



January 23, 2026

The Honorable John Thune  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Mike Johnson  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Hakeem Jeffries  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

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

On behalf of the American College of Physicians (ACP), I am writing to share our support for H.R. 7148, consolidated appropriations legislation, to fund the government in fiscal year 2026 and urge its swift passage in the Senate. We appreciate that Congress included measures in this bill to expand access to care through telehealth, extend incentive payments to improve the quality of care delivered in alternative payment models (APMs), reduce the cost of prescription drugs delivered by pharmacy benefit managers, and fund vital programs in the Department of Health and Human Services. However, we are concerned about the impact on our patients resulting from the expiration of the enhanced health insurance premium tax credits and urge Congress to pass legislation without delay to reinstate the enhanced premium tax credits in the individual health insurance market.

ACP members include 162,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic 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.

## **Maintain Flexibilities for Telehealth**

We applaud Congress for including measures in this bill to extend current telehealth flexibility waivers for two years, through December 2027. This extension will allow patients to continue receiving telehealth services in their homes, ensure that *all* health centers and Rural Health Clinics (RHCs) can provide telehealth services without geographic restrictions, and maintain continuity of care for patients who rely on clinically appropriate care telephone visits. While a permanent extension of these flexibility waivers remains the ultimate goal, we recognize that Congress and the Administration face many pressing priorities that affect the nation's health. At the same time, it is crucial to maintain access to care by preserving policies that have proven effective over the past several years. Extending the current flexibilities for two years provides stability and predictability for patients, clinicians, and health systems. This stability is essential to support continued investments in telehealth and digital health infrastructure and to prevent disruptions in care delivery.

A two-year extension protects Medicare patients' access to care by removing outdated geographic restrictions, expanding originating sites and other access points, and maintaining access to audio-only telehealth. It also allows Federally Qualified Health Centers (FQHCs) and RHCs to continue providing telehealth services to the communities they serve. [Studies](#) consistently demonstrate the benefits of telehealth as a method of care delivery. When integrated into long-term care, telehealth enhances collaboration between patients and physicians, improves health outcomes, expands access to care, and reduces costs. Extending the current flexibilities is therefore essential to sustaining progress and ensuring that patients do not lose access to the high-quality care they need.

## **Extend Incentive Payments for Participation in Alternative Payment Models**

We support provisions in this legislation that continue investment in Medicare's transition to advanced APMs by providing an additional year of bonuses for physicians who participate in APMs. This legislation is vital to ensuring that physicians remain willing to assume significant financial risk as they shift from fee-for-service to value-based care. Smaller independent practices, in particular, often struggle to make the upfront investments necessary to successfully participate in APMs. We urge Congress to keep this in mind as it seeks to attract small, independent, and rural practices into these models.

## **Increase Accountability and Transparency in the PBM Marketplace**

We are pleased that this legislation includes reforms to PBM practices to increase accountability and transparency in the PBM marketplace. We support policies in this bill to establish PBM transparency reporting in Medicare Part D and the commercial market, as well as provisions to delink Medicare Part D plans' PBM fees from the list price of a drug.

ACP supports the availability of accurate, understandable, and actionable information on prescription drug prices. ACP urges health plans to make this information available to physicians and patients at the point of prescribing to facilitate informed decision-making about clinically appropriate and cost-conscious care.

ACP also supports S. 3345, the Pharmacy Benefit Manager (PBM) Price Transparency and Accountability Act. We support provisions in S. 3345 to improve transparency regarding PBM business practices, including how they determine the price and cost of prescription drugs. The Act would delink PBM compensation from negotiated rebates, thereby reducing incentives to promote higher-priced medications. It would also increase PBM reporting requirements to Medicare Part D plan sponsors and the U.S. Department of Health and Human Services (HHS) and empower Part D plan sponsors to audit PBMs for compliance with contractual requirements.

S. 3345 would further require PBMs or their affiliates to provide Part D plans with written explanations of contracts or arrangements with drug manufacturers (or affiliates) that involve rebates, discounts, payments, or other financial incentives contingent upon coverage, formulary placement, or utilization management conditions for other prescription drugs.

