

Alabama & Mississippi Chapters Scientific Meeting Health Advocacy in Medicine

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June 6, 2026

Learning Objectives

1. Increase understanding of public policy issues that are impacting internal medicine and patient care.
2. Understand relevant ACP policy activities relating these issues.
3. Build awareness of the importance of the physician voice in advocacy and how to engage with policymakers.

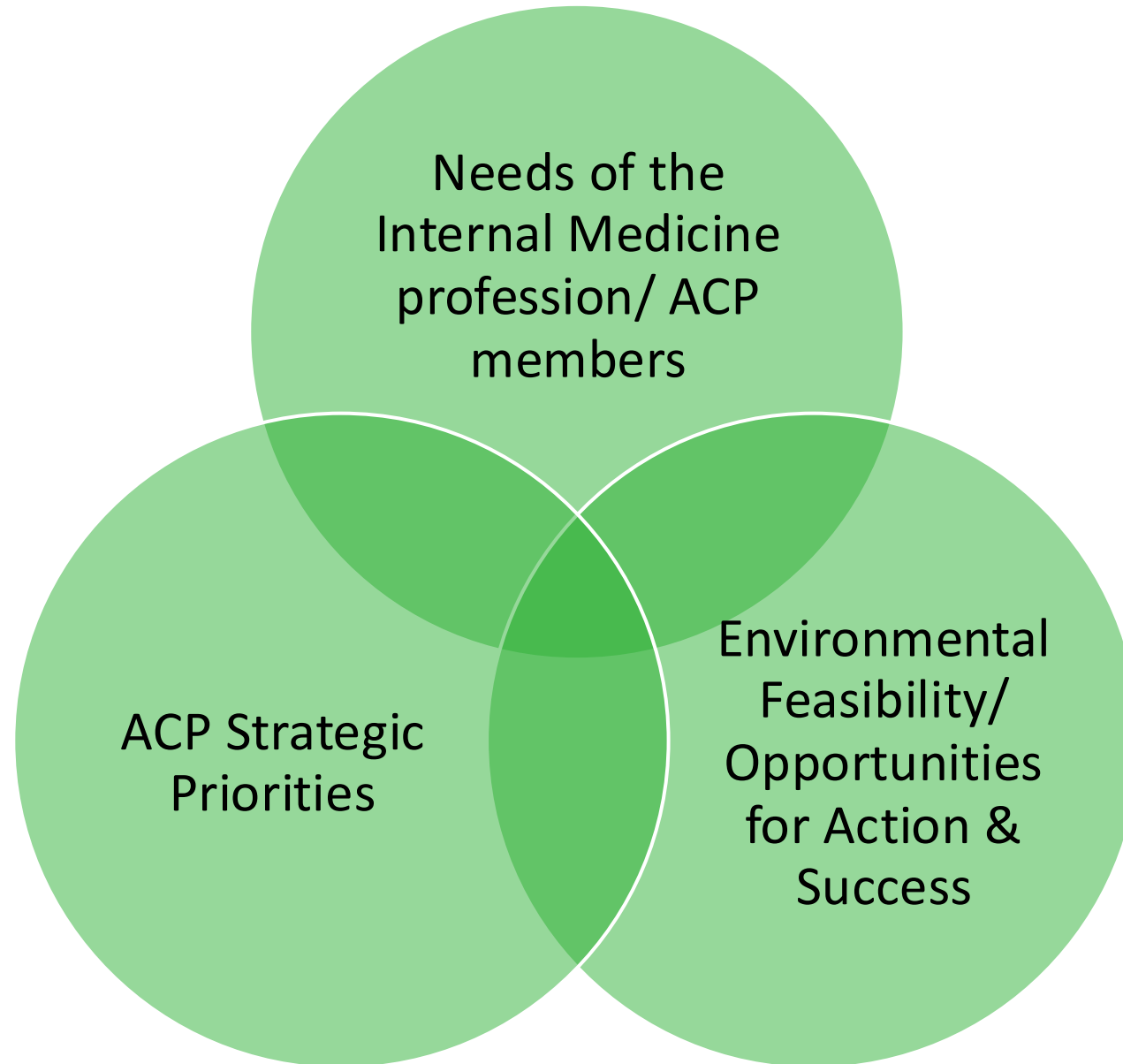
Health Advocacy in Medicine

- ACP policy priority update
- Policy and political landscape
- How you can engage in advocacy and impact policymaking



2026 Advocacy Priorities

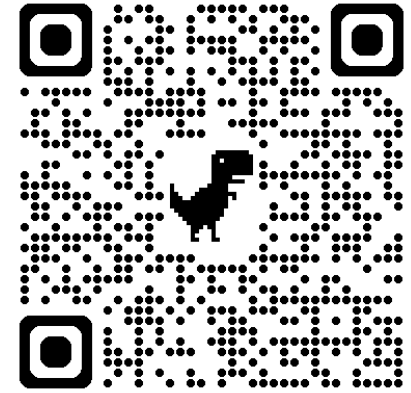
How We Identify an Issue for Potential Prioritization



ACP 2026 Advocacy Priorities

What Are ACP's 2026 Advocacy Priorities?

ACP's advocacy priorities seek to promote policy reforms on the federal level through legislative, regulatory, and executive actions that benefit the overall health and well-being of patients, physicians, and the practice of internal medicine.



[Protecting Patient Access to Immunizations](#)

Support policies that would bolster evidence-based science by preserving coverage, increasing uptake, and restoring research for safe and effective immunizations.



[Ensuring Patient Affordability and Access to Health Care](#)

Make health care more affordable by extending enhanced health insurance premium tax credits, preserving access to telehealth services, and lowering patient cost-sharing for primary care and preventive health care services.



[Strengthening the Internal Medicine Physician Workforce](#)

All patients should have access to a physician who can deliver primary, whole-person, comprehensive, and longitudinal care. Congress should invest in federal programs that support and expand the internal medicine and primary care physician workforce.



[Improving Payment for Internal Medicine Physicians](#)

Improve patients' access to care by ensuring fair and appropriate physician compensation, including annual inflationary adjustments. Modernize laws requiring the implementation of budget neutral payment cuts in the physician fee schedule (PFS); and allow physicians to waive patient cost sharing associated with physician services in Medicare.



Additional Policy Issues

- Preventing Cuts to Public Health and Medical Research
- Addressing Changes to the U.S. Preventive Services Task Force
- Improving and Supporting Digital Health Care
- Promoting Physician-led, Team-based Care
- Reducing Administrative Burden in Medicine
- Protecting the Physician-Patient Relationship
- Climate Change
- Reproductive Health



Protecting Patient Access to Immunizations

Protecting Patient Access to Immunizations

- Support passage of the **Family Vaccine Protection Act, H.R.3701**, which would codify the role of ACIP, ensuring transparency and accountability in the United States' review process for immunization recommendations.
- Support passage of the **Protecting Free Vaccines Act, H.R.5448 and S. 2857**, which would ensure zero-cost sharing for certain immunizations, ensuring patients' access to safe and effective preventative health care.

Health and Human Services' Actions Impacting Vaccines

April 2025

- **Texas measles outbreak response:** Secretary Kennedy was credited for affirming vaccines as most effective, but drew criticism for framing them as optional and promoting unproven treatments

May 2025

- **CDC COVID vaccine guidance change:** Secretary Kennedy ended recommendations for healthy children and pregnant women, citing limited data and prompting strong pushback from medical groups

June 2025

- **ACIP committee overhaul:** Secretary Kennedy dismissed all 17 members of the Advisory Committee on Immunization Practices, and installed 8 new members, including some with anti-vaccine ties, raising concern that future immunization schedules may be weakened

July 2025

- **Thimerosal-free flu vaccine policy:** HHS endorsed removing thimerosal from flu shots, despite no evidence the preservative causes harm

July 2025: ACP Sues HHS

Case 1:25-cv-11916 Document 1 Filed 07/07/25 Page 1 of 42
IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

AMERICAN ACADEMY OF PEDIATRICS,
AMERICAN COLLEGE OF PHYSICIANS,
INC., AMERICAN PUBLIC HEALTH
ASSOCIATION, INFECTIOUS DISEASES
SOCIETY OF AMERICA, MASSACHUSETTS
PUBLIC HEALTH ASSOCIATION D/B/A
MASSACHUSETTS PUBLIC HEALTH
ALLIANCE, SOCIETY FOR MATERNAL-
FETAL MEDICINE, and JANE DOE,

Plaintiffs,

vs.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the Department of Health
and Human Services; UNITED STATES
DEPARTMENT OF HEALTH AND HUMAN
SERVICES; MARTY MAKARY, in his official
capacity as Commissioner of the Food and Drug
Administration; FOOD AND DRUG
ADMINISTRATION; JAY BHATTACHARYA,
in his official capacity as Director of the National
Institutes of Health; NATIONAL INSTITUTES
OF HEALTH; MATTHEW BUZZELLI, in his
official capacity as Acting Director of Centers for
Disease Control and Prevention; CENTERS FOR
DISEASE CONTROL AND PREVENTION; and
DOES 1–50, inclusive,

Defendants.

