



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 Responds to House Budget Reconciliation Package**

In a [letter to congressional leaders](#), the AAFP outlined both support and concerns across several provisions in the package, particularly those affecting health care access, physician payment, small practices, nutrition programs and medical education.

- We appreciate that champions from Energy and Commerce included a modest provision to update Medicare physician payment. However, family physicians faced a 2.83% cut in the beginning of 2025 that has not been addressed by Congress and remains unresolved in this provision. Practices need an adequate inflationary update and comprehensive payment reform to survive and ensure that patients can access primary care.
- We urge Congress not to implement Medicaid reforms as written that would impose work-reporting requirements, more frequent eligibility verification, limits on state financing and penalties for states using their own funds to cover undocumented individuals.
- We applaud inclusion of the Primary Care Enhancement Act, which would allow individuals with health savings accounts to use those funds to pay for direct primary care.
- We've long supported the extension and expansion of the Affordable Care Act's advanced premium tax credits (APTCs). These tax credits ensure that millions of low- and middle-income families continue to have access to affordable health coverage. Given that the APTCs expire at the end of this year, we again encourage Congress to incorporate APTCs into the reconciliation package.
- We oppose restrictive caps on federal student loans and the exclusion of medical residents from the Public Service Loan Forgiveness program.

- We are concerned that limiting cost increases to the Thrifty Food Plan will make it difficult for SNAP beneficiaries to afford a healthy, recommended diet.

The AAFP remains engaged as the legislative process proceeds and will continue to advocate to protect the financial integrity of federal programs while preserving access to care and strengthening physician practices.

### **House of Medicine Urges Congress to Protect Medicaid**



**Why it matters:** Medicaid is not just a safety-net program—it is a critical pillar of the American health care system. It provides coverage to more than 80 million Americans, including low-income children, pregnant patients, seniors and people with disabilities.

Patients rely on Medicaid for essential care, including emergency life-saving procedures as well as routine preventive services and managing chronic conditions. Medicaid provides health care—including mental health care coverage—to people in every state, every county and every congressional district.

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

- The AAFP joined several other health care organizations to [express deep concerns](#) with the proposed changes to the Medicaid program being considered by Congress. These proposals, including work-reporting requirements, increased administrative complexity and added financial barriers to patients, threaten access to care and risk disrupting the entire health care system.
- Kisha Davis, MD, MPH, FAAFP, a member of the AAFP's Board of Directors, was invited to speak with members of the Democratic Doctors Caucus at their first monthly meeting since formalizing the group. Dr. Davis spoke about the ways Medicaid has helped

improve the lives of patients she serves and the key role it plays in allowing individuals to access care from family physicians like her.

### **AAFP President Highlights Importance of Federal Student Loan Forgiveness Programs**



**Why it matters:** Loan forgiveness programs directly influence the choice to enter family medicine. While the cost of medical education is the same whether a doctor enters a primary care or non – primary care specialty, primary care physicians typically earn far less. That gap makes programs, such as the Public Service Loan Forgiveness, critical for family physicians—not just for personal financial stability but for sustaining access to care in rural and underserved communities.

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

- AAFP President Jen Brull, MD, FAAPF, testified at a Department of Education public hearing that was focused on potential changes to federal student loan programs.
- Dr. Brull shared the family physician perspective on the importance of addressing the burden of student loan debt for physicians and medical students as one essential step to improving our nation's health care system. Federal debt relief programs, she said, are a key part of that goal.
- In a [recent letter](#), the AAFP urged the Department of Education to advance policies that provide meaningful debt relief for physicians and medical students. Addressing medical education debt will help tackle our country's chronic disease crisis, strengthen rural health and give patients and physicians alike autonomy to choose the path that best serves their communities.

- We also [joined other medical societies](#) in asking Congress to reconsider its approach to federal loans for medical and dental students to ensure that the country can continue to produce much-needed physicians and dentists to care for a growing population.
- The AAFP [also wrote to the](#) House Committee on Education and the Workforce to express concerns about the Student Success and Taxpayer Savings Plan, which includes provisions that would potentially mitigate any savings medical residents receive from interest deferment.

### **AAFP Shares Priorities With New NIH, CMS Leaders**



The AAFP wrote to the new leaders of the [National Institutes of Health](#) and the [Centers for Medicare and Medicaid](#) to highlight priorities for family medicine, including:

- Increasing investment in primary care research, which enables all Americans to prevent as well as recover from the burdens of chronic disease.
- Supporting efforts to tackle the chronic disease epidemic through preventive services and comprehensive care.
- Enhancing rural health care access by focusing on policy efforts that maintain the training and scope of practice of family physicians to serve the needs of rural communities where other specialties are less likely to practice.
- Modernizing Medicare and Medicaid and updating the primary care exception, which will meaningfully improve Medicare beneficiaries' access to high-quality services and help ensure the next generation of family physicians is well trained to provide comprehensive, preventive care.

### **AAFP Weighs in on Front-of-Package Nutrition Labeling**

**Why is matters:** The United States is facing an exigent health crisis of diet-related chronic diseases. The AAFP [supports](#) evidence-based nutrition policies to ensure all people can access nutritious foods. As the first point of contact for most patients, family physicians consistently provide evidence-based nutrition counseling that complements chronic disease care management and guide patients toward healthful dietary choices across their lifespans.

