

Advocacy in Challenging Times: Embrace the Process and Celebrate Progress

New York Chapter Meeting
October 11, 2025

Shari M. Erickson, MPH
Chief Advocacy Officer and
Senior Vice President, Governmental Affairs and Public Policy



Taylor Swift: Mirrorball

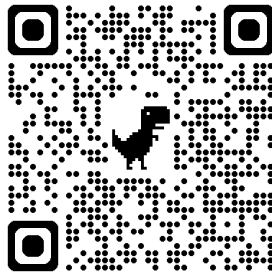
And they called off the circus
Burned the disco down
When they sent home the
horses

And the rodeo clowns
I'm still on that tightrope...

I'm still a believer but I don't
know why



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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.

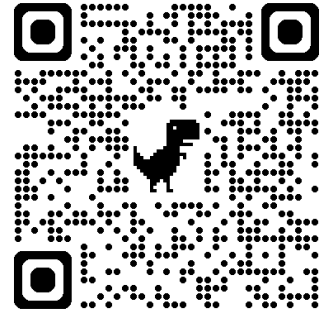


To explore actions by topic, please visit [Where We Stand](#).

Take Action

- [Protect Evidence-based Vaccine Recommendations](#)  09/16/25
- [Ask Members of Congress to Extend Telehealth Waivers, NHSC, and THCGME Before Oct.1](#)  07/31/25
- [Urge Congress to Support the Medicare Patient Access and Practice Stabilization Act](#)  02/03/25


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



Get Involved: Advocacy in Action

Participate in Essential Advocacy Now

[Advocates for Internal Medicine Network \(AIMn\)](#)

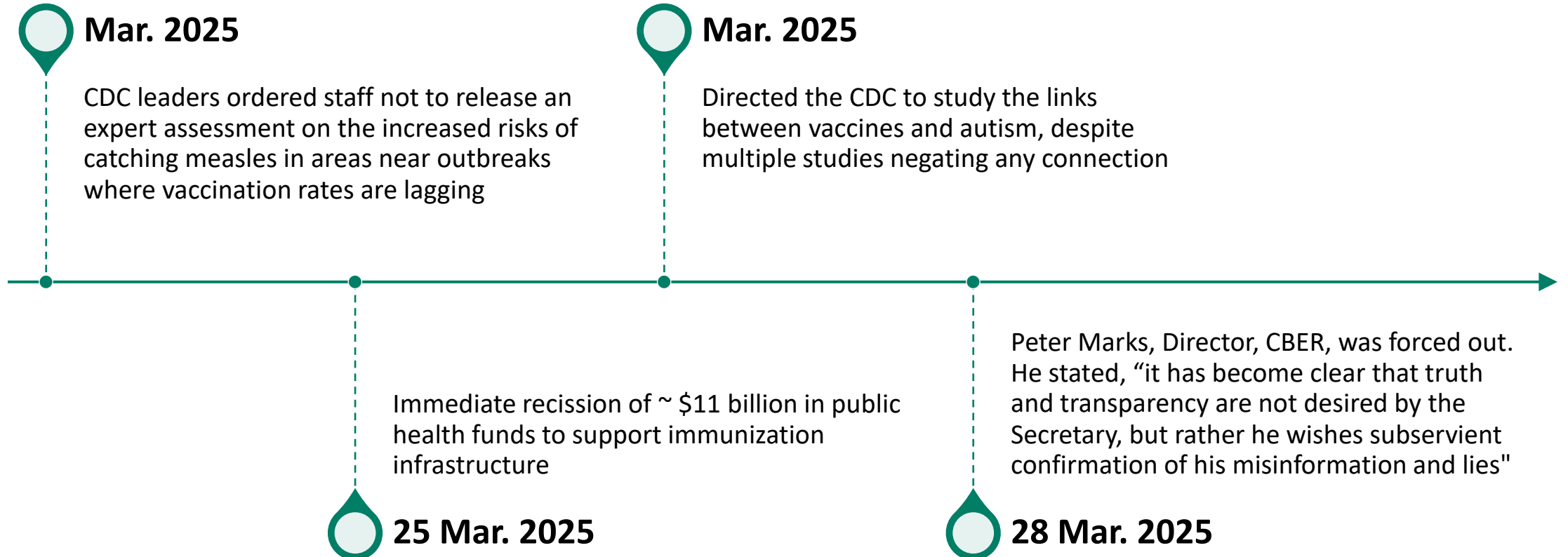
Join more than 15,000 colleagues in the Advocates for Internal Medicine Network (AIMn) in advocating for the interests of internal medicine in Washington, D.C. and across the country. The AIMn program is for ACP members interested in participating in federal advocacy. It is designed to help members engage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

