



August 5, 2025

The Honorable Robert Kennedy, Jr.
Secretary
U.S. Department of Health and
Human Services
200 Independence Avenue SW
Washington, D.C. 20201

The Honorable Marco Rubio
Secretary
U.S. Department of State
2201 C Street NW
Washington, D.C. 20520

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Avenue SW
Washington, D.C. 20202

RE: Interagency Coordination in Support of the Primary Care Workforce

Dear Secretaries Kennedy, McMahon, and Rubio:

On behalf of the American Academy of Family Physicians (AAFP), representing over 128,300 family physicians and medical students nationwide, we write to urge your departments to work together in close coordination to address the growing crisis in the U.S. primary care workforce. We believe unintended consequences of seemingly unrelated policies across your departments may unintentionally frustrate efforts around our shared goals of making America healthy and have a cumulative impact that could seriously jeopardize America's access to primary care. The three departments you lead are in a position to collectively address these challenges with policies to support:

- Federal student debt relief programs;
- Federal workforce initiatives; and
- Physician-focused immigration pathways, particularly for international medical graduates (IMGs).

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These three pillars are essential to ensuring a robust and geographically distributed primary care workforce—particularly in rural and underserved communities. While we understand that your departments have separate jurisdiction over these historically siloed policy domains, the increasingly fragile state of the primary care workforce creates an opportunity for you to take a bold, new collaborative approach to ensure the country has enough primary care physicians to fulfill the Make America Healthy Again vision.

Primary Care is the Key to Addressing the Chronic Disease Crisis

Nearly 95 percent of adults 60 years and older have at least one chronic condition, and nearly 80 percent have two or more.ⁱ This is only projected to worsen in the coming years, as the number of adults 50 years and older with at least one chronic disease is estimated to increase by almost 100 percent from 71.522 million in 2020 to 142.66 million by 2050.ⁱⁱ The AAFP shares the administration's belief that it is critically important for the U.S. to work to prevent chronic illnesses and stop this projection from becoming a reality.

Primary care is the only health care component where an increased supply is associated with better population health and improved patient outcomes.ⁱⁱⁱ Access to longitudinal, coordinated, comprehensive primary care has been shown to increase utilization of preventive care; improve outcomes for patients with chronic conditions; and reduce costly emergency visits, hospitalizations, and unnecessary specialty outpatient visits. Yet the United States has continuously underinvested in primary care. In 2022, primary care spending dropped to less than five cents of every dollar, with Medicare spending the lowest at 3.4%.^{iv} A common theme across countries with better health outcomes and lower health care costs is that they invest more in their primary care system, with estimates between 12% and 17% of total health care spending.^v

Family physicians provide continuing and comprehensive medical care, health maintenance, and preventive services to patients across the lifespan. Through

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enduring partnerships, family physicians help patients prevent, understand, and manage illness; navigate the health system; and set health goals. The defining features of primary care, including continuity, coordination, and comprehensiveness, mean family physicians are particularly well-suited to serve as the focal point of care for patients with chronic conditions – and those who want to take charge of their health to prevent them.

Despite the overwhelming evidence to support primary care as the solution to the chronic disease crisis, it is projected that the U.S. will face a shortage of up to 40,000 primary care physicians by 2036.^{vi} This analysis does not include additional impact expected from H.R. 1's elimination of Grad PLUS loans and caps on unsubsidized professional (e.g., medicine) borrowing at \$50,000 per year and \$200,000 per lifetime.

Tri-Department Collaboration Can Address Workforce Shortages

The causes of the primary care physician shortage are numerous, but chief among them is the cost of medical education coupled with low reimbursement rates and associated lower incomes for primary care physicians when compared to other specialties. Physicians are the most likely professionals to carry student loan debt, with 81 percent of those with Doctor of Medicine degrees having graduate school debt.^{vii} While all physicians will incur the same cost for their medical education regardless of specialty, those who go into primary care will have more difficulty managing their debt due to lower income. **In fact, when measuring debt as a ratio to income, primary care physicians have approximately double the debt burden as those entering surgical fields.**^{viii} It is therefore not surprising that research has shown that targeted loan forgiveness or repayment programs directly influence physicians' choices about whether to choose primary care specialties.^{ix}

Accordingly, appropriately incentivizing the selection of primary care specialties through the availability of debt relief is one of the most effective ways to ensure an adequate health care workforce. However, we are concerned that actions currently under consideration by your departments, like reforms to the public service loan

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forgiveness program and the elimination of numerous workforce programs in HHS's 2026 budget will worsen the existing primary care shortage and undermine efforts to Make America Healthy Again. Instead, we urge HHS and ED to collaborate to ensure that medical students are incentivized to pursue careers in primary care by offering a wide array of opportunities for debt relief.

