Family Medicine Advocacy Rounds – Issue 53, October 2026



AAFP Installs Kisha Davis, MD, MPH, FAAFP as New President



Kisha Davis, MD, MPH, FAAFP, was installed as president during the Congress of Delegates meeting in Nashville earlier this month.



As a family physician and public health advocate, Dr. Davis brings a deep commitment to advancing health equity, strengthening care delivery and mentoring the next generation of family physicians.

"I've always valued having a foot in both the policy and clinical worlds. They inform each other, and each makes the other stronger," said Davis. "Everyone deserves a family physician—someone who knows about diabetes and depression, the medical history and the story behind it. Through that firsthand experience, we see what works, where barriers remain and what communities need to thrive. Family physicians can bring those perspectives to the policy table to build a health care system that works better for everyone."

Read our full press release here.

Family Physicians: HHS Must Remove Barriers to Treating Congenital Syphilis

Earlier this month, Davis spoke at an HHS event focused on congenital syphilis. She emphasized that congenital syphilis is preventable, but prevention requires more than screening. Patients need timely treatment, follow-up, partner services, and coordinated care.

She also emphasized that family physicians often encounter patients before, during, and after pregnancy and can play a critical role in identifying infection and connecting patients to care.

HHS can help patients by supporting medication access, strengthening public health capacity and care coordination and addressing payment and coverage barriers that delay care.

AAFP to FCC: Improve Telecommunications and Telehealth Services

Why it matters: Accessible telecommunications and telehealth services have become increasingly important as rural communities confront a shrinking primary care workforce.

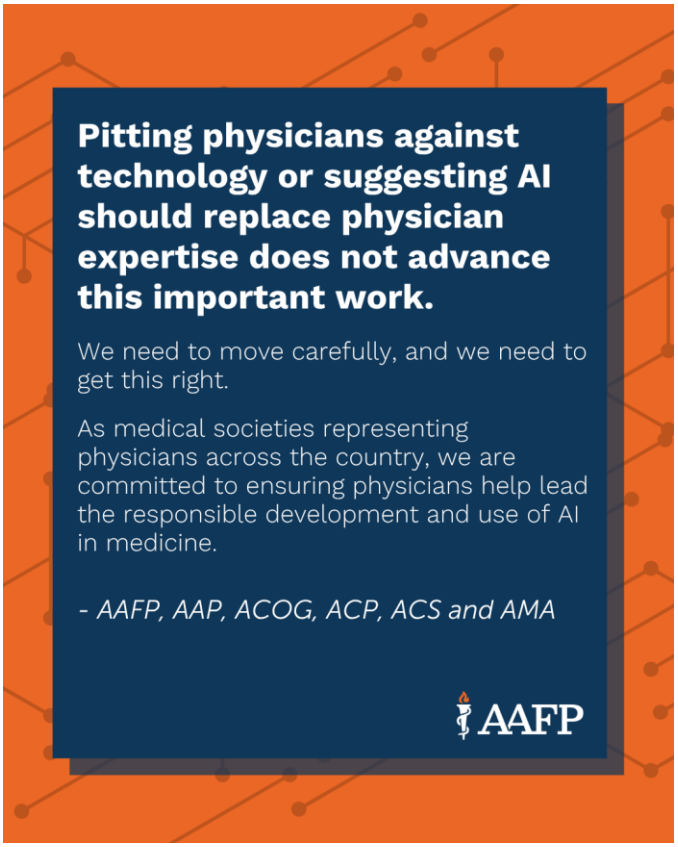
Family physicians have long advocated for reliable connectivity, which helps rural practices to access electronic health records, prescribe medications, exchange clinical information, coordinate care, provide telehealth services and support remote patient monitoring. Connectivity also enables family physicians to maintain continuity with established patients that may not otherwise be available locally.

What we're working on:

- The AAFP led a joint letter with the Council of Academic Family Medicine to the Federal Communications Commission urging them to support accessible telecommunications and telehealth services in rural settings. We recommended that the FCC: We recommend the FFC:
    - Use existing federal definitions of rural areas to make the program simpler and more consistent
    - Make sure telecommunications funding meets the needs of the most remote and underserved rural, Tribal, frontier and isolated communities

- Treat backup internet service as essential for patient safety, continuous care, telehealth and physician training
- Do not place added compliance burdens on rural physicians if contract requirements change
- Keep enough data to measure access, participation and fairness before removing Healthcare Connect Fund reporting requirements

Leading Physicians: AI Cannot Replace Us



AI should support, not replace the patient-physician relationship. The AAFP joined the American Medical Association and other physician groups in rejecting claims that AI is broadly superior to physicians, or that physicians cannot be trusted to make clinical decisions without consulting it. These claims misrepresent the evidence and risk undermining patients' trust.

We will continue advocating to ensure AI never becomes another tool for denying care, increasing administrative burden or undermining physician judgment and the patient-physician relationship.

