Family Medicine Advocacy Rounds – Issue 48, June 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.

300+ Family Physicians Call on Lawmakers to Support Family Medicine

Why it matters: This month, 352 family physicians from over 40 states and the District of Columbia convened in Washington, D.C., for the Family Medicine Advocacy Summit.

As AAFP president Sarah C. Nosal wrote in a new op-ed in Medscape, “More and more often, physicians no longer view advocacy as something separate from clinical care. They find such a

mindset increasingly untenable. When insurers delay treatment, we share the frustration with our patients. When patients cannot afford recommended services, we share the same fears and concerns as the families for whom we care. When communities cannot recruit enough physicians, our patients and physicians pay the price."

What we're working on: Physicians met with lawmakers and congressional staff to share stories and champion legislative policies that bolster family medicine, including:

- **Supporting the Chronic Care Management Improvement Act.** Medicare patients with multiple chronic conditions face cost-sharing for ongoing care management. As a result, patients delay or skip care, leading to worse outcomes, physicians struggle to deliver proactive, team-based care and patients experience higher long-term costs due to avoidable complications. AAFP members urged Congress to support the Chronic Care Management Improvement Act, which will eliminate cost-sharing for chronic care management services in Medicare.

- **Passing the Medicare Advantage Improvement Act**. Medicare Advantage plans are creating barriers to care through prior authorization and lack of transparency. This results in delays in care, increased administrative burden on physicians and confusion for patients. AAFP members urged Congress to strengthen oversight, transparency and accountability within Medicare Advantage.

- **Enact the H-1Bs for Physicians & the Healthcare Workers Act.** The AAFP is encouraged by a federal judge's decision to halt the $100,000 fee on H-1B applications, though much remains uncertain. Family physicians continue to call on Congress to enact the bipartisan H-1Bs for Physicians and Healthcare Workforce Act, which will permanently exempt health care workers and their sponsoring institutions from this fee and preserve access to primary care. This legislation is critical, as it would modernize pathways to enable internationally trained physicians to practice in high-need areas.

Family Physicians Oppose Medicaid Work Reporting Requirements

Why it matters: The AAFP is deeply concerned that Medicaid work reporting requirements will result in massive coverage losses for beneficiaries. When patients can access Medicaid, communities are healthier.

What we're working on:

- Family physicians have long vocalized concerns that Medicaid eligibility restrictions do not improve employment rates, and states have illustrated that work reporting requirements can actually lead to higher program administrative costs for states, increased medical debt for patients and barriers to care.

- Presidents from the AAFP, American Academy of Pediatrics, American College of Obstetricians and Gynecologists and the American College of Physicians urged policymakers to protect access to Medicaid and outlined how new Medicaid rules are presenting millions of Americans with barriers to care and more affordability roadblocks. Ensuring people can get care when and where they need it improves health outcomes, lowers costs and strengthens communities.

AAFP to ED: Ensure Federal Aid Policies Support Primary Care

Why it matters: The AAFP is urging the Department of Education to protect medical training pathways and preserve access to federal student aid so future physicians, especially those interested in family medicine and practicing in high-need communities, are not discouraged by rising education costs or misleading program evaluations.

***What we're working on*:**

- The AAFP wrote to the Department of Education in response to a proposed rule aimed at increasing transparency and accountability in higher education programs that receive federal student aid.

- While the Academy supports efforts to give students clearer information about costs and outcomes, it warned that the proposal does not fully account for the unique timeline of medical education and residency training.

- The AAFP urged the Department to preserve protections for medical training programs by recognizing that physicians spend years in residency before reaching full earning potential.

- Without those adjustments, primary care and other medical programs could be unfairly labeled as low-performing, potentially discouraging students from entering medicine at a time of growing physician shortages.

- The letter also supports stronger transparency around student borrowing and program outcomes to help future physicians make informed decisions about medical education costs.

Regulatory Roundup:

- **Notice of Benefit and Payment Parameters**
    - The Department of Health and Human Services has finalized new Affordable Care Act marketplace rules for 2027 that are expected to make it harder for some

patients to enroll in and maintain coverage.

  - The rule tightens eligibility and income verification, adjusts network adequacy standards and changes how certain plans qualify for marketplace participation, with potential impacts on access to in-network care.

  - While several more restrictive proposals were not finalized following input from groups including the AAFP, the final rule is still expected to increase administrative burden and could contribute to broader coverage losses. The AAFP will continue monitoring impacts on patients and family physicians.

- **Hospital Inpatient Prospective Payment Systems Proposed Rule**
  - The AAFP submitted recommendations on CMS' proposed hospital payment rule, supporting greater flexibility and alignment across programs while advocating for stronger support for rural hospitals, expanded physician training opportunities, and policies that protect access to care in underserved communities.

  - The AAFP supports provisions that increase flexibility and better align requirements across programs. However, we raised concerns about potential consequences for rural care access and the primary care workforce.

  - We also urged CMS to strengthen and expand rural graduate medical education opportunities, maintain or extend financial stability supports for rural hospitals and avoid adding administrative burdens that could hinder care delivery.

- **National Institutes of Health Strategic Plan**
  - As the National Institutes of Health develops its FY27–FY31 Strategic Plan, the AAFP is urging the agency to ensure primary care is reflected in its research priorities.

  - Our recommendations focus on advancing research that improves health across the lifespan, strengthening the workforce and systems that support primary care research and building the infrastructure needed to generate practical evidence that can improve care in real-world settings.

- **Home and Community-Based Services Quality Measure Set:**
  - The Centers for Medicare and Medicaid Services has proposed updates to its Home and Community-Based Services Quality Measure Set as part of implementing the 2024 Medicaid Access Rule.

  - The AAFP emphasized the essential connection between HCBS and primary care and urged CMS to maintain and improve critical measures that track care coordination across settings.

- **Interoperability and E-Prior Authorization for Drugs Proposed Rule**

- CMS has proposed new requirements to modernize prescription drug prior authorization through greater interoperability and electronic data exchange.

- The AAFP supports efforts to reduce the overall volume of prior authorizations, alongside efforts to minimize delays and administrative burden by recommending stronger safeguards around denials and appeals, targeted support for smaller practices and a phased approach that ensures new standards work effectively in primary care before they become mandatory.

What We're Reading

- AAFP President, Sarah C. Nosal, MD, FAAFP, spoke to Modern Healthcare about prior authorization hurdles. "Taking steps to reduce and simplify these processes is important, but what matters most is whether these commitments translate into meaningful, sustained improvements for patients and clinicians on the ground," she said.

- MedPage Today highlighted former AAFP president Dr. Steve Furr's testimony to improve Medicare payment for physicians.

- AAFP President-elect, Kisha Davis, MD, FAAFP, spoke to Healio about how new student loan policies threaten the physician workforce.

- The AAFP launched a new Primary Care Innovation Network, a national effort to put family physicians at the center of how artificial intelligence (AI) is shaping primary care. "AI is already reshaping healthcare—there's no question about it," said Steven Waldren, MD, AAFP's Chief Medical Informatics Officer. "The goal of the PCIN is to ensure family physicians aren't just reacting to that change, but that they are leading it in ways that improve care, reduce administrative burden and strengthen what matters most in primary care—trusted, continuous relationships between physicians and their patients. Those relationships are essential to ensuring access to affordable, high-quality care for all."