



April 10, 2025

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

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

Dear Chairman Cassidy and Ranking Member Sanders:

The American Academy of Family Physicians (AAFP), which represents the nation's more than 128,000 family physicians and medical students, has a distinguished history of being a leader in the advancement of health, wellbeing and disease prevention. Our members provide care to nearly 200 million people each year in communities all across the country.

Like Secretary Kennedy, who recently assumed the helm of the U.S. Department of Health and Human Services (HHS), the AAFP and our members are committed to creating a health care system that focuses more intently on promoting health versus simply treating disease. It is our belief that the pathway to achieving our shared goals of better health for individuals and communities and a better health care system for our country starts with investing in and prioritizing an individual's continuous relationship with a family physician.

On March 27, Secretary Kennedy announced a major organizational restructuring plan for HHS. While many aspects of the announced plan are aligned with these goals, the AAFP believes there is a need for greater transparency and communication about other actions being taken that we are concerned may compromise important functions and programs that support family physicians and other frontline primary care physicians and care teams.

We appreciate that you have called Secretary Kennedy before this committee to better understand the ongoing restructuring. Based on our understanding of certain changes, numerous programs important to care delivery, primary care research & evaluation, and workforce development may be impacted. We have outlined a few of the areas where we are seeking more information below and encourage you to highlight them in the hearing.

It is essential that HHS provides additional clarity about the changes being implemented and how they will impact family medicine and primary care. We are receiving countless questions from family physicians about the reorganization and would like to be able to share accurate answers with them.

Sincerely,

Steve Furr, MD, FAFAP
Board Chair

Key Implications of HHS Structural Changes on Primary Care

The AAFP appreciates efforts to save taxpayers' money, improve efficiency and streamline departmental functions and applauds the new HHS priority of ending America's epidemic of chronic illness. However, we are concerned about potential unintended consequences of such a significant restructuring, particularly given the expedited timeline for implementation. We appreciate that Secretary Kennedy has made assurances that core functions of HHS would continue throughout the restructuring process and wish to call attention to certain functions that are critical to primary care to ensure they are well-supported and experience minimal disruptions during the process:

- **Agency for Healthcare Research and Quality:** AHRQ is distinct from other research agencies due to its unique focus on health care quality, outcomes, access, and cost. Unlike agencies that primarily fund biomedical research, AHRQ is dedicated to improving the delivery of health care services and ensuring patient safety – directly in line with this administration's stated priorities. However, we are concerned about recent reports that the reduction in force eliminated half of AHRQ's staff, severely undermining their ability to accomplish these goals. The merger of AHRQ with the Assistant Secretary for Planning and Evaluation (ASPE) into the Office of Strategy has great potential to improve the effectiveness of federal health programs but only if the original functions of AHRQ are not abandoned.

Of particular importance to family physicians is the National Center for Excellence in Primary Care Research (NCEPCR) which provides funding, data, practical tools, and other resources for clinicians, researchers, and other health care decision makers trying to improve the quality and safety of primary care. Similarly, the Medical Expenditure Panel Survey (MEPS) collects data from families and individuals, health care clinicians, and employers to compile the most comprehensive source of data on the cost and use of health care and health insurance coverage in the United States. Much of the existing and ongoing research and analysis on health care spending relies upon this data set. These are critical resources for front line clinicians and forward-thinking innovators seeking to prevent and treat chronic disease across the country.

Additionally, AHRQ plays a crucial role in supporting the U.S. Preventive Services Task Force (USPSTF). The USPSTF's recommendations guide physicians on the latest preventive medicine practices, inform insurance coverage for services, and are used daily to educate patients on certain conditions and their treatments. Accordingly, we urge the committee to seek assurance from HHS that AHRQ will continue to be able to execute its essential mission.

- **Health Resources Service Administration:** HRSA plays a critical role ensuring that uninsured, isolated, and medically vulnerable Americans are not left without access to health care. HRSA supports community health centers that provide primary care to low-income patients, those living in rural areas, and other underserved populations. It plays a crucial role in developing the primary care workforce and ensuring that workforce is deployed to areas of the country with limited access to care.

