Family Medicine Advocacy Rounds – Issue 33, March 2025

Family Medicine Advocacy Rounds

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Welcome to Family Medicine Advocacy Rounds — the American Academy of Family Physicians' monthly tip sheet to educate, engage and update you on the latest policy issues affecting family physicians and their patients.

Family Physicians Visit Capitol Hill to Improve Investment in Primary Care

Why it matters: AAFP President Jen Brull, M.D., FAAFP; President-elect Sarah Nosal, M.D., FAAFP; and Board Chair Steven Furr, M.D., FAAFP, met with lawmakers and their staffs on Capitol Hill to advocate for policy to improve access to care and elevate family medicine, including protecting and strengthening the Medicaid program, bolstering the primary care workforce and reforming Medicare payment for physicians.

Family physicians uniquely understand the complexities of delivering health care to patients across the lifespan. These visits allowed AAFP leadership to share with policymakers personal stories about how health care affects their patients' lives.

What we're working on:

- The Medicaid program is a lifeline for patients seeking health care — encompassing primary care visits; labor, delivery, maternal and pediatric health services; behavioral health care; and preventive care that saves lives. The AAFP is urging Congress to prioritize program changes that enhance Medicaid beneficiaries' access to continuous, comprehensive primary care instead of pursuing punitive reforms.

- We need more doctors, and we need them practicing in communities that currently lack adequate access to care. Our leaders asked for permanent authorization of the Teaching Health Center Graduate Medical Education program, rather than a patchwork of reauthorizations that creates instability and uncertainty.

- Family physicians provide high-quality, comprehensive care to patients, but the current payment system severely undervalues the work they do. Without congressional action, the AAFP is concerned that the Medicare payment cuts that went into effect on Jan.1, 2025, will further erode patients' access to primary care. We are disappointed Congress did not address physician payment in the latest continuing resolution.

Match Day 2025: AAFP Welcomes New Family Medicine Class, Advocates for Policies That Strengthen Workforce

Why it matters: Primary care is the only health care component for which an increased supply is associated with better population health and more equitable outcomes. Despite the significant role that primary care plays in our health system, primary care accounts for a mere 5% to 7% of total health care spending.

Last week made history for family medicine, with over 5,300 medical students and graduates matching into family medicine residency programs — the highest number ever.

While there's reason to celebrate, there's more work to be done. The AAFP has long advocated for policies that invest in the primary care workforce to meet the diverse needs of our growing and aging population.

What we're working on:

- The increase in student debt has created significant roadblocks to physicians who want to enter the primary care profession and practice in underserved communities.
    - The AAFP is advocating to preserve student loan forgiveness programs such as the Public Service Loan Forgiveness program, which have become a potential lifeline for those struggling with student debt.
    - These programs must be expanded at the federal level to improve access to health care in underserved communities, diversify the health care workforce, minimize health disparities and address the physician shortage.

- The AAFP is a proud endorser of the REDI Act, which was recently reintroduced in Congress. We support this bipartisan legislation to improve access to health care and rural and underserved communities and to help address the physician workforce shortage by allowing medical students to qualify for interest-free deferment on their student loans while in a residency training program.

- Advocating for permanent reauthorization of the Teaching Health Center Graduate Medical Education (THCGME) program remains a top priority. This vital program helps address our workforce shortage by training the next generation of primary care physicians. The THCGME program not only trains family physicians but meets an important need of providing access to care in underserved communities. Lack of stable funding puts this program in jeopardy.

- We continue to advocate for passage of the Conrad State 30 and Physician Access Act, which would allow international medical graduates to remain in the U.S. upon completing their residency, under the condition that they practice in areas experiencing doctor shortages.

AAFP Disappointed in CMMI Termination of Payment Models

The AAFP was discouraged to learn that the Centers for Medicare & Medicaid Innovation (CMMI) announced the early termination of several Medicare payment models, including Primary Care First and Making Care Primary. We are disappointed that these models won't be available to help practices transition to value-based payment.

CMMI commented that the actions do not signal a retreat from support of primary care physicians but are instead meant to focus on different approaches that are consistent with their statutory mandate and to produce savings. Many models for primary care physicians will continue, including the ACO Primary Care Flex Model, ACO REACH and AHEAD.

The AAFP will continue to continue to work with CMMI to honor its historical commitment to primary care. The continuous, longitudinal care provided by primary care physicians is truly the

foundation of a strong and effective health care system.

The AAFP will continue to stress to CMMI and the administration the importance of keeping primary care at the core of health care innovation and transformation.

AAFP Joins Other Health Organizations to Support AHRQ

Why it matters: The Agency for Healthcare Research and Quality (AHRQ) is crucial for fostering health care innovation and improving rural health outcomes. AHRQ is instrumental in generating cost savings, enhancing patient safety, addressing chronic diseases and supporting access to care in rural communities.

What we're working on:

- The AAFP joined hundreds of other health care organizations in a letter to urge Congress to ensure any reforms are transparent and strategic and to maintain the agency's vital work.

Family Physicians Ask HHS to Strengthen Cybersecurity Protections

Why it matters: Confidentiality and privacy are foundational elements of the patient-physician relationship and are particularly important in family medicine, where long-term relationships facilitate continuity of care and build trust.

The AAFP has long supported policies that protect health information while working to improve patients' access to their data, as well as the ability to share patients' health information across their chosen care team. We are strongly supportive of making data reliably interoperable while maintaining patient confidentiality.

