

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 Reintroduction of Legislation to Streamline Prior Authorizations

“ The average physician spends two business days completing prior authorizations. The impacts on patient care are jarring, with nearly 97 percent of physicians reporting that their patients experienced delays or denials for medically necessary care due to prior authorization requirements. Congress must pass the Improving Seniors’ Timely Access to Care Act to ensure physicians can spend more time treating patients and practicing medicine. ”

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



Why it matters: Family physicians are overburdened by prior authorization requirements, which can often cause harmful care delays and inadvertently lead to negative patient outcomes. The AAFP advocates to reform prior authorization and remains focused on enabling physicians and patients to have access to clear guidelines for prior authorization requirements and timely responses from insurance plans.

What we’re working on:

- On June 12, congressional champions reintroduced the Improving Seniors' Timely Access to Care Act (H.R. 8702/S. 4518), which would streamline and standardize prior authorization under the Medicare Advantage program and protect patients from unnecessary delays in care. We are urging Congress to swiftly pass this bipartisan legislation.
- While the Centers for Medicare and Medicaid Services [recently finalized](#) proposals to reform prior authorization, legislation is still necessary to ensure that these much-needed changes are made permanent. That's why passage of the Seniors' Act is imperative.

Family Physicians Relieved SCOTUS Preserves Patient-Physician Relationship

“We thank the U.S. Supreme Court for recognizing that the health care community relies on agencies like the FDA to ensure the safety and efficacy of treatments available to patients. Restricting access to certain treatments would set a dangerous precedent of allowing the rigorous drug evaluation process to be circumvented, affecting patients' access to a medication or regimen.”

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



The June 13 U.S. Supreme Court decision in the case of *Alliance for Hippocratic Medicine (AHM) v. Food and Drug Administration (FDA)* preserves the patient-physician relationship and upholds access to mifepristone, an FDA-approved medication.

The AAFP has long made clear that patients must be able to depend on their physicians to help them in making critical decisions about their health. Physicians must be able to practice medicine that is informed by their years of medical education, training, and experience and the available evidence.

Read more in the AAFP's [statement](#).

AAFP Asks CDC and FDA to Ensure Continued, Timely Access to COVID-19 Vaccines



Why it matters: As we prepare for another COVID-19, flu, and RSV season, it's important that family physicians are able to provide important immunizations to patients in a timely manner.

What we're working on:

- The AAFP joined the COVID-19 Vaccine Education and Equity project and several other health organizations in sending [a letter](#) to the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration to ensure that this year, the COVID-19 vaccine is available early in the season.
- At the same time, the country is not where it needs to be with uptake. Part of the reason is that primary care physicians are unable to easily administer all recommended vaccines to their patients. This is because not all Advisory Committee on Immunization Practices—
- AAFP President Steven P. Furr, M.D., FAAFP, [wrote in MedPage Today that Congress must pass legislation to require Medicare Part B coverage of all recommended vaccines](#), allowing patients to access vaccines more readily from their usual source of care and improving our nation's uptake of one of the most cost-effective public health measures.

AAFP Responds to IPPS Proposed Rules



Why it matters:

The Centers for Medicare and Medicaid Services (CMS) released the Fiscal Year 2025 Hospital Inpatient Prospective Payment Systems proposed rule. The AAFP applauds CMS for continuing to prioritize health equity in the 2024 IPPS proposed rule. As the largest funder of graduate medical education, Medicare plays a significant role in addressing physician maldistribution and disparate access to care across the nation. If finalized as proposed, this rule would take several important steps to direct GME funding to the areas of greatest need, helping mitigate health access disparities and more effectively addressing physician shortages.

What we're working on:

- The AAFP and the Council of Academic Family Medicine sent [a joint letter](#) to CMS offering our support and recommendations for the Fiscal Year 2025 IPPS proposed rule, particularly regarding a forthcoming distribution of GME residency slots and a newly proposed mandatory model, the Transforming Episode Accountability Model.
- This rule proposes several important steps that would direct GME funding to the areas of greatest need, including a proposal to require hospitals that serve areas designated as health professional shortage areas to have at least 50% of residents' training time occur at training locations within a primary care or mental health–only geographic HPSA in order to be able to apply for new GME slots.
- Additionally, our organizations appreciate CMS' recognition of the importance of primary care continuity in its proposal to confirm the patient's primary care physician status during a hospitalization or procedure in the TEAM Mandatory Model. The AAFP supports the role of family physicians in providing continuity of care to their patients in all settings, both directly and by coordinating care with other health care professionals
- When considering finalizing the TEAM Mandatory Model, the AAFP encourages CMS to consider the impacts of the national physician workforce shortage. Hospitals, depending on their location, might experience challenges when referring patients after discharge. We encourage CMS to implement safeguards within this model that would prevent physicians from being penalized for situations beyond their control.