Residency programs as well as individual physicians rely on payments from HRSA's various programs, including the Teaching Health Center Graduate Medical Education (THCGME) Program and the National Health Service Corps (NHSC) to ensure they can continue to deliver care in America's most underserved communities; any disruption in the distribution of those funds could seriously jeopardize patients' access to care and impede the training of our future primary care workforce. Secretary Kennedy must ensure that staff responsible for the management of these programs have not been or will not be laid off during the restructuring. We are excited to see HRSA work more closely with the other offices joining the Secretary's newly proposed Administration for a Healthy America (AHA), but also wish to underscore how many vital programs are currently housed in the agency and express our recommendation that they continue to be fully supported.

- **Substance Abuse and Mental Health Services Administration:** SAMHSA is vital for addressing mental and behavioral health conditions, which are essential to primary care and chronic disease management. As with HRSA, we see great potential for the integration of SAMHSA into AHA, as family physicians already integrate behavioral health services into their practices every day. However, we are concerned that reductions in force will limit the effectiveness of the programs SAMHSA oversees. Our nation continues to grapple with an opioid crisis, as recognized by Secretary Kennedy's recent renewal of the public health emergency declaration, and we have seen a concerning rise in the prevalence of mental health struggles in children and adolescents in recent years. SAMHSA's work, such as the dissemination of grants to improve mental health referrals for postpartum and pregnant women and technical assistance to advance care for substance use disorders, is integral in responding to these and other ongoing mental and behavioral health issues across America. Any disruptions to this work risks scaling back the strides we've made in recognizing and caring for patients and communities impacted by mental and behavioral health conditions.
- **Centers for Medicare and Medicaid Services Regional Offices:** CMS regional offices serve a critical function in implementing HHS programs at the state and local levels and are the primary source of beneficiary and physician support in adjudication of conflicts. We recognize that reducing the number of regional offices does not necessarily mean reduced clinician and beneficiary support, but we still urge this committee, in partnership with the Senate Finance Committee who has jurisdiction, to seek commitments from Secretary Kennedy that the remaining offices are capable of providing an appropriate level of service across the country.
- **Centers for Disease Control and Prevention:** The recent layoffs have impacted several critical divisions, including the National Center for Chronic Disease Prevention and Health Promotion, the National Center for Injury Prevention and Control, the National Center for HIV, Viral Hepatitis, STD, and TB Prevention, the National Center on Birth Defects and Developmental Disabilities, and the National Center for Environmental Health. However, information is not available on exactly what types of staff have been laid off and whether the functions of the impacted offices can or will continue. While we are supportive of these Centers, at a minimum the AAFP is seeking transparency on their ability to carry out future functions.

Additionally, we seek assurances that datasets and guidance from the CDC will remain frequently updated and available to the physicians who rely on them to make up-to-date recommendations on managing infectious diseases, public health threats, essential preventive care and chronic conditions. As the nation continues to face surging measles outbreaks, with two children having died as a result as of April 7, it is absolutely essential that primary care physicians and others have access to CDC data about community-level transmission of infectious diseases and other key metrics in order to make informed and tailored recommendations to their patients.

- **Food and Drug Administration:** The FDA has also seen significant reductions in staff, which we understand can be partially attributed to streamlining administrative and support functions. However, there have been reports that cuts have also affected the Center for Tobacco Products, which plays a crucial role in curbing youth use of e-cigarettes, as well as the Center for Biologics Evaluation and Research, which ensures the safety and effectiveness of vaccines. We wish to underscore the importance of these Centers as well as the FDA at-large to family physicians who rely on FDA guidance on a daily basis to make appropriate recommendations to their patients. We urge you to ensure the agency is continually capable of meeting these needs.
- **Administration for a Healthy America:** We are particularly interested in the creation of the AHA, which has the potential to significantly improve the coordination of several offices and programs which are of great importance to primary care. Family physicians work in each of AHA's proposed divisions' subject matter areas—Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce—making us uniquely positioned to contribute valuable insights to both individual initiatives as well as the greater goal of integrating these functions. Accordingly, we look forward to collaborating with AHA as soon as possible to address the chronic health crisis in America but also seek assurances that the offices now housed in AHA – including many of those above - will be able to continue to perform the functions they oversaw before the restructuring.

Thank you for considering this information. 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 Natalie Williams, Senior Manager of Legislative Affairs at nwilliams2@aaafp.org.