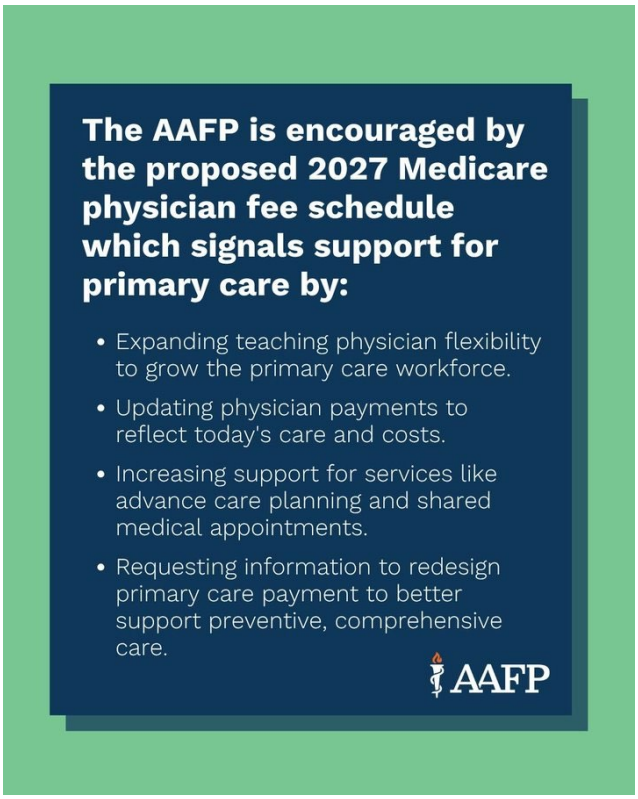
Family Medicine Advocacy Rounds – Issue 49, July 2026

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 Responds to 2027 Medicare Physician Fee Schedule Proposed Rule



The 2027 Medicare physician fee schedule proposed rule is out, and the AAFP welcomes several provisions and is particularly encouraged that CMS is signaling better and continued support for primary care, and will:

- Expand the primary care exception, which would give teaching physicians more flexibility to supervise care, improve timely access, and support the future primary care workforce.
- Continue to improve valuation of physician services by re-examining potentially misvalued codes and updating payment to better reflect today's care and costs.
- Expand payment for primary care-oriented services such as advance care planning and shared medical appointments.
- Request information on redesigning primary care payment under the fee schedule to better support preventive, comprehensive care.

The AAFP commends CMS and Congress for taking steps to ensure primary care practices can keep up with rising costs and meet patient needs. Read our full press statement here.

Patients First Act Signals More Support for Primary Care Payment

Why it matters: For years, family physicians have faced a growing challenge: providing comprehensive, longitudinal care within a Medicare payment system that has failed to keep pace with rising practice costs and the evolving needs of patients. The introduction of the Patients First Act marks an important milestone in the effort to address these roadblocks.

What we're working on: The AAFP issued a statement supporting bipartisan legislation from Reps. Kim Schrier, John Joyce, and Greg Murphy that would incorporate several priorities long championed by AAFP and put payment reform in reach, including:

- A five-year pilot that would provide independent physician practices with predictable, per-member-per-month payments for primary care clinicians, helping move Medicare away from an outdated fee-for-service system that rewards volume over value.
- The pilot would create new opportunities to invest in primary care infrastructure, care coordination, and patient outreach while giving physicians more time to spend with patients.
- A permanent, inflation-based physician payment update tied to the Medicare Economic Index will address a longstanding flaw in Medicare's physician payment system.
- The bill would implement long-overdue reforms to Medicare's budget neutrality requirements, as originally proposed in the Provider Reimbursement Stability Act.

“We applaud Representatives Joyce, Schrier, and Murphy for their leadership in championing critical primary care payment reforms,” said Stephanie Quinn, AAFP senior vice president for external affairs and practice experience. “Because Medicare's physician fee schedule influences payment rates across the health care system, these reforms have the potential to improve access to care for patients far beyond Medicare.”

