



March 17, 2022

The Honorable Anna Eshoo
Chairwoman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie,

On behalf of the American Academy of Family Physicians (AAFP) and the 127,600 family physicians and medical students across the country we represent, I applaud the committee for its continued focus to improve our health care system, including improving diversity and equity in research. I write in response to the “The Future of Medicine: Legislation to Encourage Innovation and Improve Oversight” hearing to share the family physician perspective.

The AAFP has long advocated for better integration of primary care in our health care system. Primary care is the only health care component where increased access is associated with better population health and more equitable outcomes.ⁱ Often times, family physicians are the sole physicians providing care in their communities, especially in rural or underserved areas, and can adapt their care to fit the unique needs of these communities, utilize data to monitor and manage their patients, and use evidence-based science to prioritize services most likely to benefit health. 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 is working to develop strategies that improve population health and advance health equity through identifying and incorporating social determinants of health in all health care delivery systems – with the goal of prioritizing preventive health and management of chronic conditions. We support [Health in All Policies](#) as a strategy to improve population health and advance health equity, and developed a toolkit for physicians through the [EveryONE](#) Project. We are pleased to see that the Committee is considering legislation that is consistent with our “health in all policies” strategy.

The AAFP supports, **H.R. 3085, the Equity in Neuroscience and Alzheimer’s Clinical Trials (ENACT) Act**, which would increase participation of underrepresented populations in dementia clinical trials by expanding education and outreach to these populations, encouraging the diversity of clinical trial staff, and reducing participation burden. This is critical to addressing the various [health inequities](#) associated with gender, race, and ethnicity in dementia care.ⁱⁱ Today, more than 6 million Americans are living with Alzheimer’s, and family physicians, as a patients’ first point contact with the health system, are ideally positioned to provide and coordinate care for individuals living with dementia from early to end stages of the illness.ⁱⁱⁱ

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The Academy also supports, **H.R. 6584, the Diverse and Equitable Participation in Clinical Trials (DEPICT) Act**, which would enhance reporting on clinical trial diversity and representation and provide resources, such as workshops and community health center grants, to underrepresented communities to improve access and participation in clinical trials. The AAFP [supports](#) the inclusion of diverse populations in clinical trials, surveys, and other research as an essential tool to better understand the drivers of health disparities and their impact on health, whether it be increased risk for disease or differences in treatment efficacy.

Lastly, the AAFP [supports](#) several provisions included in, **H.R. 6000, Cures Act 2.0**. Specifically, we are supportive of the provisions that increase diversity in clinical trials to reflect the diversity of today's patient population; leverage real-world data to create closer alignment between medical progress and patient need; improve health literacy to improve patient outcomes; extend Medicare telehealth flexibilities and strengthen telehealth access in Medicaid & CHIP; strengthen vaccines awareness and electronic exchange of immunization data; and advance solutions for individuals with long COVID. Similar to the original 21st Century Cures Act, Cures Act 2.0 reflects a goal to safely and efficiently modernize health care delivery, which is particularly necessary as we are still fighting the coronavirus pandemic.

Again, we thank the Committee for its work to improve our public health and health care system and ensure it can adapt to meet the needs of our growing, diverse patient population. We look forward to working with you to pass these important bills. If you have additional questions, please reach out to John Aguilar, Manager of Legislative Affairs at jaquilar@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Ada D. Stewart, MD". The signature is written in a cursive, flowing style.

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

ⁱ McCauley L, Phillips RL, Meisner M, Robinson SK. (2021). "Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care." *National Academies of Sciences, Engineering, and Medicine*. Web.

ⁱⁱ Alzheimer's Association. (2022, January). *Special Report - More than Normal Aging: Understanding Mild Cognitive Impairment*. Alzheimer's Association. Retrieved March 15, 2022, from <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

ⁱⁱⁱ Ibid.