Government Relations Report – 3rd Quarter 2023

LEGISLATIVE & REGULATORY ADVOCACY – FEDERAL

Recognizing the Value of Primary Care

In July, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2024 Medicare Physician Fee Schedule (MPFS) and Quality Payment Program (QPP) proposed rule. The AAFP immediately released a statement in response, highlighting several proposals included in the rule to strengthen access to and payment for primary care services for Medicare beneficiaries. However, we also noted that the proposed 3.36% reduction in the Medicare conversion factor again confirmed the need for broad Medicare physician payment reform and reupped a call to action for Congress.

AAFP staff quickly developed an executive summary of the CY 2024 proposed rule that was shared with members. We then turned our attention to developing comprehensive comments on the proposed rule, which were submitted in early September. While we commented on many proposals in our 90+ page letter to CMS, the AAFP's letter focused primarily on supporting proposals that improve the value of primary care and addressing fundamental flaws with the MPFS and QPP that jeopardize the stability of physician practices, including:

- Urging CMS to move forward with implementing the G2211 add-on code, which is meant to more accurately capture the time, intensity, and practice expense that is inherent to providing comprehensive, coordinated, holistic primary care office visits.
- Supporting proposals to create new codes and payment for social determinants of health (SDOH) screenings, as well as community health integration and principal illness navigation services to address unmet social needs and assist patients in navigating the health care system.
- Supporting a proposal to pay for telehealth services at the higher non-facility rate and urging CMS to make this policy permanent for all services on the Medicare telehealth services list.
- Calling on CMS to implement a new hybrid primary care payment model in the Medicare Shared Savings program that incorporates prospective, population-based payments for primary care into the only nationwide, permanent value-based payment model.
- Strongly opposing CMS' plan to increase the performance threshold for the Merit-based Incentive Payment System (MIPS).
- Strongly urging CMS throughout our comments to advance policies that reduce administrative burdens in both the MPFS and QPP.

In response to CMS' proposal to implement G2211 in CY2024, the AAFP has been doing extensive advocacy with lawmakers and senior administration officials to educate them on the importance of this proposed add-on code and the need to more accurately value and pay for primary care. In August, the AAFP and the American College of Physicians (ACP) sent a joint

letter to Congressional leadership illustrating how primary care visits are inherently more complex and why G2211 is needed to better account for and capture much of this work already being done by primary care physicians.

Acknowledging that this is not singularly a primary care issue, however, the Academy has also begun organizing a broad multi-stakeholder coalition to demonstrate widespread support for G2211 as it would also invest in and support patient's access to continuous care that is part of a longitudinal relationship with a clinician. In September, we led a letter to Congress that was joined by 36 other clinician groups, patient advocacy organizations, and other health care stakeholders expressing our strong support for this proposal and urging lawmakers to support G2211, rather than taking any action to delay its implementation. Groups from this multi-stakeholder coalition have met with the Medicare Director and the HHS Secretary's senior advisor on Medicare to discuss the importance of the code.

The Academy has also created several resources, including a one-pager, intended for Congressional staff to dispel the myths being perpetuated about G2211 and provide additional information on the justification for the add-on code. The AAFP's Government Relations staff are also regularly meeting with Congressional offices and relevant Committee staff to share our strong support for G2211 and ensure no intervention is taken to delay its implementation. The AAFP will continue our vocal advocacy about the need to reform arbitrary budget neutrality requirements that pit physician specialties against each other and other long-term Medicare payment reforms, such as an annual inflationary update for physician payment, while strongly supporting positive policy proposals that would meaningfully invest in primary care.

In September, the AAFP reiterated many of our recommendations on ways to reform Medicare physician payment, including our support for G2211 as well as supporting practices in transitioning away from fee-for-service toward value-based care, in our response to a House Ways and Means Committee request for information (RFI) on policies to increase access to health care, especially in rural and underserved communities. In addition to focusing on payment reform, this letter also elevates many of our existing policy recommendations on workforce and telehealth. It also lifts up much of the Academy's existing advocacy in support of advancing policies to address site of service payment differentials which lead to patients paying more for a service across care settings.

In this vein, the Academy has supported a provision of the bipartisan Lower Costs, More Transparency Act (H.R. 5378) which was introduced in September by Chairs Cathy McMorris Rodgers (R-WA), Jason Smith (R-MO), Virginia Foxx (R-NC) and Ranking Member Frank Pallone (D-NJ). Specifically, this legislation would ensure payment for physician drug administration services is the same in an off-campus hospital outpatient department (HOPD) as it is in a physician's office.

Shifting to Medicaid payment, the AAFP provided comprehensive comments on two major proposed rules aimed at improving equitable, timely access to care for Medicaid beneficiaries. These rules propose a series of regulatory changes to encourage Medicaid agencies and managed care plans to increase payments for primary care, mental health, and other services if Medicaid beneficiaries in the state are struggling to access care in a timely manner. The AAFP supported proposals to require states to publicly report Medicaid payment rates for primary care and other services, as compared to Medicare payments for the same services. We also provided conditional support for new appointment wait time standards for Medicaid managed care plans, noting that we support the intent of the new standards as long as CMS includes

additional guardrails to prevent managed care plans from passing down new requirements to their in-network practices.

