



February 9, 2026

The Honorable Mike Johnson
Speaker of the House
H-232, The Capitol
Washington, DC 20515

The Honorable Hakeem Jeffries
House Minority Leader
H-204, The Capitol
Washington, DC 20515

The Honorable John Thune
Senate Majority Leader
511 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Charles Schumer
Senate Minority Leader
322 Hart Senate Office Building
Washington, DC 20510

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

On behalf of the American College of Physicians (ACP), I write to share the College's [2026 policy priorities](#). We appreciate your leadership and urge you to work collaboratively as you consider key bipartisan, meaningful solutions to improve our nation's health care infrastructure, while ensuring patients' access to high-quality care. We stand ready to serve as a resource and partner to you as these policy priorities move forward. We would also like to take this opportunity to applaud your leadership on the passage of the Fiscal Year 2026 Labor-Health and Human Services – Education appropriations bill. The spending package includes several critical policies that ACP has advocated for, including a two-year extension of telehealth flexibilities, funding for health care workforce and public health programs, transparency measures for pharmacy benefit managers, reauthorization of the Dr. Lorna Breen Health Care Provider Protection Act, and improvements to alternative payment models (APMs), including an additional year of bonuses for physicians who participate in APMs.

ACP is the largest medical specialty organization and the second-largest physician group in the United States. College members include 162,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Additionally, internal medicine is the specialty with the largest number of active physicians specializing in primary care, with 120,342 internal medicine physicians being identified as specializing in primary care in 2021.

Specifically, ACP asks that you prioritize efforts in the following four areas:

Ensuring Patients' Access to Affordable Health Care

We urge Congress to pass legislation that would make health care more affordable by lowering patients' cost-sharing for primary care and preventive health care services and extending the enhanced health insurance premium tax credits.

Healthcare affordability can be enhanced through legislative efforts to lower out-of-pocket costs for patients, including co-pays and deductibles for primary and preventive care services. Given that access to primary care is associated with [improved](#) health outcomes and lower health care expenditures, it is the College's position that access to these services is essential for the health and well-being of individuals, families, and communities. Therefore, ACP urges Congress to approve legislation to waive cost-sharing associated with primary care and preventative services.

We also ask that you pass legislation to either extend the expired enhanced health insurance premium tax credits for the Health Insurance Marketplace or work together on a bipartisan policy solution that would bolster health care coverage for people impacted by the expired tax credits. These tax credits made health insurance more affordable for low-income Americans who do not qualify for Medicaid, as well as for small business owners who are not on employer-sponsored health care plans. Since the open enrollment period ended on January 15th for most states, we are seeing lower enrollment in the Health Insurance Marketplace. Patients faced with steep premium increases opted to forego health care coverage. According to recent [data](#) from the Centers for Medicare & Medicaid Services, approximately 1.4 million fewer people have signed up for health coverage in the Health Insurance Exchange this year. With more people opting out of health coverage, this could [lead](#) to increased health care costs.

Bolstering the Internal Medicine Physician Workforce

All patients should have access to a physician who can deliver primary, whole-person, comprehensive, and longitudinal care. However, the reality is that we are in a crisis with a growing physician workforce shortage. The United States faces a projected [shortage of up to 187,000 physicians by 2037](#)—including a [shortage of over 87,000 primary care physicians](#). A [2021 report by the National Academy of Sciences, Engineering and Medicine](#) called on policymakers to dramatically increase investment in primary care and the physician workforce. The evidence shows that high-quality primary care is critical for enhancing patient experience, improving population health, reducing costs, and improving the health care team experience. Recent policy changes have made affording a medical education more difficult by limiting federal loan repayment and forgiveness options and increasing barriers in recruiting international medical graduates (IMGs), who help fill critical workforce gaps in rural and underserved neighborhoods.

Congress must ease or remove the newly imposed loan limits and restore key loan programs for medical school students before these changes inflict lasting harm on the physician pipeline. Congress must also protect and strengthen programs such as Public Service Loan Forgiveness (PSLF) and work with the administration to clarify that IMGs are essential to the national interest and should be exempt from the newly imposed H-1B visa fee.

Protecting Patients' Access to Immunizations

As internal medicine physicians on the front lines of patient care, we understand the critical role immunizations play in mitigating the spread of preventable diseases, especially among patients who are most vulnerable to serious complications. The College has been very concerned with the rise of immunization misinformation and disinformation, and the arbitrary manner in which the immunization schedules have been modified by Secretary Kennedy and other Department of Health and Human Services (HHS) leaders, as it has led to unnecessary confusion and will likely

cause harm from diseases that can be prevented or mitigated by vaccines. At a time when we face one of the largest measles outbreaks in decades, we must ensure patients have the most up-to-date information on immunizations backed by long-standing, evidence-based science. **We urge Congress to protect and strengthen our nation's public health by supporting evidence-based guidance and research for immunizations, expanding access to safe and effective immunizations, and ensuring the public has reliable, accurate information to make informed decisions.**

Improving Payment Stability for Physicians

Patient care has been jeopardized as the Medicare Physician Fee Schedule (PFS) fails to provide physicians with the resources to keep up with rising expenses and the cost of caring for patients. ACP appreciates Congress providing additional funds for the PFS for 2026. However, it is important to recognize the longstanding problem that the PFS has not been updated to account for inflation. As a result, payment rates for physicians have actually decreased by a staggering 29 percent over the past two decades when adjusted for inflation. The lack of inflationary updates, coupled with the PFS statutory budget neutrality (BN) requirement, has led to increased financial instability for physicians. The BN requirement triggers physician payments to be withheld from the PFS when CMS overestimates utilization of new or modified codes in the fee schedule. CMS is not required to return the withheld funds to the fee schedule, resulting in physicians getting unnecessary payment cuts.

The lack of structural, long-term changes to the PFS has resulted in the closure of independent physician practices across the country, followed by a significant uptick in market consolidation. Emerging research shows that health care consolidation leads to worse health outcomes for patients and burnout for physicians. Without federal legislation that provides a payment increase reflecting rising inflationary pressures and changes to fix BN constraints, patients' access will be threatened, particularly in rural and underserved communities. **We urge Congress to pass legislation that would raise the threshold for triggering budget neutral cuts within the PFS from \$20 million to \$53 million. Further, we ask Congress to pass legislation that would return savings from any overestimation of new or modified codes in the PFS back to the PFS.**

Inclusive of the issues discussed in this letter, ACP has a broad set of policy priorities that benefit patients, physicians, and the practice of internal medicine. ACP stands ready to work with you to advance these and other policies that strengthen and improve the health and well-being of all Americans and support the physician and health care workforce caring for them. Please reach out to David Pugach, ACP Vice President for Governmental Affairs and Public Policy, at dpugach@acponline.org, should you have any questions or if we can be of assistance.

Sincerely,



Jason M. Goldman, MD, MACP
President, American College of Physicians