

## **2023 March – AAFP FAMILY MEDICINE ADVOCACY ROUNDS IN WASHINGTON**

### **AAFP Applauds Proposed Prior Authorization Rules from CMS**

#### ***Why it matters:***

The AAFP [supports](#) two recent proposed rules from the Centers for Medicare and Medicaid Services (CMS) that mark a significant step toward addressing the harms caused by prior authorizations. If finalized, these rules would bring much needed administrative simplification for physicians while reducing care delays for patients.

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

- The AAFP has [repeatedly called](#) for [streamlined prior authorization](#) to alleviate physician burden and lessen care delays. To that end, we provided comprehensive [comments](#) on a related proposal to automate prior authorization processes across payers by 2026.
- The AAFP is also [encouraged](#) by CMS's proposal to address inappropriate denials of prior authorization in Medicare Advantage and to require Medicare Advantage organizations to adopt evidence-based, publicly accessible coverage policies.
- The AAFP is hopeful these policies will advance timely, equitable access to care for beneficiaries and urged CMS to apply the same principles to prescription drug coverage across payers. AAFP leaders went to Capitol Hill this month to urge Congress to reintroduce and pass the Improving Seniors' Timely Access to Care Act, which would codify some of these policies into law and protect Medicare Advantage patients from unnecessary delays in care for years to come.

### **AAFP Recommends Action to Prevent SUD Care Disruption**

#### ***Why it matters:***

Among the many AAFP wins in the Consolidated Appropriations Act of 2023 was the removal of the X-waiver—an administrative burden that hindered access to life-saving medications for treatment of opioid use disorder (MOUD). The same legislation requires SAMHSA and the DEA to implement a new training requirement for all licensed prescribers of controlled substances.

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

- The [AAFP recently sent recommendations](#) to SAMHSA and the DEA, urging them to:
  - Accept qualifying educational offerings that are certified under the AAFP credit system, the primary source of continuing education for nearly 130,000 family physicians
  - Clarify that clinicians who have already completed safe prescribing and SUD treatment training will not have to complete duplicative trainings to satisfy new training requirements.
  - Ensure training and reporting requirements do not cause care disruptions or significant administrative burden.

## **Match Day 2023: AAFP Welcomes Largest Family Medicine Class in History**

### ***Why it matters:***

Primary care is the only health care component for which an increased supply is associated with better population health and more equitable outcomes. Despite the significant role that primary care plays in our health system, primary care accounts for a mere 5% to 7% of total health care spending. [Last week marked history for family medicine](#), with more than 4,530 positions filled in family medicine—the largest ever. While we celebrate this milestone, we will still need up to 48,000 additional primary care physicians by 2034. The AAFP has long advocated for policies that invest in the primary care workforce to meet the diverse needs of our growing and aging population.

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

- The AAFP has collected [interviews](#) with AAFP SVP of Education, Inclusiveness, and Physician Well-Being, [Dr. Margot Savoy, MD, MPH](#), AAFP VP of Education, [Karen Mitchell, MD, FAAFP](#), and [Richard Easterling](#), Student Representative to the AAFP Board of Directors and [visit our media resource center](#). **Media outlets are free to use these interviews for broadcast or publication with credit to the AAFP.**
- AAFP leaders visited Capitol Hill this month to encourage policymakers to invest in programs that bolster the primary care workforce. We're [pleased](#) Congress has reintroduced the Conrad 30 & Physician Access Act, which allows foreign doctors studying in the U.S. to remain following their residency in exchange for practicing in medically underserved areas and ensures timely access to care.
- The AAFP submitted [testimony](#) for last month's Senate HELP Committee workforce hearing and [responded](#) to the Committee's request for information to identify policy solutions to address the growing health workforce shortages. The AAFP's testimony and RFI response outlined several recommendations to invest in the primary care workforce, including:
  - Strengthening and investing in federal graduate medical education programs
  - Diversifying the physician workforce
  - [Addressing the burden of medical student debt](#)
  - Supporting physician-led, team-based care and the integration of behavioral health and primary care
  - Enacting telehealth policies that extend the capacity of our health care workforce
  - Stopping [anti-competitive](#) contracting practices that harm clinicians and patients

## **AAFP Applauds MedPAC Action on Medicare Physician Payment**

### ***Why it matters:***

MedPAC released one of its two annual reports on March 15 that included recommendations to improve Medicare Physician payment. The AAFP is [particularly pleased](#) MedPAC recommended a 2024 payment update to address rising practice costs and that they

recommended Congress enact add-on payments for physicians caring for low-income beneficiaries.

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

- The AAFP [joined](#) the American Medical Association and other physicians across specialties urging Congress to enact a Medicare physician payment update that fully accounts for inflation and rising practice costs. That means a payment update at least equal to 100% of the Medicare Economic Index.
- This month, AAFP leaders engaged with lawmakers on Capitol Hill to advocate for a sustainable Medicare payment system and [conveyed](#) how Medicare cuts place significant strain on family physicians and undermine progress toward value-based care. Sustainable annual updates to the Medicare physician fee schedule are a critical precursor to advance health equity and improve access to care.
- The AAFP continues to advocate that the annual threat of Medicare cuts underscore the urgent need for Congress to prioritize reforms to the Medicare physician fee schedule – which is the [only](#) Medicare payment system lacking an annual inflationary update.

**Proposals in POTUS's Budget Reflect AAFP Advocacy Priorities**

***Why it matters:***

The president's FY 2024 budget includes important investments in primary care, including no-cost coverage of primary care and behavioral health visits, investments in the primary care workforce, and ensuring affordable health coverage for all. The AAFP has long advocated for many of these priorities and looks forward to working with Congress as it finalizes the FY 2024 federal budget.

**For the latest policy updates impacting family medicine, follow us at [@aafp\\_advocacy](#).**

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