AAFP Urges Senate to Improve Access, Affordability





Why it matters: Health care reforms are needed to improve access and affordability for patients. This issue continues to be top of mind for family physicians and the communities, families, and individuals they care for all across the country.

What we're working on: The AAFP provided the Senate Finance Committee with recommendations to improve coverage, access and affordability for patients.

Our letter highlighted the need for policymakers to:

- Establish a national standardized primary care benefit with either no or reduced cost-sharing
- Increase investment in primary care
- Improve continuity of care across coverage transitions

It also outlines recommendations to address prior authorization, claims denials, insurer transparency, corporate consolidation, vertical integration, and administrative burden while strengthening support for independent physician practices and direct primary care models.

Family Physicians Stress Need for Menopause Care Training

The AAFP submitted a statement for the record in response to a recent Senate Aging Committee hearing on closing the menopause care gap. Our letter noted the evolving nature of menopause care guidelines and the urgent need to invest in training physicians to provide up-to-date menopause care. We also called for more research to expand access to evidence-based care and highlighted the ongoing role of the Agency for Healthcare Research and Quality (AHRQ) in ensuring evidence-based menopause guidelines are implemented into practice.

Department of Homeland Security Releases New H-1B Proposed Rule



Why it matters: The U.S. Department of Homeland Security has proposed a $103,265 fee for cap-subject H-1B petitions, on top of existing filing fees. If finalized, the fee would represent one of the most significant increases in employment-based immigration filing costs in U.S. history.

The proposal follows recent litigation that blocked the administration's earlier effort to require a $100,000 payment for certain H-1B workers entering from abroad. The new proposal would apply broadly to cap-subject H-1B petitions regardless of where the worker is located.

Most internationally trained physicians on H-1B visas are cap-exempt, meaning this proposed fee generally would not apply. Cap-exempt employers typically include institutions of higher education, qualifying affiliated nonprofits, and certain government and nonprofit research organizations. For family physicians and practices, the key question is whether employers qualify as cap-exempt.

What we're working on:

- The AAFP led a sign-on letter to the Department of Homeland Security and urged the agency to:
    - Recognize physicians, dentists and trainees as serving a permanent national medical interest warranting special consideration under H-1B policies.
    - Establish a permanent exemption for physicians and dentists from H-1B-related fees and restrictions, regardless of whether the petition is cap-subject or cap-exempt.
    - Continue efforts to improve visa processing efficiency and reduce administrative barriers affecting physicians, residents, fellows, researchers, and other medical professionals.
    - Work with Congress to advance durable legislative solutions, including the H-1Bs for the Physicians and Healthcare Workforce Act (H.R. 7961).

AAFP Asks FDA to Ensure Physicians Lead on AI in Medical Devices

Why it matters: Clinical AI should support, not replace, physician judgment and should never be allowed to weaken the patient-physician relationship. Physicians need enough information, time, authority and practical ability to review, change, reject, or reverse an AI-influenced clinical action.

What we're working on:

- The AAFP wrote to the FDA and urged the agency to keep physicians at the center of clinical AI oversight. We recommended that the FDA:
    - Use a risk-based approach that protects patient safety, equity, privacy and trust—while ensuring physicians can review, change or reject AI-driven clinical actions.
    - Test AI in real-world settings and judge risk by what a tool does, its potential harm and whether users can verify and correct its output.
    - Require strong evidence, ongoing monitoring and manufacturer accountability, with added safeguards for AI that can act independently.

AAFP Asks CMS to Improve Medicaid Interoperability

Why it matters: Better interoperability can reduce fragmented care and make it easier to share health information without adding administrative burden. The AAFP has long advocated for regulations that foster successful Medicaid modernization. This requires consistent standards, input from key stakeholders and practical implementation for physician practices.

What we're working on:

- The AAFP wrote to CMS and urged the agency to:
    - Support flexible, standards-based interoperability
    - Prioritize real-world testing and implementation support
    - Align Medicaid technology requirements with broader federal interoperability efforts to improve care coordination and patient outcomes.

What We're Reading:

- AAFP EVP and CEO, Shawn Martin, and Dr. Kyu Rhee, CEO of the National Association of Community Health Centers, wrote an op-ed in Fierce Healthcare making the case for a Primary Care Triple Double. "We are applying those principles to healthcare: double investment in primary care, double the reach of primary care, starting with community health centers, and double the share of clinicians entering primary care. Our ask of lawmakers is to align policy, financing and recruitment efforts around what we know will help patients: better access to community-based primary care."
- Is AI coming to the Medicare Annual Wellness Visit? MedPage Today cites AAFP's letter on the 2027 Medicare physician fee schedule proposed rule.

- AAFP's SVP of external affairs and practice experience, Stephanie Quinn, wrote an op-ed on how direct contracting can put health care dollars back to work.