Case No. 1:25-cv-11916

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Leading Medical Professional Societies, Patient Sue HHS, Robert F. Kennedy, Jr. for Unlawful, Unilateral Vaccine Changes

AAP, ACP, APHA, IDSA, MPHA, and SMFM Join Together to Stop Assault on Public Health.

BOSTON – July 7, 2025 – Today, the American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Public Health Association (APHA), Infectious Diseases Society of America (IDSA), Massachusetts Public Health Alliance (MPHA), Society for Maternal-Fetal Medicine (SMFM), and a pregnant physician, filed suit in *American Academy of Pediatrics v. Robert F. Kennedy, Jr.* in the U.S. District Court for the District of Massachusetts to defend vaccine policy, and to put an end to the Secretary's assault on science, public health and evidence-based medicine.

Plaintiffs in the case are suing the U.S. Department of Health and Human Services (HHS) and Secretary Kennedy for acting arbitrarily and capriciously when he unilaterally changed Covid-19 vaccine recommendations for children and pregnant people. Secretary Kennedy has also unjustly dismissed 17 members of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and appointed replacements who have historically espoused anti-vaccine viewpoints. This committee has proceeded to undermine the science behind vaccine recommendations. The lawsuit asks for preliminary and permanent injunctions to enjoin Secretary Kennedy's rescissions of Covid vaccine recommendations and a declaratory judgment pronouncing the change in recommendations as unlawful.

"This administration is an existential threat to vaccination in America, and those in charge are only just getting started. If left unchecked, Secretary Kennedy will accomplish his goal of ridding the United States of vaccines, which would unleash a wave of preventable harm on our nation's children," said Richard H. Hughes IV, partner at Epstein Becker Green and lead counsel for the plaintiffs. "The professional associations for pediatricians, internal medicine physicians, infectious disease physicians, high-risk pregnancy physicians, and public health professionals will not stand idly by as our system of prevention is dismantled. This ends now."

The lawsuit charges that a coordinated set of actions by HHS and Secretary Kennedy were designed to mislead, confuse, and gradually desensitize the public to anti-vaccine and anti-science rhetoric, and that he has routinely flouted federal procedural rules. These actions include blocking CDC communications, unexplained cancellations of vaccine panel meetings at the FDA and CDC, announcing studies to investigate non-existent links between vaccines and autism, unilaterally overriding immunization recommendations, and replacing the diverse members of ACIP with a slate of individuals biased against sound vaccine facts.

The anonymous individual plaintiff in the lawsuit is a pregnant woman who is at immediate risk for being unable to get the Covid-19 vaccine booster because of the Secretarial Directive, despite her high risk for exposure to infectious diseases from working as a physician at a hospital.

The plaintiff organizations urge parents and patients to follow their qualified medical professionals' vaccine guidance.

Recent HHS Actions Related to Vaccines

Federal Judge Blocks Immunization Schedule Changes, Stays ACIP Member Appointments

BOSTON, March 16, 2026—A coalition of leading medical professional societies and public health organizations today announced that the U.S. District Court for the District of Massachusetts has issued a preliminary injunction to stay Secretary Kennedy's appointments to the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), as the appointments were likely made in violation of the Federal Advisory Committee Act (FACA). Judge Brian Murphy also stayed all votes taken by the now-stayed ACIP.

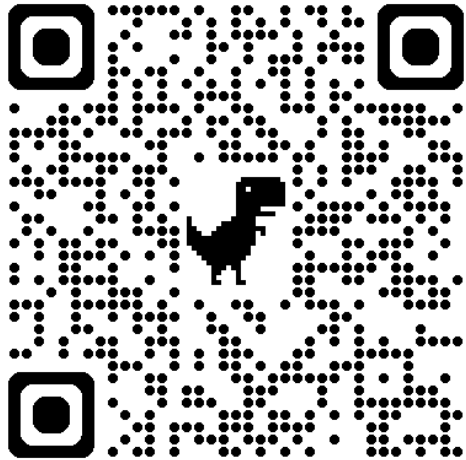
The injunction further stays the heavily revised vaccine schedule issued by the U.S. Department of Health and Human Services (HHS) on January 5, overturns the May 2025 Secretarial Directive on COVID-19 vaccine recommendations, and reverses the downgraded Hepatitis B vaccine recommendations made at the December 2025 ACIP meeting.

Plaintiffs—the American Academy of Pediatrics, American Public Health Association, American College of Physicians, Infectious Diseases Society of America, Society for Maternal-Fetal Medicine, Massachusetts Chapter of the American Academy of Pediatrics, Massachusetts Public Health Alliance, and Jane Does 1, 2 and 3—requested the court issue an injunction after HHS announced significant changes to the national pediatric immunization schedule in January.

The underlying lawsuit, *AAP et. al. v Kennedy et. al.*, challenges recent directives and actions by HHS that plaintiffs intend to prove circumvented longstanding, evidence-based procedures traditionally used to develop national vaccine guidance. These actions undermine public health, disrupt clinical practice, and erode confidence in immunization policy.

The Court has already ruled that the larger case may proceed and has denied the government's motion to dismiss.

Protecting Vaccine Access



Urge Congress to Pass S.2857/H.R.5448, the Protecting Free Vaccines Act

Please urge your members of Congress to support S.2857/H.R.5448, the Protecting Free Vaccines Act. This legislation would ensure that patients will continue to have health care coverage for lifesaving vaccines.

Background: There has been a significant increase in vaccine misinformation and hesitancy in recent years. At a time when we face one of the largest measles outbreaks in decades, we must ensure that patients have the most up-to-date information on immunizations backed by long-standing, evidence-based science. Further, we must ensure that patients will continue to have access to safe and effective vaccines to mitigate diseases that threaten public health.

Recent actions and changes to immunization policies at the Department of Health and Human Services (HHS) have led to confusion. These changes were implemented without transparency and were not backed by evidence-based science. ACP is very concerned that changes to the vaccine schedules will impact coverage of lifesaving vaccines because health insurers rely on the federal government's vaccine recommendations for coverage policies. The recent changes would significantly limit patients' choice and access to safe and effective vaccines.

ACP supports S.2857/H.R.5448, the Protecting Free Vaccines Act, which would ensure coverage of vaccines recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) as of October 2024, before the recent changes to the ACIP panel. The Protecting Free Vaccines Act would protect public health by guaranteeing that our patients will have access to well-established vaccines backed by rigorous scientific standards, without cost-sharing. This legislation was introduced in the Senate by Senators Ron Wyden (D-OR) and Bernie Sanders (I-VT) and in the House by Representatives Frank Pallone Jr. (D-NJ-06), Richard Neal (D-MA-01), and Bobby Scott (D-VA-03).

Action Requested: Please email your members of Congress to ask them to co-sponsor S.2857/H.R.5448, the Protecting Free Vaccines Act. A sample message has been provided for you that can be personalized. Please contact Shuan Tomlinson at stomlinson@acponline.org with any questions about this campaign. Thank you for your continued advocacy.

Compose Your Message

- US Senators
- US Representative

Please review the message below and consider customizing to include your hometown and medical specialty, as well as any personal stories on why this issue is important to you.

Subject

Pass S.2857/H.R.5448, the Protecting Free Vac

Message Body

As a primary care physician and your constituent, I am writing to ask you to co-sponsor S.2857/H.R.5448, the Protecting Free Vaccines Act, which

Enter Your Info

Your Information

Prefix * First Name * Last Name *

Email *

Home Information

Street Address *

ZIP Code * Enter Zip for City and State

Yes, sign me up for email updates and action alerts from ACP. Uncheck this box to opt out of future updates.

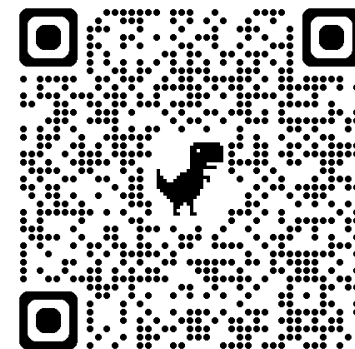
Remember me

Send Message

Toolkit: Protecting Access to Vaccines

Published: 1/16/2026

Over the past 50 years, vaccines have saved an estimated 154 million lives worldwide—equivalent to nearly six lives every minute. Recognizing this extraordinary achievement, ACP continues to emphasize the vital role of immunizations in both health care and public health policy, particularly in the face of rising vaccine skepticism and spread of anti-vaccine misinformation. ACP remains steadfast in its commitment to advancing evidence-based immunization practices, equipping physicians to educate patients, and promoting policies that ensure equitable access to vaccines for all communities.





