



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 Urges DHS to Expedite Visas for IMGs**

**Why it matters:** Family medicine relies heavily on international medical graduates (IMGs) to meet patient care needs, but ongoing delays in visa processing are worsening workforce shortages and disrupting care continuity. Backlogs and uncertainty around J-1 waivers, H-1B extensions and green card applications are forcing some physicians to delay residency start dates, cut back hours or leave their communities altogether.

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

- AAFP [led a coalition letter](#) to the Departments of Homeland Security and State urging expedited processing of visas and immigration benefits for IMGs who are essential to the U.S. physician workforce, particularly in underserved and rural communities.
- We have also endorsed the H-1Bs for the Physicians and Healthcare Workforce Act, legislation that would exempt physicians from the new H-1B \$100,000 fee.
- The AAFP is calling on the departments to use existing tools—such as premium processing and expedited review—to fast-track applications for already credentialed physicians ready to practice.
- The AAFP is also continuing to work with federal partners to improve coordination across agencies and reduce immigration-related barriers to care, while longer-term workforce solutions are developed.

### **Family Physicians Weigh In on AHEAD Proposed Rule**

**Why it matters:** A proposed rule for the new Workforce Pell program would open eligibility to individuals with bachelor's degrees but exclude anyone who has already earned a graduate credential. Restricting eligibility in this way could unintentionally shut out learners who are trying to reskill or change careers, particularly those from underrepresented or low-income backgrounds who often follow non-linear education paths.

Limiting federal aid based solely on credentials, rather than financial need or workforce demand, risks reinforcing existing inequities instead of addressing workforce gaps.

**What we're working on:**

- In a [letter to the U.S. Department of Education](#), the AAFP urged a broader approach, recommending that access to Workforce Pell be based on need and workforce goals rather than prior degree status.
- We called for more inclusive eligibility criteria that allow all qualified individuals, including physicians, to access Workforce Pell funding.
- The AAFP urged the Department of Education to ensure this program supports a diverse, adaptable workforce and expands opportunities for those seeking to enter or remain in high-need fields like primary care.

**AAFP Voices Support for Chronic Care Management Legislation**



**Why it matters:** Chronic care management, such as care coordination, electronic care planning and managing transitions between clinicians, have been shown to improve patient outcomes, boost satisfaction and reduce hospitalizations and emergency visits. Despite these benefits,

only about 4% of eligible Medicare beneficiaries currently use CCM, largely due to cost-sharing barriers and confusion about billing. Removing coinsurance could open access to millions more patients while also lowering overall Medicare spending.

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

- The AAFP supports the Chronic Care Management Improvement Act of 2026, which would expand access to coordinated care for Medicare patients with chronic conditions. The bill would eliminate the current 20% coinsurance requirement for Chronic Care Management (CCM) services—an out-of-pocket cost that has limited uptake of these high-value services.
- The AAFP [joined 39 other health care stakeholders](#) in supporting this important legislation. Improving chronic conditions starts with ensuring patients can afford care from their family physician.

### **AAFP Supports Event for LEAD Model**



The AAFP participated in an in-person convening focused on the Centers for Medicare and Medicaid Services' new [Long-Term Enhanced ACO Design \(LEAD\) Model](#), joining physician groups, accountable care leaders and federal officials to discuss the future of value-based care. The meeting coincided with the model's rollout and included engagement from CMS leadership, highlighting continued federal focus on strengthening accountable care.

The AAFP is actively collaborating with partners and federal officials to help shape LEAD implementation, with a focus on supporting primary care–led models, reducing administrative burden and ensuring long-term stability for participating practices.

### **Regulatory Roundup**

The AAFP has been active in the regulatory space, weighing in on proposed rules that would impact physicians, patients and practices. Here are a few highlights:

- **CRUSH RFI:** The AAFP [submitted comments](#) on CMS' proposed CRUSH RFI aimed at reducing fraud, waste and abuse in Medicare and Medicaid.
  - While the AAFP supports efforts to strengthen the Medicare and Medicaid programs, we cautioned that many current and proposed administrative requirements, such as documentation, audits and prior authorization, place heavy burdens on family physicians without effectively targeting fraud.
  - AAFP warned these demands contribute to clinician burnout and may accelerate physician practice consolidation.
- **AAFP urges changes to 340B rebate pilot:** The AAFP [submitted comments](#) to HRSA opposing a proposed 340B pilot that would deviate from current practice and require community health centers to pay full price for some drugs upfront and wait for rebates. We warned this could strain limited resources and delay access to affordable medications and urged HRSA to exempt these centers.
- **AAFP weighs in on FDA e-cigarette guidance:** The AAFP [raised concerns](#) about youth harm from e-cigarettes while cautiously supporting the FDA's draft guidance to be more strident on flavored products. We called for strict, risk-based standards across all electronic nicotine delivery systems, emphasizing that youth-appealing flavors should only be approved with strong evidence of helping adults quit smoking and urging continued enforcement against illegal products.

### **NASEM Meeting Spotlights Primary Care**

Dr. Yalda Jabbarpour, Director of the Robert Graham Center (RGC) presented at the at the National Academies of Science workshop, "[Exploring Opportunities to Improve Patient Access to Care through Strategic Changes to Graduate Medical Education.](#)" She discussed the importance of comprehensive data, especially as it relates to measuring the successful retention and recruitment of primary care physicians in communities of greatest need. At the conference she discussed RGC's development of the [Graduate Medical Education Impact Quotient \(GME-IQ\)](#) data tool, which measures primary care output with a focus on practicing in high needs areas.

### **AAFP CEO Testifies Before Congress on U.S. Health Care Affordability**



AAFP EVP and CEO Shawn Martin testified last month before the [House Energy and Commerce Subcommittee on Health](#). For decades, the U.S. has woefully underinvested in primary care, and patients are paying the price. In his [testimony](#), Martin outlined six steps policymakers can take to start to correct the affordability crisis in health care:

1. Double the nation's financial investment in primary care and the primary care workforce.
2. Reform Medicare payment to better value the actual care physicians deliver to patients, rather than overvaluing health care facilities.
3. Establish a regulatory framework that supports independent physician-led payment models like direct primary care.
4. Create space to allow physicians to focus on patients by reducing administrative complexity.
5. Remove financial barriers to accessing primary care.
6. Promote proven, evidence-based interventions like vaccines.

### **What We're Reading**

- The voice of a physician has always carried weight, especially when it comes to advocacy for public policies. In a new [essay for Johns Hopkins University](#), AAFP President Sarah C. Nosal, M.D., FAAFP, dispels misconceptions about physician-led advocacy.
- [MedPage Today](#) highlighted the AAFP-led coalition letter urging expedited processing of visas and immigration benefits for IMGs. "We urge the departments [of State and Homeland Security] to act swiftly to implement targeted, lawful relief that recognizes the national interest in ensuring that qualified physicians can enter, remain and continue serving patients in the U.S. without unnecessary delay," the AAFP said.
- Shawn Martin's Congressional testimony on health care affordability was quoted in [Becker's Hospital Review](#).