AAFP Applauds OCR Guidance to Help Practices Impacted by Cyberattack



Why it matters: The AAFP is pleased that the U.S. Department of Health and Human Services has provided updated guidance to make clear that “covered entity” health care institutions affected by the Change cyberattack can contact Change and direct it to notify patients directly that their information was compromised by the breach.

The AAFP had previously asked for more guidance from HHS regarding Health Insurance Portability and Accountability Act–related reporting requirements in relation to the Change Healthcare attack. The announcement comes on the heels of a [joint letter](#) from the AAFP and more than 100 other health care organizations in requesting that HHS’ Office of Civil Rights clarify that Change Healthcare is responsible for notifying impacted patients of the breach and all related reporting requirements, alleviating practices’ legal concerns and allowing them to focus on continuing to recover from the attack.

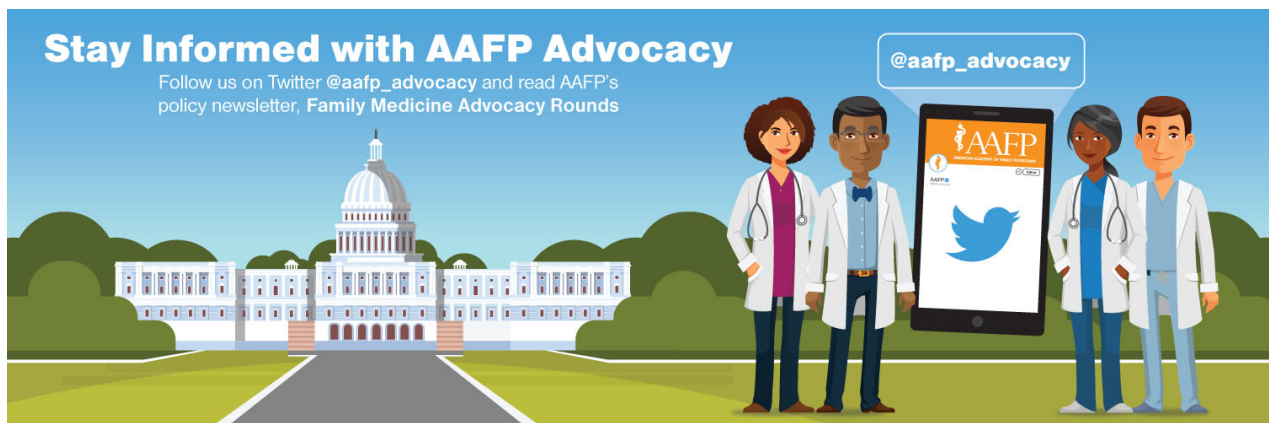
What we’re working on:

- The AAFP continues to urge Congress to closely examine how unchecked consolidation affects the overall health system from the perspective of patients and the physicians who care for them.
- The cyberattack on Change Healthcare has had far-reaching implications for family physicians and other providers of health care services, affecting their ability to receive payments and perform everyday business functions that are essential to the delivery of patient care. The AAFP recently [shared recommendations](#) with the House Energy and Commerce Subcommittee ahead of its April hearing “Examining Health Sector Cybersecurity in the Wake of the Change Healthcare Attack.”

What We're Reading

- AAFP President-elect Jen Brull, M.D., FAAFP, spoke with [LinkedIn News](#) about policies to improve access to behavioral health care, including adequate reimbursement for integrated care and training more family physicians in areas where there are shortages by advocating for more investment in the Teaching Health Center Graduate Medical Education Program, which funds residency spots in underserved areas.
- AAFP Board Chair Tochi Iroku-Malize, M.D., M.P.H., FAAFP, spoke to [CNN](#) about how family physicians can help address the maternal health crisis, which is alarmingly high in the U.S.
- Yalda Jabbarpour, M.D., director of the AAFP's Robert Graham Center, wrote an op-ed in [Modern Healthcare](#) about the need to invest in primary care to avert dire workforce shortages. She outlines solutions to help physicians, including expanding team-based care models, enacting payment reform, and innovative technologies that can address clinician burnout.

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 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