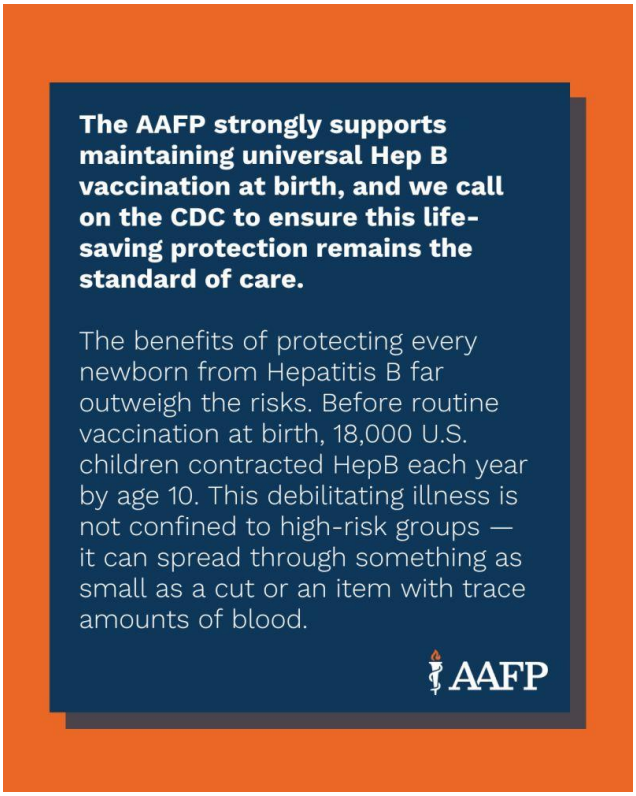
Family Medicine Advocacy Rounds – Issue 42, December 2025

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 Supports Hepatitis B Vaccination at Birth



Why it matters: On December 5, the Advisory Committee on Immunization Practices voted to overturn the recommendation that all newborns get a hepatitis B shot within hours of birth. Since universal birth dosing began in 1991, pediatric HBV infections have dropped by more than 95%.

A 2024 CDC analysis of children born after implementation of the birth-dose recommendation found that it prevented 6 million+ infections and nearly 1 million hospitalizations. Protecting infants early reduces the long-term burden of liver cancer, cirrhosis and liver transplantation (which can exceed $320,000 per patient per year).

What we're working on:

- The AAFP issued a statement that reiterated how removing the universal recommendation for hepatitis B vaccination could result in thousands of chronic HepB infections, leading to severe complications, including liver cancer and death. We called on the CDC to ensure that this safety net continues to protect newborns.

- AAFP Chief Medical Officer Margot Savoy, MD, FAAFP, expressed concern to the *Washington Post* that patients will be more confused about vaccine efficacy, and that the overall process could become more complicated by potentially subjecting babies to extra blood tests—which would require multiple doctor visits because those tests typically must be sent to a lab for evaluation.

- AAFP President Sarah Nosal, MD, FAAFP was quoted in the Associated Press and NBC News about the importance of the patient-physician relationship and the role physicians play in providing guidance about vaccines.

- Dr. Nosal also participated on a panel with the Infectious Disease Society of America, where she shared her experiences with hepatitis B vaccination in her practice.

IRS Finalizes Guidance Allowing HSAs to Pay for Direct Primary Care

The IRS released a notice formally implementing H.R. 1's provision that allows patients to use Health Savings Accounts (HSAs) to pay for Direct Primary Care (DPC) services. The AAFP was supportive of this provision because DPC provides flexibility for physicians and can improve access to care for patients.

For years, the IRS treated DPC arrangements as health plans, which blocked patients from both contributing to an HSA while under a DPC arrangement and from using HSA dollars to cover DPC fees.

H.R. 1 clarified that DPC arrangements are *not* health plans for HSA eligibility, and the new IRS FAQs confirm that DPC fees are reimbursable from HSAs. The guidance also outlines guardrails on what qualifies as DPC and notes two additional changes: permanent extension of the telehealth safe harbor and an updated definition of high-deductible health plans to include Bronze and Catastrophic plans.

Robert Graham Center Research: Rural U.S. Loses 1 in 9 Family Physicians in 6 Years

A new study in the *Annals of Family Medicine* shows that the rural family physician workforce has continued to shrink — down 11% between 2017 and 2023 — underscoring persistent gaps in primary care access. The analysis, led by Colleen Fogarty, MD, MSc, and researchers at the AAFP's Robert Graham Center, found declines across every region, with the Northeast experiencing the sharpest drop (15.3%) and the West the smallest (3.2%). There was one encouraging trend: The share of women practicing family medicine in rural communities grew from 35.5% to 41.8% over the same period.

CMS Unveils New Tech-focused ACCESS Model

The Centers for Medicare and Medicaid Innovation (CMMI) recently announced a new 10-year voluntary alternative payment model focused on technology-enabled chronic care management. The AAFP welcomed the model's direction and emphasized the importance of ensuring that patients have access to effective, evidence-based tools while keeping the patient-physician relationship central to care delivery. The AAFP looks forward to continued collaboration with CMMI as the model develops.

AAFP Asks DOJ, FTC to Examine Anti-competitive Health Plan Downcoding

***Why it matters*:** The growing practice of "downcoding" by health plans is quietly undermining the financial viability of independent primary care practices and potentially distorting competition in the health care marketplace, to the detriment of American patients, who rely on these physicians for their care.

