August Recess Policy Priorities

Extend and Make Permanent Telehealth Flexibilities

The Challenge

During the COVID-19 pandemic, telehealth became a lifeline for patients, especially those in rural and underserved communities, by ensuring continued access to care. Recognizing its value, Congress extended key Medicare telehealth flexibilities through September 30, 2025. However, without permanent legislative action, these critical tools will expire, threatening access for millions of patients who rely on them.

Key Flexibilities at Risk

- No geographic restrictions for originating sites, allowing patients to receive care from home regardless of location.
- Audio-only telehealth permitted for non-behavioral/mental health services, supporting patients without broadband or video-capable devices.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as distant site providers, expanding access to primary care.
- In-person visit requirements for behavioral health services are waived until January 1, 2026, ensuring continuity of mental health care.

Why It Matters

- These flexibilities have improved access, reduced no-show rates, and enabled timely, high-quality care, especially for older adults, individuals with mobility challenges, and those in areas with physician shortages.
- Providers and patients alike have embraced telehealth as a safe, effective, and convenient mode of care delivery.
- Rolling back these provisions would disproportionately impact rural, low-income, and underserved populations.

Legislative Ask

- **Make current Medicare telehealth flexibilities permanent to ensure continuity of care and equitable access for all Medicare beneficiaries.**
- **Preserve audio-only options and distant site eligibility for FQHCs and RHCs to maintain access in communities with limited digital infrastructure.**

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August Recess Policy Priorities

Strengthen America's Health Care Workforce and Infrastructure

The Challenge

The U.S. is facing a critical shortage of primary care, behavioral health, and dental clinicians, particularly in rural and underserved communities. Three foundational federal programs – the Teaching Health Center Graduate Medical Education (THCGME) program, the National Health Service Corps (NHSC), and the Community Health Center Fund (CHCF) – are all set to expire on September 30, 2025. Without immediate congressional action, millions of patients and thousands of clinicians will be impacted.

Why It Matters

- THCGME builds a community-focused physician workforce and addresses the projected need for 40,000 additional primary care physicians by 2036.
- NHSC is a cost-effective program with a proven track record of improving access and outcomes in high-need areas.
- CHCF is the financial backbone of the nation's primary care safety net, ensuring access to care regardless of ability to pay.
- Without stable, multi-year funding, these programs face disruption, closure, and reduced impact, leaving vulnerable communities without essential care.

Programs at Risk

Teaching Health Center Graduate Medical Education (THCGME)

- Trains primary care residents in community-based settings like Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).
- Graduates are significantly more likely to practice in underserved areas.
- Despite a phased increase to $300 million per year, inconsistent appropriations have hindered program growth.
- The looming expiration has already caused some programs to halt expansion or shut down, disrupting training and patient care.

National Health Service Corps (NHSC)

- Offers loan repayment and scholarships to primary care, behavioral health, and dental clinicians in Health Professional Shortage Areas (HPSAs).
- Serves over 21 million patients annually and is one of the few federal programs directly addressing behavioral health and dental care shortages.
- Funding instability undermines long-term planning and recruitment.

Community Health Center Fund (CHCF)

- Provides mandatory funding for the nation's network of Federally Qualified Health Centers, which serve over 30 million patients annually.
- Supports comprehensive, community-based care, including primary care, behavioral health, dental, and pharmacy services.
- Without reauthorization, health centers face deep funding cliffs, threatening access to care in the most vulnerable communities.

Legislative Ask

- **Reauthorize and fully fund THCGME, NHSC, and CHCF before September 30th to avoid disruption in training, recruitment, and service delivery.**
- **Ensure multi-year appropriations and timely disbursement of funds to support program stability and expansion.**
- **Expand THCGME residency slots and increase NHSC and CHCF funding to meet the rising demand for primary care, behavioral health, and dental services.**
- **Seek bipartisan support, as reflected in the 2024 year-end package, to secure long-term investments in these critical workforce and infrastructure programs.**

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August Recess Policy Priorities

Protect and Increase Federal Investments that Support Primary Care

The Challenge

The federal government is a key funding source for essential health care programs and agencies. Unfortunately, the FY 2026 President's Budget, introduced by the Trump administration in May 2025, proposes a more than 20% overall funding reduction for health care programs – cuts that would severely undermine efforts to strengthen the physician workforce, address behavioral health concerns, advance primary care research, and improve our nation's public health.

