



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.

Family Physicians Urge Congress to Support G2211 Add-on Code



Why it matters: In the 2024 Medicare physician fee schedule (MPFS), the Centers for Medicare and Medicaid Services proposed to fully implement the G2211 add-on code, which accounts for the complexity of managing multiple acute and chronic conditions, providing preventive care across the lifespan, coordinating care across a team of clinicians, and addressing behavioral health and unmet social needs.

In the short-term, G2211 is an incremental step toward more appropriately valuing and paying for primary care, which will help support physicians, their practices, and their relationship with their patients. In the long-term, it will bolster the primary care workforce and protect patients' access to timely care.

What we're working on:

- The AAFP and the American College of Physicians [sent a joint letter to Congress](#) on the need to support full implementation of G2211 in 2024. The letter stressed that G2211 will:
 - Sustain primary care and other physician practices Medicare beneficiaries rely on and bolster the physician workforce
 - Appropriately value primary care and other longitudinal, continuous care under the MPFS
 - Ensure the Medicare program provides patients with timely access to comprehensive, longitudinal care
- The AAFP continues to call on Congress to end unsustainable physician payment cuts, reform arbitrary Medicare budget neutrality requirements, and invest in community-based primary care.

IPPS Final Rule is an Advocacy Win for Family Physicians



Why it matters: This month, CMS released the final FY2024 Hospital Inpatient Prospective Payment System (IPPS) [final rule](#). AAFP provided feedback on the proposed rule in a [joint letter](#) with the Council of Academic Family Medicine in June.

The IPPS rule will enable family medicine residents to train in and provide quality care in rural communities. Family physicians are an essential source of emergency care in rural areas and are uniquely suited to work in rural emergency hospitals (REHs). Multiple studies have demonstrated that, while many family physicians provide emergency care in urban and suburban communities, rural family physicians often work in emergency departments.

What we're working on:

- As a result of AAFP advocacy, CMS has:

- Finalized their proposal that REHs can now be designated as graduate medical education (GME) training facilities and receive GME funds
- Clarified that by finalizing the above, REHs will be able to serve as rotator sites for Rural Track Programs, which enable family medicine residents to obtain robust training in rural communities

CMS quoted the AAFP's joint comment letter in the final rule and noted the role of family physicians in providing emergency care, especially in rural areas.

AAFP Reaffirms Workforce Priorities in New Joint Letter



Why it matters: The primary care physician shortage is a complex issue affected by growing demand, a history of under investment in primary care, an aging physician workforce, and economic pressures on the rural health system.

For physicians—in communities both urban and rural, in hospitals, clinics and independent practices—a workforce shortage contributes to burnout, inability to take on new patients, shortened visit times, financial challenges, and increased administrative burden.

The AAFP has consistently advocated in support of federal policies to support international medical graduates (IMGs), who play a vital role in addressing physician shortages and are more likely to practice in rural, low socio-economic status, and non-white communities. In fact, IMGs often practice in health professional shortage areas and nearly 21 million Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians.

What we're working on:

- The AAFP [joined other medical societies](#) in urging Congress to pass the Conrad State 30 and Physician Access Reauthorization Act, which allows physicians who complete

their residency in the U.S. to waive the requirement to return home for two years if they agree to practice in an underserved area for three years.

- This legislation would reauthorize this crucial program for three years, make several targeted policy improvements, and permit the gradual expansion of the number of waivers granted to each state.
- The Conrad 30 waiver program has helped Americans in rural and underserved areas receive medical care from more than 15,000 high-quality international medical graduate (IMG) physicians in their local communities.

AAFP Supports Increased Access to PrEP

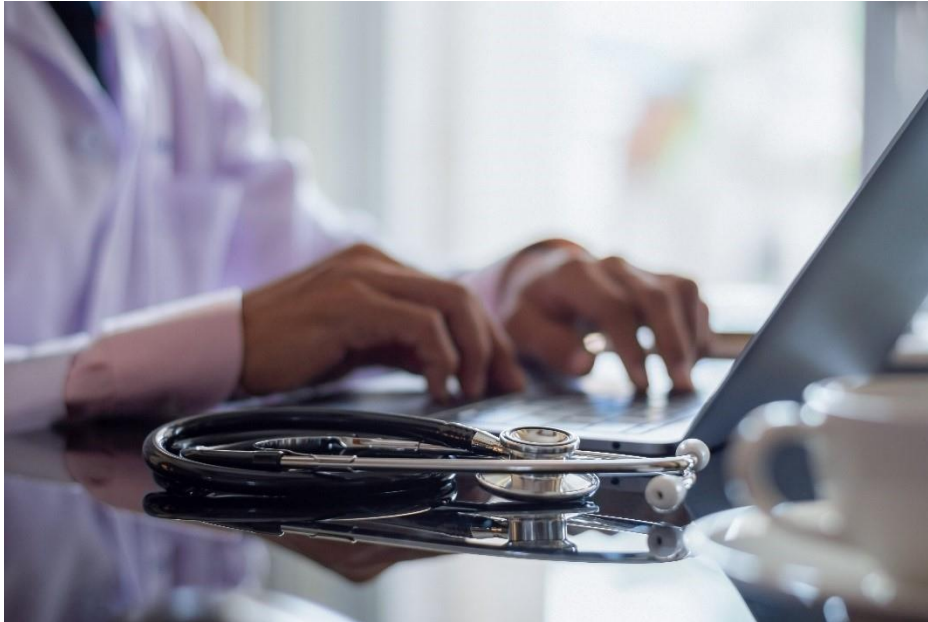
Why it matters: The AAFP wrote to Congress expressing support for the PrEP Access and Coverage Act, which would increase access to pre-exposure prophylaxis for HIV by ensuring these medications are fully covered by health insurance. This legislation would also prohibit prior authorization requirements for HIV prevention drugs, support educational public health campaigns on HIV prevention, and establish grants for states, community-based organizations, community health centers, and others to provide PrEP and PEP services to people who are uninsured.

