



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 Calls for Regulatory Reform This Fall



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 response to the 2025 MPFS proposed rule.](#)

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 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.
- The AAFP also [submitted comments](#) on the 2025 Hospital Outpatient Prospective Payment System proposed rule. We strongly support CMS codifying the requirement that states provide 12 months of continuous eligibility to children under the age of 19 in Medicaid and CHIP, as well as its decision to remove the option to provide continuous eligibility to a subgroup of enrollees for the more than 12 months.
- The AAFP also urged CMS to use caution when implementing new conditions of participation (CoPs), especially regarding the proposed CoPs on obstetrical services and the financial challenges that small and/or rural hospitals will face with implementation.
 - The AAFP supports efforts to improve maternal health outcomes and address significant shortcomings in holistic, comprehensive care through pregnancy, birth, and postpartum services. However, we are concerned that without further tailoring of the requirements, small and rural hospitals may experience undue burdens while they continue to struggle to meet the need for maternity care services in underserved communities.

AAFP Shares Year-end Advocacy Priorities With Congress



Why it matters: The AAFP has long been concerned about systemic underinvestment in primary care, which has fueled the nation's 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. As we approach 2025, 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:

- The AAFP [sent a letter](#) to congressional leadership urging action on several items before the end of 2024, including:
 - Implementing necessary reforms to Medicare physician payment, including providing an inflationary update to offset the proposed cuts for 2025.
 - Providing a multi-year reauthorization of, and increased funding for, the Teaching Health Centers Graduate Medical Education Program, as well as for Community Health Centers and the National Health Service Corps.
 - Reforming prior authorization in Medicare Advantage by enacting the Seniors Timely Access to Care Act (read an interview with [The Hill](#) with AAFP President Steven P. Furr, M.D., FFAFP, explaining why we're urging Congress to swiftly pass this bipartisan legislation).
 - Enacting a minor technical fix to ensure that trained family physicians can continue to provide necessary care, including SUD treatment.

Family Physicians Disappointed by Noncompete Injunction

“The AAFP is disappointed a federal court injunction will block the FTC's noncompete rule from going into effect. Noncompetes harm family physicians and their patients by jeopardizing long-term patient-physician relationships and creating an uneven playing field for physicians. The AAFP will continue to support the FTC's mission to eliminate noncompetes in health care that prioritize the interests of organizations over those of patients and their physicians.”

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



Why it matters: The AAFP is disappointed in a federal court injunction to block the Federal Trade Commission's [final rule](#) to promote competition by banning noncompetes nationwide. As noted in our [support](#) for the proposal, noncompete agreements in health care employment

impede patient access to care and disrupt care continuity, deter advocacy for patient safety, limit physicians' ability to choose their employers, and stifle competition.

What we're working on:

- The AAFP recognized that legal challenges were likely to result in an injunction. We are supporting reintroduction and passage of the Workforce Mobility Act, which would ban all noncompetes.

What We're Reading

- AAFP Vice Speaker Daron Gersch, M.D., FFAFP, spoke to [Healio](#) about using social drivers of health “to affect positive change” in their communities. “I think PCPs and family physicians have that ability to step back and look at the entire community and say, ‘What can we do to improve the social determinants of health for our community, and thus increase the health of our community?’” he said.
- AAFP President Steven P. Furr, M.D., FFAFP, spoke with [NPR's All Things Considered](#) about childhood vaccination rates as measles cases continue to climb around the country. The AAFP continues to advocate to ensure that patients can access all vaccines at their family physician's office.
- As COVID-19 ravaged the globe, public health officials in the U.S. used hyper-local data on hospitalizations, infection rates, and tests to tackle the pandemic. “Having more [vaccine-related] information can help people make better decisions, especially from a public health point of view,” Alex McDonald, M.D., FFAFP, a member of the American Academy of Family Physicians, told [Route Fifty](#).

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