[Learn More](#)



Trump Administration Activity

Secretary Kennedy's Actions Related to Vaccines



Secretary Kennedy's Actions Related to Vaccines (cont)



April 2025

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



May 27, 2025

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



June 9-11, 2025

- **ACIP committee overhaul:** 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 8, 2025

- **Medical groups sue over COVID vaccine changes:** A coalition led by the American Academy of Pediatrics & ACP filed a federal lawsuit accusing Kennedy of undermining science by dropping recommendations for children and pregnant women



July 23, 2025

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

ACP Sues Sec. Kennedy/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.](#) [PDF](#) 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.

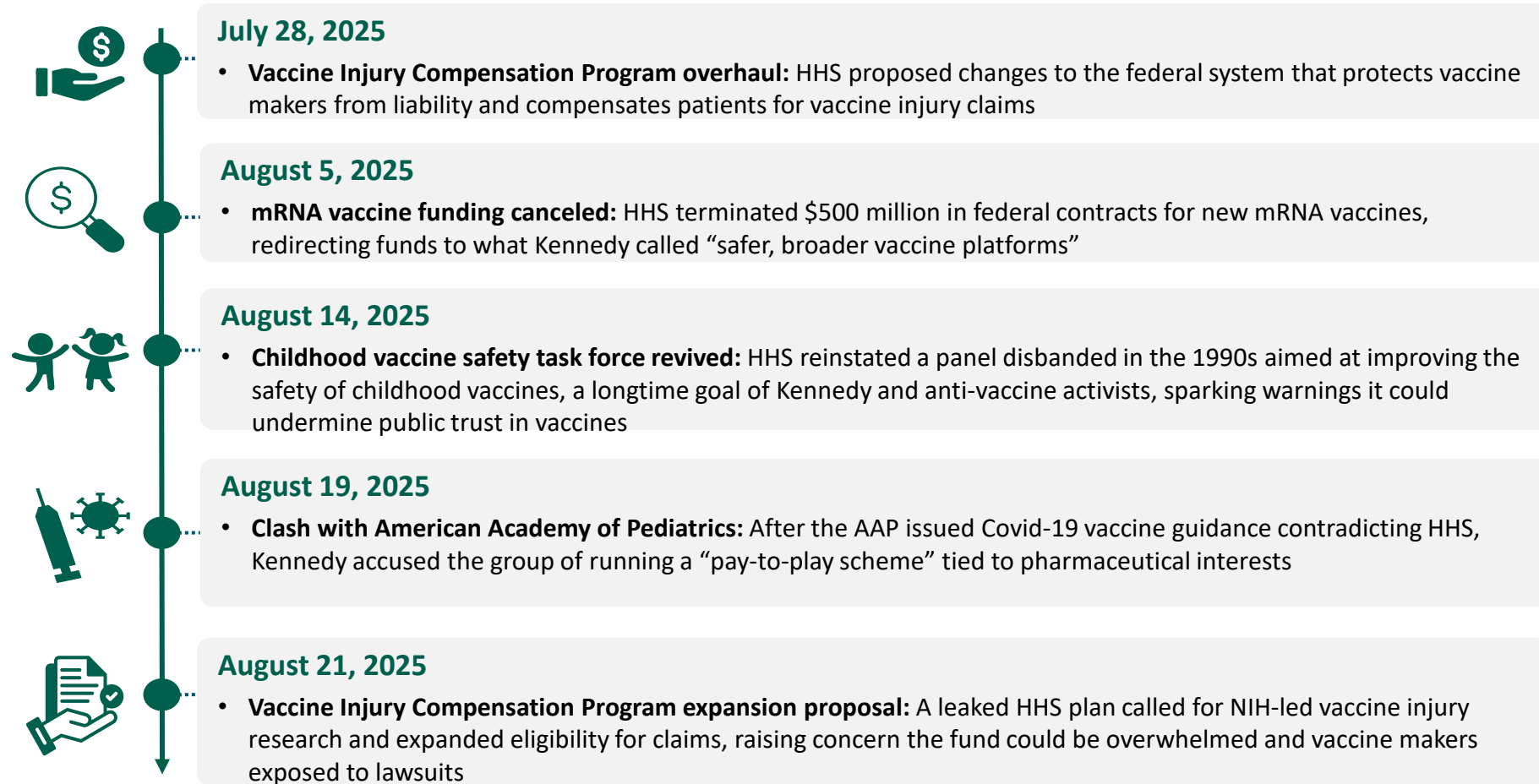
"This administration is an existential threat to vaccination in America, and those in charge are only just getting started. If left unchecked, Secretary Kennedy will accomplish his goal of ridding the United States of vaccines, which would unleash a wave of preventable harm on our nation's children," 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 professional's vaccine guidance.

