



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 President Highlights Need for Medicare Payment Reform

“Meeting the current and future needs of our patients with chronic conditions requires our nation to leverage primary care as the foundation of our health care system. However, our current fee-for-service payment structure favors and incentivizes work that is done to a patient, rather than done with and for them. We need doctors who care for people, not doctors to deliver services.”

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



Why it matters:

AAFP President Steven P. Furr, M.D., FAAFP, testified before the Senate Finance Committee on April 11 for a hearing titled [“Bolstering Chronic Care Through Medicare Physician Payment.”](#)

Furr told senators how failure to invest in and uplift the true value of primary care is impacting patients every day. In his testimony, he outlined how improving traditional fee-for-service payments for primary care will further accelerate the transition to value-based payment models and ultimately better invest in primary care, lower costs, and improve health outcomes.

What we're working on:

- We've seen that advancing comprehensive, long-term Medicare payment reform will improve access to care for millions of beneficiaries.
- The AAFP is urging Congress to
 - more appropriately value the work of primary care within the Medicare physician fee schedule, which is the framework for many value-based payment arrangements;
 - reform budget neutrality requirements that unnecessarily pit physician specialties against one another while undermining CMS' ability to invest in all the services a patient may need;
 - address existing financial barriers that dissuade patients' utilization of chronic care management and other primary care services by waiving cost sharing responsibilities; and
 - provide primary care physicians and practices with more prospective, sustainable revenue streams that allow them to tailor the care they deliver to their patients' needs.



AAFP Applauds White House for Taking Action to Increase Student Loan Repayment

Last week, the Health Resources and Services Administration (HRSA) [announced actions to support the primary care workforce](#). The AAFP applauds HRSA for moving to increase loan repayments by 50% for primary care physicians who practice in high-need and rural areas. This will improve access to care and strengthen the primary care physician workforce.

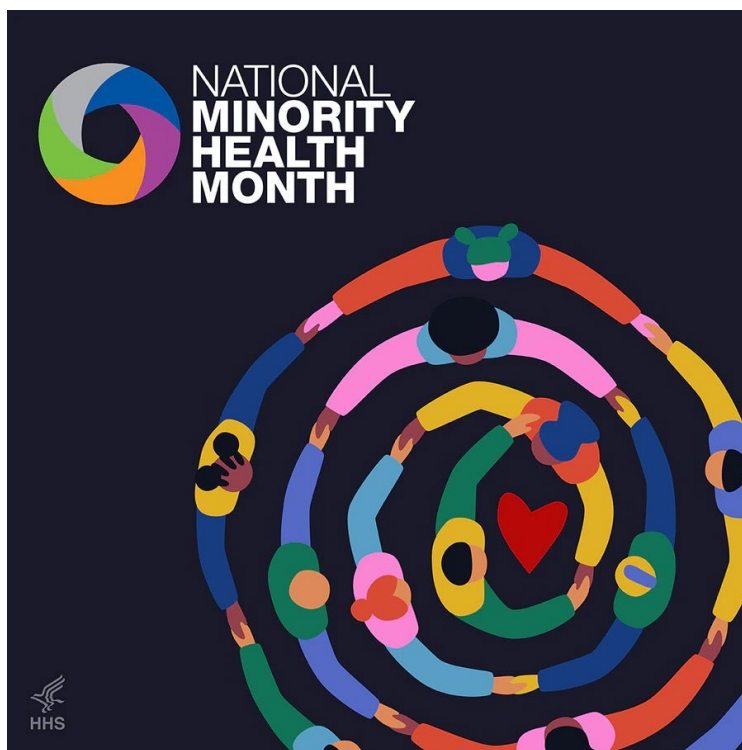
Family Physicians Appreciate New Value-based Payment Model

Why it matters: Family physicians know how value-based payment models support primary care and provide practices with predictable, stable revenue streams and flexibility to deliver high-quality, patient-centered care.

The Centers for Medicare and Medicaid Services recently announced the ACO Primary Care Flex Model. The new model will provide additional support to sustain practices participating in the Medicare Shared Savings Program, and it reflects several recommendations that the AAFP has shared with the Center for Medicare and Medicaid Innovation.

On March 6, AAFP member and Nebraska family physician Bob Rauner, M.D., M.P.H., FAAFP, [testified before the U.S. Senate Committee on Budget](#) during a hearing titled “How Primary Care Improves Health Care Efficiency.” In his testimony, Rauner outlined how, in Nebraska, his physician-led accountable care organization has produced cost savings and improved patient outcomes.