Additionally, State has an important role in ensuring international medical graduates (IMGs) are prioritized in visa processing—particularly for J-1 and H-1B visas. **IMGs are twice as likely as U.S. graduates to practice in primary care and are overrepresented in rural and underserved areas.**^x Family medicine is one of the most IMG-dependent specialties, particularly in rural and underserved areas, with foreign-trained physicians comprising over 50% of the workforce in many underserved regions. If fewer IMGs can enter or remain in the U.S., clinics and hospitals in these areas may face staffing crises, which would reduce access to primary care.

However, recent actions related to the scheduling of visa interviews have jeopardized many IMGs' ability to begin their residencies. Accordingly, we urge State to swiftly and continuously prioritize physician applicants for visas.

A Call for Interagency Coordination

We appreciate that the departments are seeking to address different policy issues in these actions and that the impacts to the primary care workforce are an unintended consequence. However, we must stress that these seemingly siloed actions will have a significant cumulative effect on the overall physician workforce and therefore America's health.

Accordingly, we urge the departments to:

- Establish a formal interagency working group focused on primary care workforce development;
- Align regulatory definitions, timelines, and eligibility criteria across student aid, GME, and immigration programs wherever possible; and

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- Share data and best practices to ensure that federal regulations and investments are targeted, effective, and equitable.

The health of our nation depends on a strong primary care foundation. By working together, your departments can ensure that every community—regardless of geography or demographics—has access to the care they need.

Thank you for your leadership and your commitment to strengthening the U.S. health care system. The AAFP stands ready to support your efforts and provide clinical and policy expertise as needed. Should you have any questions, please contact Kate Gilliard, Sr. Manager Federal Policy and Regulatory Affairs, at kgilliard@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP".

Steven P. Furr, MD, FAAFP
Board Chair
American Academy of Family Physicians

ⁱ National Council on Aging. Chronic Inequities: Measuring Disease Cost Burden Among Older Adults in the U.S. A Health and Retirement Study Analysis. Page 5, Figure 2. April 2022. <https://ncoa.org/article/theinequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adults>.

ⁱⁱ Ansah JP, Chiu CT. Projecting the chronic disease burden among the adult population in the United States using a multi-state population model. *Front Public Health*. 2023 Jan 13;10:1082183. doi: 10.3389/fpubh.2022.1082183. PMID: 36711415; PMCID: PMC9881650.

ⁱⁱⁱ National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

^{iv} Jabbarpour, Y., Jetty, A., Byun, H., Siddiqi, A., & Park, J. (2025, February 18). *The Health of US Primary Care 2025 Scorecard: The Cost of Neglect – How Chronic Underinvestment in Primary Care Is Failing US Patients*. Milbank Memorial Fund. <https://doi.org/10.1599/mmf.2025.0218>

^v Baillieu R, Kidd M, Phillips R, et al. *The Primary Care Spend Model: a systems approach to measuring investment in primary care*. BMJ Global Health. 2019;4:e001601.

^{vi} GlobalData Plc. March 2024. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. AAMC. <https://www.aamc.org/media/75236/download>.

^{vii} Hanson, M. June 29, 2023. Student Loan Debt Statistics. EducationData.org. <https://educationdata.org/student-loan-debt-statistics>.

^{viii} Friedman AB, Grischkan JA, Dorsey ER, George BP. Forgiven but not Relieved: US Physician Workforce Consequences of Changes to Public Service Loan Forgiveness. J Gen Intern Med. 2016 Oct;31(10):1237-41. doi: 10.1007/s11606-016-3767-2. Epub 2016 Jun 13. PMID: 27295187; PMCID: PMC5023611.

^{ix} Scheckel CJ, Richards J, Newman JR, Kunz M, Fangman B, Mi L, Poole KG Jr. Role of Debt and Loan Forgiveness/Repayment Programs in Osteopathic Medical Graduates' Plans to Enter Primary Care. J Am Osteopath Assoc. 2019 Apr 1;119(4):227-235. doi: 10.7556/jaoa.2019.038. PMID: 30907961.

^x American Medical Association. October 19, 2021. How IMGs Have Changed the Face of American Medicine. <https://www.ama-assn.org/education/international-medical-education/how-imgs-have-changed-face-american-medicine>.