



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 Endorses the Strengthening Medicare for Patients and Providers Act

"Medicare's current physician payment system is undermining physicians' ability to provide high quality, comprehensive care – particularly in primary care. The AAFP is proud to endorse the Strengthening Medicare for Patients and Providers Act, which will help modernize Medicare physician payment, protect beneficiaries' access to care, and provide oversight of health care consolidation. The AAFP urges the House and Senate to swiftly pass this critical legislation."

Tochi Iroku-Malize, MD, MPH, FAAFP
President, American Academy of Family Physicians



Why it matters:

Medicare's physician payment system is undermining physicians' ability to provide high-quality, comprehensive care — particularly in primary care. The AAFP [applauds](#) Reps. Raul Ruiz (D-Calif.), M.D.; Larry Bucshon (R-Ind.), M.D.; Ami Bera (D-Calif.), M.D.; and Mariannette Miller-Meeks (R-Iowa), M.D.; for their leadership in introducing the [Strengthening Medicare for Patients and Providers Act](#) (H.R. 2474). This bill would enact a positive annual update to the Medicare physician fee schedule conversion factor based on the Medicare Economic Index — a top priority for the AAFP and an important step toward building a sustainable Medicare payment system.

What we're working on:

- The AAFP continues [to highlight](#) how statutory budget-neutrality requirements and the lack of annual payment updates to account for inflation will, without intervention from Congress, continue to hurt physician practices and undermine patient care.
- According to the AMA's analysis of Medicare Trustees report data, Medicare physician payment has been reduced by more than 20% when adjusted for inflation over the past 20 years. This means that physicians are struggling to cover the rising costs of employing their staff, leasing space, and purchasing supplies and equipment — let alone make investments to transition into new payment models.
- The AAFP and hundreds of other medical groups have [consistently urged Congress](#) to end the statutory freeze on annual updates to the fee schedule and enact a positive annual update to the CF based on the MEI.

AAFP Responds to FTC Proposed Ban of Noncompete Clauses



Why it matters:

In January, the Federal Trade Commission (FTC) proposed a new regulation that would ban noncompete clauses in employment contracts. Noncompete clauses are uniquely challenging to family medicine's emphasis on longitudinal care and can be used inappropriately to prevent physicians from maintaining patient relationships when they change jobs. The AAFP has long opposed restrictive clauses in employment contracts, which can negatively affect care continuity and physician wellbeing as well as worsen health care consolidation.

What we're working on:

- "Noncompete clauses can potentially impede patient access to care, limit physicians' ability to choose their employer, contribute to burnout and stifle competition. The AAFP supports the FTC's proposed rule to bolster physician wellbeing and ultimately support

the foundation of family medicine—our relationships with our patients,” AAFP president Tochi Iroku-Malize, MD, MPH, FFAFP [said in a statement](#).

- The AAFP [provided](#) comments in support of the proposed rule and will continue to advocate for policies that promote the patient-physician relationship and competition in health care.
- As many as 45% of family physicians in group practices have contracts with noncompete clauses. The AAFP advocates for policies to limit the inappropriate use of such restrictions and ensure ongoing access to care.

AAFP Applauds Final Prior Authorization Rule From CMS

"The AAFP applauds CMS for addressing inappropriate use of prior authorization in Medicare Advantage plans. Family physicians know firsthand how this will help ensure timely access to care while alleviating physicians' administrative burdens and patients' care delays."

Tochi Iroku-Malize, MD, MPH, FFAFP
President, American Academy of Family Physicians



Why it matters:

The AAFP [applauded](#) the 2024 Medicare Advantage final rule from CMS, which includes new policies supported by the AAFP to address prior authorization. This will strengthen coverage requirements and reduce administrative complexity so that physicians can spend more time with patients. These new regulations mark a significant step toward addressing the harms caused by prior authorization.

What we're working on:

- The AAFP has [repeatedly called](#) for [streamlined prior authorization](#) to alleviate physician burden and lessen care delays. To that end, we provided comprehensive [comments](#) on a related proposal to automate prior authorization processes across payers by 2026.
- The AAFP is hopeful these policies will advance timely, equitable access to care for beneficiaries and urged CMS to apply the same principles to prescription drug coverage across payers.

- We continue to urge Congress to reintroduce and pass the Improving Seniors' Timely Access to Care Act, which would codify some of these policies into law and protect Medicare Advantage patients from unnecessary delays in care for years to come.