Secretary Kennedy's Actions Related to Vaccines (cont)





“CDC is a pi

OPINION
GUEST ESSAY

and abroad. When a
is development force is
implicit in
tedly

Opinion

Six surgeons general: It's our duty to warn the nation about RFK Jr.

KEY REASONS

Public health

- More emphasis on und... misi...

We took an oath to declare dangers when we found them. We're doing that again today.

us expert,
g of vaccine

Senate probe into v

- Senate Democrats' dismissal of CDC v... 12 details on alleg... differ from prior c...

ders argue Kennedy is vaccine science, replacing is personal agenda and

Cheriss May for The New York Times

There Are Now Two CDCs

— Can the agency survive?

by [Jeremy Faust](#), MD, MS, MA, Editor-in-Chief, MedPage Today

October 6, 2025 · 3 min read

Statement made by:

ACP

AAFP

AAP

ACEP

ACOG

AOA

APA

SGIM

These orgs represent
nearly 700,000
physicians!

In advance of Senate
Finance Committee
Hearing that took place
on Sept. 4, 2025



The Hill is Starting to Take Action (hopefully)

SHOTS - HEALTH NEWS

Senators from both parties grilled RFK Jr. on vaccines and more

SEPTEMBER 4, 2025 · 3:38 PM ET

 Yuki Noguchi



Health and Human Services Secretary Robert F. Kennedy Jr. arrives to testify before the Senate Finance Committee at the Dirksen Senate Office Building on September 4, 2025 in Washington, DC.

Andrew Harnik/Getty Images

Fired CDC head defends her reputation and vaccine science at Senate hearing

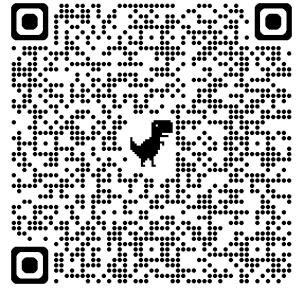
Susan Monarez's testimony came on the eve of a pivotal meeting of Kennedy's handpicked vaccine panel.