We have seen significant movement on the AAFP's advocacy priorities related to value-based care this quarter. Representatives Darin LaHood (R-IL), Suzan DelBene (D-WA), Brad Wenstrup (R-OH), Earl Blumenauer (D-OR), Larry Bucshon (R-IN), and Kim Schrier (D-WA) reintroduced the bipartisan Value in Health Care Act. The AAFP continues to endorse this legislation, which would make important reforms to ensure that alternative payment models (APMs) continue to produce high quality care for the Medicare program and its beneficiaries, including a provision to extend the five percent advanced APM (AAPM) incentive payment. Currently, the 3.5 percent incentive payment is set to expire at the end of this year.

Following the announcement of a new state-based, multi-payer primary care value-based payment model, known as Making Care Primary, AAFP staff have had ongoing engagements with the model team. We have particularly highlighted the importance of multi-payer alignment and are working with the Division of Practice Advancement and the Center for State Policy to encourage both national and state-level payer engagement. Staff also joined with CMMI, the American Medical Association, and the American College of Physicians to host a joint webinar for members on the new model.

CMMI also announced two new models this quarter. In September, CMMI announced the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model which will provide funding for up to eight states to implement total cost of care models that include primary care investment and prospective payment components, in-line with AAFP advocacy. The AAFP is engaging with both the model team and CMMI leadership to share our support for requirements to increase primary care investment and provide guidance on primary care payment and quality components of the model. CMMI also announced the Guiding an Improved Dementia Experience (GUIDE) Model, a nationwide model to transform care for beneficiaries with dementia, which may be of interest to some AAFP members.

In the next quarter, staff plan to continue working with CMMI on these models and anticipate reacting to additional new model announcements focused on behavioral and maternal health.

Finally, in late September, the House Ways and Means Committee passed a bipartisan package of legislation that would make several reforms to health savings accounts (HSAs), including a provision from the Primary Care Enhancement Act (H.R. 3029) which would allow individuals with HSAs to use those funds to pay for direct primary care (DPC) arrangements. The AAFP has endorsed this legislation and long-supported efforts to increase access to continuous, comprehensive and coordinated primary care for patients, including through DPC arrangements.

Strengthening the Primary Care Workforce

On September 21, the Senate Health, Education, Labor and Pensions (HELP) Committee voted favorably on the Bipartisan Primary Care and Health Workforce Act (S. 2840). This legislation would provide $1.5 billion over the next five years for the Teaching Health Center Graduate Medical Education (THCGME) program to create more than 700 new primary care residency slots, which would result in up to 2,800 additional doctors by 2031. This program increases the number of primary care physicians and dental residents trained in community-based settings.

Further, it would provide $5.8 billion a year over the next three years in mandatory funding for community health centers which provide high-quality primary health care to more than 30 million Americans. The AAFP supports the intent of the legislation and the Committee's demonstrated bipartisan interest in addressing the nation's primary workforce, which remains one of our top advocacy priorities. Government Relations staff continue to have conversations with Committee members and staff on bipartisan solutions to bolster primary care.

Reauthorization of THCGME has continued to be a priority in the House, as well. On September 12, the AAFP joined a letter led by the THCGME Coalition to House Energy and Commerce Committee leaders thanking them for introducing the Lower Costs, More Transparency Act (H.R. 5378) which included reauthorization of the program for an unprecedented seven years. This issue remained one of the Academy's top legislative asks as Congress neared a government shutdown on September 30. However, Congress passed a short-term Continuing Resolution which included stable funding levels for the program for an additional 45 days (Nov. 17). While we continue to advocate for permanent THCGME authorization, the AAFP strongly applauded bipartisan efforts and is monitoring future actions.

The Academy has continued advocacy opposing the Equitable Community Access to Pharmacist Services Act (H.R. 1770). We remain concerned that this legislation, which would provide Medicare reimbursement to pharmacists for testing and treatment of conditions such as strep throat and RSV, has the potential to undermine the physician-led team-based care models that have proven to be most effective in improving quality, efficiency, and most important, patient health. On July 25, a Senate companion bill (S. 2477) was introduced by Senators John Thune (R-SD) and Mark Warner (D-VA). Government Relations staff of the AAFP, along with ACP and AAP, met with the sponsors to voice concerns about the legislation and its potential to undermine physician-led team-based care and impact patient safety. The AAFP is closely monitoring any activity related to this legislation and will continue to advocate to ensure Congress prioritizes policies that advance physician-led care.

The AAFP recently submitted a comment letter to the Department of Veterans Affairs (VA) regarding their development of National Standards of Practice. We also submitted a related letter to the House Veterans Affairs Committee as a statement for the record for a Sept. 19 Health Subcommittee hearing, *"VA's Federal Supremacy Initiative: Putting Veterans First?"*. These letters highlight the AAFP's position on the primary care workforce within VA facilities and the importance of team-based care being physician-led. VA has been working in recent years to create national practice standards for all clinicians that work at VA facilities across the country. The VA's national standards of practice are a standardized set of services that all health care professionals in a given occupation can perform regardless of what is permitted by a state license, certification, or registration. The VA already has a national standard of practice for nurse practitioners, but through this project they are establishing standards for physicians, pharmacists, physician assistants, and other practitioners. The AAFP has been providing input to the VA since the inception of this project, and this latest advocacy is in response to VA's recently-held series of public listening sessions to gather stakeholder feedback and related public comment period.

