September 4, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable John Thune
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Thune, and Minority Leader Schumer:

As Congress returns from August recess and begins the September work period, I write on behalf of the American Academy of Family Physicians (AAFP), representing more than 128,300 family physicians and medical students across the country, to urge you and your colleagues to advance several time-sensitive priorities.

Our country is at a crossroads. Health care affordability and rising costs continue to impact physicians and the families and communities they serve. Many patients face persistent challenges in accessing care from a primary care physician, which stems in part from a graduate medical education (GME) system that fails to produce an appropriate primary care workforce. Despite spending significantly more than peer countries on health care, the United States continues to perform worse on health outcomes such as preventable and treatable deaths, prevalence of obesity and other chronic conditions, and life expectancy.[i] Reversing these concerning trends requires meaningful reform of our existing systems and increased investment in programs that hold promise. Congress can and must support existing policies and programs that work towards these goals, including by:

- **Extending a multi-year reauthorization and funding for programs that bolster primary care access, particularly in rural and underserved areas**, including Teaching Health Center Graduate Medical Education (THCGME), the Community Health Center (CHC) Fund, and the National Health Service Corps (NHSC);
- **Permanently extending telehealth flexibilities** that have allowed patients and physicians determine the most appropriate modality of care for more than five years;
- **Protecting and strengthening federal investments in critical health care programs** through the appropriations process; and
- Ensuring that lower-income individuals and families can continue to afford health care coverage by **permanently extending the Affordable Care Act's Advanced Premium Tax Credits (APTCs).**

Funding for Programs that Improve Primary Care Access

Evidence indicates that physicians typically practice within 100 miles of their residency program, meaning that the current distribution of trainees in large academic hospitals also leads to physician shortages in medically underserved and rural areas. These shortages result in access barriers and disparities in health outcomes for patients living in these communities. Thankfully, federal policymakers have, to date, invested in key programs that have shown success in training primary care physicians that remain in these communities and expanding access to care. However, **the Teaching Health Center Graduate Medical Program (THCGME), Community Health Center (CHC) Fund, and the National Health Service Corps (NHSC) are all set to expire on September 30 absent congressional action**.

Currently, the THCGME program is one of the only federal programs that train residents in a community-based outpatient setting. To date, the THCGME program has trained more than 2,027 primary care physicians and dentists in community-based settings, 61 percent of whom are family physicians.[ii] In the 2023 – 2024 academic year, the program funded the training of over 1,096 residents in 81 community-based residency programs.

THCGME programs have also been proven to increase patient care in underserved communities. A 2024 evaluation of THCGME programs found that over a five-year period (academic years 2018-2023), residents provided care to nearly 3.9 million patients and 85 percent of the 1,059 residents who graduated and provided employment data worked in a medically underserved community.[iii] However, even with these measured successes, permanent or long-term funding for THCGME programs does not currently exist. This funding uncertainty only undermines the programs, delays the creation of new primary physician training programs, and has also led to some program closures.[iv]

The AAFP continues to support legislative efforts that would *permanently* authorize the THCGME program such as the Doctors of Community (DOC) Act. However, absent a permanent solution, we urge Congress to, at a minimum, provide a multi-year reauthorization that provides sufficient funding levels to support the true per-resident costs to each program. We urge the Committee to consider the five-year reauthorization from the December 2024 bipartisan health care package as a floor moving forward in reauthorization efforts. Supporting THCGME, in conjunction with comprehensive reforms to traditional graduate medical education programs, is one of the only ways to ensure a robust primary care workforce and increase access to care in rural and community-based settings.

Extending Expiring Medicare Telehealth Flexibilities

As the usual source of care for patients across the lifespan, family physicians are uniquely trained to practice across care settings and meet the needs of their communities, including offering care by their patient's preferred and most appropriate modality. This has more

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frequently included care delivered via telehealth, which has seen increased utilization as a result of the pandemic. Telehealth claims jumped from 0.1% in 2019 to about 5% at the end of 2021.[v] In 2023, a quarter of all eligible Medicare beneficiaries utilized telehealth.[vi] And according to an AAFP survey, nine in ten family physicians practice telehealth today.

For more than five years, Congress has waived existing Medicare coverage and payment restrictions to expand access to telehealth services for beneficiaries. These flexibilities include:

- Allowing patients to receive telehealth services for non-behavioral/mental health care in their home;
- Removing originating site geographic restrictions for non-behavioral/mental telehealth services;
- Making all Medicare providers eligible to provide telehealth services;
- Allowing FQHCs and RHCs to serve as Medicare distant site providers for non-behavioral/mental telehealth services;
- Waiving the requirement for an in-person visit within six months of an initial behavioral/mental telehealth service; and
- Permitting audio-only non-behavioral/mental telehealth services.

