

April 30, 2025

Jay Bhattacharya, MD

Director
National Institutes of Health
Washington, D.C. 20510

Dear Director Bhattacharya:

On behalf of the American Academy of Family Physicians (AAFP), representing 128,300 family physicians and students across the country, I write to congratulate you on your confirmation as Director of the National Institutes of Health (NIH).

Family physicians provide comprehensive, continuous primary care across the lifespan. They rely on NIH-funded research to inform clinical practice, understand social factors impacting health, and stay updated on emerging diseases and treatments.

The AAFP appreciates the Department of Health and Human Services' (HHS) goals to combat chronic disease burden in America. Family physicians are uniquely positioned to partner with HHS to do this given their experience in prevention, early detection, and long-term management across patients' lifespans. Further, with over 200 million office visits annually, family medicine physicians account for the largest number of office-based primary care visits, and are highly trusted by the American people.ⁱ According to the Kaiser Family Foundation's poll on health information and trust, 85% respondents reported to have either a "great deal" or a "fair amount" of trust in their doctor to make the right recommendations when it comes to health issues, over key health agencies and public health officials in 2025.ⁱⁱ We would be honored to partner with you to help reach the American people in your goals to make America healthy again.

Thus, investing in primary care research enables all Americans to prevent as well as recover from the burdens of 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.ⁱⁱⁱ Evidence clearly demonstrates that improving access to longitudinal, coordinated primary care reduces costs, improves utilization of recommended preventative care and reduces hospitalizations. **In fact, every \$1 invested in primary care produces \$13 savings from reduced hospital and emergency care costs.**^{iv}

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Despite these facts, past federal support for primary care research has been limited with 0.34% of federal research dollars spent on it.^v Further, the recent 15% cap on indirect costs at the NIH imposes further constraints, limiting the academic pipeline and straining the potential for future primary care research and innovation.^{vi,vii} We encourage the NIH to reconsider this cap on vital research operations, which saves American dollars and lives.

We look forward to collaborating with you and Congress to secure appropriate funding for primary care research. This investment will fully leverage the impact of primary care, enhancing the health of Americans and contributing to a healthier, more resilient nation.

Again, congratulations and we look forward to working with you to promote continued opportunities to advance primary care research. Should you have any questions, please contact David Tully, Vice President, Government Relations, at dtully@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP". The signature is written in a cursive, flowing style.

Steven Furr, MD, FAAFP

American Academy of Physicians, Board Chair

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

ⁱⁱ KFF Tracking Poll on Health Information and Trust: January 2025 | KFF. KFF. Published January 28, 2025. <https://www.kff.org/health-information-and-trust/poll-finding/kff-tracking-poll-on-health-information-and-trust-january-2025/>

ⁱⁱⁱ Nationalacademies.org. Published 2021. <https://www.nationalacademies.org/news/2021/05/high-quality-primary-care-should-be-available-to-every-individual-in-the-u-s-says-new-report-payment-reform-telehealth-expansion-state-and-federal-policy-changes-recommended>

^{iv} 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. 2022 Jan-Dec;13:21501319221141792. doi: 10.1177/21501319221141792. PMID: 36564889; PMCID:PMC9793026.

^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} Ryan. Penn Medicine graduate programs instructed to cut Ph.D. admissions by 35% due to funding uncertainty. Thedp.com. Published 2025. <https://www.thedp.com/article/2025/02/penn-medicine-phd-admissions-cuts-funding>

^{vii} Staff I. Understanding the Economic Implications of NIH's Indirect Costs Cap: A Closer Look at the 2025 Proposal. Implan.com. Published 2025. <https://blog.implan.com/funding-cuts-2025>