



Robert F. Kennedy, Jr.
Secretary
United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

February 18, 2025

Dear Secretary Kennedy:

I am reaching out on behalf of the American College of Physicians (ACP) in recognition of your confirmation as Secretary of the Department of Health and Human Services (HHS). As Secretary, you now have the power to improve the health and well-being of virtually every American. ACP supports evidence-based policy solutions to help maintain public health and well-being while also ensuring access to high quality health care when and where a patient needs it.

ACP is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.

ACP shares your concern that inadequate access to nutritious food negatively impacts the health of many Americans, which in turn can negatively impact employment and income and increase medical expenditures—thus further exacerbating food insecurity. The College is eager to work with you to advance [policy solutions](#) that improve food and nutrition security and promote public health as part of a part of the greater goal of making people healthier and ensuring access to affordable high-quality care when and where people need it. In addition, we would like to work with your office and Congress on policy issues that would address the following major areas:

Improving Access to Internal Medicine Physicians and Others Providing Primary and Comprehensive Care

The College recognizes that six in ten American adults have at least one chronic disease and four in ten have two or more, and at \$3.3 trillion in annual health costs, chronic disease is

responsible for 75% of aggregate national health care spending and is the largest cause of disability and death. Internal medicine physicians are at the frontline for coordinating and managing patients' overall care, particularly for those with multiple complex chronic conditions.

Research shows that greater availability of primary health care provided by internal medicine and other physicians is associated with decreased health expenditures, higher patient satisfaction, fewer hospitalizations and emergency department visits, and lower mortality. Despite these benefits, only [between 6% and 8%](#) of health care dollars are spent on [primary care](#). Internal medicine and other physicians who specialize in providing primary and comprehensive care are central to reducing the burden of chronic diseases and helping keep people healthy. ACP has long advocated for leveraging primary care to support prevention and chronic disease management.

Unfortunately, patient care has been jeopardized as the Medicare Physician Fee Schedule (PFS) fails to provide physicians with the resources to keep up with rising expenses and the cost of caring for patients. This problem is three-fold. First, primary care services have historically been undervalued, largely due to the budget neutral nature of the Medicare PFS. Second, a 2.8 percent cut to physician Medicare payments went into effect on January 1, 2025. This cut is the result of systemic flaws within the PFS, and this is the fifth straight year that the final PFS rule includes an across-the-board cut to payment rates for physicians and other clinicians. Lastly, the PFS also has not been updated to account for inflation; as a result, payment rates have actually decreased by a staggering 29 percent over the past two decades when adjusted for inflation. Near-term stabilization of the PFS and longer-term payment reform are needed to better support patient care, especially for those with multiple chronic conditions.

One barrier to patient access to primary care is a growing shortage of physicians specializing in primary care. It is estimated that by 2034 there will be a nationwide shortage of 17,800 to 48,000 primary care physicians. The [challenge of seeing a physician when you need one](#) is already being felt throughout the country and no one is insulated from this problem. While there is no single solution to this problem, it starts with increasing federal graduate medical education programs' ability to train more primary care physicians; it also requires addressing the issues that often result in physicians leaving direct patient care, like insufficient payment and excessive administrative burdens.

Removing Unnecessary Red Tape to Improve Patient Care

While addressing health care costs is very important, there is growing concern that cost-utilization protocols, such as prior authorization and step therapy, do more harm than good. Not only do they create unnecessary barriers to patients getting the care they need, they also increase the financial burden to physician practices and contribute significantly to the ongoing physician burnout epidemic.

Medicare Advantage (MA) plans can require enrollees to receive prior authorization before a service will be covered, and nearly all MA enrollees (99 percent) are in plans that require prior authorization for some services in 2023. Further, in 2022, a survey of more than 500 doctors from group practices found that 89 percent believe that regulatory burdens increased in the past year, and 82 percent responded that the prior authorization process is very or extremely burdensome.

ACP strongly supports policy changes to minimize and improve prior authorization and step therapy processes for patients and clinicians. Federal policies are needed to prevent discriminatory practices using artificial intelligence in prior authorization determinations, and to ensure that patients have access to appropriate treatments based on clinical decision-making and medical necessity rather than arbitrary step therapy protocols. We stand ready to support efforts by your administration to address these issues and improve physicians' ability to provide seamless evidence-based care for their patients without unnecessary administrative delays.

Protecting Medicaid Coverage and Patient Access to Affordable Comprehensive Coverage

As you know, Medicaid is a vital safety net that provides health insurance coverage for more than 85 million Americans and ensures that our most vulnerable populations have access to health care. It also provides insurance coverage to nearly [one in four](#) nonelderly individuals in rural America. Current federal law ensures that federal funding and Medicaid policies continue to support states' ability to provide coverage to their most vulnerable residents. ACP strongly opposes policies that would reduce access to care, affordability, or coverage for Medicaid recipients. Policy changes that could result in funding shortfalls, such as a block grant or per-capita cap, or work requirements that would put coverage for patient care at risk will likely make people sicker and delay care, leading to higher costs and worse outcomes.

Protecting Public Health

We are living in an age of unprecedented scientific and technological advancement in medicine, but unfortunately incidences of previously well-controlled, vaccine-preventable diseases, such as pertussis (whooping cough) and measles, are increasing in the United States. Vaccines are vital to our ability to prevent diseases that threaten public health, including novel diseases and future pandemics. We ask that you renew efforts to utilize the strongest evidence to guide medical care and public health policies. It is critical that public health leaders support evidence-based medicine, including the use of vaccines and other effective public health strategies that protect all of us.

Lastly, it is important that patients, clinicians, and researchers have ready access to public health and scientific information. I want to urge you to protect public access to taxpayer-funded content that has traditionally been available through HHS and Public Health Service

agency publications and websites. Access to this content, ranging from incidence and mortality data to health information for patients supports the health and wellbeing of everyone. Physicians often rely on these information sources to provide the best quality, evidence-based care for our patients and communities and we must ensure they continue to have access to the best available evidence for patient care.

Conclusion

ACP stands ready to work with you to strengthen and improve the health and well-being of all Americans and support the physician and health care workforce caring for them. We welcome the opportunity to work with you to develop meaningful solutions that will increase patient access to primary and comprehensive care and improve health outcomes while reducing unnecessary spending. Please reach out to David Pugach, ACP Vice President for Governmental Affairs and Public Policy, at dpugach@acponline.org, should you have any questions or if we can be of assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Isaac O. Opole".

Isaac O. Opole, MD, PHD, MACP

President