However, these flexibilities – which both patients and their physicians have become accustomed to – are largely set to expire on September 30. As this deadline quickly approaches, practices and their patients are going to start changing workflows and cancelling telehealth visits for Medicare patients as they brace for any potential lapse or change in policies.

The AAFP strongly believes that permanent telehealth coverage and payment policies should:

- Ensure coverage and access to audio/video and audio-only telehealth services for all Medicare patients, regardless of their physical or geographic location;
- Include guardrails to ensure care continuity and quality by encouraging the use of telehealth with a patient's usual primary care physician or another trusted care relationship; and
- Enable patients, in consultation with their trusted primary care physician, to determine the most appropriate modality of care for each encounter.

The AAFP supports expanded use of telehealth and telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care. Telehealth technologies can enhance patient-physician collaborations, increase access to care, improve health outcomes, and decrease costs when utilized and coordinated with longitudinal care.

Any permanent expansion of telehealth benefits should be structured to not only increase access to care but also promote high-quality, comprehensive, continuous care, as outlined in

the joint principles for telehealth policy put forward by the AAFP, the American Academy of Pediatrics, and the American College of Physicians. The appropriateness of a telemedicine service should be dictated by the standard of care and not by arbitrary policies. Available technology capabilities, as well as an existing patient-physician relationship, impact whether the standard of care can be achieved for a specific patient encounter type.

Congress must act swiftly to extend these existing flexibilities and ensure that permanent telehealth policies are enacted which support and enhance a patient's existing relationship with a physician.

Protecting and Strengthening Federal Investments in Health Care

Funding for federal programs and agencies is currently set to expire on September 30. In July, the Academy sent a letter to appropriations leadership outlining our funding priorities as they navigate towards the beginning of Fiscal Year (FY) 2026. In particular, we encourage appropriators to protect and build upon existing federal investments in key programs that support our nation's health care system and the primary care foundation upon which it exists.

The proposed FY2026 President's Budget Request includes a $40 billion reduction to operations of and activities within the Department of Health and Human Services. Many of the proposed cuts and eliminations are critical programs designed to improve patient access to quality care; recruit and train an adequate physician workforce; and promote and strengthen the nation's public health system.

Some of the targeted programs and agencies of concern to the Academy are:

- **Primary Care Training and Enhancement (PCTE)** – Proposed for elimination, this program strengthens the primary care workforce to improve access in underserved communities. Specifically, it supports training opportunities for physicians, nurse practitioners, and physician assistants with a focus on education in community-based and rural settings. The program places an emphasis on critical practice themes, including population health, value-based payment, behavioral health integration, and team-based care. Recruitment for this program prioritizes trainees from underserved backgrounds.

- **Area Health Education Centers (AHECs)** – Also proposed for elimination, this program aims to improve health access by enhancing the distribution and diversity of the health workforce. The program specifically recruits students – especially from rural and disadvantaged backgrounds – into health careers, provides clinical training in underserved areas, and supports current health professionals with continuing education. Success of the program is contingent on partnerships between academic program offices and community-based AHECs. It also builds a pipeline from K-12 to practice with a focus on community engagement and interprofessional collaboration.

- **Agency for Health Research and Quality (AHRQ)** – AHRQ serves as the lead federal agency for health services research, focusing on improving the quality, safety, efficiency and effectiveness of care delivery in the U.S. It also is responsible for essential data collection around health care trends and costs, such as the Medical Expenditure Survey Panel – the only national data source measuring how Americans use and pay for medical care, health insurance, and out-of-pocket spending. Undercutting this agency would hinder research aimed at informing practices, systems and policies when it comes to improving health care outcomes.

- **Public Health Initiatives** – The following programs are slated for elimination in the President's Budget Request: Prevention and Public Health Fund (PPHF), the National Diabetes Prevention Program, Healthy Start, efforts related to heritable disorders and newborn screening, and early hearing detection and intervention for infants.

  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. Further, given that the United States reports diabetes rates two times higher than other developed countries and underperforms on maternal and child health outcomes, we should be increasing our investments in these programs, not zeroing them out.