The AAFP and the Council of Academic Family Medicine submitted joint comments on the GME provisions in the CY 2024 Medicare Inpatient Prospective Payment System proposed rule. Our groups supported new regulations providing Medicare GME funds to rural emergency hospitals to train family physicians and other residents. We noted that this could increase rural training opportunities and support comprehensive access to care for rural emergency hospital patients.

Finally, in July, the Academy sent joint letters to House and Senate in support of the Conrad State 30 and Physician Access Reauthorization Act (H.R. 4942 & S.665). The Conrad 30 program is crucial to improving physician workforce shortages in rural and underserved communities by allowing J-1 foreign medical graduates to be exempt from having to return to their home country in exchange for three years of service in an underserved community. This legislation would reauthorize the program for three years, make several targeted policy improvements, and permit the gradual expansion of the number of waivers granted to each state.

Addressing Administrative Burden

This quarter, the AAFP submitted a comment letter to the Federal Trade Commission (FTC) in response to their Health Breach Notification Rule proposed rule, which included several clarifications and proposals regarding how organizations not covered by the Health Insurance Portability and Accountability Act (HIPAA) are required to notify customers, the FTC, and, in some cases, the media if there's a breach of unsecured, individually identifiable health information. We reiterated our strong support for regulations that guarantee the appropriate security of protected health information while working to improve patients' access to their data, as well as the ability to share patients' health information across the care team. We urged FTC to advance regulations that would increase the interoperability of health IT, reduce clinician administrative burden, and protect patients' health data and privacy.

The Academy also reiterated these recommendations, in addition to some other legislative recommendations, in our September response to a Congressional request for information (RFI) on ways to improve the privacy protections of health data to safeguard sensitive information while balancing the need to support medical research, which similarly focused on health data in the ecosystem outside of HIPAA.

After ongoing advocacy and coalition building, the AAFP's legislative fix for the MATE Act was included in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Reauthorization Act in mid-September. The AAFP activated a SpeakOut and shared it with members and chapters to encourage their representatives to vote on the SUPPORT Reauthorization Act. Due to ongoing federal spending negotiations, the House has not yet voted on this bill at the time of writing this report but is expected to in the coming weeks.

In July, Representatives Michael Burgess (R-TX) and Vicente Gonzalez (D-TX) reintroduced the GOLD CARD Act of 2023 (H.R. 4968). This bipartisan legislation would exempt qualifying physicians from prior authorization requirements under Medicare Advantage (MA) plans if they have at least 90 percent of prior authorization requests approved in the prior year. It would also establish processes to ensure that MA plans do not inappropriately revoke this exception. Then, in August, Representative Mark Green (R-TN) reintroduced the Reducing Medically Unnecessary Delays in Care Act of 2023 (H.R. 5213) which reform prior authorization in Medicare by requiring that all prior authorizations and adverse determinations must be made by a licensed physician board certified in the specialty relevant to the health care service in question. It would also direct Medicare plans to comply with requirements that restrictions must be based on medical necessity and written clinical criteria. The AAFP endorsed these bills and will continue to work with Congress on streamlining prior authorization and reducing administrative burdens for family physicians.

Improving Health Care for All

In late September, the AAFP submitted comments to HHS, DOL, and others on a proposed rule to improve mental health coverage parity for group health plans. The proposed rule would require plans and issuers to better track and monitor mental health care coverage and access to ensure patients have meaningful access to mental health care, including through an adequate network, affordable costs, and reduce prior authorizations and other non-quantitative treatment limits. The AAFP's detailed comments supported this proposal and provided nuanced feedback to ensure plan and issuer compliance with this proposal does not inadvertently jeopardize improvements in primary care coverage.

The AAFP provided comments in support of the Administration's proposed rule to strengthen consumer protections for short-term limited-duration health care plans. This proposed rule follows previous AAFP advocacy opposing efforts to weaken oversight of STLDs, which often leave patients with high medical bills and insufficient coverage.

On September 12, AAFP Board Chair Dr. Sterling Ransone testified before the Drug Enforcement Administration (DEA) during a public listening session on telehealth prescribing of controlled substances entitled "Practice of Telemedicine: Listening Sessions". His testimony focused on sharing support for guardrails that protect the patient-physician relationship and patient safety and advocating specifically to maintain access to substance use disorder (SUD) treatment via telehealth. Dr. Ransone also raised concerns about the rise of direct-to-consumer (DTC) telehealth companies potentially leading to care fragmentation, which can negatively impact patient care and outcomes. We emphasized that DEA could be most helpful to family physicians by increasing oversight on telehealth provided by companies that are not part of a patient's usual source of care, instead of mandating burdensome reporting and duplicative licensing requirements for telehealth prescribing of controlled medications within established patient-physician relationships. This opportunity amplified the AAFP's voice and many of our key policy priorities among DEA leadership. Government Relations (GR) staff remain engaged with DEA staff in follow-up and will ensure family medicine is represented as rulemaking continues.