ACTION:

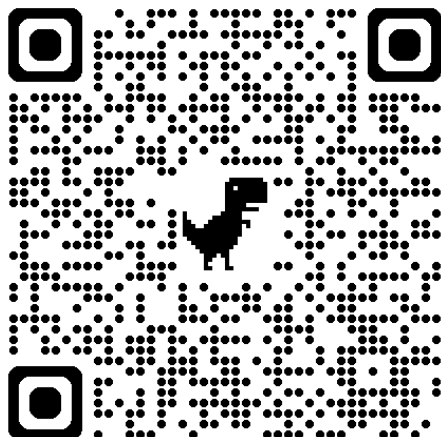
Access to vaccines is a rapidly evolving policy issue. In this landscape, ACP encourages chapters and members encountering proposals to change vaccine policy in their states to contact our team using the [Advocacy Assistance Request Form](#) for support. ACP can provide guidance on key talking points, support with engaging media through statements and op-eds, and help strategize about how to respond.

ACP members should be aware of ACP's own vaccine recommendations, which you can find on [ACP's Immunization hub](#) and which can be shared with policymakers. For immunizations not addressed by ACP's own recommendations, ACP has [endorsed](#) the October 2024 ACIP immunization schedule recommendations and supports continued access to and coverage of those vaccinations.

Members interested in advocating to protect vaccines can also consider taking one of the following actions:

- [Write to your members of Congress using ACP's grassroots alert](#)  to ask that they support the Family Vaccine Protection Act, which would guarantee vaccine recommendations from ACIP and the CDC that more broadly follow an evidence-based framework.
- ACP is tracking state legislation related to immunizations. [See what legislation your state is considering](#) .

ACP Immunization Hub



The screenshot shows the ACP website's 'Adult Immunization' page. At the top, the ACP logo and navigation menu are visible. The main heading is 'Adult Immunization', followed by a brief description of ACP's mission. A featured article titled 'As Measles Cases Increase, ACP Can Help with Adult Immunization and Medical Misinformation Resources' is highlighted. Below this, there are three 'Featured Updates' cards: one about Respiratory Syncytial Virus (RSV) vaccines, one about COVID-19 vaccines for 2025-2026, and one about ACP's immunization-related advocacy efforts. At the bottom, there are three expandable menu items: 'Clinical Updates', 'Latest Advocacy', and 'Resources to Increase Immunization Rates'.

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Leading Internal Medicine. Improving Lives.

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MEMBERSHIP | CME & MOC | MEETINGS & COURSES | CLINICAL INFORMATION | PRACTICE & CAREER | ADVOCACY | STORE

HOME > CLINICAL INFORMATION > CLINICAL RESOURCES & PRODUCTS > ADULT IMMUNIZATION

Adult Immunization

ACP works to improve adult immunization and patient outcomes by developing clinical guidance based on the best available evidence, publishing weekly scientific content, advocacy and making public statements, and offering resources for physicians and patients.

As Measles Cases Increase, ACP Can Help with Adult Immunization and Medical Misinformation Resources

ACP urges adults to get vaccinations recommended from trusted sources that develop clinical guidelines based on transparent, evidence-based methodologies and safeguards against conflicts of interest.

ACP's [Medical Misinformation and Disinformation page](#) also has resources aimed at stopping and preventing the spread of disinformation and misinformation.

Measles information specifically can be found below in the "Other Resources" section under "Clinical Updates."

★ Featured Updates

- NEW** [Respiratory Syncytial Virus Vaccines in Adults Who Are Not Pregnant or Immunocompromised](#)
- NEW** [COVID-19 Vaccines for 2025-2026 in Adults Who Are Not Pregnant or Immunocompromised](#)
- [ACP Immunization-Related Efforts](#)

Clinical Updates

Latest Advocacy

Resources to Increase Immunization Rates

YOU MAY ALSO BE INTERESTED IN:

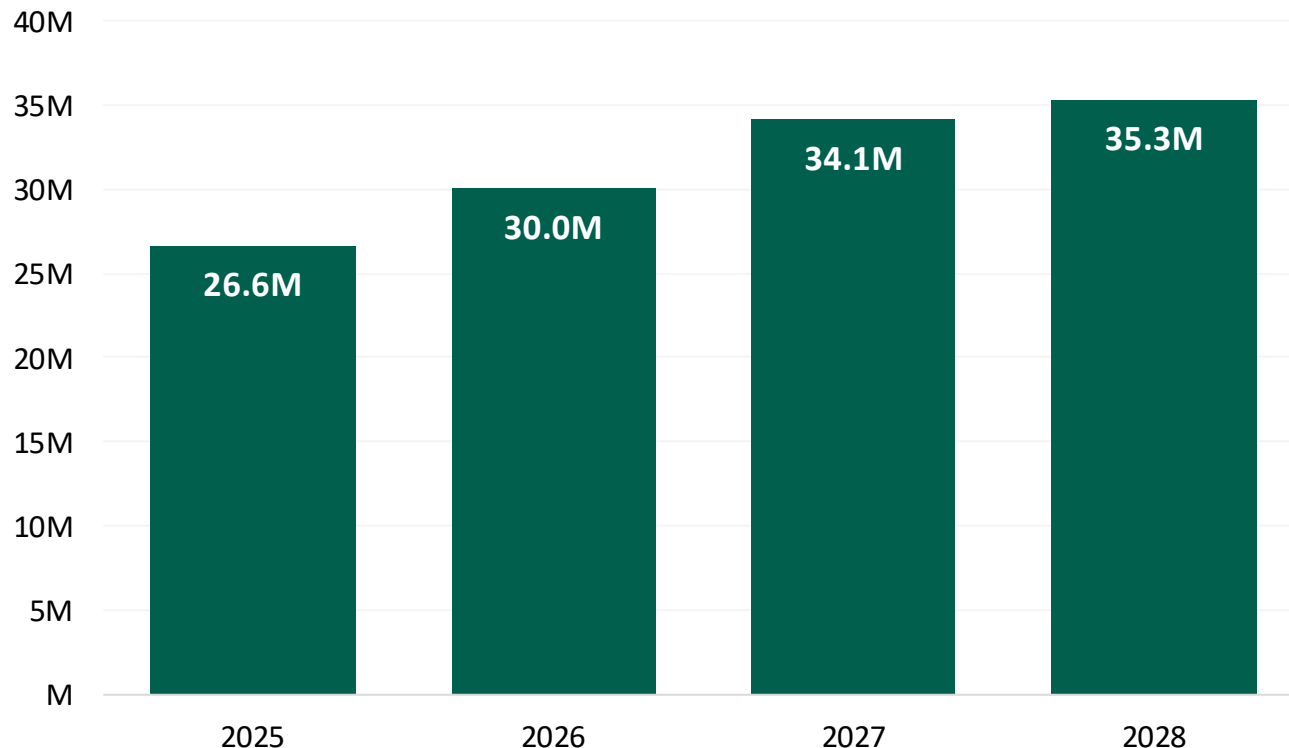
[Fighting Medical Misinformation and Disinformation](#): Resources to combat the spread of false medical information & promote evidence-based healthcare.

Protecting Patient Affordability and Access to Health Care

The Federal Policy Landscape Behind Rising Uninsurance

As of early 2026, a series of federal policy actions have materially altered the health coverage landscape, including changes to Affordable Care Act Marketplace rules, expiration of enhanced premium tax credits, and enactment of the One Big Beautiful Bill Act (OBBBA)

The uninsured population in America is projected to rise over 35 million by 2028 will reach over 35 million



5/8/26

SOURCE KFF, The Century Foundation, CNBC

33%

More Americans are projected to be uninsured in 2028 than in 2025, according to the Congressional Budget Office

KEY IMPACTS

- ⬡ **Consumers:** Greater exposure to high out-of-pocket medical costs as coverage narrows or lapses
- ⬡ **Providers:** Increased uncompensated care burdens for hospitals and health systems
- ⬡ **Health system:** Higher systemwide costs, longer wait times, and added strain on emergency departments



Medicaid Changes in OBBBA

CBO estimates that OBBBA's Medicaid provisions would reduce federal Medicaid spending by \$793 billion over 10 years, lower Medicaid enrollment by 10.3 million people, and increase the number of uninsured by at least 7.8 million by 2034

EXPANSION-RELATED CHANGES



Imposes **new work and reporting requirements** for certain expansion enrollees



Requires more **frequent eligibility renewals** and new cost-sharing requirements

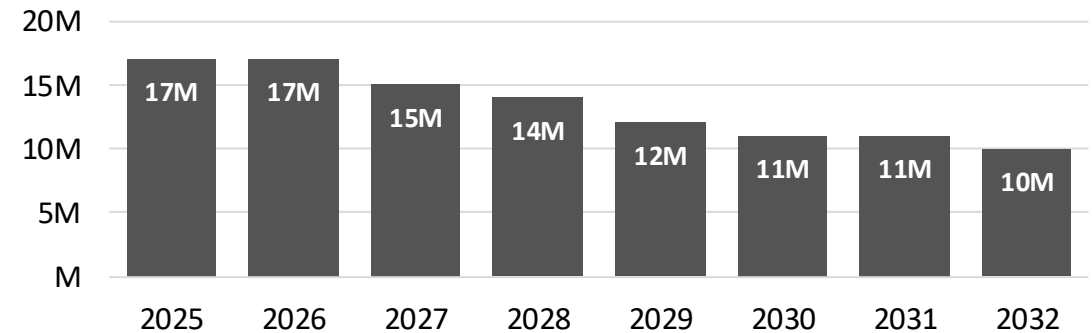


Eliminates incentives for states to newly adopt Medicaid expansion



Lowers federal matching rates for some expansion states covering immigrants with state-only funds

