Family Medicine Advocacy Rounds – Issue 50, September 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 Announces Fall Immunization Recommendations

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:

AAFP | American Academy of Pediatrics | AMA | Vaccine Integrity Project | ACOG | IDSA

	Influenza (flu)	Respiratory syncytial virus (RSV)	COVID-19
Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy if 32-36 weeks pregnant, given between September 1 and March 1	Annual updated COVID-19 vaccine
Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
Older Adults 65+ years	Annual flu vaccine for all adults, enhanced flu vaccine (high dose, adjuvanted, recombinant, or mRNA) for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages≥18 years and for those ages <18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥6 months
Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine

Scan here to access additional helpful vaccine and immunization resources at www.SpreadTheFacts.org

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Why it matters:

Patients are hearing mixed messages about vaccines. To help cut through the confusion, the AAFP released its fall immunization recommendations on COVID-19, influenza and RSV immunizations, in coordination with the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the Infectious Diseases Society of America and the American Medical Association, as part of the Vaccine Integrity Project.

Read our full press release and for a complete list of recommendations and immunization resources, visit aafp.org/vaccines or familydoctor.org/immunizations.

The AAFP will always advocate for evidence-based and science-backed medicine. Respiratory immunizations should be widely available, easy to locate and affordable for everyone. Caring for our community means removing the barriers that patients run into when trying to protect themselves and their families.

What we're working on: Our work to highlight the importance of immunizations and prevent policy changes that would reduce vaccine access remain a top priority.

- AAFP's Chief Medical Officer, Dr. Margot Savoy, wrote in the Dallas Morning News about the importance of staying up to date on childhood immunizations.

- In response to the president's executive order to change the childhood immunization schedule, the AAFP remained firm: vaccines are essential to preventing serious illness and death. Read our full statement, and our joint statement with more than 210 medical groups opposing the order.

- The AAFP submitted a preliminary response to a Request for Information (RFI) from the Department of Health and Human Services (HHS) that indicates HHS is considering changes to federal vaccine recommendation categories, timing and sequencing of vaccinations, and more.

- The AAFP and a coalition of 70 organizations called on the agency to extend the comment period to October 23—a 60-day period instead of 27—to allow for thoughtful and informed feedback from stakeholders.

- The AAFP also responded to the full RFI last week, urging HHS to protect transparent, evidence-based vaccine policymaking. Our response emphasized the need to meaningfully engage clinicians in developing and implementing vaccine recommendations, so they are scientifically sound, practical in real-world care and trusted by physicians and patients.

    - We also urged HHS to preserve established evidence review methods, clarify the shared clinical decision-making category and ensure any terminology changes do not create new barriers to vaccine access, coverage or eligibility.

Legislative Actions

Physician Leaders Tell Lawmakers to Protect Primary Care

Physician leaders from the AAFP, American Academy of Pediatrics, American College of Physicians, American College of Obstetricians and Gynecologists, American Osteopathic Association and American Psychiatric Association recently went to Capitol Hill to advocate for policies that strengthen primary care and protect patients' access to care.

Their advocacy focused on four critical priorities:

- **Protecting access to community health centers and the National Health Service Corps**: Community health centers serve 34 million patients each year, while the NHSC helps bring clinicians to communities with the greatest need. We urged Congress to extend funding before it lapses at the end of 2026.
- **Protecting vaccine integrity**: Leaders called on Congress to protect the integrity of evidence-based and science-backed immunization recommendations and ensure patients can continue to access life-saving vaccines without cost-sharing.
- **Modernizing Medicare payment for primary care**: We highlighted the Patients First Act as an important step toward a Medicare payment system that reflects the realities of primary care and supports physicians' work to keep patients healthy.
- **Protecting Medicaid coverage**: We opposed Medicaid work requirements that will result in millions of Americans losing coverage and administrative burdens for patients and clinicians.

[AAFP Shares Fall Priorities with Congress]

Why it matters: With the 119th Congress ending in December, family physicians are urging Congress to advance time-sensitive, bipartisan policies that will improve access to care for patients across the country.