The Academy also continued our long-standing advocacy in support of improved coverage for all beneficiaries, including those on Medicaid. In July, Senators Tom Carper (D-DE) and Bill Cassidy (R-LA) introduced the Improving Coordination and Access to Resources Equitably (CARE) for Youth Act (S. 2556). This bipartisan bill, which the AAFP has formally endorsed, would address one of the remaining coverage and financial barriers by ensuring Medicaid coverage of mental health and primary care services furnished on the same day, aligning federal law with laws in 27 states across the country.

Individual and Population Health

The AAFP supported efforts to provide affordable, timely access to Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) in August. The AAFP commented in support of a draft Medicare national coverage determination policy that would move coverage for HIV PrEP and related ancillary services under Medicare Part B. This coverage determination would reduce out-of-pocket costs for high-risk patients seeking pre-exposure prophylaxis and provide more reliable coverage and payment for visits required for PrEP therapy, including testing and counseling.

Relatedly, the AAFP endorsed the PrEP Access and Coverage Act (S. 2188 / H.R. 4392), which was reintroduced in August by Senator Tina Smith (D-MN) and Representative Adam Schiff (D-WA). This legislation would increase access to PrEP and post-exposure prophylaxis (PEP) by ensuring these medications and associated costs are fully covered by insurance. It would also prohibit prior authorization requirements for HIV prevention drugs and prohibit denial of coverage or increased premiums for disability insurance, long-term care insurance, or life insurance policies for people taking medication for HIV prevention.

In early September, the AAFP provided recommendations to HHS Secretary Xavier Becerra and other administration leaders to ensure patients across the nation are able to access new COVID-19 vaccines from their trusted primary care physicians this fall. The AAFP urged HHS to work with vaccine manufacturers to promote swift vaccine distribution to primary care practices, ensure Medicare, Medicaid, and CHIP provide adequate payment for vaccinations, and to facilitate equitable access via the Bridge Access Program, which provides the COVID-19 vaccine without cost to under- and un-insured patients. One of the letter's recommendations was recently implemented (providing the ability to search vaccines.gov for Bridge Access Program sites). We continue to engage with the administration to reinforce family physicians' position as partners in vaccination efforts.

In light of new RSV vaccine approvals and recommendations, Government Relations staff have begun planning additional advocacy focused on improving Medicare Part B coverage of new vaccines to facilitate access in primary care practices.

CENTER FOR STATE POLICY (CSP)

All but seven states are out of session following a busy legislative season. Chapters were effective in their advocacy amid a myriad of political headwinds. Below is a short summary of chapter wins on priority issues:

MEDICAID PAYMENT:

- Colorado: 3% Medicaid provider rate increase
- Illinois: $25 million in physician rate increases, expect to continue into next fiscal year for a $50 million total
- Michigan: $15 million for Medicaid physician payment increases for certain primary care and child wellness services. Budget also included $55.4 million for an additional Medicaid payment increase for physician and non-physician professional services
- Ohio: 5% Medicaid funding increase for physician payments
- Georgia: $18 million pay primary care and ob/gyn physicians for certain codes from the current Georgia Medicaid rate to the 2021 Medicare rate
- Florida: $76 million increase in Medicaid funding for Medicaid pediatric care
- California: Largest Medi-Cal rate increase in CA history. Starting in 2024, there will be increases to provider rates to at least 87.5% of Medicare for primary care, maternity care, and non-specialty mental health services. Starting in 2025, an additional annual appropriation of $1.38 billion will be directed to primary care providers in the Medi-Cal program
- Wisconsin: $132 million for primary care reimbursement bringing Medicaid rates to 70% of Medicare rates

ADMIN BURDEN:

- Enacted step therapy bills: Colorado, Maryland, Nevada, Texas and Oklahoma
- Washington passed a bill to create rules prohibiting prior authorization requirements for any of the 10 most utilized codes if the approval rate for that code is 95% or higher.
- Indiana and Louisiana both passed bills to reduce prior auth time requirements.
- Montana passed a bill that prohibits prior authorizations on generic prescriptions.
- West Virginia passed a bill to make it easier for physicians to qualify for its gold card program.
- Arkansas enacted gold card legislation.

NON-COMPETES:

- Both Indiana and Minnesota passed bills to restrict non-competes (IN exclusive to primary care physicians).

STUDENT LOAN REPAYMENT:

- Tennessee enacted legislation to provide loan repayments to family physicians.
- Florida budget included $16 million for medical loan repayment in 2023 and 2024 for primary care physicians practicing in rural areas.
- New law in Missouri provides forgivable loans for health professional students based on greatest need.
- North Carolina budget included $44 million in new scholarship or loan repayment funding for family physicians and others in key specialties of need.
- An appropriation in Arkansas was secured to provide for an Osteopathic Rural Medical Practice Student Loan and Scholarship Program.
- In Indiana, an appropriation was secured for Primary Care Scholarships.
- The Iowa budget increased, by $2.5 million, funding for the Rural Primary Care Loan Repayment program.
- New Jersey enacted a bill to dramatically improve a loan-redemption program dedicated to primary care professionals, with a $10 million appropriation for this work.
- Texas granted a 20.4% increase to the Physician Education Loan Repayment Program.