Medicaid Expansion coverage is projected to drop by more than 40%



BROADER ENROLLMENT BARRIERS

- Delays Medicaid streamlining rules **until 2035**
- Adds new **verification and data-matching** requirements
- Reduces retroactive coverage from **three months to one** month
- Ends the reasonable opportunity period for **immigrant status** verification



ACP says Medicaid work requirements will harm patient care

Statement attributable to:

Jan K. Carney, MD, MPH, MACP

President, American College of Physicians

WASHINGTON, June 2, 2026—The American College of Physicians is strongly opposed to the community engagement requirements, or work requirements, in the Medicaid program, that would be implemented under the interim final rule published by the Centers for Medicare and Medicaid Services yesterday. Most adults covered by Medicaid are already working, caregiving, or would not be subject to this policy due to illness or disability; research shows us that instituting work requirements will not meaningfully increase employment. Community engagement requirements create a tangle of red tape that diverts resources away from patient care and worsens the administrative burden on physicians. The Medicaid program is designed to ensure that those most vulnerable among us are able to access needed medical care. Instituting work requirements for the program could lead to millions of individuals losing health care coverage, putting at risk their health, financial security, and lives.

ACA Marketplace Changes in OBBBA

OBBBA codifies several ACA Marketplace policy changes first advanced through a Trump administration proposed rule and adds further restrictions of its own. CBO estimates these ACA Marketplace changes would increase the number of uninsured by 1.8 million by 2034.

ENROLLMENT RESTRICTIONS

Ends open enrollment earlier on December 15

Limits access to special enrollment periods

Tightens re-enrollment requirements

VERIFICATION AND AFFORDABILITY CHANGES

Requires income documentation for certain applicants seeking premium tax credits

Eliminates repayment caps for excess premium tax credits

Restricts Marketplace eligibility and tax credits for DACA recipients

Necessitates eligibility information verification before subsidies can be applied

CBO estimates ACA Marketplace enrollment will fall to 12.5 million by 2028, roughly half of 2025 enrollment, reversing many **coverage gains** from enhanced subsidies that took effect in 2021.



A lot of people have heard about the subsidy cuts, but I don't think a lot of people understand the magnitude of what we're facing in the [ACA] marketplace with all these changes. We're talking about a shock to the marketplace."

Jonathan Oberlander

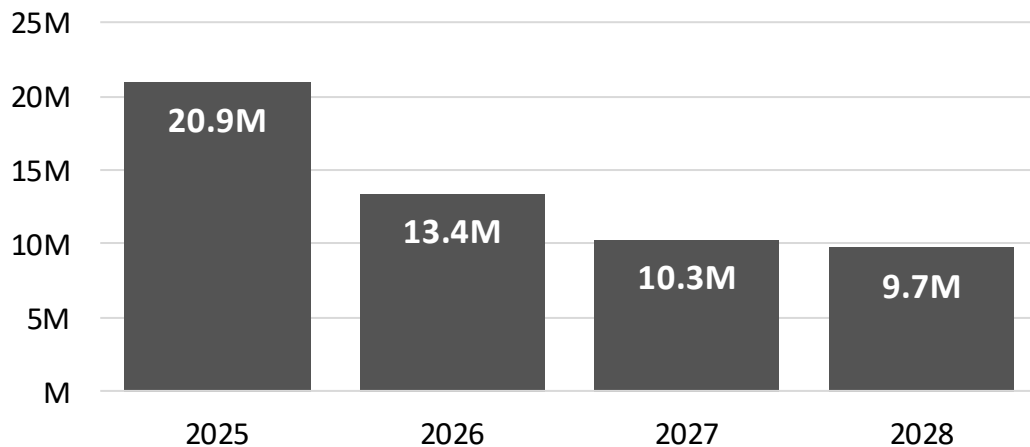
Professor of health policy & management at the University of North Carolina



Expiration of Enhanced Premium Tax Credits

Enhanced ACA premium tax credits, enacted under the American Rescue Plan Act and later extended through the Inflation Reduction Act, expired at the end of 2025. The subsidies expanded eligibility above 400% of the federal poverty level and capped benchmark premium payments at 8.5% of income, reducing premium costs by an average of about \$705 per year for subsidized enrollees.

Number of ACA enrollees receiving premium tax credits, 2025-2028



WHY IT MATTERS

CBO estimates that expiration of the enhanced tax credits would leave **4.2 million more people uninsured by 2034**

Average out-of-pocket premium payments are expected to **rise by more than 75%**, with some enrollees seeing costs more than double

Lower-income adults, older enrollees, and people in **non-expansion states** are expected to face the largest increases



Marketplace enrollment could decline further if the administration finalizes its stricter proposed Marketplace rules or if Congress replaces premium tax credits with direct cash assistance



Nobody Said Anything About Playing Defense...



Ensuring Patient Affordability and Access to Health Care

- Enact legislation that would lower out-of-pocket costs and cost-sharing for primary care and preventive health services, such as the **Chronic Disease Flexible Coverage Act**.
- Support efforts by CMS and/or Congress to waive cost sharing for Advanced Primary Care Management services.
- Push for reforms to mitigate the impact of the impending Medicaid cuts and work requirements

Strengthening the IM Physician Workforce



April 8, 2026

The Honorable Marjorie Taylor Greene
Secretary of State
U.S. Department of Homeland Security
2201 C Street NW
Washington, DC 20545

ACP Applauds USCIS Decision to Resume Physician Visa Processing



May 15, 2026

The Honorable Jay Byrnes
Chairman

Ways and Means
U.S. House of Representatives
Washington, D.C.

Dear Chairman

On behalf of the committee marking H.R. 3164, which would improve services for influenza (strep throat) for bill still would jeopardize outcomes for patients that have proven patient health.

Submitted electronically

RE: Request for National Physicians and Medical Students

Dear Secretaries

On behalf of the undersigned regarding barriers to medical students, residents from entering the U.S. training and practicing adjudicative holds a already strained corridor

We recognize that this is under a clear mandate Executive Action regarding immigration applications implementing guidance directed agencies to interagency reviews assessments. We fully responsibility placed

The agency indicated at the end of April that physicians are exempt from the visa processing hold placed on citizens of 39 countries

May 22, 2026 (ACP) -- U.S. Citizenship and Immigration Services (USCIS) has lifted the pause on physician visa processing, a move championed by the American College of Physicians to preserve and strengthen the healthcare workforce.

In January 2026, the U.S. Department of Homeland Security (DHS) placed a visa processing freeze on citizens of 39 countries. As a result, many physicians were placed on administrative leave by their hospitals, and others were worried they would lose their positions.

These consequences and fears have been largely allayed now that the pause in visa processing for physicians has been lifted. At the end of April, USCIS updated its website to indicate that visa holds had been lifted for certain groups, including physicians.

"While we are pleased that the guidance has been issued, we will continue to monitor the situation closely to ensure that it is operationalized in a timely manner," said Renee Butkus, ACP director of health policy. ACP has heard from some physicians that they feel the process is moving slowly and they are anxious to see their cases be resolved.

To advocate for members and patients who had been impacted by the pause, ACP wrote a letter to the directors of DHS and USCIS in February, calling for a categorical exemption for physicians who are already lawfully present and actively practicing in the United States.

"The exemption of physicians from the adjudication pause is a welcome and much-needed decision that provides meaningful relief both personally and professionally," Butkus said. "At a time when healthcare systems continue to face workforce shortages and growing patient demand, allowing physicians to move forward helps prevent disruptions that affect hospital staffing, clinic operations and continuity of care for vulnerable populations."

Student Loan Changes in OBBBA

**DROPS REPAYMENT
LIMIT ON CURRENT
BORROWERS**



**REMOVES CERTAIN PELL
GRANT CUTS**



**DENIES PELL
EXPANSION TO
UNACCREDITED
PROVIDERS**



	Annual	Aggregate
Graduate	\$20,500	\$100,000
Professional	\$50,000	\$200,000 (Inclusive of undergraduate loans)

- Graduate students: Capped at \$20,500 per year
- Professional students: \$50,000 per year

Immigration Enforcement Impact on Public Health

The American College of Physicians is committed to addressing racial disparities in health and health care by confronting the prejudice that drives discrimination, inequities, violence, and hate crimes. Because immigrant communities often face discrimination, harassment, and violence, ACP identifies these harms as public health issues.

Immigration policy should not interfere with physicians' and other health care professionals' ethical and professional obligation to care for the sick and should not foster discrimination against a class or category of patients in the provision of health care. Access to care and patient safety are foundational to the practice of medicine and the health of our communities across the nation. Policies and actions that restrict access to care or undermine the patient-physician relationship place patients at risk and compromise ethical medical practice.

