



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 Colle



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





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](mailto:dpugach@acponline.org), should you have any questions or if we can be of assistance.

Sincerely,

Isaac O. Opole, MD, PHD, MACP

President