What we're working on: Specifically, the AAFP is advocating for passage of:

- Long-overdue reforms to the Medicare physician payment system, as proposed in the Patients First Act (H.R. 9693), that would alleviate the looming reduction to payment rates for 2027;
- Necessary reforms to the use of prior authorization processes by insurers—which take time away from patients and can result in care delays—including the Improving Seniors' Timely Access to Care Act (H.R. 3514 / S. 1816)
- Longer-term, robust funding for both community health centers and the National Health Service Corps to keep physicians in high-need areas, as both face expiration on Dec. 31; and
- The H-1Bs for Physicians and the Healthcare Workforce Act (H.R. 7961), which would protect patient access to primary care, especially in rural and underserved communities, by exempting foreign-born physicians from the new $100,000 employer fee.

You can read our full letter here.

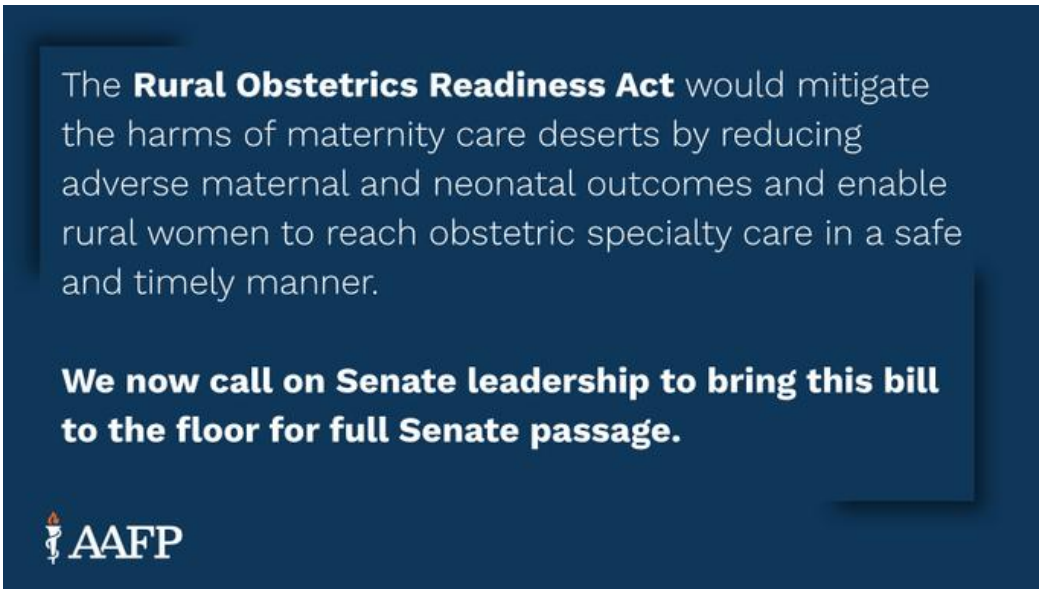
Family Physicians Ask Congress to Support Payment Reform

Why it matters: As midterm elections approach, Congress is considering several bills that will improve access to primary care, including the Patients First Act, which is a concrete step toward modernizing a payment system that has historically undervalued primary care.

What we're working on:

- The AAFP submitted a statement for the record for a House Energy and Commerce Health Subcommittee legislative hearing to address Medicare payment challenges.
- Our letter expresses our support for long-overdue reforms to Medicare physician payment and highlighted four bills under consideration: the Patients First Act, the Provider Reimbursement Stability Act, Medicare Physician Data-driven Performance Payment System Act and the Rural Obstetrics Readiness Act.
- It also expresses our strong concerns with the Ensuring Community Access to Pharmacist Services Act.

AAFP Supports Legislation to Improve Access to Obstetric Care



Why it matters: Over 35 percent of counties nationwide are maternity care deserts—and since 2021, nearly 140 rural hospitals have stopped providing obstetric services or announced that they will stop by the end of this year. This will force many pregnant patients to travel long distances when urgent care is needed. This can lead to adverse maternal and neonatal outcomes if the clinicians on staff are not trained in obstetric care or the facility lacks the necessary supplies and equipment to manage obstetric emergencies.