ACP advocates for evidence-based policies to reduce disproportionate harm to racial and ethnic communities and upholds longstanding principles: physicians' ethical duty to care for all, society's obligation to ensure equitable and universal access to health care, and the need for ongoing U.S. health reform to expand access.



ACP affirms health as a human right grounded in the dignity and equality of all patients and emphasizes that strengthening patient-physician relationships and building health systems that ensure equitable access can help the United States better respect, protect, and fulfill everyone's opportunity for health.

ACP's Ethics Manual emphasizes medical and professional ethics based on the principles that include the duty to promote good and act in the best interest of the patient; respect for patient autonomy; the duty to do no harm to the patient; and a duty to protect and foster a patient's free, uncoerced choices.

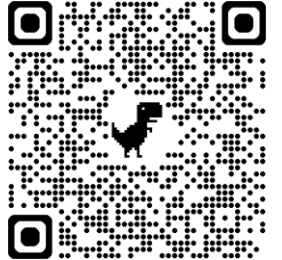
ACP stands in opposition to policies and actions that contribute to harm or interfere with the delivery of medically appropriate care. ACP is committed to supporting physicians and other health care professionals as they prioritize patient care and patient safety and uphold professional ethics and integrity.

Physician Resources


Below are resources for ACP members to help support their ability to counsel and care for patients and connect them to trusted resources.

- Emotional Support
 - [ACP I.M. Emotional Support Video Series](#) - strategies to cope with daily burdens
- Peer Support
 - [Physician Support Line](#)  (call 1-888-409-0141) - free, confidential peer support and resources.
 - [PeerRxMed™](#)  - establish formal peer support using free tools and quick check-ins
- 24/7 Crisis Lines
 - Dial 988 or [1-800-273-8255](#)
 - Text 741741

*988 Support in English, Spanish and translation to over 150 languages



Patient Resources*

- [Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)  (National Immigration Law Center)
- ["Know Your Rights" red cards](#)  in multiple languages (Immigrant Legal Resource Center)
- [Know Your Rights](#)  - understand your rights and what to do in different situations. Downloadable card to protect you if immigration or the police question you. (iAmerica)
- [Know Your Rights for Health Care and Health Insurance \(NILC\)](#):  Information on patient rights and healthcare access (National Immigration Law Center)
- [Guidance for Hospitals and Health Centers](#)  (National Immigrant Law Center)
- [Step-by-Step Family Preparedness Plan](#)  in case of emergency (Immigrant Legal Resource Center)

*Sharing of these resources does not constitute or imply endorsement by ACP.

State Advocacy Assistance

ACP staff are available to help with [state advocacy efforts](#), on immigration and other issues. If you are interested in engaging in state-level advocacy, please reach out to your ACP Chapter Governor and/or Health and Public Policy Committee chair to let them know and to help determine if there is interest from others. We also have a brief [questionnaire](#) available on our website for individual members to submit their ideas and questions related to our advocacy.

Workforce Legislation

- ***Student Loans:*** Congress should pass the Resident Education Deferred Interest (REDI) Act was introduced in the U.S. House of Representatives in March 2025. The REDI act would amend the Higher Education Act of 1965 to provide interest-free deferment on student loans for borrowers while serving in a medical or dental residency program.
- ***Public Service Loan Forgiveness (PSLF) Program:*** Congress should pass the Payment Completion Fairness Act, H.R. 3267, which would make it possible for an individual to leave a non-profit employer if they get a new job after the required 120 payments but before the federal government grants loan forgiveness—avoids job lock.
- ***H-1B Visas:*** Congress should pass the H-1Bs for Physicians and the Healthcare Workforce Act, H.R. 7961 to grant national interest exemptions for medical residents, fellows and physicians, avoiding the \$100,000 fee on employers because IMGs make up a substantial portion of the physician workforce.

Ask Members of Congress to Cosponsor the Resident Education Deferred Interest (REDI) Act

Please urge your members of Congress to support legislation that would reduce the cost of borrowing for medical education.

Background

The Resident Education Deferred Interest (REDI) Act was introduced in the U.S. House of Representatives in March 2025. The REDI act would amend the Higher Education Act of 1965 to [provide interest-free deferment on student loans for borrowers while serving in a medical or dental residency program](#).

ACP is very concerned with the worsening workforce shortage as the United States faces a projected [shortage of up to 141,160 physicians by 2038](#)—including a [shortage of over 70,000 primary care physicians](#). With restrictions on lifetime amounts for student loan borrowers and potential restrictions on Public Service Student Loan eligibility, the typical medical school student and resident faces strong headwinds to obtain and pay for their medical education. The typical medical student accrues approximately [\\$228,000](#) in education debt [when combining medical and premedical education debt](#). Other estimates place the average medical-school [debt](#) even higher. These physician workforce shortages coupled with the high cost of medical debt make it imperative to pass legislation to provide deferred payments on interest for medical students.

Ask Your Representatives to Co-Sponsor H.R.7961, H-1Bs for Physicians and the Healthcare Workforce Act

The “H-1Bs for Physicians and the Healthcare Workforce Act”, H.R. 7961 would exempt physicians as well as other health care professionals from the H-1B visa fee of \$100,000.

Background

On March 17, Representatives Mike Lawler (R-NY), Sanford Bishop Jr. (D-GA), Maria Elvira Salazar (R-FL), and Yvette Clarke (D-NY) introduced the H-1Bs for Physicians and the Healthcare Workforce Act, H.R. 7961. This bipartisan legislation will exempt physicians and other health care workers from the new H-1B visa fee of \$100,000 which went into effect in September 2025. It also prohibits new H-1B fees from being imposed on health care workers that exceed the existing fees under the U.S. Code.

International Medical Graduates (IMGs) – including those on J-1 and H-1B visas – comprise approximately 25 percent of the U.S. physician workforce and are disproportionately represented in underserved communities and rural areas, where workforce shortages are most acute. They play a vital role in ensuring access to care in these areas. Imposing such a steep fee on IMGs

Compose Your Message

- US Representative

Please review the message below and consider customizing to include your hometown and medical specialty, as well as any personal stories on why this issue is important to you.

Subject

Co-Sponsor H.R. 7961

Message Body

As a constituent and physician, I am writing to urge you to co-sponsor the H-1Bs for Physicians and the Healthcare Workforce Act, H.R.7961. This bipartisan legislation will exempt physicians and other health

Enter Your Info

Your Information

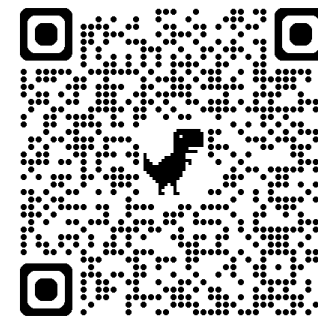
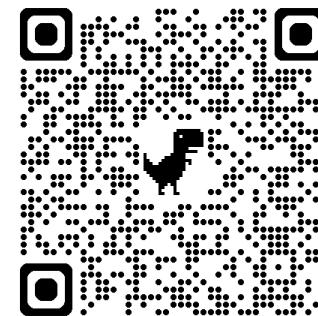
Prefix * First Name * Last Name *

Email *

Home Information

Street Address *

ZIP Code * Enter Zip for City and State



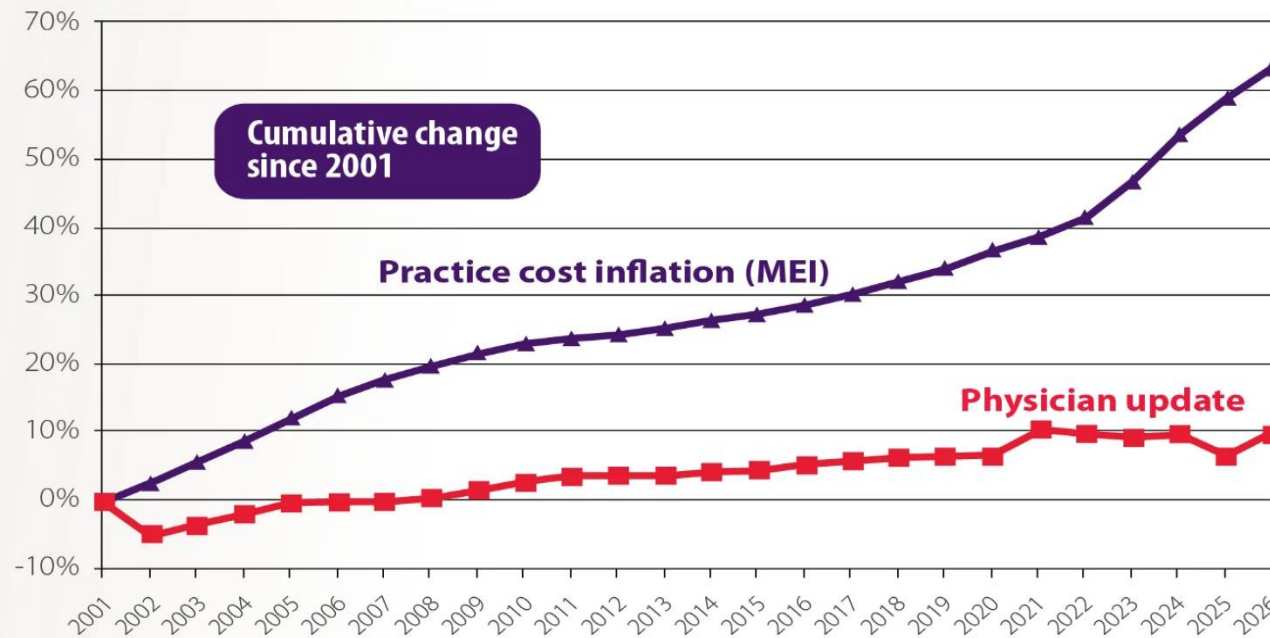
Improving Payment for Internal Medicine Physicians

What's Happened to Physician Payment?

