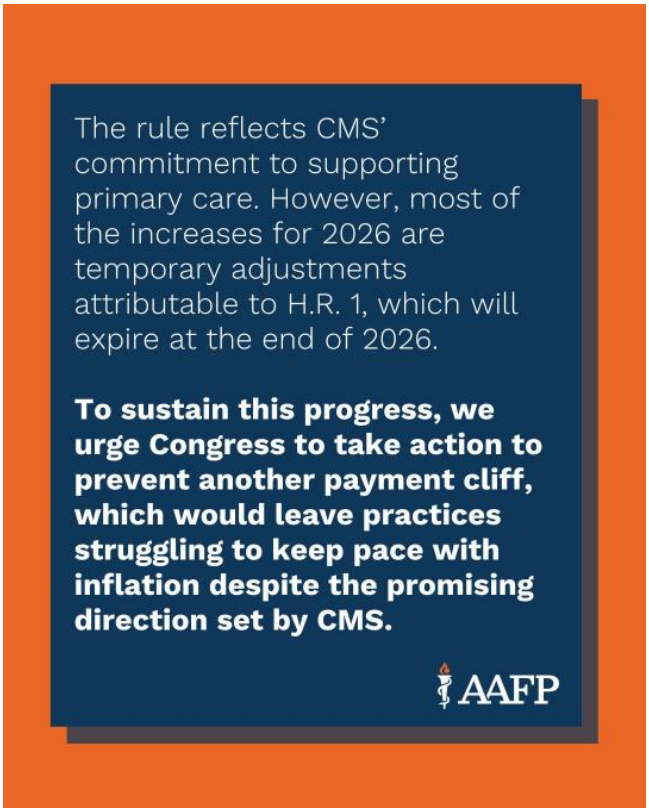
Family Medicine Advocacy Rounds – Issue 41, November 2025

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.

Family Physicians Respond to 2026 Medicare Physician Fee Schedule



The AAFP welcomed new provisions in the 2026 Medicare physician fee schedule that strengthen primary care. Key changes include

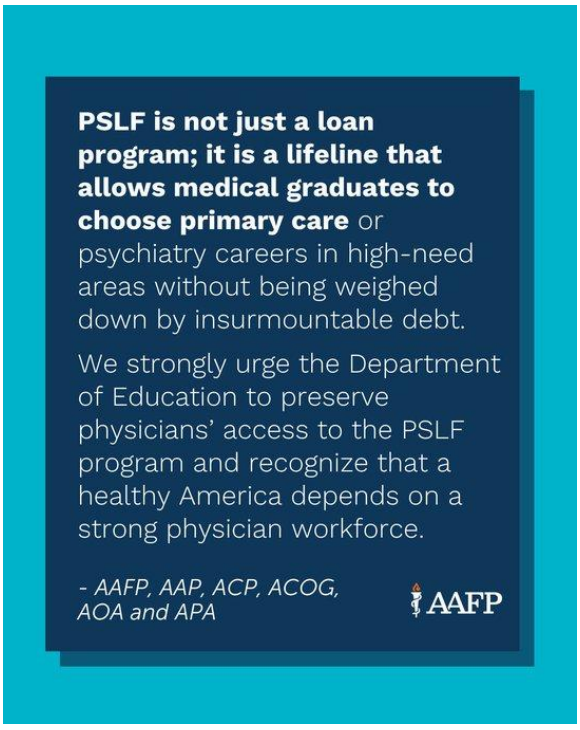
- fairer payments for medical services,
- more support for small and independent practices,
- expanded home care options through the G2211 add-on code and
- optional add-on codes to support behavioral health integration.

We are also encouraged that CMS will be increasing the conversion factor for 2026 by 3.77% for qualifying advanced alternative payment model participants and 3.26% for all other physicians. These updates reflect CMS' commitment to supporting primary care. However, most of the increases for 2026 are temporary adjustments attributable to H.R. 1, which will expire at the end of 2026.

To sustain this progress, we urge Congress to take action to prevent another payment cliff, which would leave practices struggling to keep pace with inflation despite the promising direction set by CMS. Read our full statement here.

Additionally, Primary Care for America hosted a deep dive briefing with leaders from CMS and in the health policy space. You can watch the full recording here.

Leading Physician Groups: Department of Education's PSLF Rule Will Hurt Patients and Physicians



The AAFP, along with 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, expressed alarm over the U.S. Department of Education's final rule undermining the Public Service Loan Forgiveness program, a vital pathway that has enabled thousands of physicians to serve rural and underserved communities.

Loan forgiveness is a powerful tool to attract and retain physicians in public service, rural health care settings and nonprofit roles, particularly in primary care and psychiatry, where workforce shortages are most severe. Read our full statement here.