TELEHEALTH

- Florida included “audio-only” in the definition of the new Telehealth Practice Standards law.
- New Maryland law requires physician reimbursement for telehealth be on the rates as if delivered in person.
- Minnesota extended public and private coverage for audio-only telehealth services until July 2025.

GME FUNDING

- Florida secured $30 million for enhancing GME funding for residences.
- Texas budget included a 73.7% increase to its Family Practice Residency Program with an additional $3 million awarded to the Rural Resident Physician Grant Program.
- Pennsylvania approved a substantial increase in funding for its Family Medicine Residency Expansion Program.
- Oregon won sustained funding for the Family Medicine Residency Program.
- Michigan budget included $6.4 million to expand residency positions in primary care and other urgent-need specialties.
- Alabama legislature funded medical resident slots for the first time ever.

- California's budget includes $75 million to be allocated annually to increase residency slots for primary and specialty care and expand the number of residency programs. Starting in 2025, $150 million annually will be allocated to grow the healthcare workforce. At least $500 million will be directed to family planning related services in both Medi-Cal and FPACT and to abortion services.
- In Arkansas, $10 million went to GME residency programs.
- Missouri passed $2.3 million in funding for primary care residency expansion.
- Arizona secured new funds for GME.
- Funding in the Minnesota omnibus will provide for a new primary care rural residency program. It also includes grants to training sites for medical students and other health care professionals that train in health professional shortage areas.
- Washington secured $5 million for its Family Medicine Residency Network.

PRECEPTOR TAX:

- Georgia renewed sunsetting Community Physician Preceptor Tax Credit.
- Alabama enacted preceptor income tax for medical students that train in rural and underserved areas.
- Texas passed a 70% increase to the Texas Primary Care Preceptorship Program.

PRIMARY CARE INVESTMENT:

- The North Carolina budget included the creation of a Primary Care Payment Reform Task Force.
- Minnesota's omnibus appropriations included a provision that requires a report on primary care spending and establishes a Health Care Affordability Board to consider establishing quality and primary care spending standards.

SCOPE OF PRACTICE

WINS

- While provisions did pass that expanded APRN's scope of practice, the Missouri chapter was able to stop the legislation from allowing full independent practice.
- Illinois considered a bill to allow physician assistants to practice independently in FQHCs. Following IAFP's testimony and other negotiations, the bill was modified to remove the independent practice provisions.
- Illinois AFP also fought against an attempt for APRNs with full practice authority to start prescribing benzodiazepines and Schedule II drugs. While the bill eventually passed, the chapter was able to secure limits to the scope expansion.
- Illinois AFP also helped kill a bill to authorize an expansive scope of practice for naturopathic "physicians" through official state license recognition.
- Thanks to the Virginia AFP's advocacy, the annual effort by nurse practitioners to eliminate minimum competency standards for autonomous practice was defeated.
- The Tennessee AFP worked closely with a coalition to kill a bill to grant full independent practice for physician assistants.
- South Dakota AFP and other physician groups successfully fended off continued efforts from physician assistants to shed their supervision practice criteria.
- Troubling APRN and CRNA scope of practice expansion bills did not make their way through the South Carolina legislature.

- The South Carolina AFP worked hard against a bill that would have allowed pharmacists to initiate, order and administer diagnostic tests. Dramatic improvements were made to the bill that will be reconsidered in 2024.
- In Wisconsin, the chapter was once again able to stave off APRN's effort to practice independently.
- In Mississippi, a pharmacist test and treat bill made its way through committee but ultimately died.
- The Maryland AFP engaged in lengthy negotiations with physician assistants seeking to make various changes to their practice. The legislation ultimately stalled.
- In Georgia, an effort to allow APRNs and PAs to write Schedule II's without physician supervisions stalled, thanks to GAFP advocacy. The chapter also helped kill a CRNA independent practice bill. ALSO in Georgia, the legislature passed a Health Care Practitioners Truth and Transparency in Advertising bill. This requires anyone marketing or advertising their health care services utilize the title that they are licensed for in the State of Georgia. It will also require anyone with a doctorate degree to introduce themselves as their clinical licensure in patient interactions. In North Dakota, a similar Truth in Advertising bill passed as well.
- Autonomous practice efforts by APRNs died during session in Florida. As did a bill to allow physician assistants to prescribe. FAFP opposed all these bills.
- The Alabama AFP prevented a bill from passing that would have given pharmacists the ability to prescribe any vaccine.
- The Oklahoma AFP helped kill a bill to allow pharmacists to screen and test for certain conditions in addition to killing – for good – a bill to give NPs independent prescriptive authority.

