

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 Shares Summary of 2026 Medicare Physician Fee Schedule Proposed Rule



The American Academy of Family Physicians (AAFP) is encouraged by proposed changes in the 2026 Medicare physician fee schedule that would help build a stronger, more sustainable health care system.

Notable updates proposed by CMS include:

- modernizing how medical services are valued,
- reducing barriers to patient-centered care and
- expanding support for behavioral health and at-home services through updated billing codes.

The AAFP also welcomes proposed increases to the Medicare conversion factor—3.8% for participants in qualifying alternative payment models and 3.6% for others—but notes that these are largely due to a one-year statutory increase. Without a long-term fix, practices will continue to face renewed financial strain in 2027.

To ensure stability and continued access to care, the AAFP urges Congress to enact a permanent annual inflationary adjustment to Medicare payments. [Read our full summary.](#)

AAFP Shares Recommendations on Medicare Advantage Plans

Why it matters: Family physicians care for patients across the lifespan, including older individuals and those with disabilities or other medical complexities. Many of them are enrolled in a Medicare Advantage (MA) plan. A 2023 AAFP survey among family medicine practices found that 18 percent of their patients were covered by MA plans.

However, MA plans are consistently cited as one of the biggest sources of burden by family physicians. Some organizations administering MA plans subject physicians and patients to opaque, cumbersome prior authorization requirements and other tedious management processes that lack medical justification and delay necessary patient care.

What we're working on:

- The AAFP [wrote to Congress](#) urging it to hold MA organizations accountable and reform the program to better serve patients and alleviate the burden placed on physicians. Of note:
 - The AAFP is calling on Congress to finally enact the Improving Seniors' Timely Access to Care Act to streamline prior authorizations and avoid care delays.
 - We're asking Congress to examine and explore guardrails to MA plans' gaming of coding intensity and home health risk assessments.
 - Congress should also take actions to prevent MA organizations from failing to invest in and support the provision of high-quality primary care.

Family Physicians Call on Lawmakers to Support Family Medicine During August Recess



Why it matters: In June, more than 300 family physicians from across the country convened in Washington, D.C., for the Family Medicine Advocacy Summit. Physicians from 44 states met with lawmakers and congressional staff to share stories and champion legislative policies that bolster family medicine. To build on these relationships, during August Recess the AAFP is advocating for policy priorities that extend telehealth flexibilities for physicians, protect programs that grow the family physician workforce and support federal programs that invest in primary care.

What we're working on:

- **Make telehealth flexibilities permanent:** During the COVID-19 pandemic, telehealth became a lifeline for patients, especially in rural and underserved communities. These flexibilities have improved access to care and decreased no-show rates. However, Medicare telehealth flexibilities expire on Sept. 30, and the AAFP is urging Congress to make these flexibilities permanent to ensure care continuity.
- **Bolster the primary care physician workforce:** The U.S. continues to face a critical shortage of primary care physicians — up to 40,400 by 2036. Three key federal workforce programs are set to expire on Sept. 30, which would greatly restrict access to care without congressional action. The AAFP is asking Congress to reauthorize and fully fund the Teaching Health Center Graduate Medical Education program, the National Health Service Corps and the Community Health Center fund.
- **Protect and increase federal support for critical health care programs:** The federal government is a key source of funding for essential health care services. The AAFP is asking Congress to oppose proposed budget cuts that would severely reduce or eliminate programs that strengthen the physician workforce, undermine efforts to address the country's mental health crisis, weaken public and population health outcomes, and diminish primary care research.

Decision to Pull mRNA Vaccine Funding Alarms Leading Physician Groups



Why it matters: Sustained research funding is essential to developing the next generation of tools that protect Americans from infectious disease. mRNA vaccines offer precise, targeted protection and can be produced more rapidly than traditional vaccines, making them a vital first line of defense against rapidly spreading diseases. Thanks to decades of rigorous science, testing and monitoring systems, mRNA vaccines used in the U.S. continue to be safe and effective and to save lives.

What we're working on: The AAFP, alongside the American Academy of Pediatrics, the American College of Physicians, the American College of Obstetricians and Gynecologists and the American Osteopathic Association [issued a joint statement](#) expressing alarm and dismay at HHS' decision to pull funding. We remain resolute in our support for investments in public health research and programs that prevent debilitating and fatal diseases and advance U.S. health care.

AAFP to CMS: Support Family Physicians in Rural Communities

Why it matters: Access to primary care is the most effective way to prevent and manage chronic disease, reduce health care costs and keep communities healthy. This access is critical in rural communities where a strong physician workforce is needed.

