



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 Applauds Health Provisions in Minibus**

Earlier this month, the House passed the Senate-amended government funding package and President Trump signed it into law, ensuring continued operations for key federal agencies, including the Department of Health and Human Services.

The bipartisan agreement reflects successful cross-party negotiations and provides meaningful stability for health care programs that patients and clinicians rely on every day.

The package includes several significant health care advancements, including:

- A multi-year reauthorization of the Teaching Health Center Graduate Medical Education program through 2029
- Continued funding for Community Health Centers and the National Health Service Corps through the end of the year
- A two-year extension of telehealth flexibilities through 2027
- A reauthorization of the Preventing Maternal Deaths Act and Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREMIE) Reauthorization Act

Together, these provisions strengthen the primary care workforce, expand access in underserved communities and preserve virtual care options for patients.

### **AAFP Urges Congress to Make Health Care More Affordable**



The AAFP urged Congress to make health care more accessible and affordable for Americans. In our [letter](#) in response to recent hearings with health insurance executives, the AAFP outlined practices that undermine the viability of primary care and can harm patient outcomes, including:

- Practice acquisitions to maximize profits
- Downcoding payments for office visits
- Lower physician payments in Medicare Advantage
- Inadequate investment in primary care
- Utilization management that delays care
- Medicare Advantage coding practices that fragment care

The AAFP encourages Congress to pass several policies that would rein in some of these tactics and ensure that our nation is meaningfully investing in primary care. Some specific bills cited in the letter include the:

- Improving Seniors' Timely Access to Care Act (H.R. 3514 / S. 1816)
- Prompt and Fair Pay Act (H.R. 4559)
- Reducing Medically Unnecessary Delays in Care Act (H.R. 2433)
- Safe Step Act (H.R. 5509)

### **AAFP Comments on Proposed Medicare Advantage and Part D Changes**



**Why it matters:** Medicare Advantage policies directly affect primary care delivery. A 2023 AAFP survey found that 18% of patients in family medicine practices were enrolled in MA plans, underscoring the program’s impact on day-to-day care for older adults and patients with complex needs.

**What we’re working on:** The AAFP recently submitted [comments](#) on CMS’s proposed Medicare Advantage (MA) and Part D rule. In 2023, CMS finalized a requirement that plans publish an annual health equity analysis of utilization management.

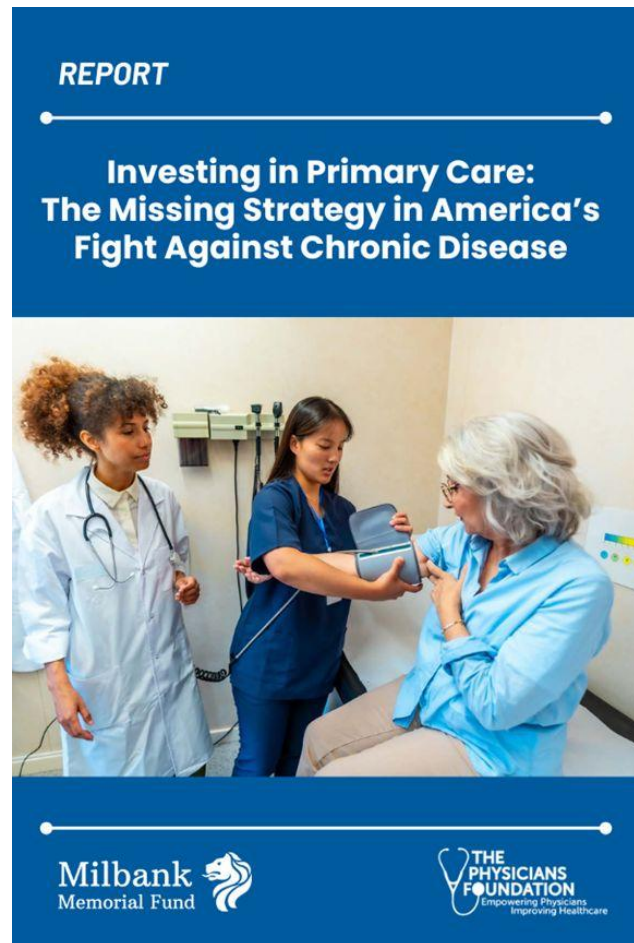
- The AAFP strongly supported this proposal, which would make the use and impact of prior authorization much more transparent. Our letter urged CMS to maintain the reporting requirements and extend similar oversight to Part D plans.
- While we appreciate prior public commitments by insurers to streamline, simplify and reduce the burden of prior authorization, these efforts are voluntary and subject to no enforcement by anyone other than the plans themselves.
- Our comments also supported CMS proposals to streamline the process for beneficiaries to change plans when their physician leaves a plan’s network and encouraged CMS to consider Star Ratings measures that evaluate physician experience with plan operations and a plan’s investment in primary care.

### **Family Physicians: Discrimination Harms Mental and Physical Health**

The AAFP, together with the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians and the American Psychiatric Association, [urged](#) HHS to drop a proposed change to its disability nondiscrimination rule under Section 504 of the Rehabilitation Act.

The proposal would exclude gender dysphoria from the definition of disability, which is likely to create confusion for patients and clinicians. Adding new language could increase administrative burden, delay care and weaken protections for vulnerable patients.

## **New Research: Regular Access to Primary Care Is Associated With Lower Hospitalizations and Emergency Department Visits in Adults and Children**



Regular access to primary care is strongly linked to lower hospital use, reduced costs and higher rates of preventive care for both adults and children with chronic disease, according to new research from the AAFP's Robert Graham Center.

The new report, [\*Investing in Primary Care: The Missing Strategy in America's Fight Against Chronic Disease\*](#), examines how primary care supports prevention, early detection and management of leading causes of illness and death, including heart disease, diabetes and cancer. Key findings include:

- Adults with a usual source of primary care have 20% lower odds of hospitalization and 11% fewer emergency department visits, while children with chronic conditions experience about 50% fewer avoidable ED visits and hospitalizations.
- Ongoing primary care is also associated with substantially lower total health care spending—nearly 54% lower for adults and 40% lower for children—and markedly higher uptake of recommended preventive services.

## **What We're Reading**

- AAFP EVP and CEO Shawn Martin wrote an op-ed in [Chief Healthcare Executive](#) about how the country must double down on investment in primary care to ensure that everyone has access to a family physician.
- Former AAFP president Steve Furr, MD, FAAFP, was joined the [Mayo Clinic's Health Matters podcast](#) to discuss the urgent need for policies that improve access to care in rural communities.
- [Modern Healthcare](#) featured a recent AAFP letter advocating for Medicare payment reform, particularly citing that budget neutrality requirements squeeze patients and physicians.