



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 CEO Testifies Before Congress on U.S. Health Care Affordability**

For decades, the U.S. has woefully underinvested in primary care, and patients are paying the price. On March 18, AAFP's EVP and CEO, R. Shawn Martin, testified before the House Energy and Commerce Subcommittee on Health for a hearing on the role that clinicians play in making health care more affordable for all Americans. The hearing is titled, [Lowering Health Care Costs for All Americans: An Examination of the U.S. Provider Landscape](#).

Chronic diseases now account for 90% of our \$4.9 trillion in annual health care spending. Yet, the U.S. allocates less than 5% of total health expenditures to primary care, a figure that lags far behind other developed nations. Primary care receives a small fraction of overall health care spending, even as it is asked to do more to manage chronic disease, coordinate care, and serve as the front door to the health system. This chronic underinvestment has led to workforce shortages, longer wait times, practice closures, and fragmented care that drives costs higher for everyone. It also accelerates health care consolidation, which often makes profit an incentive rather than patient care.

## **AAFP Takes Family Medicine Priorities to Capitol Hill**



Last month, AAFP leaders convened on Capitol Hill to push for practical solutions that will improve access to care for patients and improve practice environments for physicians. They engaged directly with lawmakers and urged them to enact policies that would:

- Make primary care more affordable. Ongoing, coordinated care keeps patients healthier, but only if cost-sharing doesn't stand in the way. When patients worry about surprise charges, they skip essential follow-up and coordination services. That hurts outcomes and raises long-term costs. Primary care must be affordable for it to work.
- Protect access to vaccines. Family physicians are among the most trusted sources for vaccine guidance and delivery. Public policy must continue to be grounded in science and data.
- Enact tax policies that strengthen independent practice and the primary care workforce. Targeted incentives can help support physicians serving rural and underserved communities, care for vulnerable populations, and promote practice ownership. Several states have explored or implemented approaches such as these. Together, these incentives can help recruit, retain, and sustain primary care where it's needed most.

## **Department of Education Rule Would Jeopardize Primary Care Workforce**



**Why it matters:** Physicians are the most likely professionals to carry student loan debt, with 81% having graduate school debt and 80% owing due to undergraduate education.

The high burden of medical education debt contributes to worsening physician shortages and puts medical education out of reach for many potential physicians, further undermining progress toward a robust health care workforce. Given that these challenges slow progress toward better patient and population health outcomes, [addressing the burden](#) of student loan debt for physicians and medical students is one essential step to improving our nation's health care system.

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

- The AAFP submitted a [letter](#) to the US Department of Education urging the agency to expand individuals' ability to pursue a career in family medicine, including through thoughtful regulation of federal student loan programs. Our letter asked that the department:
  - Maintain access to Graduate PLUS loans for medical students or create a medical education carve-out in the new loan programs to reflect the unique cost structure, training length and public service value of primary care physicians.
  - Exempt medical education programs from automatic loan proration or provide clear hardship and program-specific exceptions to ensure that future primary care physicians are not forced into private lending or delaying completion of their education.
  - Preserve generous reconsideration and correction mechanisms and ensure that repayment plan transitions do not reset or jeopardize Public Service Loan Forgiveness program eligibility.
- The AAFP also submitted a [letter](#) to Congress expressing concern that many of the higher education reforms in HR 1, including a \$200,000 cap on professional student loans, will lead to even fewer new primary care physicians.

- In our letter, we called for passage of the REDI Act to mitigate at least a small portion of the financial burden that family physicians and others accrue while they are completing their medical training.

### **Family Physicians Weigh in on AI Adoption in Clinical Care**



**Why it matters:** The family medicine experience is based on a deeply personal patient-physician relationship that benefits from many supportive technologies, including AI.

In 2023, the AAFP developed an initial set of [principles](#) that we believe must be applied to AI's implementation across the broad range of settings in which family physicians practice.

The AAFP believes AI tools should be evaluated with the same rigor as any other tool used in health care, and that it has the potential to support the core functions of primary care, which are frequently characterized as first contact, comprehensiveness, continuity, and coordination of care.

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

- The AAFP submitted [comments](#) and [joined a sign-on letter](#) to the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC) and recommended ways to establish a stronger approach to use AI as part of clinical care. In our letter, the AAFP highlighted that:
  - AI technologies and medical devices must be integrated into health care in ways that are safe, effective, fair, and transparent.

- HHS should include practicing physicians throughout the AI lifecycle and establish advisory panels that include primary care physicians to ensure AI tools are aligned with real-world clinical workflows and patient needs. An [AAFP survey](#) conducted jointly with Rock Health in September 2024 found that many primary care physicians reported having little to no involvement in these decision-making processes. This can lead to AI tools being implemented that impede, rather than improve, clinical workflows.
- The AAFP strongly believes that AI tools should enhance, not burden, clinical practice. We support HHS prioritizing research on AI products that streamline documentation, reduce administrative burden, and support clinical decision-making.
- The AAFP [recommends](#) modernizing payment policies so practices, especially small and independent practices, can invest in the infrastructure needed for AI integration.
- Also in the health IT arena, the AAFP submitted [comments](#) to ASTP/ONC and urged the agency to maintain key privacy, security and transparency requirements in the Health IT Certification Program and ensure that the health care system maintains a robust health IT landscape while reducing administrative burden and spurring innovation.
- On the legislative side, the [AAFP submitted a letter](#) for the record ahead of a Senate Committee on Health, Education, Labor, and Pensions hearing with Dr. Thomas Keane, Assistant Secretary for Technology Policy and National Coordinator for Health Information Technology. In the letter, the Academy outlined how the committee can support the recommendations the AAFP shared with ASTP/ONC in its two recent comment letters.

### **AAFP Urges Congress to Support Health Care Research**

**Why it matters:** Too many Americans struggle to get the care they need. Patients face long wait times, high costs, and care that doesn't always improve their health. At the same time, many physicians are burned out. Health services research helps find practical solutions to these problems. But when funding is cut, it becomes harder for our country to improve care and health outcomes.

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

- The AAFP [signed onto a letter to Congress](#) asking lawmakers to fully fund the Agency for Healthcare Research and Quality (AHRQ) in the next fiscal year.
- AHRQ provides research and data that help doctors, patients, and policymakers make smarter health care decisions. Its work helps ensure that people get high-quality care at a reasonable cost.
- We urged Congress to provide at least \$500 million for AHRQ so it can continue research that makes care safer and more affordable.

- We also asked HHS to support adequate staffing and resources so AHRQ can effectively manage its programs, research grants and scientific review process.

### What We're Reading



**Physician advocacy need not require a megaphone, but it does start with participation.**

Physicians should join their specialty societies, get involved with local government, respond to action alerts, and use evidence and experience to explain what works and what does not.

– Sarah C. Nosal, M.D., FAAFP  
*AAFP President*

*As seen in* **STAT**

- The voice of a physician has always carried weight, especially when it comes to advocacy for public policies. In a new [First Opinion essay in STAT](#), AAFP President Sarah C. Nosal, MD, FAAFP, writes that it's more important than ever for doctors to leverage their authority to push for a variety of changes that shape care both inside and beyond the exam room.

- AAFP Board Chair Jen Brull, MD, FAAFP, spoke to [Healio](#) about how a proposed rule would cap graduate student loan borrowing.
- The AAFP's Robert Graham Center's new thematic [report](#) on chronic disease was covered in [Marketplace](#). The report explores how primary care plays a vital role in in the prevention, early detection, and management of chronic disease while helping reduce the financial burden on both the US health care system and its patients.