When taken as prescribed, PrEP reduces the risk of getting HIV from sex by about 99 percent and among people who inject drugs by at least 74 percent. Because HIV establishes infection in the body very quickly, often within 24 to 36 hours of exposure, easy and immediate access to post-exposure prophylaxis is critical. Current barriers of high out-of-pocket costs and prior authorizations reduce the ability of these medications to work as intended.

What we're working on:

- We advocate for the ability of family physicians to prescribe HIV medications based on appropriate clinical knowledge, training, and experience without being subject to prior authorizations. In turn, this will reduce disparities and increase equitable access to these effective medications to protect individuals against HIV.
- The AAFP opposes discrimination against patients receiving sexually transmitted infection (STI) specific therapies, such as PrEP and PEP for HIV, in obtaining health-related services and life, health, or disability insurance. We also recognize the need for continued public and professional education about STIs, with an emphasis on prevention.
- The AAFP [submitted a letter](#) to CMS in support of a proposed change that will cover PrEP for HIV under Medicare Part B without coinsurance or deductible. When implemented, this change will eliminate out-of-pocket costs (estimated to over \$3,000 a month) for Medicare beneficiaries taking PrEP for HIV, including required HIV screening.

AAFP Responds to FTC Rule on Patient Privacy



Why it matters: Confidentiality and privacy are key elements of the patient-physician relationship and particularly important in family medicine. Only in a setting of trust can a patient share the private feelings and personal history that enable the physician to best treat them.

The AAFP recently [urged](#) the Federal Trade Commission (FTC) to secure the use and transfer of patient and consumer health data as it becomes increasingly accessed through third-party applications which are not subject to HIPAA protections. The AAFP has long supported policies that guarantee health information is protected while working to improve patients' access to their data, as well as the ability to share patients' health information across the care team.

What we're working on:

- The AAFP supports federal legislation to achieve data standardization and adherence to shared principles related to the privacy of health data.
- However, we strongly support the FTC using its available authority to improve protections in the interim—especially against security breaches.

Immunizations Must Be Part of Every Back-to-School Checklist



Why it matters: The best way to prevent getting seriously ill, being hospitalized, or even dying from an infectious disease is to get immunized. This includes flu vaccines, COVID-19 bivalent vaccines, and other childhood immunizations, as recommended by the CDC and AAFP.

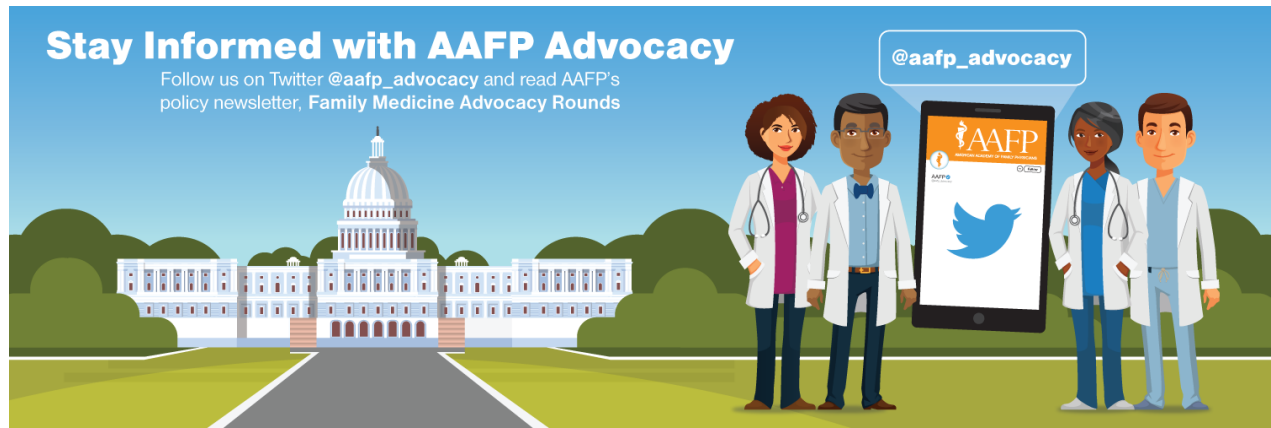
Understanding immunization schedules and keeping up with changing vaccine recommendations can be overwhelming, but family physicians can ensure that every member of a family receives the recommended vaccinations.

Family physicians are well-equipped to administer vaccines to all members of the family and counsel patients on which vaccines they need and how different vaccines work. [Data from the Kaiser Family Foundation](#) shows 46 percent of Americans are more likely to get vaccinated if the COVID-19 vaccine was offered to them at a place they normally go for health care, including their family physician.

What we're working on:

- AAFP president, Dr. Tochi Iroku-Malize, [wrote an op-ed in The Seattle Times](#) warning how eroding trust in vaccines could turn back the clock on public health.
- At the end of the Public Health Emergency, the [AAFP urged the administration](#) to ensure continued equitable access to care, including COVID-19 testing and vaccines.
- As the commercialization of COVID-19 vaccines unfolds, family physicians must be able to continue to purchase and offer vaccines in their practices.
- Visit AAFP's National Immunization Month [media hub](#) for resources.

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.