Family Medicine Advocacy Rounds – Issue 54, November 2026



AAFP: With Coordinated Efforts, Resources, U.S. Can Regain Measles Elimination Status

Why it matters: Losing measles elimination status signals that the virus is spreading continuously and that too many people are unprotected. It does not mean the MMR vaccine has stopped working.

The good news is that these outbreaks are entirely preventable. The science has not changed—the MMR vaccine is our best protection against measles. It is safe and effective, and two doses are about 97% effective at preventing the disease.

What we're working on:

- The AAFP issued a statement that emphasized restoring elimination status requires an organized and sustained response that includes increased support for state and local health departments, timelier surveillance and communications, clear information for families and an easier path to vaccination.
- The AAFP joined the American Academy of Pediatrics and other health organizations in asking Congress and the Department of Health and Human Services to support and strengthen efforts to prevent and treat measles cases, provide clear, evidence-based guidance to physicians and patients and to restore evidence-based immunization policies.
- The AAFP has also endorsed the Strengthening the Vaccines for Children Program Act to improve access to recommended vaccines and support appropriate payment for vaccine administration and counseling.
- The AAFP has urged HHS to preserve evidence-based vaccine policymaking and meaningfully involve practicing clinicians when developing or changing federal recommendations.

AAFP Responds to 2027 Medicare Physician Fee Schedule Final Rule



Why it matters: Today's Medicare payments are extremely outdated, which can make it harder for practices to care for patients. Medicare physician payments have fallen 33% from 2001 to 2025 when adjusted for inflation, even as practice expenses keep climbing.

For some practices that depend on outdated Medicare rates, a further cut could mean closing their doors, and for patients, longer waits for appointments and fewer options for care close to home.

What we're working on:

- The AAFP issued a press statement welcoming several primary care improvements in the Centers for Medicare & Medicaid Services' (CMS) final 2027 Medicare physician fee schedule, including a finalized expansion of the Primary Care Exception and payment for more comprehensive primary care services.
- However, the rule continues a troubling pattern of inadequate physician payment. The 2027 conversion factors, the base rates used to calculate physician payment, are lower than in 2026. This means physicians will once again begin the year with lower rates as practice costs continue to rise.
- We also oppose CMS' decision to cut payment when a physician provides an office visit and a procedure on the same day. This penalizes family physicians for addressing multiple health needs in one visit and could delay care or push patients to more expensive settings.
- Read our executive summary here.

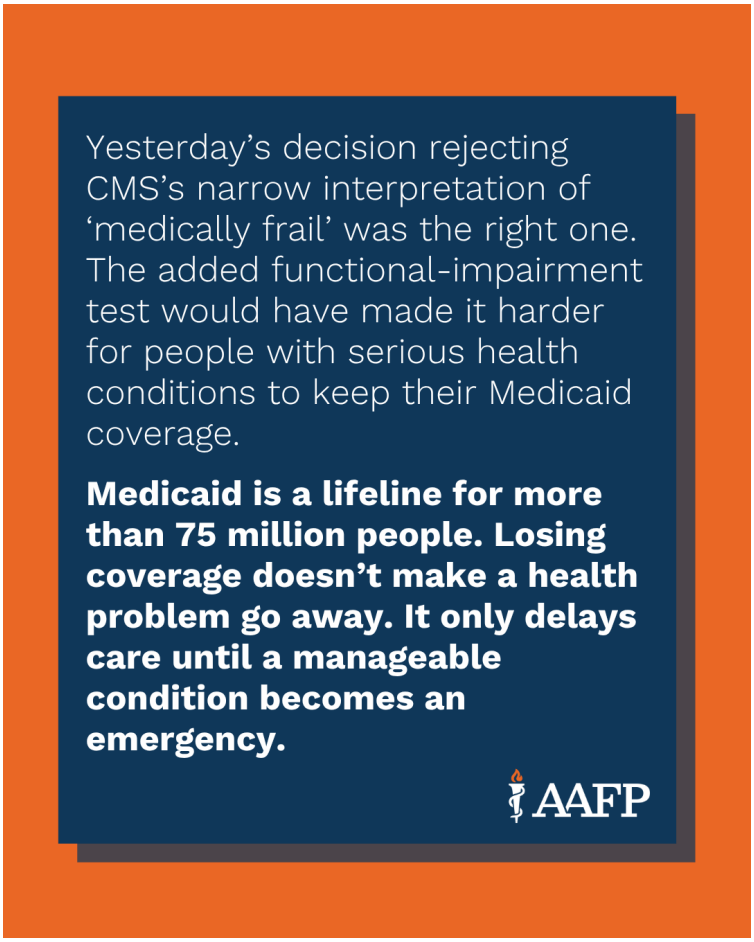
- Long-term, the AAFP is asking Congress to pass legislation like the Patients First Act, which is a crucial step toward modernizing a payment system that has long undervalued primary care.
- However, we know that short-term relief is more likely in this current environment. Therefore, we are urging Congress to swiftly pass legislation that extends the expiring 2.5% increase to physician payment rates and delay the implementation of the modifier 25 policy for at least one year.