LOSSES

- At least five states moved to remove supervision requirements for physician assistants.
- Unfortunately, a bill in Arkansas passed to allow full independent practice authority for clinical nurse specialists.
- Naturopaths are now able to dispense drugs in-office in Montana, and in North Dakota, they now have prescriptive authority. Additionally, they are now able to engage in the "corporate practice of medicine" in Kansas.
- Pharmacists test and treat bills were passed in New Mexico and in Virginia (however, in Virginia, advocates were successful in amending the bill to remove RSV as a condition that pharmacists would be allowed to treat).
- A bill in Connecticut passed that allows pharmacists to administer additional vaccines, tests and drugs for COVID-19, HIV or Influenza.
- A bill passed in Michigan that allows pharmacists to test for influenza, COVID and respiratory infections, it also allows pharmacists to administer antiviral medications based on test results, without a physician's prescription.

OTHER WINS:

- The Iowa AFP helped move medical malpractice tort reform to final passage. The bill limits the amount of noneconomic damages for medical malpractice claims to $2 million for causes of action involving a hospital and $1 million for all other causes of action.

- The California AFP's social determinants of health bill is now law. It will require health care service plan contracts or health insurance policies to include coverage for screenings for social determinants of health.
- The enacted state budget in Oregon included $922.9 million in funding for its 1115 Medicaid Waiver to continue enrollment for children up to 6 years of age and two-year eligibility for those 6 years and older.
- After years of advocacy, the North Carolina AFP was thrilled that Medicaid expansion finally happened after a grueling state budget ordeal.
- Through legislation, the Utah AFP was able to secure a well-care visit for all adults on Medicaid. This was a big win, previously these visits were not covered at all and adults on Medicaid were only seen if there was an illness or emergency.
- The Missouri chapter helped defeat problematic bills that restricted medical academic freedom, banning diversity, equity and inclusion training from medical education. One bill would have even prohibited state funding from going to any programs with DEI standards or requirements.
- Thanks to Colorado AFP's advocacy, this year's Colorado state budget includes a 16% rate increase for PCPs accepting alternative payment models in Medicaid, bringing reimbursements up to 100% of Medicare. Practices will be able to receive the equivalent of 100% of Medicare when participating in Medicaid's Alternative Payment Model.
- Colorado AFP supported expanded access to coverage for children 0-3 years of age through support of continuous eligibility in Medicaid & CHO+. The bill passed.
- The Alabama AFP's legislative priority, The Physician Workforce Act, became law. The new law will address the growing physician shortage in Alabama by eliminating the SPEX exam that some out of state physicians are required to take and allowing IMG's to gain full medical licensure after 2 years of residency and passage of the final licensure step instead of 3 years, among other important provisions.

NATIONWIDE TRENDS:

- In 2021, federal law gave states a new option to extend Medicaid postpartum coverage to 12 months via a state plan amendment. This new option took effect on April 1, 2022. AFP Chapters across the nation made this opportunity a priority.
    - 38 states have implemented the full 12-month extension
    - 8 states plan to implement the 12-month extension
    - 2 states have limited coverage extensions proposed
- Abortion laws post *Dobbs*:
    - Full abortion ban is in place in 14 states
    - Abortions banned after 6 weeks in 2 states
    - Abortions after 12-20 weeks banned in 5 states
    - Five states have abortion restrictions on hold by judicial injunction.
    - Five states allow abortions up to viability without explicit protections
    - 19 states allow abortions up to viability with explicit protections
- As of September 2023, 22 states have enacted laws banning gender-affirming care for children.

RESOURCES

- AAFP's Primary Care Investment Toolkit was released. This much-anticipated resource outlines guidance for increasing investment in primary care across key components such

as outlining a shared vision, stakeholder engagement, and measurement, including case studies from six states that have made progress with this work.
- CSP developed a chapter toolkit for their own advocacy to lobby Congress to enact the G2211 code. The toolkit includes a Speak Out, social media graphics, infographics, template letter and more.
- CSP provided chapters with a template letter to submit their own comments to the Medicaid Physician Fee Schedule proposal (seven chapters sent their own comments).
- CSP provided chapters with a template letter to send to their state Medicaid agencies with recommendations for implementing the statutory amendments regarding the mandatory Medicaid and CHIP coverage of adult vaccinations under the Inflation Reduction Act.
- CSP provided chapters with a template letter to send their own comments to CMS on its proposed rules on Medicaid access.

HOT ISSUES CALLS
- In July, AAFP's GR team hosted a Hot Issues call for chapters to promote ways they can engage federal lawmakers during August recess.
- In September, CSP hosted a Hot Issues call on non-compete legislation.

POLITICAL AFFAIRS AND MEMBER ENGAGEMENT

FAMMEDPAC

Update on Solicitation
FamMedPAC has raised nearly $170,000 in 2023 from 950 donors who contribute an average of $176. Staff anticipates a healthy increase in this amount in the coming month as another mail solicitation will be distributed in early October and FMX/COD also represents a significant opportunity to increase revenue.