Family Physicians Recognize National Minority Health Month



Why it matters: Family physicians are uniquely connected to their communities and witness firsthand the social and structural inequities in health and health care that disproportionately affect minority communities, making them well-positioned to intervene to reduce health disparities.

Part of health equity is addressing our maternal health crisis. AAFP Board Chair Tochi Iroku-Malize, M.D., M.P.H., FAAFP, [wrote in *Medical Economics*](#): “While maternal mortality is a devastating reality, it is largely preventable. [Family physicians play a key role](#) in ensuring

pregnant patients and babies have the best chance at a long and healthy life. By [prioritizing postpartum care](#), and by recognizing the unique role of family physicians, we can make significant strides towards addressing this crisis.”

What we’re working on:

- The AAFP is urging Congress to tackle the [steep medical student loan debt](#) that makes a career in medicine unviable for many. Medical student debt can significantly affect underrepresented and low-income students and restrict their representation in the physician workforce.
- We’re advocating for passage of the [Resident Education Deferred Interest Act](#), which allows medical residents to defer their federal student loan interest during residency. This legislation would save them a significant amount of money in interest they would otherwise accrue and pay back during a time in their careers when their pay is quite low.
- The AAFP is calling on Congress to [support the Stabilize Medicaid and CHIP Coverage Act](#), which would streamline coverage and improve equitable access to care. As the largest single payer of maternity care in the U.S., covering 43% of births nationwide, Medicaid and CHIP programs play a critical role in addressing our nation’s maternal mortality crisis.
 - The AAFP also [endorsed the Healthy MOM Act](#), which establishes a special health care enrollment period for pregnant people, guarantees one year of continuous Medicaid eligibility for postpartum individuals, and helps address maternal mortality.
 - We continue to [support the Omnibus to address the Black maternal health crisis](#) and stand as a resource to the Black Maternal Health caucus to meet moms where they are, get moms the care they need, and reduce these alarming rates.

AAFP Continues to Urge White House to Eliminate Menthol Cigarettes

**123 ORGANIZATIONS
URGE PRESIDENT
BIDEN:**

**ACT NOW TO
ELIMINATE
MENTHOL
CIGARETTES**

This one step:

- ✓ Protects kids
- ✓ Advances the Cancer Moonshot
- ✓ Promotes health equity
- ✓ Saves lives, especially Black lives

Why it matters: There is clear evidence that flavored tobacco products, including menthol, are particularly addictive for young people. Family physicians know that eliminating menthol cigarettes will save lives and promote health equity among disproportionately affected communities.

What we're working on:

- [The AAFP joined 123](#) health, civil rights, and medical organizations in voicing “full support” for prohibiting menthol cigarettes and all flavored cigars in a full-page [Washington Post ad](#).
- The AAFP has long supported the proposed regulation to end the sale of menthol-flavored cigarettes and all flavored cigars, and we continue to support the Food and Drug Administration in finalizing these regulations.
- Prohibiting the sale of menthol cigarettes and flavored cigars would mark a historic turning point in the decades-long battle against tobacco use and the epidemic of tobacco-related disease.
- The AAFP continues to call for the elimination of all flavors in electronic nicotine delivery systems (ENDS or e-cigarettes), including menthol and vendor-mixed flavors. The AAFP also supports an immediate reduction in the nicotine content of tobacco products to non-addictive levels.
- The AAFP has repeatedly called for additional research to assess e-cigarettes’ safety, quality, and efficacy as potential cessation devices, but to date there is insufficient evidence to conclude that e-cigarettes in general are effective for smoking cessation. This is especially true for flavored e-cigarettes.

What We're Reading

- AAFP President Steven P. Furr, M.D., FAAFP, [spoke to Repertoire magazine](#) about what physicians should know when negotiating their contracts, including navigating non-compete policies.
- Understanding the driving forces behind America's primary care workforce shortage is key to finding effective, long-term solutions. AAFP EVP and CEO Shawn Martin, Christopher Koller, President of the Milbank Memorial Fund and Dr. Kyu Rhee, President and CEO of the National Association of Community Health Centers [wrote in Healthcare Dive](#) ways to ensure we have enough primary care physicians in areas that need them the most.
- Dr. Furr spoke to [Modern Healthcare](#) about how inadequate Medicare payments negatively impact small and rural practices. "When you add on to the fact that we've not had an inflationary update in 21 years, it's hard to keep a business — and a medical practice is a business, we have to survive and have to make a profit — it's hard to keep a business survivable."
- Yalda Jabbarpour, M.D., director of the AAFP's Robert Graham Center, [spoke to Healio](#) about the new primary care scorecard. One in 10 U.S. children doesn't have a primary care doctor; the same is true for one in four adults.

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



###

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