When a service is downcoded, practices must choose between accepting the lower payment or appealing the claim. But the latter option may be prohibitively expensive. For small practices, this can result in tens of thousands of dollars in annual losses, excluding lost revenue from underpaid claims.

***What we're working on*:**

- The AAFP wrote to the Federal Trade Commission, the Department of Justice and CMS, asking them to investigate the practice of downcoding and urging the agencies to
    - investigate the use and impact of downcoding algorithms by health plans;
    - require disclosure of downcoding criteria and ensure uniform application, including to health plan–owned practices;
    - mandate streamlined, transparent appeals processes with clear standards and timelines; and
    - engage physicians and regulators in oversight of these practices.

AAFP Provides Feedback to FDA on Real-world Evaluation of AI-enabled Medical Devices

Why it matters: The U.S. Food and Drug Administration is seeking input on how best to measure and evaluate the real-world performance of AI-enabled medical devices.

This is critical because AI tools can behave differently in everyday clinical practice than they do in controlled testing environments. Without careful monitoring, these changes could affect the safety, accuracy and effectiveness of diagnoses or treatments, potentially impacting patient outcomes. Ensuring robust, ongoing evaluation helps protect patients, supports physicians in making reliable clinical decisions and maintains trust in emerging medical technologies.

What we're working on: In comments submitted recently, the AAFP emphasized that real-world data and ongoing testing are essential to ensuring that AI tools remain safe, effective, fair and transparent. Our letter outlines key policy principles and targeted recommendations to help the FDA strengthen oversight while protecting patient safety and supporting the patient-physician relationship.

AAFP Joins Call to Withdraw HIPAA Cybersecurity Proposed Rule

The AAFP signed onto a letter with more than 100 medical societies urging HHS to withdraw its proposed updates to the HIPAA Security Rule. Our letter cited significant implementation and financial concerns for small and independent practices.

While the AAFP supports strengthening cybersecurity protections for electronic protected health information, the proposed rule includes unrealistic compliance timelines and costly requirements that could disproportionately burden physicians. In the letter, we urged HHS to work collaboratively with stakeholders to develop practical, effective cybersecurity guidance.

AAFP Urges Congress to Act on Rising Health Care Costs

Why it matters: As the entry point for many patients to the health care system, family physicians see firsthand how rising health care costs impact individuals and their health

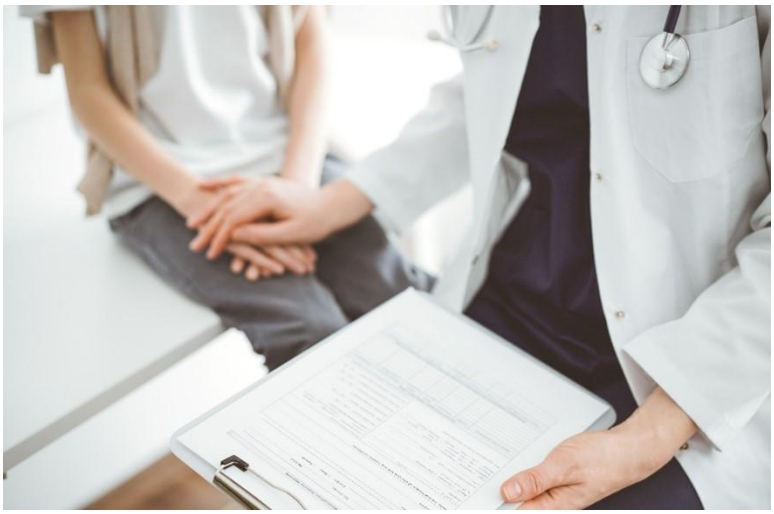
outcomes. Our health care system should not be forcing patients to decide between seeking care or buying their groceries for the week. It is critical that Congress takes steps to lower costs and empower patients.

***What we're working on*:** The AAFP recently submitted a letter to the Senate Finance Committee to urge it to support policies that

- increase investment in primary care and track how much different payers spend on it;
- reduce or eliminate out-of-pocket costs for patients seeking primary care;
- fix payment and market incentives that encourage consolidation, reduce competition and drive-up prices; and
- continue financial assistance that helps people afford health insurance through the Marketplace

Advancing these reforms will help ensure patients can access comprehensive, high-value primary care while lowering financial burdens and improving health outcomes nationwide.

AAFP Applauds Reauthorization of the SUPPORT Act



The AAFP applauds the bipartisan reauthorization of the SUPPORT Act. The law extends essential programs that prevent substance use disorders, expanding access to evidence-based treatment and strengthening the primary care workforce needed to care for patients. Importantly, it ensures that family physicians can continue delivering comprehensive, patient-centered care to those affected by SUD—supporting recovery, reducing harm and improving health in every community.

What We're Reading

- AAFP EVP and CEO Shawn Martin spoke to Modern Healthcare about the practice of downcoding and how it hurts primary care physicians and patients.

- AAFP Board Chair Jen Brull, MD, FAAFP, spoke to Healthcare Brew about a new Commonwealth Fund study showing increasing clinician burnout. “The good news is we know what helps. When we can cut unnecessary burdens like prior authorization, invest in growing the next generation of primary care physicians, and support physicians’ mental health, we will see real improvements,” she said.

- Martin was also a guest on Aledade’s ACO Show podcast to discuss the challenges with the future of primary care, particularly independent primary care practices, and how value-based care is a solution.