DDC, the new solicitation firm that specializes in wraparound services for political action committees, completed its assessment of FamMedPAC's fundraising efforts as well as the AAFP membership to identify areas of growth to explore. After conducting focus groups, a survey of AAFP members and a review of AAFP communications, DDC developed a set of recommendations that will better communicate the value of FamMedPAC to current and potential supporters. The plan includes a set of core strategic recommendations and will help staff communicate the PAC's focus on issues with direct impact on the work of family physicians, educate AAFP members with an emphasis on students, residents and early career professionals, and make the PAC more approachable and engaging. DDC plans to utilize direct communications, the FamMedPAC Advisory Board, PAC Ambassadors and other members of AAFP leadership to deliver these messages. The plan will be fully implemented by January, 2024.

Update on Disbursements
FamMedPAC has distributed $254,800 to campaigns and committees in 2023. Of that amount 57% went to democratic campaigns or committees and 43% went to republican campaigns or committees. Following this document, please review a report of all the campaigns and committees that have received support this year. To learn more about which members of Congress the PAC supported, please see our online distribution map.

MEMBER ENGAGEMENT

Family Medicine Action Network
Since February 21, the Family Medicine Action Network (FMAN) community gained two members while losing 26 for a total of 2,210 members. Over that time, there were no new discussion items posted.

Federal Speak Outs

Over the August Recess, the GR team executed grassroots campaigns on several issues of importance for family physicians.

First, staff distributed a Speak Out to members highlighting the need for full implementation of the G2211 add-on code, particularly in light of the Hill presence of surgical specialty groups. 385 advocates sent 1,259 messages, 41 tweets, and made 13 phone calls to lawmakers urging them to allow CMS to proceed with plans to implement the code in 2024.

In light of the 9/30 funding expiration for the Teaching Health Center Graduate Medical Education program, in August staff also launched a Speak Out urging Congress to fund the THCGME program, among other AAFP supported programs and services, by passing the Lower Costs, More Transparency Act (H.R.5378). 134 advocates sent 394 messages to 177 lawmakers.

The final campaign of our August Recess plan focused on administrative simplification. 130 members sent 389 emails to 186 lawmakers encouraging them to pass the Safe Step Act (S. 652/H.R. 2630). Over the month of August in total, 504 advocates sent 2,089 messages to 357 lawmakers on these issues.

In addition to our August Recess campaigns, staff launched a campaign in support of the SUPPORT Act, which includes the AAFP's legislative fix to an error in the MATE Act of 2021. Since the campaign was launched in mid-September, 223 advocates have sent 228 messages to 144 lawmakers.

Key Contacts Update

Recruitment Efforts

Recruitment efforts for the Key Contact program continue on a regular basis. Most recently, the program has gained three new members for Reps. Richie Neal, Don Beyer, and Senator Martin Heinrich. Information about the program will be provided to FMX attendees at the Advocacy booth at AAFP Central as well as in other collateral materials.

Program Activity
In addition to our grassroots engagement efforts, staff executed a robust grasstops engagement plan over August Recess. Ongoing efforts to engage members in advocacy surrounding G2211 another AAFP priorities continues on a regular basis. Below is an overview of engagements completed by Key Contacts since August 1.

- Dr. John Gerguis hosted Rep. Rick Allen, member of the House Energy and Commerce and Education and Workforce Committees, at his practice in Statesboro, GA.

- Dr. Chip Cowart met with Rep. Buddy Carter, member of the Energy and Commerce Committee, in Savannah to discuss our legislative fix to the MATE Act of 2021, which he co-sponsored in the House.
- Dr. Steve Crawford met with Sen. Mullin's State Director to discuss our 3 August recess asks on G2211, THCGME reauthorization, and administrative simplification. Dr. Crawford also met with Rep. Tom Cole, Chairman of the House Rules Committee, to discuss our legislative fix to the MATE Act.
- Brian Hunsicker of the WAFP met with Rep. Adam Smith to discuss our 3 August recess asks on G2211, THCGME reauthorization, and administrative simplification.
- Dr. Brad Christoph attended a retreat for Rep. Virginia Foxx, Chairwoman of the House Education and Workforce Committee, retreat in Chetola, NC. He was also able to chat with Chief Deputy Whip Guy Reschenthaler. Dr. Christoph's asks focused on the REDI Act and other physician workforce issues.
- Dr. Aaron Shupp and members of the Colorado AFP staff attended an in-district fundraiser for Rep. Yadira Caraveo, whose candidacy was supported by FamMedPAC in 2022.
- Dr. Alan Schwartzstein with Rep. Mark Pocan at his district office and had a productive conversation about our August Recess asks.
- Dr. Rick Madden met with Rep. Melanie Stansbury in-district and discussed primarily THCGME reauthorization.
- Dr. Sarah Sams hosted Rep. Mike Carey at Grant Family Medicine, the program she directs, and discussed our three August Recess asks.
- Brian Hunsicker, WA chapter staff, will be attending an upcoming community event about mental and behavioral health with Rep. Adam Smith.
- Dr. Dennis Dmitri met with Rep. Jim McGovern's staff to discuss the MATE Act legislative fix.
- Dr. Julie Johnston met with Sen. Markey's staff to discuss our MATE Act legislative fix. Sen. Markey cosponsored the legislation in the Senate.

