



January 27, 2025

The Honorable Mike Crapo
Chairman
Senate Committee on Finance
219 Dirksen Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
219 Dirksen Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy, MD
Chairman
Senate Committee on Health, Education,
Labor and Pensions
428 Dirksen Office Building
Washington, D.C. 20510

The Honorable Bernie Sanders
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
428 Dirksen Office Building
Washington, D.C. 20510

Dear Chairmen Crapo and Cassidy and Ranking Members Wyden and Sanders:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 130,000 family physicians and medical students across the country, I write regarding the nomination hearings expected to be held by each of your respective committees.

The AAFP's mission is simple: Strengthen family physicians and the communities they care for. Family physicians provide continuing and comprehensive medical care to patients regardless of gender, age, or issue, serving as the foundation of health care in America. We provide more care for America's underserved and rural populations than any other medical specialty, and our specialty centers the ongoing, personal, patient-physician relationship focused on integrated care.

We are dedicated to serving and advocating for our patients, their families, and the communities in which we live and improving the health of the American public by promoting accurate, evidence-based information. Therefore, as you commence the hearings process for the incoming administration's nominees for key roles overseeing aspects of our nation's health care system, we encourage you to ensure nominees will advance evidence-based policies and promote high-quality health care for all individuals.

In particular, we would like to highlight the Academy's firm positions regarding increasing primary care investment to address chronic disease, protecting the patient-physician relationship, the importance of vaccines and immunizations, and regulations by the Food and Drug Administration (FDA).

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Increasing Primary Care Investment to Address Chronic Disease

There is widespread acknowledgement that health outcomes in the United States are objectively poor in comparison to peer countries. This is particularly true when it comes to the prevalence of chronic conditions, such as diabetes and heart disease. The U.S. has the highest rate of people with multiple chronic conditions and an obesity rate nearly double that of the average amongst our peer countries.ⁱ

There are multiple factors that have contributed to this increase over the last few decades. Medical innovations have led to better identification and diagnosis, and new treatments and therapies allow people to live longer. Further, the destigmatization of certain conditions – particularly mental and behavioral health – has allowed more individuals to feel comfortable seeking care. However, many individuals across the country lack access to nutritious food, safe and stable housing, financial security, affordable and comprehensive health care, transportation, and many other factors that have also influenced our nation's poor health outcomes, including chronic disease.

The Academy strongly agrees that nutrition has a significant role to play in preventing and reducing chronic conditions. Family physicians play an important role in counseling patients on nutrition and healthy behaviors across the lifespan, and we are uniquely positioned to identify individuals in need of support and connect them to valuable community resources. For people living with chronic health conditions, healthy foods can help promote disease management, treatment compliance, and reduce the reliance on prescription medications.

The AAFP [supports](#) policies that ensure access to affordable and nutritious foods, particularly among populations vulnerable to food insecurity. While not in the committees' jurisdictions, the AAFP also supports sustained funding for evidence-based policies and programs to promote healthy food access, including the federal Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutritional Program for Women, Infants, and Children (WIC), child nutrition programs like the Summer Food Service Program (SFSP) and National School Lunch/Breakfast Programs, and federal food distribution programs.

However, nutrition alone is not the cure for America's chronic disease epidemic. **For decades, the United States has woefully underinvested in primary care, which should be the foundation of our health care system.** Only five to seven percent of total health care spending goes to primary care.ⁱⁱ A common theme across countries with better health outcomes and lower health care costs is that they invest more in their primary care system, with estimates placing primary care spending between 12 and 17 percent of total health care spending for these high-performing nations.ⁱⁱⁱ

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We as a nation have worried about increased upfront spending and implemented policies that have wrongly steered people away from high-value, low-cost services like preventive screenings and primary care office visits that play a pivotal role in preventing and managing chronic disease. By failing to invest more upfront dollars in primary care, we're paying an even higher price. We're spending more than ever on health care costs, both as a nation and as consumers, because we have sicker patients receiving later diagnoses and utilizing expensive settings like the emergency room and hospital as their "usual source of care." Establishing a health care system that truly seeks to reduce the prevalence of chronic disease and prioritize primary care will, among many other things, [require](#) a meaningful overhaul of physician payment that will take time.

