



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.

Medicare Physician Fee Schedule Proposed Rule Signals Need for Sweeping Payment Reform

“Congress must enact an annual inflationary update to help physician payment rates keep pace with rising practice costs. Any payment reductions will threaten practices and exacerbate workforce shortages, preventing patients from accessing the primary care, behavioral health care, and other critical preventive services they need.”

– Steven P. Furr, MD, FAAFP
President, American Academy of Family Physicians



Why it matters: The Medicare program is essential in helping millions of people access comprehensive, continuous primary care. While the 2025 Medicare physician fee schedule proposed rule includes some proposals to strengthen primary care, its 2.8% reduction in the Medicare conversion factor once again highlights the urgent need for congressional action to ensure that physician payments keep up with the costs of running a practice. [Read the AAFP's statement.](#)

What we're working on:

- The AAFP is working with lawmakers to secure positive, inflation-based annual updates for Medicare physician payment. One way to do this is through the Strengthening Medicare for Patients and Providers Act, which would provide physicians with an annual inflation-based payment update tied to the Medicare Economic Index.

- We're grateful that CMS will allow payment for G2211 when billed alongside an evaluation and management (E/M) visit on the same day as an annual wellness visit, vaccine administration, or any Medicare part B preventive services.
- We are also advocating for a payment system that enables family physicians to invest in practice transformation and adopt alternative payment models — something that is out of reach for most primary care practices given the long history of undervalued payment for primary care.
- The AAFP recently submitted [a formal response](#) to the Senate Finance Committee's bipartisan white paper on chronic care and physician payment within traditional Medicare. Our feedback provides robust policy recommendations on how to reform Medicare payment and coverage to better value primary care, including providing an annual inflationary update for physician payment and addressing budget neutrality requirements.
- The AAFP also [submitted a letter for the record in response to a House Ways and Means Health Subcommittee hearing](#) on improving value-based payment for clinicians and patients. Our letter highlights the need to improve fee-for-service payment as a starting point for improving the transition to value-based payment.
- The AAFP also submitted [letters](#) in response to the Ways and Means and Energy and Commerce Committee's respective hearings on improving value-based payment for clinicians and payments.
- The AAFP [responded](#) to Senators Whitehouse and Cassidy's proposal to implement a hybrid payment for primary care in Medicare, which amplifies our above recommendations about the need to improve fee-for-service payment first in order to meaningfully and successfully transition to value-based payment.
- Without reform, the current Medicare payment system will further destabilize primary care physician practices, accelerate consolidation, and erode the primary care physician workforce.

Family Physicians Respond to SCOTUS Ruling on EMTALA

“Pregnant people should receive life-saving medical care, including in emergency situations. This ruling will help preserve patient access and safety while ensuring that physicians can practice medicine informed by their years of medical education, training, and experience and by the available evidence, without fear of criminal liability.”

– Steven P. Furr, MD, FAAFP
President, American Academy of Family Physicians



The June 27 U.S. Supreme Court decision in the case of *State of Idaho v. United States* upholds the Emergency Medical Treatment & Active Labor Act (EMTALA). This helps physicians treat patients in life-threatening medical situations, including pregnant patients in distress. While we support the outcome of this case, access to care is still at risk as EMTALA continues to be challenged in the country’s legal system.

The AAFP has long made clear that patients must be able to depend on their physicians to help them in making critical decisions about their health. Physicians must be able to practice medicine that is informed by the available evidence alongside their years of medical education, training, and experience.

Read more in the AAFP’s [statement](#).

AAFP Provides Recommendations to Congress on GME Reform



Why it matters: The AAFP has long been concerned about the shortage of primary care physicians in the U.S., particularly the supply of family physicians, who provide comprehensive,

longitudinal primary care services for patients across the lifespan, including chronic disease management, treatment of acute illnesses, and preventive care.

Primary care is the only health care component for which an increased supply is associated with better population health and more equitable outcomes, and we need every tool available to bolster strong future generations of family physicians.

What we're working on:

- The AAFP [shared recommendations with the Senate Finance Committee](#) that highlighted several issues and policy proposals to reform traditional graduate medical education (GME) programs.
 - This included increased GME data transparency, increasing and redistributing slots to rural and underserved communities, permanence of Teaching Health Center Graduate Medical Education (THCGME) funding, and ensuring that GME reforms focus on expanding the primary care workforce.
 - We hope to see these recommendations included in a legislative package before the end of the summer.
- The AAFP's Robert Graham Center's recent [primary care scorecard](#) dives into the root causes of the primary care workforce shortage and also offers tangible solutions.

