



February 21, 2025

The Honorable Robert F. Kennedy Jr.
Secretary
The Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Kennedy:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 130,000 family physicians and medical students across the United States, we are writing to you as you enter your new role as the Secretary for the Department of Health and Human Services. The AAFP's mission is simple: Strengthen family physicians and the communities they care for. Family physicians provide continuing and comprehensive medical care to all patients of all ages, 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 with a goal of prioritizing the ongoing, personal, patient-physician relationship focused on integrated care.

We would like to highlight a few of the Academy's policy priorities. We look forward to working with you and the department on increasing the primary care investment to address chronic disease, protecting the patient-physician relationship, ensuring access to vaccines and immunizations, and improving the regulation of drugs and medical devices along with the guidance physicians rely on to prescribe them. We look forward to continued dialogue with you and the department on these and many other issues of critical importance.

Increasing Primary Care Investment to Address Chronic Disease

There is significant overlap between the AAFP's priorities and your efforts to Make America Healthy Again and end the country's chronic disease epidemic. Our members are on the frontlines of this battle and strive to improve America's health one patient at a time. Despite their best efforts, 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

Multiple factors have contributed to this increase over the last few decades. First, 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 agrees with you that nutrition is a significant factor 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. 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.

In addition to nutrition, primary care is essential to improving our country’s health. **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

The American healthcare system has been far too concerned with increased upfront spending which has led to 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.

We know you recognize the multi-faceted approach that will be needed to reverse the prevalence of chronic conditions. **We thank you for your past support of greater investment in primary care, and urge you to use your power as Secretary to continue to champion this cause, including an overhaul of how we pay for and cover chronic care management services as a first step towards changing our health system from one that treats illness to one that prevents it.**

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.

The AAFP [opposes](#) federal policies that restrict 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 treatment decisions should be between a physician and their patient. Thus, we urge you to promote policies that protect the confidential, trusting relationship between a patient and their physician.

Promoting Vaccine Confidence and Uptake

The AAFP acknowledges that any medical intervention can only be effective if patients believe in the efficacy of the procedure and consequently consent to that treatment. Accordingly, the erosion of public trust is a public health crisis in and of itself. We support efforts to improve transparency in research and medical science, especially with regard to vaccinations. **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.

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 information so they can make an informed decision together. For the vast majority of individuals, the benefits of vaccination outweigh the risks.

However, 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 recognizes that improvements can be made to ensure the public has confidence in this guidance, however we strongly urge you to promote the importance of vaccinations for all individuals as clinically recommended.

Regulation by the Food and Drug Administration


The Food and Drug Administration (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 believes that timely and transparent publication is essential to ensuring public trust. We agree that improved transparency is important to foster greater public confidence in FDA and other regulatory bodies. However, so is dissemination of accurate information. To achieve greater transparency, increase public confidence, and speed up review of medical innovations, the FDA requires more investment – not less. Accordingly, we urge you provide maximum support to the FDA to ensure that it can efficiently execute its mission to protect and promote public health by following the science, establishing regulatory safeguards, and disseminating accurate, evidence-based information.

Thank you for considering this information as you undertake one of our nation's most important roles. On behalf of family physicians and their patients, we are prepared 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@aafp.org.

Sincerely,

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

Steve Furr, MD, FAAFP
Board Chair

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- 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-isitall-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>.