conversation and work across stakeholders, with time for reviewing evidence and iterating policy recommendations.

Thank you for your time in reading my testimony. I hope you will support the continuation of the PCPRC so it can keep providing on the ground perspectives to inform policy that strengthens primary care and ultimately improves access for our patients.

Sincerely,

Stephanie Gold, MD  
Family Physician in Denver