



July 8, 2024

The Honorable Tom Cole
Chair
Committee on Appropriations
U.S. House of Representatives
2207 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
U.S. House of Representatives
2413 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Cole and Ranking Member DeLauro:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 130,000 family physicians and medical students across the country, I write to urge support for several primary care priorities in the Fiscal Year (FY) 2025 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill as Congress finalizes the federal budget.

The Labor-HHS appropriations bill provides critical funding for agencies and programs that our members and their patients rely on for access to care, research to improve the efficacy and safety of health care and medical treatments, essential primary care workforce programs, and disease prevention and health promotion efforts. Specifically, the AAFP supports robust funding for the following priorities in the final FY 2025 Labor-HHS appropriations bill.

Primary Care Workforce

It is projected that we will face a shortage of up to 40,400 primary care physicians by 2036.ⁱ Despite being the largest field of medicine in the U.S. health system, primary care accounts for a mere 5-7 percent of total health care spending.ⁱⁱ There is an urgent need to build and finance a robust, well-trained, and accessible primary care system in our country. The AAFP urges the Committee to appropriate robust funding for the Health Resources & Services Administration (HRSA) including support for Title VII primary care workforce and training programs, the National Health Service Corps loan repayment and scholarship programs to help address physician shortages, and various HRSA programs that increase access to quality care, better leverage existing investments and improve health outcomes at a lower cost.

We also urge the Committee to appropriate robust funding for the [Agency for Healthcare Research and Quality](#) (AHRQ) to ensure it can continue to produce evidence to support clinical decision making, reduce health care costs, advance patient safety, decrease medical errors, and improve health care quality and access.

Primary Care Investment

The National Academies of Sciences, Engineering, and Medicine released a [report](#) in 2021 advocating for increased investment and implementation of high-quality primary care, classifying primary care as a “common good” and the only health care component where an increased supply is associated with improved population health and more equitable health outcomes. As such, the AAFP urges the Committee to appropriate adequate funding to support programs related to primary care investment within the Department of Health and Human Services (HHS)

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to ensure appropriately coordinated and elevated across federal agencies in a sustained manner.

Public Health

The AAFP has long [advocated](#) for better integration of primary care and public health in our health care system. Being on the front lines of health care, family physicians are uniquely positioned to serve as the foundation of a modernized, high-functioning health care system that can improve patient outcomes, address health inequities, and reduce costs. The AAFP urges the Committee to appropriate robust funding for the [Centers for Disease Control & Prevention](#) (CDC) including support for increasing routine [vaccination](#) rates, data modernization to improve pandemic preparedness and response, firearm injury and mortality, and tobacco and smoking prevention.

Maternal Health

More women die from pregnancy-related complications in the U.S. than in any other developed country, and the rate of maternal deaths continues to rise.ⁱⁱⁱ According to the [CDC](#), approximately 700 pregnancy-related deaths occur in the U.S. each year and 84 percent of these deaths are preventable.^{iv} Major disparities in maternal mortality exist, with Black women three to four times more likely than non-Hispanic white women to die due to pregnancy-related complications and Indigenous women more than twice as likely than non-Hispanic white women to die due to pregnancy-related complications. Sustained federal funding is critical to address the maternal health crisis that has only worsened and has a disproportionate impact on minority women.^v As such, the AAFP urges the Committee to appropriate robust funding for HRSA, CDC, and NIH programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health.

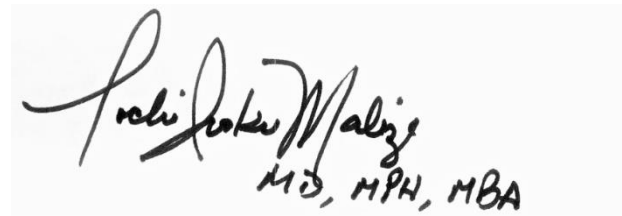
Behavioral Health

Family physicians provide comprehensive behavioral health services and are a major source for mental health care in the U.S. Additionally, primary care physicians are often the first point of care for most patients. Nearly 40 percent of all visits for depression, anxiety, or cases defined as “any mental illness”^{vi}. This underscores the need to better resource primary care physicians and improve behavioral health integration within the primary care setting care, in addition to strengthening the behavioral health workforce and improving coverage for services. The AAFP urges the Committee to appropriate robust funding for mental health and substance use disorder programs, such as HRSA’s Pediatric Mental Health Care Access Program, to ensure all patients, but especially children and adolescents, can access mental health services and support the integration of behavioral and mental health services into primary care settings.

The AAFP also supports robust funding for block grant programs that provide essential community mental health resources, like the Substance Abuse and Mental Health Services Administration’s Community Mental Health Services Block Grant and the Substance Use Prevention, Treatment, and Recovery Services Block Grant.

The AAFP appreciates the work of the Committee to get this critical legislation advanced before the end of the current fiscal year. For more information, please contact David Tully, Vice President of Government Relations, at dtully@aafp.org.

Sincerely,

A handwritten signature in black ink on a light background. The signature reads "Tochi Iroku-Malize" in a cursive script, with "MD, MPH, MBA" written in a simpler font below it.

Tochi Iroku-Malize, MD, MPH, FAAFP
Board Chair, American Academy of Family Physicians

ⁱ IHS Markit Ltd. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. Washington, DC: AAMC; 2021.

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.

<https://www.grahamcenter.org/content/dam/rqc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf>. Accessed June 20, 2022.

ⁱⁱⁱ Declercq, E., & Zephyrin, L. (2020, December 16). Maternal mortality in the United States: A Primer. Commonwealth Fund. Retrieved June 20, 2022, from <https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>

^{iv} Hill, Latoya, et al. "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them." KFF, 1 November 2022, <https://www.kff.org/racial-equity-and-health-policy/issuebrief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>. Accessed 30 April 2024.

^v <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

^{vi} Jetty, A., Petterson, S., Westfall, J. M., & Jabbarpour, Y. (2021). Assessing Primary Care Contributions to Behavioral Health: A Cross-sectional Study Using Medical Expenditure Panel Survey: <https://doi.org/10.1177/21501327211023871>