What we're working on:

- The AAFP [wrote](#) to the Centers for Medicare and Medicaid Services (CMS), urging it to expand access to primary care in rural communities through the Rural Health

Transformation Fund (RHTF).

- The AAFP is calling on CMS to invest in primary care to ensure the RHTF supports preventive care to keep patients out of the emergency room, recruit more physicians to serve in rural communities, advance technology-driven solutions that bring innovative care to rural communities and implement new care models that improve access.

CMS Finalizes 2026 IPPS Rule

The AAFP and the Council of Academic Family Medicine (CAFM) supported key rural and primary care proposals that were recently finalized in the 2026 Inpatient Prospective Payment System rule. The AAFP highlighted:

- **Rural hospital support:** We supported continued funding for small rural hospitals through the Low-Volume Hospital and Medicare-Dependent Hospital programs, which expire in 2025 unless Congress acts.
- **Training rural physicians:** The AAFP flagged a payment gap that limits rural hospitals' ability to host residency programs. CMS said it would consider it in future rulemaking.
- **Interoperability improvements:** CMS finalized all four proposed changes we supported to improve how hospitals use technology and share data.
- **TEAM model changes:** Wins for family physicians include:
 - Reduced financial risk for rural and safety-net hospitals for the first three years.
 - Better benchmarks and risk adjustment methods.
 - Stronger discharge planning that continues to ensure patients are referred to the appropriate primary care physician for follow-up care.

Read our full comments [here](#).

AAFP Weighs in on Health IT Certification Rule

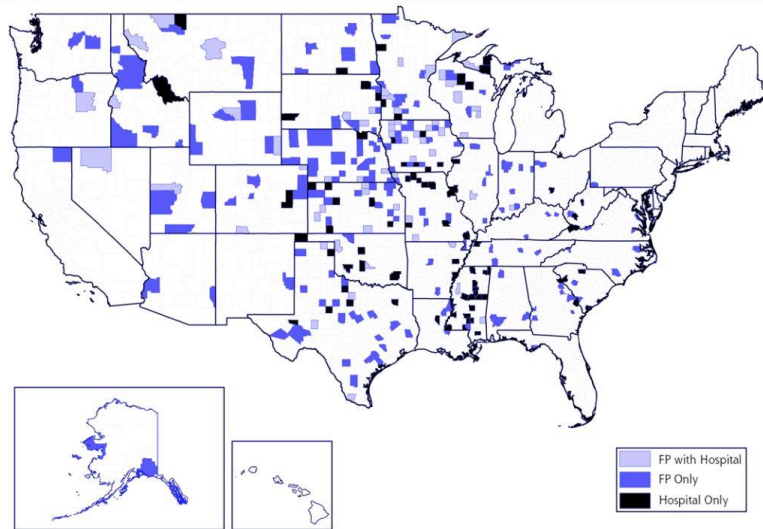
The Office of the National Coordinator for Health IT (ONC) finalized several changes to its Health IT Certification Program. Here's what stood out:

- **Electronic Prescribing:**
 - ONC decided to keep the requirement for systems to support access to a patient's medication history, a win for family physicians.
 - ONC will now require specific electronic prior authorization functions. While we support the overall move to electronic prior authorization, we urged the agency to hold off until those systems are proven to work well in real-world settings.
 - We supported ONC's phased rollout of new electronic prescribing standards.

Read our full comments [here](#).

Family Physicians Crucial in Providing Maternity Care in U.S.

Figure 1. Family Physicians Providing Maternity Care and Hospital Only Counties



Note: Data sources: Health Resources and Services Administration (HRSA), Area health resource file, 2021-2022; HRSA Data Warehouse, <https://data.hrsa.gov/> and American Board of Family Medicine (ABFM), Continuing Certification Questionnaire (2013-2021), <https://www.theabfm.org/continue-certification/>

Family physicians are an important segment of the maternity care workforce, particularly in rural areas. Researchers at the AAFP's Robert Graham Center explored the geographic distribution of family physicians providing maternity care and identified opportunities for family physicians to expand access to maternity care. While family physicians are providing maternity care in rural areas across the U.S., opportunities exist to expand their reach. Read the full study in [Annals of Family Medicine](#).

What We're Reading

- AAFP President Jen Brull, MD, FAAFP, spoke to the [Associated Press](#) about the consequences of H.R. 1 on preventive care.
- AAFP EVP and CEO R. Shawn Martin discussed the Primary Care Enhancement Act and the importance of direct primary care with [Axios](#).
- AAFP president-elect Sarah Nosal, MD, FAAFP, spoke with [Healio](#) about how threats to physicians with medical student loan debt will impact access to primary care.