Read our full press release here, along with a joint statement from the AAFP, the American Academy of Pediatrics, the American College of Physicians, the American Osteopathic Association, and the American Psychiatric Association.

Leading Physician Groups Oppose Public Charge Rule

The AAFP, 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 opposed the administration’s final public charge rule announced last week. The rule will deepen fear and uncertainty for immigrant families and lead to more confusion for patients — making it harder for physicians to keep families healthy.

“Health care works best when patients can trust their physicians and seek the care and services they need without fear. Policies that deter families from accessing care make children, pregnant patients, adults, and entire communities less healthy,” the group said. Read the full statement here.

AAFP Comments on Proposed Changes to Federal Grant Rules

The AAFP submitted comments to the White House Office of Management and Budget (OMB) on proposed changes to the rules governing federal grants and other financial assistance. We expressed concern that the proposal would increase political influence over funding decisions and expand agencies' ability to terminate awards. The AAFP urged OMB to keep funding decisions grounded in scientific merit and expert review, limit grant terminations to cases of noncompliance or legal conflict, and ensure nonprofit eligibility is based on an organization's ability to carry out a program, not its tax status.

AAFP Encouraged by PSLF Ruling

Every American deserves access to a family physician in their community. By ensuring student loan relief for those who work in public service, the Public Student Loan Forgiveness Program is a critical way we strengthen our health care system and close care gaps.

The AAFP is encouraged by a recent court decision to protect the Public Student Loan Forgiveness Program. Physicians, employers, and borrowers who have historically had access to the program now remain fully eligible.

The AAFP strongly and repeatedly objected to the proposed rule and continued advocating against the final rule upon its release, particularly changes to the term "qualifying employer."

Family Physicians Oppose Medicaid Work Reporting Requirements

Why it matters: The Centers for Medicare and Medicaid Services (CMS) has issued an interim final rule implementing Medicaid work reporting requirements. The AAFP is deeply concerned that these requirements will result in massive coverage losses for eligible beneficiaries. When patients can access Medicaid, communities are healthier.

What we're working on:

- The AAFP responded to the rule and urged CMS to first and foremost revise and reissue this interim final rule to better align with the law, and the operational realities of states as they navigate compounding impacts to Medicaid from HR 1. To further prevent eligible Medicaid enrollees from losing health coverage, the AAFP also recommended CMS:
    - Give states more flexibility to recognize additional forms of medical frailty.
    - Extend the allowance for self-attestation beyond 2027 when medical documentation is unavailable.
    - Remove unnecessary documentation and repeated verification requirements for patients with serious or complex medical conditions.
    - Preserve medical frailty protections for people in long-term recovery from substance use disorders.
    - Clarify that physicians' role is limited to providing clinical documentation, not determining Medicaid eligibility or exemptions.
    - Streamline state reporting requirements to reduce administrative burden while maintaining program oversight over critical metrics including disenrollment and medical frailty denials.

CMS Proposes New Limits on Medicaid Physician Payments

Why it matters: CMS has proposed a rule that would significantly limit how states use Medicaid state directed payments (SDPs) and targeted fee-for-service (FFS) payments to support physicians and other providers.

The proposal would cap many Medicaid payments at Medicare rates, phase down existing supplemental payments beginning in 2028, and impose new reporting and compliance requirements for states. Family physicians are concerned these changes could reduce state Medicaid financing flexibility, increase administrative burden for states and physicians, and threaten access to care.

What we're working on: The AAFP's recommendations aim to preserve access to care for Medicaid patients while avoiding unnecessary administrative burdens that could further strain physician practices and state Medicaid programs.

In a recent letter, the AAFP urged CMS to:

- Limit the new SDP caps to the services specifically required by statute, rather than expanding them more broadly.
- Preserve states' ability to use uniform rate increases and other payment strategies that support access to care.
- Exempt Medicaid services without clear Medicare payment equivalents, such as maternal health, pediatric care, and home- and community-based services.
- Provide states with more time to implement the changes and simplify reporting and compliance requirements.
- Maintain state flexibility to target FFS supplemental payments where physician shortages and access gaps exist, especially in primary care.
- Retain practical payment methodologies that are feasible for states and clinicians to administer.