- **Behavioral Health Programs** – As our nation continues to grapple with surging rates of mental and behavioral health conditions, federal investments are more important than ever to ensure individuals have access to appropriate care and treatment supports. Unfortunately, the President's Budget Request proposes several behavioral health programs, including the Primary and Behavioral Health Care Integration. This program was created with the goal of integrating primary care services into community behavioral health settings for individuals with serious mental illness and/or co-occurring substance use disorders.

  Other programs proposed for elimination work to expand access to naloxone and other Food and Drug Administration (FDA)-approved overdose reversal medications; increase access to medications for opioid use disorder adolescents and young adults; improve local awareness among youth of the risks associated with fentanyl; and support Comprehensive Opioid Recovery Centers, which provide a full spectrum of treatment and recovery services to address OUD.

As Congress continues its work to get full-year funding for federal agencies and programs across the finish line, we strongly urge you to protect investments in the aforementioned programs.

<u>Permanently Extending ACA Enhanced Premium Tax Credits</u>

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The ACA's advanced premium tax credits (APTCs) are currently available to families and individuals with financial need through 2025. The availability of these tax credits has led to significant coverage gains for individuals and families across the country, with enrollment of lower-income individuals in ACA plans increasing by 115% since 2020.[vii] APTCs also support access to health care for middle-class families.[viii] In 2024, middle-income families saved around $4,248 annually due to APTCs.[ix]

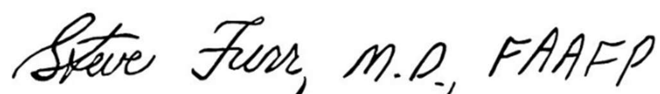
Because of our steadfast belief that all people should have affordable access to comprehensive health care, the AAFP has supported the extension and expansion of APTCs. These tax credits ensure that millions of low- and middle-income families continue to have access to affordable health coverage, which has been shown to have a positive influence on a nation's economic growth and alleviate economic burdens.[x]

Unfortunately, if there is no Congressional action to extend the APTCs beyond the end of this year, premiums will increase dramatically for many individuals who cannot otherwise afford coverage. Without APTC enrollment, numbers are likely to decline thus leading to a patient pool of sicker enrollees.[xi] If healthier enrollees leave the marketplace, the expected costs per enrollee would increase and premiums may rise to offset those costs.[xii] Lapses in coverage are also likely to lead patients to utilize more expensive care downstream, resulting in additional costs to the federal government and our health care system.

Therefore, as we look towards this approaching expiration, the Academy strongly urges Congress to make the enhanced premium tax credits permanent. Specifically, the AAFP has endorsed legislation which would make APTCs permanent. We hope to work with you to ensure that we continue to protect our most vulnerable citizens while also accounting for the need to be fiscally responsible for all citizens.

Thank you for your consideration of these priorities. We look forward to continuing to partner with you and your colleagues in Congress to advance these time-sensitive policies to ensure that all Americans can access affordable, patient-centered primary care and that family physicians can continue to provide it. If you have questions, please contact Natalie Williams, Senior Manager of Legislative Affairs, at nwilliams2@aafp.org.

Sincerely,



Steve Furr, MD, FAAFP
American Academy of Family Physicians, Board Chair

[i] https://www.oecd.org/en/publications/health-at-a-glance-2023_7a7afb35-en/full-report/component-39.html#chapter-d1e25251-4624a715d1

[ii] Teaching Health Center Graduate Medical Education (THCGME): Expanding the Primary Care Workforce | Bureau of Health Workforce

[iii] Teaching Health Center Graduate Medical Education Program Evaluation Academic Years 2018-2023

[iv] Funding Instability Plagues Program That Brings Docs to Underserved Areas - KFF Health News

[v] Shaver J. The State of Telehealth Before and After the COVID-19 Pandemic. Prim Care. 2022 Dec;49(4):517-530. doi: 10.1016/j.pop.2022.04.002. Epub 2022 Apr 25. PMID: 36357058; PMCID: PMC9035352

[vi] Centers for Medicare and Medicaid Services, "Medicare Telehealth Trends Report," April 2024. Accessed online

[vii] Inflation Reduction Act Health Insurance Subsidies: What is Their Impact and What Would Happen if They Expire? | KFF

[viii] HEALTH INSURANCE MARKETPLACES 2024 OPEN ENROLLMENT REPORT

[ix] HEALTH INSURANCE MARKETPLACES 2024 OPEN ENROLLMENT REPORT

[x] Fan C, Li C, Song X. The relationship between health insurance and economic performance: an empirical study based on meta-analysis. Front Public Health. 2024 Apr 3;12:1365877. doi: 10.3389/fpubh.2024.1365877. PMID: 38633240; PMCID: PMC11021690.

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