

POSITION STATEMENT:

Society of Behavioral Medicine Supports Legislation to Prevent the Public Health Impact of the Flu

(SEPTEMBER 2025) Julia Lippert, PhD - DePaul University; Maureen Benjamins, PhD - Sinai Urban Health Institute; Abigail Silva, PhD - Loyola University of Chicago; Joanna Buscemi, PhD - DePaul University

SUMMARY STATEMENT

The Society of Behavioral Medicine supports maintaining current Medicaid funding, investing in efforts to promote vaccinations, and restoring public data sources to curb the public health impact of the flu.

THE PROBLEM

Between October 1, 2024, and April 19, 2025, the U.S. saw 47-81 million flu cases, the highest numbers since 2009.

^[1] These cases occurred amid low vaccination rates, with only 47% of adults receiving the flu vaccine, still below pre-pandemic levels.^[2] These cases occurred amid low vaccination rates and growing mistrust in public health institutions, with only 47% of adults receiving the flu vaccine.

^[3] The flu remains a significant cause of death and illness, with 28,000 deaths last year, 68% of which were in people aged 65 and older.^[4] Flu-related hospitalizations among young children have risen, and the current season is on track to surpass previous years in severity.^[4]

Racial disparities are evident, as Black Americans are more likely to die from the flu due to unequal healthcare access and socioeconomic conditions.^[5] Meanwhile, the current administration's recent actions, including proposed cuts to biomedical research funding and health programs like Medicaid and Medicare, threaten the public health system. If these policies continue, the nation's ability to respond to current and future epidemics will be severely hindered, particularly in providing care to vulnerable populations. These cuts also jeopardize vital research and resources needed to protect at-risk groups.

CURRENT POLICY

Maintaining funding for Medicaid is crucial, as the expansion under the Affordable Care Act has increased access to care, improved health outcomes, and provided financial benefits to hospitals across the nation but particularly for those serving rural and historically marginalized populations. The federal government should also invest in vaccination promotion, which saves lives and reduces healthcare costs. A CDC report shows that over the last 30 years, childhood vaccines have prevented



over 1 million deaths, 32 million hospitalizations, and saved billions in direct and societal costs.^[6]

Finally, funding for biomedical research and public data sources must be restored. The rapid development and distribution of COVID-19 vaccines were made possible by years of prior research and data analysis, which helped identify vulnerable populations and develop targeted efforts to reduce deaths and disease spread. Protecting this funding ensures continued progress in public health and pandemic preparedness.

RECOMMENDATIONS

1. **Maintain Medicaid Funding:** Congress should preserve and expand Medicaid funding, particularly for states that adopted Medicaid expansion, to ensure continued access to flu prevention, treatment, and vaccinations for low-income populations in both urban and rural areas, and the fiscal viability of our hospital systems.
2. **Invest in Efforts to Promote Vaccinations:** Legislators should fund national campaigns to increase flu vaccine uptake (focusing on underserved communities), incentivize healthcare providers to offer vaccinations, and pass paid sick leave legislation to help workers access vaccines without financial strain.
3. **Restore Public Data Sources:** Congress must restore funding to the CDC and other public health agencies to improve disease surveillance and research to monitor trends, identify high-risk populations, and direct targeted interventions to prevent flu-related morbidity and mortality.



REFERENCES

1. Centers for Disease Control and Prevention. Preliminary Estimated Flu Disease Burden 2024-2025 Flu Season. www.cdc.gov/flu-burden/php/data-vis/2024-2025.html. May 1, 2025. CDC. Childhood Obesity Facts. 2024.
2. Centers for Disease Control and Prevention. FluVaxView: Coverage by Season. www.cdc.gov/fluview/coverage-by-season/index.html. May 1, 2025.
3. Kearney A, Sparks G, Hamel L, Montalvo III J, Valdes I, and Kirzinger A. "KFF Tracking Poll on Health Information and Trust: January 2025." www.kff.org/health-information-and-trust/poll-finding/kff-tracking-poll-on-health-information-and-trust-january-2025/.
4. Centers for Disease Control and Prevention. 2023-2024 Influenza Season Summary: Influenza Severity Assessment, Burden and Burden Prevented. www.cdc.gov/flu/whats-new/flu-summary-addendum-2023-2024.html#:~:text=Conclusion,470%2C000%20hospitalizations%2C%20and%2028%2C000%20deaths. May 1, 2025.
5. Lippert, J.F., Buscemi, J., Saiyed, N. et al. Influenza and Pneumonia Mortality Across the 30 Biggest U.S. Cities: Assessment of Overall Trends and Racial Inequities. *J. Racial and Ethnic Health Disparities* 9, 1152–1160 (2022). <https://doi.org/10.1007/s40615-021-01056-x>.
6. Centers for Disease Control and Prevention. Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023. www.cdc.gov/mmwr/volumes/73/wr/mm7331a2.htm. May 1, 2025.