



Family Physicians Continue to Support G2211 Add-on Code

“Fixing a flawed Medicare payment system cannot come at the expense of primary care. The bottom line is that G2211 is not just about ensuring physicians are adequately paid. It is about protecting patients’ access to the comprehensive, longitudinal, high-value primary care they need.”

– Tochi Iroku-Malize, MD, MPH, FAAFP, President, American Academy of Family Physicians and Omar T. Atiq, MD, FACP, President, American College of Physicians



Why it matters: Primary care visits are thoughtful, complex, and all about ensuring patients’ health care needs are met. Here’s the catch, though: All that work physicians do isn’t appropriately paid for.

One Medicare physician billing code—set to go into full effect in 2024—is specifically designed to pay more accurately for the complex, high-value visits that primary care physicians provide as part of a continuous relationship with a patient. The equation is simple. Better payment equals better patient access and better outcomes. G2211 can make this a reality.

Unfortunately, this important policy, poised to improve health care nationwide, has attracted opposition. But the misperceptions driving criticism of G2211 do not stand up to scrutiny.

What we’re working on:

- AAFP’s president, Dr. Tochi Iroku-Malize, and American College of Physicians President Dr. Omar Atiq [wrote in Healthcare Dive](#) that reform of the national Medicare physician payment system—particularly the implementation of G2211—is needed.

- The AAFP continues to call on Congress to end unsustainable physician payment cuts by enacting an annual inflationary update, reform arbitrary Medicare budget neutrality requirements, and invest in community-based primary care. Learn more facts about [G2211 here](#).
- The AAFP recently submitted [recommendations to the House Ways and Means Committee](#) on rural health highlighting the need for sweeping Medicare payment reform.

AAFP Advocates for Primary Care Workforce Legislation



We have a timely opportunity to reaffirm support and investment in the physician community—the very one that provides preventive and emergency care, takes care of children and families, and helps us respond to emerging and devastating health threats. We implore Congress to act now to secure the future of our nation’s health.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

American Academy
of Pediatrics



ACOG
The American College of
Obstetricians and Gynecologists

ACP
American College of Physicians
Leading General Medicine, Improving Lives

AOA
AMERICAN OSTEOPATHIC ASSOCIATION

AMERICAN
PSYCHIATRIC
ASSOCIATION

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

The U.S. faces a projected physician shortage of up to 124,000 physicians by 2034, with demand for physicians outpacing supply. Further, the Health Resources and Services Administration estimates that, by 2025, there will be a shortage of more than 250,000 mental health professionals, including psychiatrists.

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 address the shortage and maldistribution of adult and pediatric primary care, psychiatric, and other high-need specialties.

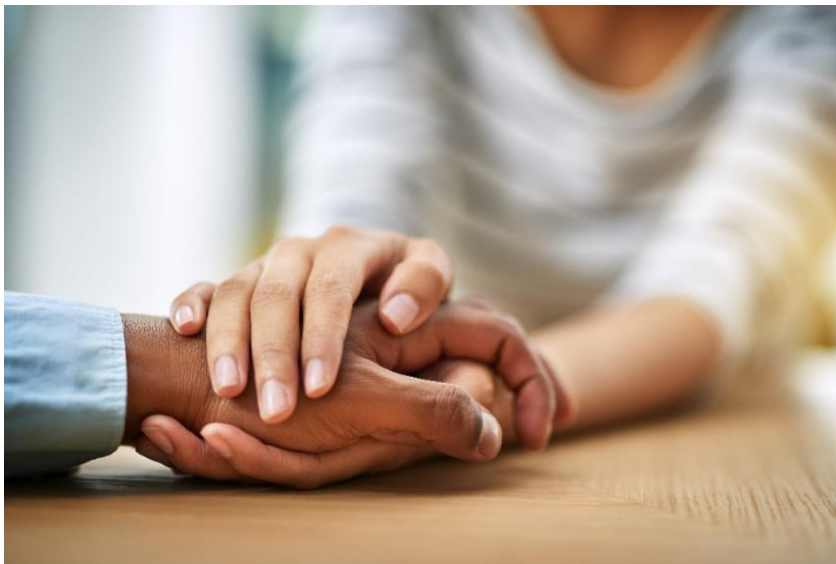
What we’re working on:

- The AAFP and the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American Osteopathic Association, and the American Psychiatric Association [wrote a joint opinion](#)

[editorial in STAT News urging Congress to invest in a strong primary care workforce.](#)

- AAFP Executive Vice President and CEO R. Shawn Martin and Families USA Executive Director Frederick Isasi [wrote in the Baltimore Sun](#) about the importance of reauthorizing the Teaching Health Center Graduate Medical Education (THCGME) program, which trains physicians in underserved communities and encourages them to practice there post-training.
- [AAFP members and family physicians spoke to STAT News](#) about the ramifications and realities of the primary care physician workforce shortage in rural communities.
- The AAFP continues to support the bipartisan [Lower Costs, More Transparency Act](#), which includes reauthorization for seven years of the THCGME program and will ensure that Medicare and its beneficiaries are paying the same rates for physician-administered drugs in off-campus hospital outpatient departments as they do in physician offices.

AAFP Weighs in on Mental Health Parity



Why it matters: Mental health is just as important as physical health. The departments of Treasury, Labor and Health and Human Services released a proposed rule on [mental health parity](#), specifically focused on improving coverage and payment.

Family physicians provide longitudinal care across a patient's lifespan, which often includes comprehensive mental health services and, when needed, care coordination with other mental health professionals. However, coverage of mental health services and network adequacy remains an issue, preventing patients from receiving specialized care and requiring primary care physicians to fill the gap while navigating timely and burdensome referral processes.

What we're working on:

- The AAFP has long advocated for mental health parity to improve access to care and ensure that physicians have the tools and resources they need to address unmet mental health needs and successfully integrate behavioral health care into primary care.
- In our comments on the proposal, the AAFP applauded the departments for taking steps to ensure that plans and issuers are providing appropriate behavioral health benefits and access to care.
- Specifically, the AAFP recommended that the departments
 - implement appropriate guardrails to ensure plans and issuers continue to improve access to primary care while remaining in compliance;
 - clearly establish metrics and recommendations for how plans should consider primary care physicians who provide MH/SUD care; and
 - finalize proposals to implement data reporting and analyses, including for nonquantitative treatment limitations, and penalties for third-party administrators.

For the latest policy updates impacting family medicine, follow us at [@aafp_advocacy](https://twitter.com/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.