AAFP Asks CISA to Update Cybersecurity Reporting Requirements



Why it matters: The AAFP supports policies that guarantee the appropriate security of protected health information while working to improve patients' access to their data, as well as the ability to share patients' health information across the care team. A new proposed rule from the Cybersecurity and Infrastructure Security Agency (CISA) outlines definitions, as well as

applicability, reporting, and enforcement requirements for critical infrastructure sectors such as health care.

What we're working on:

- [The AAFP wrote to CISA](#) and shared several recommendations for how the agency can strengthen its proposals, align definitions and reporting requirements in a way that's helpful to family physicians, appropriately regulate health insurance companies and IT vendors, and provide appropriate support to Critical Access Hospitals in the regulation. Specifically, we called for CISA to
 - specifically include health IT vendors and health insurance companies in this regulation by developing applicability criteria for them, due to their potential to have an outsized impact on the health care sector if targeted in a cyberattack; and
 - *not* include additional health care practices engaged in direct patient care in this regulation.

While large hospitals with significant administrative and IT staff and substantial financial reserves may be equipped to fulfill these proposed requirements, small, physician-owned practices are in an entirely different situation — particularly primary care practices that frequently operate on razor-thin margins in the best of times.

The AAFP is looking forward to a final rule that will ease burdens on physicians expected in the fall of 2025.

AAFP Shares Health Care Recommendations for FY25 Budget



Why it matters: Each year, provisions that impact primary care are included in the Fiscal Year (FY25) Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill as Congress finalizes the federal budget. The Labor-HHS appropriations bill provides critical funding for agencies and programs that family physicians and their patients rely on for access to care, improved research, primary care workforce programs, and disease prevention and health promotion efforts.

What we're working on:

- [In our letter](#), the AAFP voiced support for appropriate funding for the Health Resources and Services Administration (HRSA), including support for Title VII primary care workforce and training programs such as the National Health Service Corps loan repayment and scholarship programs to help address physician shortages.
- The AAFP urged the Committee to appropriate robust funding for the Centers for Disease Control and Prevention (CDC), including support for increasing routine vaccination rates, data modernization to improve pandemic preparedness and response, firearm injury and mortality, and tobacco and smoking prevention.
- We also asked the Committee to appropriate robust funding for HRSA, CDC, and National Institutes of Health programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health.
- Family physicians are on the front lines of behavioral health, and we encouraged the Committee to appropriate robust funding for mental health and substance use disorder programs, such as HRSA's Pediatric Mental Health Care Access Program, to ensure that children and adolescents can access mental health services and support the integration of behavioral and mental health services into primary care settings.

Family Physicians Secure Wins in Final E-Prescribing Regulations

In a win for AAFP advocacy, CMS [recently finalized](#) e-prescribing health IT standards and implementation specifications for the Medicare Advantage program and Medicare Prescription Drug Benefit Program.

The AAFP [commented](#) on the [proposed rule](#) last winter, and we applaud CMS for finalizing regulations that will provide enhancements to e-prescribing capabilities, including the ability to communicate with long-term care settings and pharmacies to improve health outcomes.

CMS also listened to AAFP recommendations and finalized rules to increase transparency and give physicians a more complete view of patient-specific medication options and costs to select the most clinically appropriate medication at the point of care. The AAFP is also pleased that CMS will now support enhancements that will enable payers to provide additional product-level details about coverage and formulary status.

Family Physicians Join Coalition to Protect Access to Preventive Services



The AAFP joined other leading health care groups in forming [a new advocacy coalition](#): Promoting Health Through Prevention (PHTP). PHTP works to promote the availability of preventive services for no out-of-pocket cost under the Affordable Care Act. Proactive screenings for cancer, behavioral health conditions, and heart disease, among other conditions, can help keep Americans of all ages healthy and identify potential problems early.

The coalition will use multiple communications channels and draw attention to several tools and services to educate Americans about the importance of preventive services, including the use of MyHealthfinder, developed by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services.

What We're Reading

- AAFP President Steve Furr, M.D., FFAFP, spoke to [MedCentral](#) about the impact of the 2025 Medicare physician fee schedule proposed rule. “It’s really just totally devastating. Many practices are struggling to survive. Not only do we not get an inflationary update, but we get a cut on top of that,” he said.
- AAFP President-elect Jen Brull, M.D., FFAFP, spoke to [Time magazine](#) about which vaccines to get this fall and winter. The AAFP continues to advocate to ensure that patients can access all vaccines at their family physician’s office.
- Robert Graham Center Director and family physician Yalda Jabbarpour, M.D., spoke to [KFF Health News](#) about how concierge medicine can affect access. Separating from a doctor who’s transitioning to concierge care “breaks the continuity with the provider that we know is so important for good health outcomes,” she said.

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 130,000 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