



February 25, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
H-232, The Capitol
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
H-204, The Capitol
Washington, D.C. 20515

Dear Speaker Johnson and Minority Leader Jeffries:

On behalf of the undersigned chapters of the **American Academy of Family Physicians (AAFP)**, representing over 130,000 family physicians and medical students across the country, we write to convey our deep concerns regarding proposals to reduce Medicaid funding or implement further eligibility restrictions. We strongly urge you and your colleagues to reject any reforms that have the potential to impede access to essential care for millions of Americans who rely upon Medicaid, including our nation's most vulnerable populations.

Family physicians are at the forefront of health care delivery, caring for individuals and families across the lifespan, and we witness firsthand the positive impact that Medicaid has on our patients' lives. Medicaid is a lifeline for more than 72 million low-income individuals and families, children, pregnant women, elderly adults, and individuals with disabilities. It ensures access to necessary medical care, preventive services, and long-term services and support that many would otherwise be unable to afford.

Medicaid is both wide-reaching and favorably viewed by most Americans. Data from January shows that two-thirds of adults say that they or someone close to them has direct experience with Medicaid and more than three-quarters have a favorable view of Medicaid, including the majority of Democrats, Independents, and Republicans.ⁱ Reducing funding or further restricting eligibility for Medicaid would not only limit access to care but also exacerbate existing health disparities, leading to poorer health outcomes and increased healthcare costs in the long term. Preventive care and early intervention, which are cornerstones of family medicine, would be significantly compromised, resulting in more severe and costly health issues down the line.

Medicaid coverage has been consistently shown to improve health outcomes at the individual, family, and community levels both in the short- and long-term. Studies have shown that greater exposure to Medicaid eligibility in childhood is associated

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with a significant improvement in health in adulthood, and Medicaid coverage is associated with reduced mortality in both childhood and adulthood.ⁱⁱ

Medicaid coverage also yields notable economic benefits. Eligibility for Medicaid early in life leads to higher rates of employment, higher earnings, lower rates of disability, decreased likelihood of incarceration, and lower rates of public assistance usage.ⁱⁱⁱ Expanded Medicaid eligibility for pregnant women has been shown to increase their children's economic opportunity in adulthood through increased educational attainment and higher incomes.^{iv} Children covered by Medicaid also pay more in cumulative taxes by age 28 compared to their peers who are not Medicaid-enrolled.^v

Further, many state-specific analyses have found that, between cost offsets and increased tax revenue, Medicaid expansion more than paid for itself.^{vi} In some states, Medicaid expansion appears to have generated potential cost savings as health care spending per person is lower.^{vii} This is likely because individuals who would otherwise be uninsured and unable to afford care are connecting with primary care physicians and utilizing preventive care, rather than delaying treatment and relying upon more expensive care settings like emergency departments. The literature supports this assumption, with several studies finding that Medicaid expansion led to significant improvements in rates of self-reported access to and utilization of care, including primary and preventive care, mental health care, and prescription drugs.^{viii}

Given the above findings and robust support by the American people, we respectfully urge you to reject any proposed Medicaid reforms that would impede access to care and instead focus on strengthening and expanding this crucial program. Investing in Medicaid is an investment in the health and future of our nation. The AAFP stands ready to collaborate with you and other stakeholders to identify sustainable solutions that ensure all Americans have access to high-quality, affordable health care.

Thank you for your attention to this urgent matter. We look forward to your support in preserving and enhancing Medicaid for the benefit of all Americans.

Sincerely,

Alabama Academy of Family Physicians
Alaska Academy of Family Physicians
Arizona Academy of Family Physicians
Arkansas Academy of Family Physicians
California Academy of Family Physicians
Colorado Academy of Family Physicians
Connecticut Academy of Family Physicians
Delaware Academy of Family Physicians
District of Columbia Academy of Family Physicians





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New Mexico Academy of Family Physicians
New York Academy of Family Physicians
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North Dakota Academy of Family Physicians
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Oklahoma Academy of Family Physicians
Oregon Academy of Family Physicians
Pennsylvania Academy of Family Physicians
Rhode Island Academy of Family Physicians
South Carolina Academy of Family Physicians
South Dakota Academy of Family Physicians
Tennessee Academy of Family Physicians
Texas Academy of Family Physicians
Utah Academy of Family Physicians
Vermont Academy of Family Physicians
Virginia Academy of Family Physicians
Washington Academy of Family Physicians
West Virginia Academy of Family Physicians
Wisconsin Academy of Family Physicians
Wyoming Academy of Family Physicians





cc: Members of the House Energy and Commerce Committee

ⁱ Kaiser Family Foundation. (2023, March 30). Updated January 17, 2025. *5 charts about public opinion on Medicaid*. Kaiser Family Foundation. <https://www.kff.org/medicaid/poll-finding/5-charts-about-public-opinion-on-medicaid/>.

ⁱⁱ Chu, R. C., Peters, C., & Buchmueller, T. (2024, September). *Medicaid: The health and economic benefits of expanding eligibility* (Issue Brief HP-2024-18). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. <https://aspe.hhs.gov/sites/default/files/documents/effbde36dd9852a49d10e66e4a4ee333/medicaid-health-economic-benefits.pdf>.

ⁱⁱⁱ Ibid.

^{iv} Kaiser Family Foundation. (2022, December 13). *Medicaid spending growth compared to other payers*. Kaiser Family Foundation. Retrieved February 8, 2025, from <https://www.kff.org/report-section/medicaid-spending-growth-compared-to-other-payers-issue-brief/>.

^v Ibid.

^{vi} Chu, R. C., Peters, C., & Buchmueller, T.

^{vii} Johnson, E. (2023, April 13). *The true cost of the great Medicaid "unwinding"*. Institute for Health Metrics and Evaluation. <https://www.healthdata.org/news-events/insights-blog/acting-data/true-cost-great-medicaid-unwinding>.

^{viii} Chu, R. C., Peters, C., & Buchmueller, T.