Medicare physician payment continues to fall further behind practice cost inflation

Medicare Physician Updates Compared to Inflation in Practice Costs (2001-2026)

Adjusted for inflation in practice costs, Medicare physician payment **declined 33%** from 2001 to 2026.



Sources: Federal Register, Medicare Trustees' Reports, Centers for Medicare & Medicaid Services (CMS) Market Basket Data, and Quality Payment Program (QPP) Experience Report.
Note: In 2026, qualified participants in an Advanced APM received a different update from non-qualified participants. Data from the PFS final rule and QPP report were used to construct a weighted average of the physician update for 2026.

Updated Jan. 2026

We need to fix Medicare physician payment NOW.



Bill Fox, MD, MACP ACP BOR Chair Emeritus

Testimony re: Medicare physician payment impact on independent practice before the House Energy and Commerce Health Subcommittee on May 20, 2026



The Doctors Caucuses are working on payment legislation

The GOP and Democratic legislative packages (MACRA) and the through Congress

Key provisions include

Budget Neutrality

- Increased Through [\\$54.3 million](#) (
- Inflation Index or inflation even
- Lookback Period [underestimate](#) over into future

Fee Schedule Stabilization

- **Cap on Variances:** Limiting year-to-year variances in the fee schedule Conversion Factor to no more than 2.5%.
- **Base Updates:** Pushing for permanent, positive annual payment updates that more accurately reflect the [rising costs of running a medical practice](#). @

Value-Based Care & MIPS

- **MIPS Overhaul:** Eliminating the budget-neutral, "winner-loser" structure of the Merit-based Incentive Payment System [to reduce administrative reporting burdens](#).
- **Innovation:** Encouraging the CMS Innovation Center (CMMI) to adopt physician-designed payment models.

Physician Payment Legislative Asks

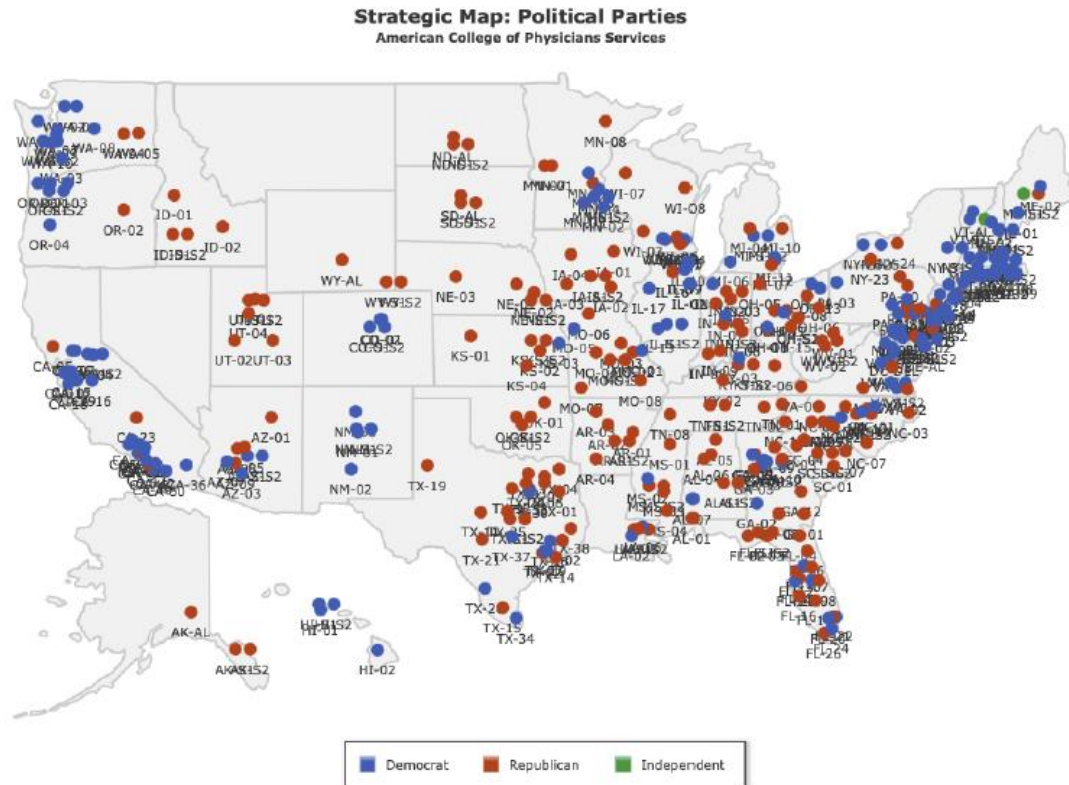
- Retain the 2.5% increase in Medicare payment that was approved by Congress for 2026.
- Enact legislation that raises the threshold for triggering budget neutral cuts within the PFS from \$20 million to \$54.5 million.
- Introduce and pass legislation that ties the Medicare physician fee schedule to inflation.
- Introduce and pass legislation that would return savings from the overestimation of new codes in the PFS back into the PFS.
- Allow physicians the ability to waive patient cost sharing associated with physician services.

2026 Leadership Day

Leadership Day 2026: May 12-13



2026 Congressional Meetings



- 444 congressional meetings
- 49 states and DC
- 45% member-level or with senior staff
 - 69 member
 - 131 senior staff
- 346 House Meetings (116 non-constituent)



Cosponsorship of Leadership Day Legislation

Bill #	Sponsors a/o 5/12/26	Sponsors a/o 6/2*	% Increase
H.R. 2028 - REDI Act	107	117	9.35%
S. 942 - REDI Act	15	16	6.67%
H.R. 5448 - Protecting Free Vaccines Act	72	76	5.56%
S. 2857 - Protecting Free Vaccines Act	2	2	0.00%
H.R. 8163 - Provider Reimbursement Stability Act of 2026	25	44	76%
S. #####- Provider Reimbursement Stability Act of 2026	0	0--	

Alabama and Mississippi Congressional Engagement

Leadership Day Meetings:

- AL: 5/7 Congressional Districts & both Senate offices
- MS: 3/4 Congressional Districts & both Senate offices

Support for Leadership Day Legislation:

Bill	Cosponsor
HR 8163	Rep. Terri Sewell (D-AL)
HR 8163	Rep. Bennie Thompson (D-MS)
HR 2028	Rep. Mike Rogers (R-AL)
HR 2028	Rep. Shomari Figures (D-AL)
HR 2028	Michael Guest (R-MS)

Members on Key Committees:

- Robert Aderholt (R-AL) – Chair, House LHHS Appropriations Subcommittee
- Dale Strong (R-AL), House Appropriations Committee
- Gary Palmer (R-AL), House Energy & Commerce Committee
- Terri Sewell (D-AL), House Ways & Means Committee
- Tommy Tuberville (R-AL), Senate HELP Committee
- Cindy Hyde-Smith (R-MS), Senate Appropriations
- Katie Britt (R-AL), Senate Appropriations

Save the Date!