**What we're working on:**

- [In a letter](#) to the U.S. Food and Drug Administration (FDA), the AAFP wrote that all consumers, regardless of health literacy or demographics, deserve the opportunity to make healthy dietary choices.
- The Academy supports the FDA's proposed rule to establish a required front-of-package label to ensure that consumers have access to clear and useful nutrition information.
- We applaud the FDA's proposed rule to promote healthy eating and call on the larger Department of Health and Human Services to sustain this momentum by prioritizing investments in federal programs that guarantee every American's access to nutritious foods.

**AAFP Urges FDA to Cap Nicotine Levels in Cigarettes**

Family physicians are key partners in lowering tobacco use in patients. The FDA is proposing a rule to cap nicotine levels in cigarettes and other tobacco products, aiming to make them less addictive.

The AAFP strongly supports this move, which would help prevent addiction, support efforts and reduce smoking-related diseases.

The proposed limit—0.7 mg of nicotine per gram of tobacco—could especially benefit groups most affected by tobacco use and protect young people from addiction.

The AAFP also urges the FDA to expand this rule to include e-cigarettes, to ensure all nicotine products are covered and help more Americans quit for good.

**AAFP Shares Recommendations for AI in Health Care**





**Why it matters:** The family medicine experience is based on a deeply personal patient-physician interaction that often requires support from technology, including artificial intelligence, to optimize care. The AAFP is identifying ways technology solutions, including artificial intelligence, can reduce the administrative burdens that take family physicians away from what they care most about: taking care of patients.

**What we're working on:** The AAFP is a member of the [Health IT End Users Alliance](#), which finalized policy recommendations for the use of AI in health care.

- The [AI consensus statement](#) outlines the key issues related to the use of AI in health care, including opportunities and challenges, followed by a set of recommended policy principles for the federal government and private industry to undertake.
- These principles focus on the health care industry's responsibilities when using AI, particularly regarding safety and transparency; liability; privacy; security; administrative burden and workflow incorporation; end-user education, participation and leadership; accessibility and usability; mitigating bias; and AI use in payment and coverage activities.
- This consensus statement supports AAFP's ongoing advocacy regarding the importance of responsible and secure AI development, training, implementation and monitoring.

### **AAFP Meets With Federal Health IT Leaders**

Last month, the AAFP staff met with Thomas Mason, MD, chief medical officer for the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology, and his team. We updated that team about our ongoing [collaboration with Rock Health](#), which is focused on the use of AI in primary care.

We shared our strategy for bringing together primary care and health technology stakeholders to discuss strategies for strengthening primary care by optimizing the use of AI and digital health technologies in primary care settings.

We also discussed the AAFP's efforts to support an information-sharing environment that enables value-based primary care through a newly created Primary Care Information Blueprint. This meeting provided an opportunity for the AAFP to connect with federal health IT experts and

highlight our work on these projects, both of which have the potential to reduce physician administrative burden.

### **Physicians Who Start in Family Medicine Stay in Family Medicine, Study Shows**

Despite being the backbone of U.S. primary care, family medicine remains underfilled: Only 11.8% of physicians graduating from 2001 to 2015 chose it for initial training. Yet among all specialties, family medicine had the highest retention—97% of trainees ultimately practiced in primary care. A new *Health Affairs* study from the Robert Graham Center maps training trajectories, reinforcing the critical role family medicine plays and the urgent need to invest in its growth. [Read more.](#)

### **Primary Care for America Brings Together Health Care Leaders, Innovators**



Primary Care for America is a diverse collaboration of key partners focused on educating policymakers and health policy influencers about the value of comprehensive, continuous, coordinated primary care. Its formation serves as a commitment to our continued effort to help improve the wellbeing of the individuals, families and communities that we proudly serve.

Earlier this month, [leaders in the primary care community came together for PrimaryCare25](#) —a Primary Care for America conference. This year's event brought together leading health care thought leaders, innovators and experts to discuss:

- What happens if primary care disappears, and how can we strengthen its workforce and infrastructure.
- MACRA's 10-year impact on health care, physicians and primary care.

- Lessons learned from new models of care, including direct primary care and whole-person health.
- Examining how fee-for-service and value-based care can work together to drive better patient outcomes.

If you missed the event, watch the stream [here](#).

## **What We're Reading**

- AAFP President Jen Brull, MD, FAAFP, spoke to [Bloomberg](#) about how vaccine hesitancy is a step backward in public health.
- AAFP Board member Kisha Davis, MD, FAAFP, spoke to [USA Today](#) about maternal mortality and morbidity. "It's really critical to make sure we check these biases at the door," she said.
- Shortages of primary care physicians threaten access, quality and equity in U.S. health care. Policy solutions face disinformation about the complex patterns of physician training. Scholars from the AAFP's Robert Graham Center published research in [Health Affairs](#), charting trajectories from medical school graduation through specialty training.
- Medicaid isn't a handout; it's a lifeline. This is the message that family physician leaders in Alaska, Maine and Missouri shared with senators ahead of budget reconciliation. Read more in the [Anchorage Daily News](#), the [Bangor Daily News](#) and the [Kansas City Star](#).

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](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)*