



AMERICAN ACADEMY of FAMILY PHYSICIANS

February 3, 2026

The Honorable Bill Cassidy
Chairman
Senate Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 128,300 family physicians and medical students, I am writing this letter in advance of the Committee's hearing, *Modernizing the National Institutes of Health (NIH): Faster Discoveries, More Cures*, to express our support for increased research regarding the benefits of primary care.

Primary care clinicians, of which a significant portion are family physicians, provide comprehensive, continuous, and preventive care to their patients. Like most clinicians, they rely on NIH-funded research to inform clinical practice, understand social factors impacting health, and stay updated on emerging diseases and treatments. With over 200 million office visits annually, family physicians provide the most office-based primary care visits and remain highly trusted by the American people.ⁱ

The AAFP appreciates the Administration's dedication to addressing rising rates of chronic illness among Americans, especially as family physicians work to address these issues every day in practice settings all across America. Our beliefs also align with several of the core concerns highlighted in the Make America Healthy Again (MAHA) Strategy Report, particularly the call for a more comprehensive approach to understanding the key drivers of chronic disease. We have long advocated – both to policymakers and directly to our patients – about the importance of nutrition, physical activity, and environmental health as key components of disease prevention.

Investing in primary care research is a key pillar of enabling all Americans to prevent and manage chronic disease. Primary care is the only health care component where an increased supply is associated with better population health, better outcomes, and lower mortality rates, leading the National Academies of Sciences, Engineering, and Medicine to call it a common good.ⁱⁱ Evidence clearly demonstrates that improving access to longitudinal, coordinated primary care reduces costs, improves utilization of recommended preventive care and reduces hospitalizations. In fact, every \$1 invested in primary care produces \$13 savings from reduced hospital and emergency care costs.ⁱⁱⁱ

The AAFP believes that the NIH plays a critical role in advancing high-quality primary care research. Strengthening this focus directly supports the administration's MAHA objectives to accelerate progress in chronic disease. Robust primary care research will drive better prevention strategies and improve whole-person care.

The AAFP has been encouraged by recent signals from NIH about the importance of embedding primary care into more of their research and programs. One such example is the CARE for Health initiative launched in 2024. This pilot program is intended to test the feasibility of a network of networks to embed clinical research in primary care settings – the frontline of clinical practice.^{iv} It seeks to address barriers to clinical research participation by integrating innovative research with routine clinical care in real world settings. During the first two years of the program, funded Network Research Hubs are engaging rural communities across the nation to participate in clinical studies addressing common and chronic conditions of critical importance to primary care clinicians and their patients. It is critical that NIH continues to support and develop additional initiatives like these.

Unfortunately, despite the proven importance of primary care and related research, past federal support for primary care research has been woefully limited with 0.34% of federal research dollars spent on it in 2025.^v The AAFP urges Congress to use their power of the purse to ensure that NIH has adequate and stable funding dedicated to primary care and preventive research so that they can expand and build upon such initiatives.

Concurrently, the AAFP remains committed to only supporting evidence-based, gold-standard science in any research conducted both within and outside of federal agencies. We also oppose any attempts to limit public access to essential health research, as transparency in health data is vital for shaping effective, evidence-based policies that both clinicians and their patients can trust.

The AAFP also wishes to express its continued concerns regarding the current development of vaccine recommendations and the related "research" being conducted to support vaccine schedule changes. We are concerned by reports and statements from HHS staff indicating internal pressures from agency leadership to modify or censor data to support unproven and partisan recommendations.^{vi} We ask that all agencies, including NIH, prioritize scientific integrity, transparency, and continuity in their research. Translating scientific evidence into clinical practice is essential for effective immunization and safeguarding public health. Inconsistencies in how recommendations are developed and researched can undermine trust and intrude on the patient-physician relationship, especially in the shared decision-making between physicians and patients.

We look forward to collaborating with the Committee and your colleagues in Congress to ensure NIH has the appropriate resources and funding necessary to support robust primary care research. This investment will better leverage the value of primary care, enhance the health of Americans, and contribute to a healthier, more resilient nation.

Should you have any additional questions, please contact Megan Mortimer, Manager of Legislative Affairs, at mmortimer@aafp.org.

Sincerely,



Jen Brull, MD, FAAFP
American Academy of Family Physicians, Board Chair

ⁱ Health Resources and Services Administration, U.S. Department of Health and Human Services. (2024). “Workforce Projections.”

ⁱⁱ [Implementing High-Quality Primary Care](#), National Academies of Sciences, Engineering, and Medicine. 2021

ⁱⁱⁱ Gao J, Moran E, Grimm R, Toporek A, Ruser C. The Effect of Primary Care Visits on Total Patient Care Cost: Evidence From the Veterans Health Administration. *J Prim Care Community Health*. January 2022. [The Effect of Primary Care Visits on Total Patient Care Cost: Evidence From the Veterans Health Administration - PubMed](#)

^{iv} [CARE for Health™ | NIH Common Fund](#), June 2024.

^v Milbank Memorial Fund. The Health of US Primary Care: 2024 Scorecard Report — No One Can See You Now. Milbank Memorial Fund. Published February 28, 2024. <https://www.milbank.org/publications/the-health-of-us-primary-care-2024-scorecard-report-no-one-can-see-you-now/>

^{vi} Phie Jacobs, “Attempt to oust CDC director sparks key resignations by agency officials,” Science Insider, August 28, 2025. <https://www.science.org/content/article/attempt-oust-cdc-director-sparks-key-resignations-agency-officials>