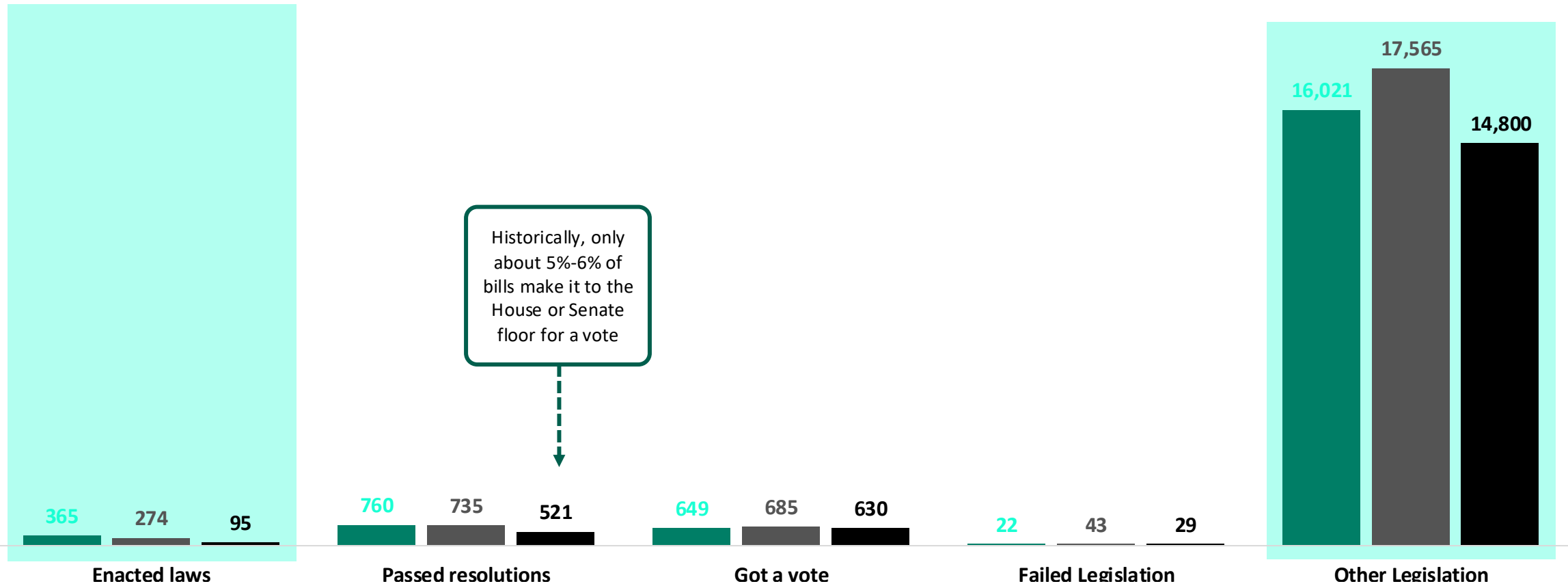
LD27 is May 11-12, 2027

Why & How You Can Engage in Advocacy

Advocacy Success Takes Time

BILLS AND RESOLUTIONS BY STATUS

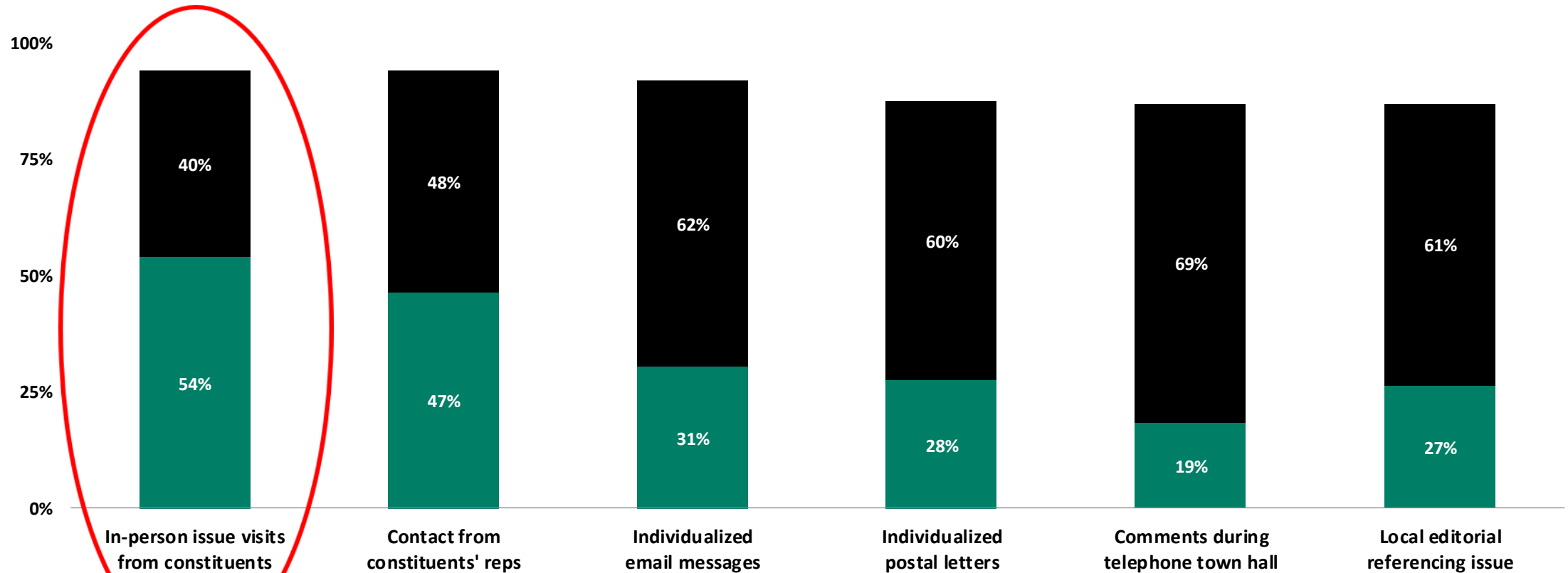
■ 117th Congress ■ 118th Congress ■ 119th Congress



Constituent Visits and Personalized Outreach Have the Most Influence

INFLUENCE OF ADVOCACY STRATEGIES DIRECTED AT A MEMBER'S WASHINGTON OFFICE

■ A lot of positive influence ■ Some positive influence

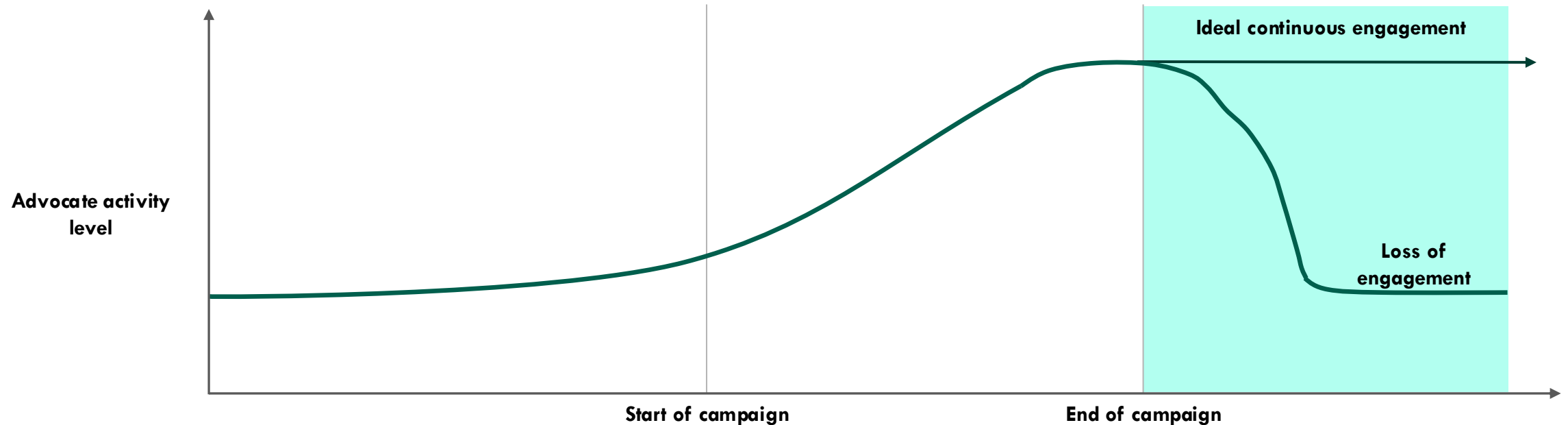


*Asked of Chiefs of Staff, Communications Directors, Legislative Directors, Legislative Assistants



Maintain Momentum after Your Meetings

ADVOCACY ACTIVITY LEVEL OVER TIME



At the start of an advocacy campaign, momentum typically increases steadily, but many campaigns lose advocacy momentum and drop to previous engagement levels after the campaign ends; ideally, an organization would ensure continuous engagement with advocacy efforts



Make Sure to Follow Up After Your Congressional Meetings

POST-MEETING FOLLOW UP STEPS



Always send a thank you e-mail

- Thank the member and/or staffer for their time
- Add a reminder of the meeting topic for the office's reference
- Include information from a reliable source to keep the office aware of your issue



Attend events in the district

- Attend town hall meetings or other events in your district to increase visibility with your member of Congress and their staff
- Find opportunities to engage in policy matters in the district—including building relationships with district staff—to serve as trustworthy resource on your issue



Stay in touch

- Do not over-communicate with members, but do pass along new information about your issue as it is released
- Communicate with your representative—and their staff—in a respectful and informative manner to gain their respect for you and your points of view



HOUSE OF REPRESENTATIVES
LEGISLATIVE ASSISTANT

“Let us know your ask, provide information before we meet and follow up! It can be really hard to build relationships if we only hear from groups only once a year. Send an email to check in on where things stand with your ask and update us on how we can be helpful.”