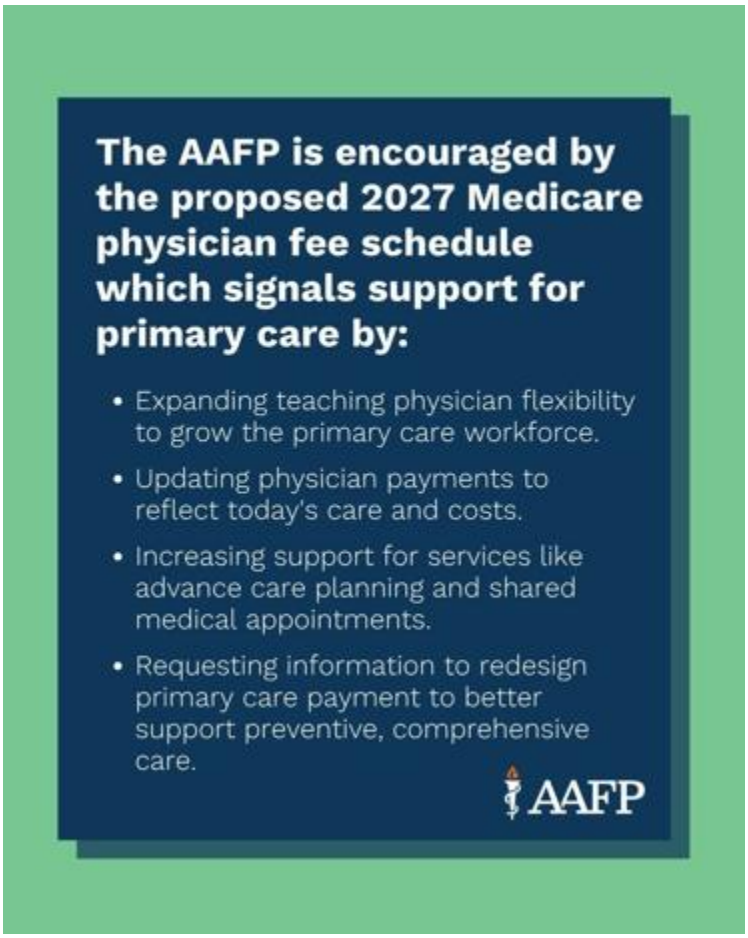
What we're working on:

- The AAFP backed new, bipartisan legislation from Senators Maggie Hassan and Susan Collins that would help provide critical care to pregnant and postpartum women in rural areas.

- The AAFP joined other health organizations in support of the Rural Obstetrics Readiness Act, which would help rural facilities better manage obstetric emergencies through clinician training, equipment grants, and teleconsultation support networks.
- We also emphasized our support for the legislation in a letter to Congress ahead of a House Energy and Commerce hearing last week.
- The Rural Obstetrics Readiness Act passed out of the Senate HELP Committee in July, and we are urging Senate leadership to bring this bill to the floor for full Senate passage.

Regulatory Roundup

AAFP Submits Medicare Physician Fee Schedule Comments



Why it matters: The 2027 Medicare physician fee schedule proposed rule is out, and the AAFP welcomes several provisions. We are 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 reexamining 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.

What we're working on:

- The AAFP submitted comments to CMS welcoming proposals that recognize what family physicians have long known: strong primary care depends on trusted relationships, continuity and long-term patient care.
- The AAFP strongly opposes CMS' proposal to reduce payment when a separately identifiable evaluation and management (E/M) service is provided on the same day as a procedure. Family physicians often address multiple patient concerns in one visit, and this policy would penalize that comprehensive care.
- The AAFP warned that the policy could discourage same-day procedures, require extra visits, increase costs and undermine CMS' broader efforts to strengthen primary care.
- As CMS considers payment reforms, the AAFP urges the agency to strengthen — not fragment — the relationships, continuity and comprehensive care that are central to primary care.
- Read the full comment letter and our press statement on the proposed rule.

AAFP Leadership Participates in ACCESS Model Event

AAFP Board Chair Jen Brull, MD, FAAFP, a family physician in Fort Collins, Colorado, joined policymakers and national health leaders at a CMS event marking the launch of the ACCESS model. Dr. Brull underscored how the model can better meet patients where they are and support the critical role family physicians play in connecting the dots across a patient's care. She also made clear that expanding support for patients must strengthen primary care relationships, not create more fragmentation in an already complicated health care system.