Leading Physician Groups Share Year-End Congressional Priorities

The AAFP, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association and the American Psychiatric Association wrote to House and Senate Leadership sharing policy priorities for year-end legislation. The letter highlighted the need for Congress to:

- Strengthen Medicare physician payment by enacting the Provider Reimbursement Stability Act. This bipartisan legislation, recently approved by the Committee on Ways and Means, would modernize Medicare's outdated budget neutrality policies and provide a sustainable reimbursement system for physicians and the patients served by them.
- Pass legislation that extends the expiring 2.5% increase to physician payment rates and delay the implementation of the modifier 25 policy for at least one year.
- Authorize funding for critical access and workforce programs, including community health centers and the National Health Service Corps. Congress must enact a multiyear reauthorization of both programs, which will help address physician workforce shortages and help physicians practice, and stay, in high-need communities.
- Ensure federal research and public health grants are awarded through transparent, evidence-based processes that are grounded in scientific expertise and peer review.
- Support internationally born and trained physicians through the H-1Bs for Physicians and the Healthcare Workforce Act. This legislation is a critical step toward preserving access to care and retaining our workforce by reducing unnecessary financial and administrative barriers to physicians utilizing H-1B visas.

AAFP Asks CMS to Protect Medicaid Coverage



Why it matters: Medicaid is a lifeline for more than 75 million people. Family physicians are central to Medicaid access, serving as the primary point of entry for many beneficiaries and regularly providing longitudinal care for Medicaid patients with serious and complex medical conditions.

What we're working on:

- The AAFP issued a press statement applauding a federal judge's decision to reject CMS's interpretation of 'medically frail.'
- In a letter to CMS, the AAFP urged the agency to ensure that eligible patients do not lose coverage and to avoid shifting new paperwork and eligibility duties onto physician practices.

AAFP Asks DHS to Protect Internationally Born Physicians

Why it matters: Internationally born and trained physicians are an indispensable part of the U.S. health care system, particularly in rural and medically underserved communities. When a physician must abruptly cease practicing and immediately leave the U.S. because an employment relationship ends, patients lose access to a physician with whom they have an established, trusted relationship.

What we're working on:

- Under a new proposal from the U.S. Department of Homeland Security (DHS), an H-1B worker would be expected to leave the U.S. immediately unless otherwise authorized to remain. This would significantly shorten the time available to find new qualifying employment and complete the necessary immigration paperwork.
    - In a letter to DHS, and with the Conrad 30 Coalition, the AAFP warned that eliminating the 60-day grace period for certain nonimmigrant workers, including H-1B visa holders, could disrupt continuity of patient care and worsen physician workforce shortages. Rural and medically underserved communities, which rely heavily on internationally born and trained physicians, would be hit hardest.
    - If DHS moves forward with the proposal, the letter urges the agency to establish a national interest exemption that preserves the existing 60-day grace period for physicians. That window would give them a reasonable opportunity to transition to another qualifying employer and continue caring for patients.
- The AAFP expressed concern to DHS about Optional Practical Training (OPT) fees within the F-1 student visa program. A proposed new fee of $70,000 per F-1 student participating in OPT and an additional $30,000 for an extension has potential to impact medical students looking to support themselves while in school or while they are waiting to transition into residency.

U.S. Census Must be Accurate and Fair

A new proposal from the U.S. Census Bureau would exclude a broad category of people in its annual survey, including international students, H-1B visa holders, undocumented people and others from the population count used to allocate congressional seats and federal funding.

This would deprive local communities of vital resources, including health services, used by all residents and would shift resources away from the people and places federal programs are meant to serve.

The AAFP joined other health care organizations in urging the U.S. Census Bureau to provide a fair and accurate count of the people living in America.

What We're Reading:

- Yahoo Finance highlighted AAFP's response to the 2027 Medicare physician fee schedule final rule. "Imagine going 20 years without a raise while the cost of running your practice, keeping your staff and buying equipment keeps rising," AAFP's president, Dr. Kisha Davis, said. "For some practices, a further cut could mean closing their doors, and for patients, longer waits for appointments and fewer options for care close to home."
- Davis spoke with MedPage Today about CMS awarding 18 new residency slots to family medicine.
- AAFP EVP and CEO R. Shawn Martin spoke with STAT about how the midterm elections could impact health policy. "We're moving toward another really big health care conversation. It feels a lot like 2006-07 to me right now," he said.
- Former AAFP president, Dr. Steve Furr, spoke with Straight Arrow News about what Medicare payment reform means for his practice. "Usually my sickest patients that would benefit the most from having the monthly calls on the chronic care management are the ones who cannot afford to do the copay," he said.