Legislative Deadlines

TOPIC	DEADLINE	DESCRIPTION
Expanded ACA tax credits	December 31, 2025 Expired	The Inflation Reduction Act extended expanded ACA subsidies for three years, lasting through 2025; both the subsidies and various IRA energy efficiency credits have expired and are yet to be renewed
FY2027 appropriations	September 30, 2026	Congress has passed all but one appropriations bills for FY2026, funding discretionary governmental operations through September 30
Medicare Physician Payment Increase	December 31, 2026	The temporary 2.5% Medicare physician payment increase expires, requiring congressional action to prevent reimbursement reductions
Debt ceiling reached	Estimated in 2027	Congress increased the debt ceiling by \$5T in the One Big Beautiful Bill Act in July 2025, but are estimated to hit the debt ceiling again some time in 2027

2026 Congressional Calendar

Both chambers in session
 House only in session
 Senate only in session
 Federal holiday

January

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

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22	23	24	25	26	27	28

March

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June

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September

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October

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18	19	20	21	22	23	24
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November

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29	30					

December

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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		




Latest ACP Advocacy

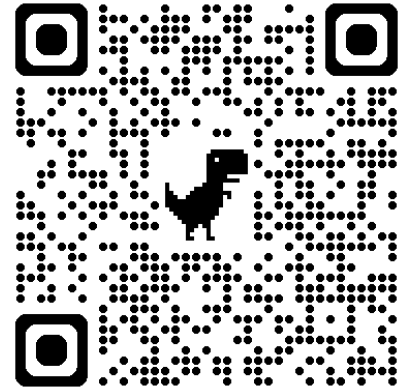
ACP advocates for you on policy changes that will make a difference in your daily work, your professional development, and your patients' health.

To explore actions by topic, please visit [Where We Stand](#).



Take Action

- [Ask Congress to Support the "Efficiency Adjustment" in Final Fee Schedule Rule](#)  02/27/26
- [Stop the Implementation of H-1B Visa Fees](#)  10/15/25
- [Protect Evidence-based Vaccine Recommendations](#)  09/16/25



[View advocacy related to vaccines and immunizations, and other resources for adult immunization.](#)

[ACP says Medicaid work requirements will harm patient care](#) 06/02/26




ACP Grassroots Platform: Advocates for Internal Medicine

Get Involved: Advocacy in Action

Participate in Essential Advocacy Now

Advocates for Internal Medicine Network (AIMn)

Join more than 15,000 colleagues in the Advocates for Internal Medicine Network (AIMn) in advocating for the interests of internal medicine in Washington, D.C. and across the country. The AIMn program is for ACP members interested in participating in federal advocacy. It is designed to help members engage with their federal lawmakers on policy issues important to ACP and internal medicine. [Follow @AdvocatesIM](#) 

[Learn More](#)

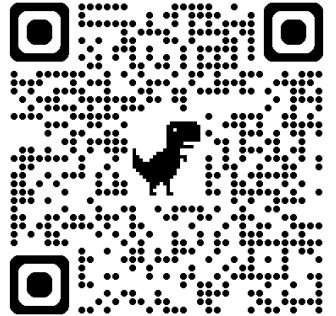
Legislative Action Center

One way to engage your members of Congress is through the [Legislative Action Center](#). The Legislative Action Center (LAC) is a digital advocacy hub which empowers ACP members to take action on critical health policy issues. It is a user-friendly advocacy tool that makes it simple to connect with your legislators, share your perspective, post to social media, and drive meaningful change.

With ready-to-use talking points and customizable emails to lawmakers, the LAC equips you with everything you need to advocate effectively and efficiently. Join ACP's efforts to influence health policy—your voice matters!

[Learn More](#)

AIMn members also have access to [The Capitol Key Newsletter](#), an e-newsletter distributed to AIMn members periodically throughout the year. It features the grassroots advocacy activities of AIMn members and news about key advocacy events.





Welcome to the American College of Physicians' Legislative Action Center. This advocacy tool enables ACP to send out action alerts, inform our members of critical health policy issues, and put our members in contact with their legislators.

[Campaigns](#) [Surveys](#)



Ask Congress to Oppose H.R. 3164, the Main Street Pharmacy Access Act!

Urge your members of Congress to oppose legislation that would authorize Medicare coverage for expanded pharmacist scope of practice. Background: The Main Street Pharmacy Access Act, H.R. 3164, formerly the Equitable Community Access to Pharmacist Services Act...



Ask Your Representatives to Co-Sponsor H.R. 7961, H-1Bs for Physicians and the Healthcare Workforce Act

The "H-1Bs for Physicians and the Healthcare Workforce Act", H.R. 7961 would exempt physicians as well as other health care professionals from the H-1B visa fee of \$100,000. Background: On March 17, Representatives Mike Lawler (R-NY), Sanford Bishop Jr. (D-GA), Maria...



Ask Members of Congress to Cosponsor the Resident Education Deferred Interest (REDI) Act

Please urge your members of Congress to support legislation that would reduce the cost of borrowing for medical education. Background: The Resident Education Deferred Interest (REDI) Act was introduced in the U.S. House of Representatives in March 2025. The REDI act would...



Join "Write-to-Congress" Campaign on Physician Payment, Medical Student Debt, and Vaccines

We are asking ACP members to urge their members of Congress to act on important legislation that will help improve access to care for your patients and address the critical shortage of physicians. To address these critical issues, we need your help in asking Congress...



Urge Congress to Pass S.2857/H.R.5448, the Protecting Free Vaccines Act

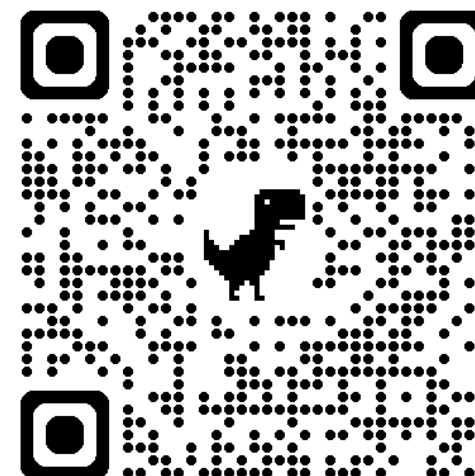
Please urge your members of Congress to support S.2857/H.R.5448, the Protecting Free Vaccines Act. This legislation would ensure that patients will continue to have health care coverage for lifesaving vaccines. Background: There has been a significant increase in...

Enroll in the Advocates for Internal Medicine Network

Join more than 15,000 colleagues in the AIMn program in advocating for the interests of internal medicine in Washington DC. By joining, you will receive legislative updates on key policy issues and engage in outreach to your federal lawmakers.

View Your Election Center

Enter your address to view voting resources and your officials & candidates



August Recess is Coming!

- Look out for information this summer about local and online advocacy opportunities in August.
- ACP members will be asked to call, email, and meet with their members of Congress to ask for their support for legislation directly impacting internal medicine physicians.
- Details to be announced in July.



ACP Services Political Action Committee (PAC)



ACP Services PAC's Mission

- The PAC is an advocacy tool that collectively pool funds from our members to contribute to candidates for the U.S. House and Senate whose views (on policy issues) are aligned with the College.
- The PAC is federally regulated and a transparent way to collectively support candidates.
- Contributions from the PAC to candidates/members of Congress are carefully vetted through ACP Services PAC Board.
- The PAC is one of the most effective ways for us to be at the table with members of Congress.
- Helps elect internal medicine physicians and other doctors to Congress.

American College of Physicians Services Political Action Committee

Find out more at:

<https://acpservicespac.org/>



The screenshot shows the homepage of the American College of Physicians Services Political Action Committee. The header features the ACP Services logo and a search bar. The main navigation menu includes 'WHO WE ARE', 'PAC IN ACTION', 'RESOURCES', and 'CONTRIBUTE'. The hero section has a blue background with a red and white American flag graphic, featuring the text 'DEDICATED to protecting the interests of internal medicine physicians and their patients.' and a 'CONTRIBUTE TODAY!' button. Below the hero section, there is a section titled 'ACP Services Political Action Committee' with a paragraph describing the PAC's mission. To the right, a 'News' sidebar lists recent updates with dates and brief descriptions. At the bottom right, there is an image of a stethoscope and a gavel.

ACPServices
Political Action Committee

WHO WE ARE | PAC IN ACTION | RESOURCES | CONTRIBUTE

★★★
DEDICATED
*to protecting the interests
of internal medicine physicians
and their patients.*

CONTRIBUTE TODAY!

ACP Services
Political Action Committee

ACP Services PAC is the political action committee sponsored by the American College of Physicians Services, Inc. Established in 2004, the PAC is dedicated to protecting the interests of internists and their patients by backing candidates for federal office who understand and support the concerns of the internal medicine community.

ACP Services PAC solicits contributions from members of ACP Services in order to make financial donations to key Congressional campaigns. Your PAC contributions help the specialty strengthen its voice in Washington, DC, and maximize our political involvement on issues like physician payment reform, access to healthcare, and regulatory relief. With the support of members like you, we can shape public policy so that it is more responsive to the needs of internists and the patients we serve.

News

- June 12, 2024
Learn about our new State Chapter Competition!
- June 1, 2024
See 1st Quarter 2024 Newsletter
- May 1, 2024
See updated PAC bylaws
- May 1, 2024
View updated Best Practices and Frequently Asked Questions
- May 1, 2024
View updated Guiding Principles for Contributions

See all Recent News

Questions