Susan Monarez, President Donald Trump's nominee to be the director of the Centers for Disease Control and Prevention, testifies during her confirmation hearing before the Senate Committee on Health, Education, Labor, and Pensions in the Dirksen Senate Office Building on June 25, 2025, in Washington. |

Kayla Bartkowski/Getty Images

American College of Physicians Calls for Removal of Secretary Kennedy at HHS



Statement attributable to:

Jason M. Goldman, MD, MACP

President, American College of Physicians

WASHINGTON September 10, 2025— The American College of Physicians (ACP), representing 162,000 internal medicine physicians, calls on President Trump and Congress to replace Robert F. Kennedy, Jr. as Secretary of the Department of Health and Human Services (HHS) to protect public health. Secretary Kennedy's actions have undermined and destabilized our public health infrastructure, shown a blatant disregard for decades of evidence-based, proven science, and have spread dangerous medical misinformation, sowing chaos and confusion and putting lives at risk. We have lost confidence in his leadership and call for him to be removed and replaced with a qualified health expert with appropriate and relevant knowledge and experience.

We commend the work and leadership that went into Operation Warp Speed that facilitated the development of the COVID-19 vaccine and made it available in record time, which saved millions of lives. We call on President Trump to protect this legacy from being torn down by the actions of Secretary Kennedy, who is restricting access to the lifesaving COVID-19 vaccines that were developed under the Warp Speed initiative, and preventing similar future biomedical research successes.

ACP is also concerned by the confusion and distrust Secretary Kennedy has generated in what are established, routine vaccinations. His comments at a recent Senate Finance Committee hearing demonstrate a clear disregard for data and evidence.

As physicians and qualified medical experts, we have lost confidence in Secretary Kennedy's ability to lead our nation's health agencies and are gravely concerned that he will do further harm to the health and well-being of Americans if he is not removed. The health and well-being of our patients and our country require a HHS Secretary who will make healthcare decisions informed by accurate data and current scientific findings.

Additional Hill & Related Activity re: Vaccinations

Family Vaccine Protection Act, H.R. 3701

- Codify the role of ACIP in providing evidence-based recommendations on vaccine use, set a timeline for new vaccine consideration by ACIP and require that both the CDC Director and HHS Secretary adopt such recommendations, when supported by scientific evidence.

New bill, coming soon:

- Ensure vaccine coverage for those on Medicare, Medicaid, CHIP, and private health plans – based on ACIP’s vaccine recommendations from October 2024.

AMA

- At the September AMA Board of Trustees meeting, the Board voted to support the Center for Disease Control and Prevention’s, Advisory Committee on Immunization Practices (ACIP) recommendations made prior to May 1, 2025, as well as national medical specialty society recommendations on vaccines.

ACIP Agenda – September 18-19 – Deeply Concerning

Thursday, September 18, 2025

10:00 AM **Welcome and Roll Call** Dr. Martin Kulldorff (ACIP Chair)
Dr. Mina Zadeh (ACIP Executive Secretary, CDC)

10:30 AM **Update on Work Groups** Dr. Martin Kulldorff (ACIP Chair)

11:00 AM **Measles, Mumps, Rubella, and Varicella (MMRV) Vaccines**
Introduction Dr. Martin Kulldorff (ACIP Chair)
Background on MMRV Dr. Arjun Srinivasan (CDC/NCIRD)
Presentation on febrile seizure following MMRV vaccine Dr. John Su (CDC/NCEZID)
Proposed recommendations and discussion Dr. Martin Kulldorff (ACIP Chair)

1:00 PM **Lunch**

1:30 PM **Hepatitis B Vaccine**
Introduction Dr. Martin Kulldorff (ACIP Chair)
Presentation on Hepatitis B Birth Dose Vaccination Dr. Adam Langer (CDC/NCHHSTP)
Hep B vaccine safety updates Dr. John Su (CDC/NCEZID)
Proposed recommendations and discussion Dr. Martin Kulldorff (ACIP Chair)

