



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.

### **AAFP Executive Summary of MPFS Calls 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. However, Medicare physician payment declined 29% between 2001 and 2024, when adjusted for inflation.

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 executive summary.](#)

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

- The AAFP is working with lawmakers to secure positive, inflation-based annual updates for Medicare physician payment. One proposal to do this is the Strengthening Medicare

for Patients and Providers Act (H.R. 2474), which would provide physicians with an annual inflation-based payment update tied to the Medicare Economic Index.

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.

- Without reform, the current Medicare payment system will further destabilize primary care practices, accelerate consolidation, and erode the primary care physician workforce.

### **AAFP Shares Advocacy Priorities With Congress During August Recess**



**Why it matters:** The AAFP has long been concerned about systemic underinvestment in primary care, which has fueled our ongoing shortage of family physicians, who provide comprehensive 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. During August recess, the AAFP is advocating for policy priorities that reform Medicare payment, grow the primary care workforce, and alleviate clinician burden.

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

- In June, we applauded congressional champions for reintroducing the Improving Seniors' Timely Access to Care Act (H.R. 8702 / S. 4518), which would streamline and standardize prior authorization under the Medicare Advantage program and protect patients from unnecessary delays in care.
  - In an interview with [The Hill](#), AAFP President Steven P. Furr, M.D., FAAFP, explained why we're urging Congress to swiftly pass this bipartisan legislation.

- While the Centers for Medicare and Medicaid Services [recently finalized](#) proposals to reform prior authorization, legislation is still necessary to ensure that these much-needed changes are made permanent. That's why passage of the Seniors' Act is imperative.
- The AAFP [continues to share recommendations with Congress](#) that highlight several issues and policy proposals to reform graduate medical education (GME) programs and grow our primary care workforce.
  - The AAFP appreciates that Congress reauthorized the Teaching Health Centers GME (THCGME) program through the end of 2024, but we are strongly urging Congress to provide greater stability for the THCGME Program as well as for community health centers and the National Health Service Corps.
  - The AAFP continues to advocate for permanent authorization and expansion of the THCGME program, which is why we support the Doctors of Community Act (H.R. 2569).

### **AAFP Shares Advisory Recommendations for FDA**

**Why it matters:** The U.S. Food and Drug Administration (FDA) advisory committees are a longstanding part of the FDA's decision-making processes.

The AAFP strongly believes the FDA should have more primary care and family medicine physicians who practice in clinical settings included on its advisory committees. Doctors on the front lines of care are uniquely suited to provide scientific and medical advice on the safety, effectiveness, and appropriate use of products that the FDA regulates, and to offer insights on how those products are received by patients.

The AAFP has often nominated members for positions on FDA advisory committees, and we've long supported the FDA increasing the number of family medicine and primary care physicians on its committees.

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

- The AAFP [sent a letter](#) to the FDA detailing recommendations for how the agency can strengthen its advisory committees by increasing the number of practicing family medicine physicians, as well as how the agency can enhance the public's understanding of and participation in these committees.
- The perspectives that practicing primary care physicians offer are critically important to these advisory committees as they try to provide the full breadth of clinical advice and real-world experience the FDA needs to best serve the public.

### **Family Physicians Urge Vaccination During National Immunization Month**



**Why it matters:** August is National Immunization Awareness Month. As we approach respiratory virus season, we support universal immunizations regardless of socioeconomic or insurance status for all immunizations recommended by the AAFP in collaboration with the Advisory Committee on Immunization Practices (ACIP).

**What we're working on:** The AAFP continues to advocate for public policy that bolsters vaccine confidence and improves uptake. This includes:

- Expanding Medicare Part B vaccine coverage to include all ACIP-recommended vaccines, ensuring all Medicare beneficiaries can receive immunizations from their usual source of primary care without co-pay.
- Supporting adequate and sustained funding for government programs that supply vaccine products to immunize the under- and un-insured.
- Enacting policies to ensure all public and private insurance plans cover all recommended (routine) immunizations without patient cost sharing, and that payment rates fully cover the cost of stocking, supplying, and administering the vaccine and vaccine counseling
- Supporting funding and support for immunization information systems (IIS) so that when recommended vaccines are provided outside the patient's usual source of care, their family physician can still access their vaccine history via immunization registry and ensure continuity of care.

### **What We're Reading**

- AAFP President Steven P. Furr, M.D., FAAFP, spoke to [The Hill](#) about administrative complexities and new AMA research showing lower rates of burnout. "It's good news and it's bad news. It's good news that the numbers have gone down but still they're higher than what we'd like them to be," he said.
- Furr also spoke to [MedPage Today](#) about a new survey showing that prior authorizations are on the rise in Medicare Advantage plans. "We know that if 90% of prior authorization requests are approved, then these programs are not targeted efforts to ensure appropriate utilization. Instead, they are arbitrary, unnecessary paperwork burdens that,

at best, slow down access to care and increase burnout, and at worst completely deny access to care,” he said.

- AAFP President-elect Jen Brull, M.D., FAAFP, spoke to [CBS News](#) 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.

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](http://www.aafp.org). For information about health care, health conditions, and wellness, please visit the AAFP’s consumer website, [www.familydoctor.org](http://www.familydoctor.org)*