AAFP Alarmed by Federal Court Ruling Jeopardizing Care for Millions of Americans

"The AAFP is deeply concerned by today's ruling in the case of Braidwood Management Inc. v. Becerra. Preventive care, which family physicians often provide, is necessary to keep our nation healthy. We are alarmed that this will create insurmountable barriers to screenings, counseling, and preventive medications that patients need."

Tochi Iroku-Malize, MD, MPH, FAAFP
President, American Academy of Family Physicians



Why it matters:

A federal court's March 30 [ruling](#) in [Braidwood Management Inc. v. Becerra](#) renders unconstitutional the Affordable Care Act's requirement for insurers and health plans to cover preventive services recommended by the U.S. Preventive Services Task Force, jeopardizing equitable, affordable access to evidence-based preventive services for millions.

Invalidating the ACA's requirement to cover services recommended by the USPSTF with no cost-sharing [could result in millions of patients losing free coverage](#) of screenings for cancer, heart disease, sexually transmitted infections, obesity, and mental health conditions, along with tobacco-cessation counseling, pre-exposure prophylaxis medications for the prevention of HIV, and other essential preventive services. For many patients, this loss will place preventive care out of reach financially.

What we're working on:

- Preventive care, which family physicians routinely provide, is necessary to keep our nation healthy and reduce health care expenditures. The AAFP [issued a press statement](#) and a joint statement with the [Group of Six](#) expressing our alarm and disappointment at the ruling. We are calling on lawmakers, insurers, and employers to ensure ongoing access to preventive care at no cost to patients.
- The AAFP continues to advocate to ensure that all patients receive equitable and reliable access to preventive services. Research demonstrates that health care systems prioritizing access to primary and preventive care have better patient outcomes and

lower health care costs, including decreases in costly hospitalizations and emergency department visits.

AAFP Recognizes Minority Health Month and Black Maternal Health Week

Why it matters:

The AAFP consistently advocates for policies that close equity gaps, including inequities in maternal health outcomes. Family physicians play a key role in mitigating health disparities, bias, and discrimination. We are committed to developing strategies that promote health equity through identifying and addressing unmet social needs in all health care delivery systems, with the goal of prioritizing preventive health and management of chronic conditions.

What we're working on:

- The [AAFP has a media resource hub](#) designated to equip media with resources, interviews, and advocacy information to cover health equity.
- We recently welcomed the [2023 class of Health Equity Fellows](#). The AAFP Health Equity Fellowship is designed to develop family physicians into leaders who have subject-matter expertise in the social, institutional, and cultural influences that affect our nation's health.
- In recent video interviews, AAFP President [Tochi Iroku-Malize, M.D., M.P.H., M.B.A., FAAFP](#), and AAFP Board Member [Sarah Nosal, M.D., FAAFP](#), talk about the importance of closing equity gaps. Media outlets are free to use these interviews for broadcast or publication with credit to the AAFP.
- The AAFP looks forward to the reintroduction of the Black Maternal Health Omnibus Act and supports the work of the Black Maternal Health Caucus to advance this important national dialogue about improving maternal outcomes for women of color.
- The AAFP's [position paper on birth equity](#) outlines actions physicians, educators and policymakers can take to improve patient health, close equity gaps, and ensure that birthing people have the care they need.

Match Day 2023 Reinforces Need to Invest in Primary Care Workforce

Why it matters:

On the heels of Match 2023, AAFP President Tochi Iroku-Malize, M.D., M.P.H., FAAFP, writes in *Medical Economics* how this year's Match emphasizes the importance of a strong family medicine workforce. This year's Match results offer reason to celebrate, but the U.S. faces pressing workforce and health equity problems: We need more primary care doctors, and we need them practicing in underserved communities where a family physician or primary care doctor is often the only one trained to meet area patients' health care needs.

What we're working on:

- We're [pleased](#) that Congress has reintroduced the Conrad 30 & Physician Access Act, which allows foreign doctors studying in the U.S. to remain following their residency in exchange for practicing in medically underserved areas and ensures timely access to care.
- The AAFP has long [supported programs](#) that invest in the primary care workforce, such as the Teaching Health Center GME Program. We are also urging policymakers to design federal GME programs that meet the health care needs of our nation — including assessing [how federal funds are allocated](#) and whether they are addressing physician shortages — especially in rural and underserved areas.

For the latest policy updates impacting family medicine, follow us at [@aafp_advocacy](#).



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About American Academy of Family Physicians

Founded in 1947, the AAFP represents 129,600 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.