4:00 PM **Break**

4:15 PM **Agency Updates** CDC, CMS, FDA, HRSA, IHS, NIH

4:30 PM Public Comment

5:00 PM **Votes**
MMRV vaccines Dr. Martin Kulldorff (ACIP Chair)
MMRV vaccines - VFC Dr. Jeanne Santoli (CDC/NCIRD)
Hepatitis B vaccines Dr. Martin Kulldorff (ACIP Chair)
Hepatitis B vaccines – VFC Dr. Jeanne Santoli (CDC/NCIRD)

Friday, September 19, 2025

8:30 AM **Welcome and Roll Call** Dr. Martin Kulldorff (ACIP Chair)
Dr. Mina Zadeh (ACIP Executive Secretary, CDC)

8:45 AM **COVID-19 Vaccines**
Introduction Dr. Retsef Levi (ACIP WG Chair)
COVID-19 epidemiology update Dr. Arjun Srinivasan (CDC/NCIRD)
Updates to 2024-2025 COVID-19 Implementation Dr. Arjun Srinivasan (CDC/NCIRD)
Considerations
COVID-19 vaccine effectiveness update Dr. Arjun Srinivasan (CDC/NCIRD)
COVID-19 vaccine safety update Dr. John Su (CDC/NCEZID)
Additional COVID-19 vaccine safety presentations TBD

11:30 AM **Lunch**

12:00 PM **COVID-19 Vaccines (continued)**
Economic analysis of COVID-19 vaccination Dr. Arjun Srinivasan (CDC/NCIRD) on behalf of the University of Michigan
COVID-19 Vaccine Manufacturer updates TBD
COVID-19 Discussion Framing Dr. Retsef Levi (ACIP WG Chair)
Proposed recommendations and discussion Dr. Retsef Levi (ACIP WG Chair)

1:40 PM **Break**

1:45 PM Public Comment

2:15 PM **Votes**
COVID-19 Vaccines Dr. Retsef Levi (ACIP WG Chair)

3:00 PM **Adjourn**

ACP is also working to develop our own recommendations

ACP's recommendations for the 2025-2026 influenza season:

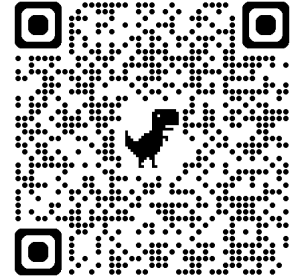
- ACP supports the CDC's 2025 immunization recommendations, as published in *Annals of Internal Medicine* on April 15, 2025 (<https://www.acpjournals.org/doi/10.7326/ANNALS-25-01576>).

When will ACP's clinical recommendations for influenza, COVID-19 and RSV be ready?


- ACP's Population Health & Medical Science Committee is in the process of developing clinical immunization recommendations for influenza, COVID-19 and RSV.
- The recommendations will be developed sequentially, with influenza addressed first.
- Upon approval, ACP submits clinical recommendations to our peer-reviewed medical journal, *Annals of Internal Medicine*, for publication.
- The date of that publication is up to the journal, but it's hoped that ACP clinical recommendations for influenza will be released in September, with COVID-19 and RSV recommendations being released in the months following.

NEW Toolkit for ACP Chapters re: Access to Vaccines



[HOME](#) > [ADVOCACY](#) > [STATE HEALTH POLICY](#) > [TOOLKIT: PROTECTING ACCESS TO VACCINES](#) > [PROTECTING ACCESS TO VACCINES - ACTIONABLE MATERIALS](#)



Protecting Access to Vaccines - Actionable Materials

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 if your state is considering changing vaccine policy, support with engaging media through statements and op-eds, and help strategize about how to respond.

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

- ACP has published [several resources](#) to support physicians and their clinical teams to better understand their adult vaccination rates and strategies to improve it and support the welfare of their patients—and their communities.
- [Review this map](#)  to see vaccine exemption laws in your state.
- Use the “Election Center” feature on [ACP’s Legislative Action Center](#)  to look up and contact your elected officials about this issue.