The AAFP previously wrote comment letters to the U.S. Department of Education, emphasizing that addressing the burden of student loan debt for physicians and medical students is an essential step to improving our nation's health care system. We have repeatedly urged the agency to recognize that:

- Implementing H.R.1 loan provisions in ways that support future primary care physicians will strengthen the health care workforce in the long term.
- Minimizing administrative burdens on medical students is crucial to those students successfully accessing federal debt relief programs that enable them to choose the practice environment that best suits them.
- Protecting GRAD PLUS loans is critical to supporting medical students.
- Supporting the PSLF program as an important tool in building a strong primary care workforce will contribute to a healthier America with fewer chronic diseases.

AAFP Leaders Call on Lawmakers to Support Telehealth, Workforce, Medicare Payment

Why it matters: AAFP President Sarah Nosal, MD, FAAFP; Board Chair Jen Brull, MD, FAAFP; and President-elect Kisha Davis, MD, FAAFP, met with lawmakers in Washington, D.C., to champion legislative policies that would bolster access to care.

What we're working on:

- **Making telehealth flexibilities permanent**: Telehealth has improved access and reduced missed appointments, especially in rural and underserved areas. With Medicare flexibilities expired, Congress must make access to telehealth permanent so patients can access the care they need.
- **Strengthening the primary care workforce**: The U.S. faces a shortage of up to 40,400 primary care physicians by 2036. Key programs, including the Teaching Health Center Graduate Medical Education (THCGME) program, the National Health Service Corps (NHSC) and the Community Health Center (CHC) Fund, have expired. Congress must reauthorize and fully fund them to preserve access to care in communities that need them the most.
- **Recognizing the value of primary care:** CMS just finalized the 2026 Medicare physician fee schedule final rule, which included several major policy wins for family

medicine and primary care. In addition to the positive conversation factor bump, the final rule included a new efficiency adjustment, which is designed to better value primary care. Congress must not interfere with CMS's implementation of the final rule.

AAFP Asks DOJ, FTC to Examine Anti-competitive Health Plan Downcoding

***Why it matters*:** The growing practice of "downcoding" by health plans is quietly undermining the financial viability of independent primary care practices and potentially distorting competition in the health care marketplace, to the detriment of American patients who rely on these physicians for their care.

When a service is downcoded, practices must choose between accepting the lower payment or appealing the claim. But the latter option may be prohibitively expensive. For small practices, this can result in tens of thousands of dollars in annual losses, excluding lost revenue from underpaid claims.

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

- The AAFP wrote to America's Health Insurance Plans (AHIP) expressing concern about new health plan payment policies that downcode some professional evaluation and management codes. We're concerned that the inappropriate financial impacts and administrative stress created by these new policies will hurt physicians. The AAFP asked that AHIP
  - clearly communicate parameters of the program,
  - streamline appeals and determination processes,
  - equip physicians with a clear understanding of changes and
  - disclose the use of AI and algorithms in accordance with our AI policy.

Family Physicians Advocate to Preserve ACA Tax Credits

Why it matters: Enhanced ACA health care tax credits will expire at the end of this year if Congress does not act to extend them. Family physicians are concerned about patients' ability to access necessary care. Rising premiums may force families to forgo coverage or delay important medical treatments, putting their health at risk.

These changes will hit low-income, rural and other vulnerable communities especially hard—many of whom qualified for ACA subsidies during COVID-19 and have come to rely on affordable coverage.

What we're working on:

- The AAFP and several other organizations are urging Congress to act swiftly and include an extension of the enhanced health care tax credit in the next bill that Congress sends to the president for his signature.

AAFP President to Discuss Community-Based Primary Care

Today at 1 p.m. ET, AAFP president, Dr. Sarah Nosal, will join Aledade's Dr. Scott Nass on a panel about closing the gap between primary care and the community. Join us and our hosts Informa TechTarget and Xtelligent Healthcare for this important discussion - register here: https://lnkd.in/gq23dYxz

What We're Reading

- AAFP EVP and CEO Shawn Martin wrote in Modern Healthcare that we need new strategies to make the primary care path more affordable for medical students. "Partnerships between public and private groups could cover tuition for those who commit to this field. Employers and health plans can help by offering loan repayment programs to draw doctors to underserved areas. Tax incentives for physicians practicing in these communities can further encourage service where it's most critical," he wrote.

- AAFP President Sarah Nosal, MD, FAAFP, spoke to Modern Healthcare about the impacts of the federal shutdown. “In my practice, we have seen medical students decide not to apply to [graduate medical education] programs due to the uncertainty. We also have residents worried that they will have to switch programs mid-training or will be unable to complete training,” she said.

- AAFP member and family physician Joe Miller, MD, spoke to TechTarget about the impacts of lapsing telehealth flexibilities.