House Health Subcommittee Advances AAFP-Supported Health Bills

In June, the House Energy & Commerce Health Subcommittee advanced several bills with bipartisan support that align with AAFP priorities on overdose prevention and Medicare Advantage reform. The AAFP sent a letter to Congress applauding the passage of the bills below:

- Combating the overdose crisis: The package includes the ALERT Communities Act (HR 1561) and HERO Act (HR 7994), which would expand access to drug-checking test strips and naloxone in schools to help prevent overdose deaths.
- Improving Medicare Advantage: The Subcommittee also advanced several bills to increase transparency, strengthen oversight of MA plans, and reduce administrative burdens such as prior authorization that can delay patient care, including:
    - Improving Seniors' Timely Access to Care Act (HR 3514)
    - Prior Authorization Accountability Act (HR 9396)
    - Premium Transparency Act (HR 9397)
    - Medicare Advantage Cost Transparency Act (HR 9392)
    - Transparency in Medicare Advantage Steering Act (HR 9395)
- The AAFP is urging the full Committee to advance these measures, which would improve access to care, support physicians, and help patients make more informed health care decisions.

Triple Double Campaign Launches at PrimaryCare26

Americans are paying more for health care than ever before, yet too many still struggle to find a trusted primary care clinician, get timely appointments, or manage chronic conditions before they become larger medical problems.

As the leading convener of primary care organizations, Primary Care for America hosted the launch of the Triple Double Campaign — a bold, national effort to strengthen the foundation of the US health care system by doubling investment in primary care, doubling access to primary care and doubling the next generation of primary care clinicians. The campaign is a joint effort from the American Academy of Family Physicians (AAFP) and the National Association of Community Health Centers (NACHC), with partner organizations from across the health care ecosystem.

Read our full press release here and a recap in MedPage Today and Medical Economics about the event.

Learn more about the Triple Double Campaign here.

AAFP Urges Continued Youth Tobacco Surveillance

The AAFP wrote to the US Food and Drug Administration (FDA) supporting the continued annual administration of the National Youth Tobacco Survey and calling for the release of the delayed 2025 survey results. We also urged the FDA to maintain rigorous scientific standards for reviewing tobacco products and reconsider recent approvals of flavored electronic nicotine delivery systems that could increase youth tobacco use.

AAFP Supports Expanded Access to Prescription Drug Monitoring Programs

The AAFP submitted comments to the Department of Veterans Affairs (VA) on a proposed rule clarifying which VA personnel may access state Prescription Drug Monitoring Programs (PDMPs). The AAFP supported the proposal as a way to improve safe prescribing and coordinated patient care, while recommending additional clarity on who may access PDMP data, the role of delegates, prescribing authority, and key clinician definitions.

What We're Reading

- In an interview with Healio, Stephanie Quinn, AAFP's SVP of external affairs and practice experience, shared that primary care is among the specialties facing the greatest strain from the current payment system "because the Medicare payment system still does not reflect the full value of what family physicians do every day."

- AAFP President Sarah C. Nosal, MD, FAAFP, joined the Unbiased Science podcast to talk about the importance of adult vaccines, including shingles, HPV, flu, COVID, RSV and more. The conversation covers vaccine recommendations, personal experiences and address common questions to help listeners make informed health decisions.

- Sens. Jacky Rosen (D-NV) and John Curtis (R-UT) introduced a bipartisan bill to protect patients' access to their preferred doctors and lower out-of-pocket drug costs. "The American Academy of Family Physicians strongly supports the Preserving Patient Access Act, which will help patients prioritize their health and ensure relationships are maintained with trusted physicians and that access to necessary medications go uninterrupted," said Sarah C. Nosal, MD, FAAFP, president of the American Academy of Family Physicians.