Programs at Risk to Prioritize

Primary Care Workforce (Programs Eliminated)

- Primary Care Training and Enhancement (PCTE) Program: Focuses on training in population health, behavioral health integration, and team-based care. Prioritizes recruitment from underserved backgrounds and prepares clinicians for value-based care.
- Area Health Education Centers (AHECs): Recruits students from rural and disadvantaged backgrounds into health careers. Builds a pipeline from K-12 to practice with strong community engagement and interprofessional collaboration.

Behavioral Health (Programs Eliminated)

- Primary and Behavioral Health Care Integration Program: Supports integration of primary care into community behavioral health settings for individuals with serious mental illness and/or substance use disorders. Eliminating this program would fragment care and reduce access to comprehensive services.
- Youth Prevention and Recovery Initiative: Provides funding to increase access to medications for opioid use disorder (OUD) in adolescents and young adults, improve local awareness of fentanyl risks for youth, and train health care clinicians on best practices for treating this population.
- Comprehensive Opioid Recovery Centers: Provide a full spectrum of treatment and recovery services to address OUD.
- Improving Access to Overdose Treatment: Seeks to expand access to naloxone and other FDA-approved overdose reversal medications.

Primary Care Research (Funding Reduced)

- Agency for Healthcare Research and Quality (AHRQ): The lead federal agency for health services research and data collection. AHRQ improves care quality, safety, and efficiency, and supports the U.S. Preventive Services Task Force. Funding cuts would hinder evidence-based improvements in care delivery and policy.

The U.S. will need up to 40,400 more primary care physicians by 2036. Eliminating these programs would worsen long-term workforce shortages.

AHRQ also oversees the Medical Expenditure Panel Survey – the only national data source tracking how Americans use and pay for care. Funding cuts would hinder evidence-based policymaking and care delivery improvements.

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Protect and Increase Federal Investments that Support Primary Care

Public Health Initiatives (Programs Eliminated)

- Prevention and Public Health Fund: The PPHF has invested in a broad range of evidence-based activities including community and clinical prevention initiatives; research, surveillance and tracking; public health infrastructure; immunizations and screenings; tobacco prevention; and public health workforce and training.
- National Diabetes Prevention Program: This national effort has created partnerships between public and private organizations to offer evidence-based, cost-effective ways to help prevent type 2 diabetes.
- Maternal and Child Health: Programs including Healthy Start; efforts related to heritable disorders and newborn screening; early hearing detection and intervention for infants; and the Title X family planning program to provide individuals with comprehensive family planning and preventive health services are all proposed for elimination.

Why It Matters

- Workforce Development: Programs like AHECs and PCTE are essential to recruiting and retaining clinicians in underserved areas.
- Expanding Access: Community-rooted physicians are more likely to serve in shortage areas, improving outcomes and reducing disparities.
- Whole-Person Health: Integrated care models improve outcomes for individuals with complex health needs.
- Evidence-Based Policy: AHRQ's research and data collection are foundational to improving care quality and informing national health policy.

Legislative Ask

Urge lawmakers to strongly oppose proposed budget cuts that would:

- **Eliminate programs critical to strengthening the physician workforce.**
- **Undermine efforts to integrate behavioral health into primary care and otherwise address our nation's behavioral health crises.**
- **Deprioritize public and population health and research that improves patient care delivery.**

Instead, Congress should:

- **Protect and expand funding for programs like loan repayment, AHECs and PCTE to grow our primary care workforce**
- **Invest in comprehensive, patient-centered services and supports that connect individuals to appropriate mental and behavioral health treatment.**
- **Ensure robust funding for AHRQ to continue its essential research and data collection.**
- **Strengthen our nation's population health outcomes by continuing efforts that seek to prevent chronic disease, improve vaccine uptake, and support maternal and child health.**

About AAFP

The American Academy of Family Physicians (AAFP) is one of the largest national medical organizations, representing more than 128,300 family physicians and medical students across the United States. Founded in 1974, the AAFP is committed to advancing the specialty of family medicine through advocacy, education, and clinical leadership. With active chapters in all 50 states and the District of Columbia, the AAFP serves as a unified voice for family physicians at both the national and state levels.

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