ADVOCACY COMMUNICATIONS

- In partnership with the GR team, the PR team continues to issue the monthly Family Medicine Advocacy Rounds tip sheet. According to AAFP partners at Ballast research, it is widely read and respected by Congressional audiences.

Recognizing the Value of Primary Care:

- The PR team issued a press statement on the proposed 2024 Medicare physician fee schedule, calling for sweeping payment reform.
- The PR team issued a press release highlighting efforts around the G2211 code, including our multi-stakeholder letter, and our comments to the 2024 Medicare physician fee schedule.
- AAFP president, Dr. Tochi Iroku-Malize, and Dr. Omar Atiq, president of the American College of Physicians, wrote an op-ed in Healthcare Dive about the importance of implementing the G2211 code in 2024.
- The PR and member communications team executed a G2211 "myth vs. fact" social media and website campaign, dispelling misconceptions about the code.
- We also designed a fact sheet for AAFP to share with Congressional staff and other key stakeholders.
- The PR team continued to proactively pitch health policy media about Medicare payment reform and the family physician perspective, resulting in impactful coverage. Highlights include:
    - Healthcare Dive: The one code Congress must support: G2211 | Healthcare Dive

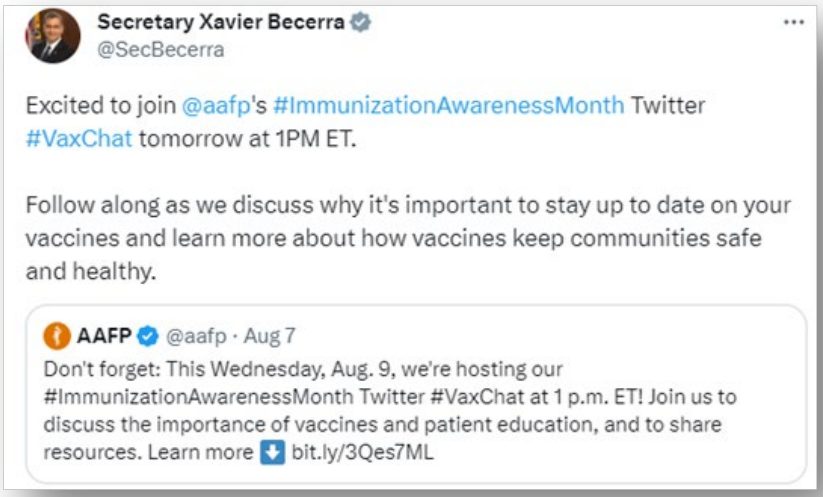
- Axios: Fight over Medicare pay hinges on primary care (axios.com)
- POLITICO: Clock is ticking for Congress' health care bills - POLITICO
- Modern Healthcare: Physician fee schedule proposal sees cuts, sparks outrage | Modern Healthcare
- Inside Health Policy: AMA Pushes Medicare Pay Revisions While Family Docs, Surgeons Square Off Over E/M Add-On | InsideHealthPolicy.com
- Healio: Q&A: Proposed physician fee schedule cuts payments but also 'signals progress' (healio.com)

Strengthening the Primary Care Workforce

- The PR team continued to proactively pitch health policy media about Medicare payment reform and the family physician perspective, resulting in impactful coverage. Highlights include:
- The AAFP, in partnership with the Group of Six, published a joint op-ed in STAT News on policy solutions to bolster the physician workforce.
- AAFP's Karen Mitchell, wrote a letter-to-the-editor in the Kansas City Star about the need for a strong family physician workforce, tying in National Conference.
- AAFP EVP and CEO Shawn Martin and Families USA Executive Director Frederick Isasi co-wrote an op-ed in the Baltimore Sun about the importance of permanently authorizing THCGME.
- The PR Team worked with Shawn Martin to place an op-ed on investing in primary care in Medical Economics.
- The AAFP PR team worked with STAT News to coordinate a video series on the rural physician workforce. The first part featured AAFP member Jen Bacani McKenney.

Individual and Population Health

- The AAFP PR team orchestrated an impactful media campaign for National Immunization Month, focused on dispelling misinformation about vaccines and highlighting the importance of immunizations. Highlights include:
    - The AAFP PR team secured two op-eds in major national publications on the importance of immunizations and securing vaccine equity.
        - Seattle Times: We must regain public trust in immunizations | The Seattle Times
        - U.S. News and World Report (joint with AAP): To Have a Healthy School Year, Ensure Everyone Has Access to Immunizations | Healthiest Communities | U.S. News (usnews.com)
    - The PR team worked with the Government Relations team to secure major participants, including HHS Secretary Xavier Becerra, IDSA, CVEEP, NFID, Children's Hospital Association and AVAC.



Improving Health Care for All

- As a member of the Alliance for Fair Health Pricing coalition, the AAFP signed on to two press statements: one supporting the Lower Costs, More Transparency Act and the site-neutral provisions in the Lower Costs, More Transparency Act.

- The AAFP PR team worked with Chicago member Dr. Asim Jaffer to write an op-ed in Medscape about the importance of protecting physician scope of practice.