Our nation's top health officials must recognize the multi-faceted approach that will be needed to reverse the prevalence of chronic conditions. Any confirmed nominees must commit to championing greater federal investments in primary care, including an overhaul of how we pay for and cover chronic care management services.

As a starting point, we urge you to examine:

- Their perspectives on Medicare physician payment and reforms they would support;
- Whether bolstering the primary care physician workforce would be an administrative priority and, if so, how;
- How they plan to reduce the overwhelming administrative burden physicians face; and
- Any plans they have to reform our existing Graduate Medical Education system to better meet our nation's health care needs.

Preservation of the Patient-Physician Relationship

A confidential relationship between patient and physician is essential for the free exchange of information necessary for sound medical care. Only in a setting of trust can a patient share the private feelings and medical, social, and family histories that enable the physician to properly counsel, prevent, diagnose, and treat. This relationship must be preserved and protected.

The AAFP [opposes](#) federal policies that infringe on the content or breadth of information exchanged within the patient-physician relationship because of the potential harm it can cause to the health of the individual, family, and community. The AAFP believes that access to comprehensive care and evidence-based interventions should be legal and remain a treatment decision between a physician and their patient. Thus, we urge the committees to ensure that any individual confirmed for a top health post is one who expressly commits to protecting the confidential, trusting relationship between a patient and their physician.

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Promoting Vaccine Confidence and Uptake

Vaccines are one of the safest and most cost-effective public health innovations we have. Among children born between 1994 and 2023, **routine childhood vaccinations will have prevented approximately 508 million cases of illness, 32 million hospitalizations, and 1,129,000 deaths, resulting in direct savings of \$540 billion and societal savings of \$2.7 trillion.**^{iv} Given the safety and efficacy, the AAFP [supports](#) universal immunizations regardless of socioeconomic or insurance status, for all immunizations recommended by the AAFP, in collaboration with the Advisory Committee on Immunization Practices (ACIP), and current clinical vaccination guidelines.

With the exception of policies which allow for exemption from required vaccination for a medical contraindication, the AAFP [does not](#) support other immunization exemption policies. The AAFP believes that vaccination requirements for school entry are important for the health of the public and supports the science of vaccine safety. Unfortunately, misinformation about vaccines has been on the rise in recent years, jeopardizing both our country's population and economic health.

Data from the Centers for Disease Control and Prevention (CDC) found that less than 93% of kindergarteners had been vaccinated with all state-required vaccines in the 2023-2024 school year, down from 95% in the 2019-2020 school year.^v In 2019, the United States saw the largest number of measles cases since 1992. Research found that the overall societal cost of one of these outbreaks was approximately \$3.4 million, or \$47,479 per case, including costs incurred by the public health response, productivity losses, and direct medical costs.^{vi} Given the decline in childhood vaccination rates since 2019, we risk an even bigger outbreak that could yield more severe economic and health consequences.

Because of the success of vaccines, many individuals have not seen the true impacts of vaccine-preventable illnesses in their lifetime. Parents and patients may struggle to assess the potential harms and benefits of vaccines in light of this and question whether immunization is necessary for them or their child. Although no vaccine is completely free from the potential of adverse events or complications, family physicians are well-educated and trained to provide their patients with accurate, culturally proficient information so they can make an informed decision together. For the majority of individuals, the benefits of vaccination outweigh the risks.

The U.S. also has systems in place to further ensure the ongoing safety of vaccines on the market. The FDA and the CDC also maintain the Vaccine Adverse Event Reporting System (VAERS) as a post-marketing safety surveillance program for adverse events that occur after

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immunization. For example, cases reported in VAERS in 2021 alerted experts to a rare but serious adverse event known as thrombosis with thrombocytopenia syndrome in individuals who received a specific COVID-19 vaccine. That vaccine is no longer available in the United States.