What we're working on:

- While we agree that strengthening cybersecurity is critically needed, the AAFP has serious concerns that a new HHS proposed rule may disproportionately impact small and independent physician practices through unrealistic compliance timelines and requirements with significant financial implications. We urged HHS to:

- leave current regulations in place that support physician autonomy by letting practices choose cybersecurity solutions that are right for their individual situation;
- significantly extend the compliance period outlined in this regulation and use a phased approach, such as offering different compliance timelines for practices of varying sizes; and
- provide physician practices with financial, educational and technical resources so that practices can afford and successfully navigate, implementing cybersecurity enhancement provisions.

AAFP Comments on Two Telehealth Prescribing Rules

***Why it matters*:** Family physicians provide high-quality care for patients across the lifespan. They prescribe a wide variety of controlled substances to patients for the treatment of a broad range of conditions.

Family physicians have also experienced firsthand the profound impact of the opioid and overdose epidemics on their patients and communities. The AAFP is committed to addressing the needs of a population struggling with opioid dependence and advocates for the removal of barriers to medications for opioid use disorder.

***What we're working on*:**

- The AAFP recently submitted two comment letters to the Drug Enforcement Administration. The first letter encouraged the agency to:
  - ensure that physicians can prescribe medications for opioid use disorder via telehealth without further delays,
  - continue to include audio-only encounters in the definition of telehealth so that audio-only encounters meet the medical examination requirements to prescribe opioid use disorder via telemedicine, and
  - rescind requirements that limit prescriptions to a seven-day supply if the prescriber cannot access Prescription Drug Monitoring Program data.

- The second letter responded to DEA's proposed rule to permanently enable telehealth prescribing of controlled substances in situations where the physician has not previously had the opportunity to examine the patient in person. The AAFP has serious concerns regarding some of the provisions outlined in this proposed rule, particularly those that threaten physicians' clinical autonomy and decision-making. We asked the DEA to:
    - include audio-only telehealth visits in this regulation, which would support patients' access to care, particularly in rural areas;
    - remove nurse practitioners and physician assistants from being eligible to prescribe controlled substances to a patient they had never examined in person; and
    - include family medicine and all other physicians on the list of "qualified specialized physicians" who can be authorized to prescribe Schedule II controlled substances via telemedicine.

AAFP Continues Work on Supporting Electronic Prior Authorization Efforts

Mandi Neff, AAFP's regulatory and policy strategist, spoke on the panel "Finding Approval: A Conversation on the Future of Electronic Prior Authorization" at the American Health Information Management Association's (AHIMA) annual Advocacy Summit on March 17.

The panel provided an opportunity for the AAFP to connect with health information experts from across the country and highlight our work supporting electronic prior authorization efforts. The expanded adoption of electronic prior authorization has the potential to reduce physician administrative burden and allow family physicians to spend more time with their patients, which leads to better patient outcomes and lower rates of physician burnout.

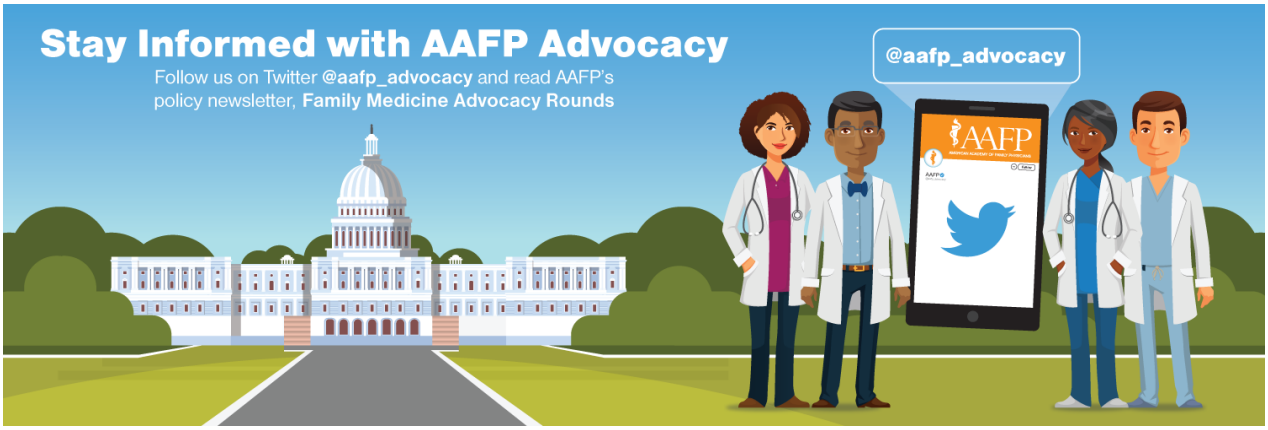
What We're Reading

- AAFP Board Chair Steven Furr, M.D., FAAFP, wrote in *U.S. News and World Report* about the importance of the MMR vaccine. “A new measles outbreak is hitting unvaccinated children and teens. Doctors must remind parents that vaccines are the most lifesaving medical intervention in history,” he said.

- AAFP President Jen Brull, M.D., FAAFP, spoke to *The Washington Post* about the rise in pediatric flu cases and the importance of getting vaccinated.

- Margot L. Savoy, M.D., M.P.H., FAAFP, senior vice president of education, inclusiveness and physician well-being for the AAFP, spoke to Healio about physician burnout and increased suicide risk.

For the latest policy updates on family medicine, follow us at @aafp_advocacy.



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About American Academy of Family Physicians
Founded in 1947, the AAFP represents 128,300 physicians and medical students nationwide. It is the largest medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits — that’s 192 million visits annually or 48 percent more than the next most visited medical specialty. Today, family physicians provide more care for America’s underserved and rural populations than any other medical specialty. Family medicine’s cornerstone is an ongoing, personal patient-physician relationship focused on integrated care. To learn more about the specialty of family medicine and the AAFP's positions on issues and clinical care, visit www.aafp.org. For information about health care, health conditions and wellness, please visit the AAFP’s consumer website, www.familydoctor.org