## **Funding for the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME)**

ACP is pleased that this legislation includes much needed reauthorizations for the NHSC and the THCGME program. Evidence clearly shows that increasing the number of primary care physicians (PCPs) helps reduce mortality. ACP encourages efforts by federal and state governments, relevant training programs, and continuing education providers to ensure an adequate workforce to furnish primary care to patients. Funding should be maintained and increased for programs and initiatives, such as NHSC and THCGME, that increase the number of physicians and other health care professionals providing care for all communities, [including for racial and ethnic communities historically underserved and disenfranchised](#). The United States

faces a projected physician [shortage](#) of up to 187,140 physicians by 2037—including a shortage of over 87,000 primary care physicians.

We applaud Congress' investment in the primary care workforce through the NHSC with the \$350 million authorized for FY2026 and \$88.2 million for the remainder of calendar year 2026. A 2021 [report](#) by the National Academy of Sciences, Engineering, and Medicine, calls on policymakers to increase our investment in primary care as evidence shows that it is critical for “achieving health care’s quadruple aim (enhancing patient experience, improving population, reducing costs, and improving the health care team experience).”

ACP stands ready to support a longer-term NHSC authorization and work with Congress to do so at the end of this year. HRSA [data](#) shows that during the 2024 fiscal year, with 21,000 clinicians in the field, including over 2,100 physicians, NHSC members are providing culturally competent care to a target of over 22 million patients at more than 21,000 NHSC-approved health care sites in urban, rural, and frontier areas.

We also support the inclusion of the THCGME program funding reauthorization for fiscal years 2026 (\$225m), 2027 (\$250m), 2028 (\$275m), and 2029 (\$300m), totaling \$1.05 billion. The THCGME program has over a decade of bipartisan support and is the only federal program investing in the training of future physicians in community settings, rather than hospitals. According to [HRSA](#), 92 Teaching Health Center programs currently operate in nearly 30 states, training nearly 1,200 medical and dental residents who handle more than an estimated one million patient visits annually. This reauthorization will provide stability for existing THCGME programs and residents and the College stands ready to work with Congress to ensure that contingent programs/awardees are adequately funded to expand THCGME’s overall reach.

### **Reauthorize the Premium Tax Credits in the Individual Health Insurance Market**

We also urge Congress to pass legislation without delay to extend the enhanced premium tax credits for health insurance coverage that expired at the end of last year. These enhanced premium tax credits have dramatically [reduced health insurance costs](#) for our patients by an average of 44 percent, or \$705 per enrollee. We are concerned that their expiration is estimated to more than double what subsidized enrollees currently pay annually for premiums—a 114% increase from an average of \$888 in 2025 to \$1,904 in 2026. This increase would remain unaffordable for many enrollees in the ACA marketplace. According to a [recent KFF survey](#), nearly six in ten Marketplace enrollees report that they would not be able to afford an annual increase of \$300 in health care expenses without significantly disrupting their household finances.

With the enrollment deadline having expired, data released by the Centers for Medicare and Medicaid Services (CMS) [show](#) that 1.4 million fewer individuals are enrolled in ACA plans compared to last year. We urge Congress to pass legislation to both extend the enrollment deadline in ACA plans and extend the enhanced premium tax credits to lower the cost of care for our patients. We are pleased that the House acted in a bipartisan fashion to extend the enhanced premium tax credits for three years, and we urge House and Senate negotiators to reach an agreement on these provisions to prevent a significant and destabilizing increase in premiums for millions of patients.

### **Conclusion**

We urge the Senate to act without delay to approve this agreement as well as legislation to extend enhanced premium tax credits to lower the cost of health insurance for our patients. We urge Congress to continue to work in a bipartisan fashion to lower the cost and improve the quality of health care for our patients. Should you have any questions regarding this letter, please do not hesitate to contact Brian Buckley, Senior Associate for Legislative Affairs, at [bbuckley@acponline.org](mailto:bbuckley@acponline.org).

Sincerely,

A handwritten signature in black ink that reads "Jason M Goldman". The signature is written in a cursive, flowing style.

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