Further, the National Vaccine Injury Compensation Program (VICP) recognizes that adverse events do happen. The VICP, an essential element of the U.S. immunization system, offers a patient-centric way to compensate those who may experience a rare vaccine-related injury. With bipartisan backing, the program was established to guarantee swift and fair resolution when these cases occur. A vaccine injury table, based on an in-depth examination of every adverse event proposed to be related to vaccination and a compilation of research, is used to swiftly process claims for adverse events in the list. The VICP plays a pivotal role in ensuring individuals who suffer injuries from covered vaccines receive fair and efficient compensation. This bolsters public trust in the vaccination system while providing stability for U.S. vaccine manufacturers and health care providers.

The spread of false information can undermine safety, put communities at risk, increase health care costs, and cause patients to forgo preventive measures such as vaccines or treatment, rather than follow the guidance of trusted scientists and medical experts. The Academy strongly urges confirmation of nominees who pledge to promote the importance of vaccinations for all individuals as clinically recommended.

Regulation by the Food and Drug Administration

The FDA is tasked with protecting our nation's public health by ensuring the safety, efficacy, and security of drugs, food and biologics as well as disseminating science-based information to patients and consumers. The AAFP calls for clinicians, health care systems, and policymakers to carefully consider the evidence and effectively weigh the benefits and the harms of any treatment. Family physicians use the existing science and evidence undertaken and evaluated by the FDA to guide their clinical recommendations and decision-making, in partnership with their patients. The AAFP [urges](#) caution in prescribing therapeutics for treatment or prevention of conditions that have not been authorized by the FDA based on substantial evidence for safety and efficacy.

Some critics of the current FDA structure and processes argue that it stifles innovation. Family physicians strongly support medical innovations and advancements to improve the health and wellbeing of our patients. The AAFP also supports the rapid evaluation of potential treatments through registered clinical trials and calls for the publication of full results in a transparent and timely manner. We agree that improved transparency is important to foster greater public confidence in FDA and other regulatory bodies. However, so is dissemination

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of accurate information. To achieve greater transparency, increase public confidence, and speed up review of medical innovations, the FDA requires more investment – not less. Any confirmed health officials must commit to carrying out the FDA’s mission: protecting public health by following the science, rather than weakening regulations to promote unfounded theories.

Thank you for considering this information as you undergo one of our nation’s most important processes. On behalf of family physicians and their patients, we look forward to continuing to work with you to protect the health of the American public and improve our health care system. Should you have any questions, please contact David Tully, Vice President of Government Relations, at dtully@aaafp.org.

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP".

Steve Furr, MD, FAAFP
American Academy of Family Physicians, Board Chair

ⁱ Turner A, Miller G, and E Lowry. “High U.S. Health Care Spending: Where Is It All Going?,” The Commonwealth Fund. Published October 4, 2023. Available online at: <https://www.commonwealthfund.org/publications/issuebriefs/2023/oct/highus-health-care-spending-where-is-it-all-going>.

ⁱⁱ Jabbarpour Y, Greiner A, Jetty A, et al. Investing in Primary Care: A State-Level Analysis. Patient-Centered Primary Care Collaborative and the Robert Graham Center; July 2019.

ⁱⁱⁱ Turner A, Miller G, and E Lowry. “High U.S. Health Care Spending: Where Is It All Going?,” The Commonwealth Fund.

^{iv} Zhou F, Jatlaoui TC, Leidner AJ, et al. Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023. *MMWR Morb Mortal Wkly Rep* 2024;73:682–685. DOI: <http://dx.doi.org/10.15585/mmwr.mm7331a2>.

^v Williams E and Kates J. “Childhood Vaccination Rates Continue to Decline as Trump Heads for a Second Term.” *Kaiser Family Foundation*. November 18, 2024. Accessed online at: <https://www.kff.org/policy-watch/childhood-vaccination-rates-continue-to-decline-as-trump-heads-for-a-second-term/>.

^{vi} Jamison Pike, Alan Melnick, Paul A. Gastañaduy, Meagan Kay, Jeff Harbison, Andrew J. Leidner, Samantha Rice, Kennly Asato, Linda Schwartz, Chas DeBolt; Societal Costs of a Measles Outbreak. *Pediatrics* April 2021; 147 (4): e2020027037. 10.1542/peds.2020-027037.