Department of Education Proposes Changes to Higher Education Accreditation

Why it matters: The Department of Education has released a proposed rule that would make significant changes to accreditation and quality assurance requirements for postsecondary education programs participating in federal student aid programs.

What we're working on:

- The AAFP submitted comments on the proposal which addressed new accreditation requirements related to intellectual diversity, student outcomes and earnings, and restrictions on certain relationships between programmatic accreditors and professional associations.
- Our letter also emphasized that provisions could have implications for health professions education, including longstanding relationships between accreditors and professional organizations that provide expertise on workforce needs, competencies, and educational standards.
- The proposal also includes expanded transfer credit protections, which the AAFP supported throughout the rulemaking process.

AAFP Asks Department of Education to Revise Grant Regulations

Why it matters: The Department of Education's Education Department General Administrative Regulations (EDGAR) regulations govern federal education grants. A new proposal would change how grants are selected and evaluated. While the AAFP supports efforts to modernize grant administration to ensure responsible distribution of funds, we are concerned this new rule will result in less transparency and certainty for educational institutions.

What we're working on:

- The AAFP wrote a letter to the Department of Education raising concerns that several provisions in the proposed rule could create funding uncertainty and disadvantage medical schools, rural-serving institutions and other programs that support physician education and workforce development.
- Our letter urged the Department to preserve rigorous, merit-based evaluation; maintain transparent and predictable grant processes; and provide the stability needed for long-term efforts that strengthen the physician workforce and expand access to care.

AAFP Responds to RFI on Clinical Laboratory Improvements

Why it matters: Family physicians provide comprehensive, longitudinal care across a diverse range of practice settings, including many physician-owned and physician-directed laboratories.

As CMS and Centers for Disease Control and Prevention (CDC) consider potential updates to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations, the AAFP is urging the agencies to modernize laboratory requirements in ways that support quality, patient safety and access to diagnostic services without creating unnecessary burdens for physician office laboratories.

What we're working on:

- The AAFP submitted comments encouraging CMS and CDC to ensure that any approach to CLIA modernization reflects the wide range of existing laboratories; preserves the role of physicians; and promotes laboratory quality, patient safety and access to diagnostic services.
- Our comments emphasized that AI tools can support laboratory medicine but should not replace physician judgment or established clinical decision-making.
- We also urged the agencies to strengthen cybersecurity protections while ensuring responsibility is shared appropriately across technology developers, vendors, laboratories and physicians.

AAFP Urges CMS to Reject Medicaid Provider Tax

Why it matters: As the government continues to implement H.R. 1, the AAFP is advocating against a proposed CMS rule that would largely freeze existing provider tax financing arrangements and limit states' ability to expand Medicaid financing. The AAFP is concerned that the proposal could weaken state Medicaid funding, leading to less access to care for Medicaid patients, especially in rural and underserved communities.

What we're working on: The AAFP submitted comments urging CMS to protect state flexibility and avoid unnecessary financing restrictions that could destabilize Medicaid.

Specifically, the AAFP urged CMS to:

- Keep the longstanding 75/75 statistical test to enable previously lawful provider tax arrangements to continue supporting the Medicaid program, and avoid implementing restrictions beyond those required by H.R.1;
- Revise the proposed "services of health insurers" tax class and clarify that non-Medicaid state insurer assessments are not subject to Medicaid provider tax rules;
- Align implementation timelines with state operational realities across H.R.1 implementation; and
- Limit state reporting and compliance requirements to only what is necessary to implement the statute.

What We're Reading

- AAFP SVP of external affairs and practice engagement, Stephanie Quinn, shared with Healio why the Patients First Act will put a modernized Medicare physician payment system that values primary care in reach.

- Medical Economics recapped a panel at PrimaryCare26 with AAFP CEO, Shawn Martin, and Joe Albanese, director of policy for Medicare and Abe Sutton, director of the Center for Medicare and Medicaid Innovation.

- In STAT, the presidents of the AAFP, American Academy of Pediatrics and the American College of Physicians highlighted the value of primary care, and how patients need both primary and specialty care to thrive. "Physicians across every specialty, along with payers and policymakers, must work together toward comprehensive payment reform that strengthens primary care, puts patients first and addresses the upstream factors that shape America's health," they wrote.