Advocacy for Vaccine Insurance Coverage

AHIP Statement on Vaccine Coverage

Press Release

Blue Cross and Blue Shield Companies Statement on Vaccines

SEPTEMBER 17, 2025

PUBLISHED SEP 16, 2025 • BY AHIP

WASHINGTON – AHIP released the

“Health plans are committed to making vaccine coverage decisions for immunizations based on scientific and clinical evidence, and

“Health plans will continue to cover all recommended immunizations as of September 1, 2025, including those with no cost-sharing for patients that

“While health plans continue to operate as program and customer requirements, immunizations will remain consistent...

WASHINGTON - Blue Cross and Blue Shield (BCBS) companies are committed to ensuring access to vaccines that protect individuals and communities from serious illness. The decision to receive a vaccine is made between patients and their health care providers and we remain committed to maintaining rigorous, evidence-based processes to evaluate coverage policies.

BCBS companies will continue covering all immunizations that were recommended by the Advisory Committee on Immunization Practices (ACIP) on January 1, 2025, with no cost-sharing through 2026, while operating within federal and state laws and meeting program and customer requirements.

Administration Actions Sow Distrust, Will Result in Poorer Health, & Increase Health Care Disparities

According to the 2024 population-based [study](#) of Michigan adults with confirmed COVID-19 infection, **higher medical mistrust was significantly associated with lower vaccine confidence and reduced vaccine uptake, particularly among non-Hispanic White individuals.**

The MAHA Report assigns blame to processed food, chemical exposure, and overmedication

40%

*of US children **have at least one chronic illness**, according to the MAHA report*



"There is something wrong and we will not stop until we defeat the chronic disease epidemic..."

President Trump, 5/22

IDENTIFIED CAUSES

The report identifies **four primary contributors** to rising chronic disease in children:

Ultra-processed foods (UPFs)



Finds that approximately 70% of the caloric intake of US children comes from UPFs, which it associates with obesity and nutrient deficiencies

Chemical exposure



Raises concerns over youth exposure to synthetic chemicals (e.g., pesticides, plastics) and suggests these may be linked to developmental and chronic health risks

Sedentary, tech-driven lifestyles



Reports that teens average ~9 hours of non-school screen time daily; 4/5 don't meet physical activity or sleep guidelines

Overmedicalization



Claims that increased prescription rates for ADHD medications, antidepressants, and antipsychotics have not produced long-term health benefits and contribute to overmedication

Trump pushes unproven medical advice around Tylenol and vaccines

The president posted to social media Friday echoing advice from earlier in the week that is contrary to most medical guidance.



— President Donald Trump speaks to members of the media Friday as he departs the White House. Kevin Dietsch / Getty Images

President Trump Drug Pricing Announcement – 9/30/25

SHOTS - HEALTH NEWS

President announces TrumpRx website for drugs, and pricing deal with Pfizer

SEPTEMBER 30, 2025 · 6:55 PM ET

By Sydney Lupkin



Mehmet Oz, administrator of the Centers for Medicare & Medicaid Services, (from left), Albert Bourla, CEO of Pfizer, President Trump, and Martin Makary, commissioner of the Food and Drug Administration, discuss a drug price initiative in the Oval Office Tuesday.

Francis Chung/Balatico/Bloomberg via Getty Images

[HOME](#) > [ACP NEWSROOM](#) > [ACP SAYS ADMINISTRATION'S MOVE TO LOWER PRESCRIPTION DRUG PRICES IS A STEP IN THE RIGHT DIRECTION](#)

ACP Says Administration's Move to Lower Prescription Drug Prices is a Step in the Right Direction

Statement attributable to:

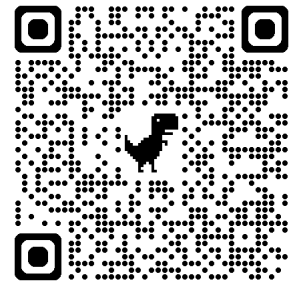
Jason M. Goldman, MD, MACP

President, American College of Physicians

WASHINGTON, October 2, 2025—The American College of Physicians is encouraged by the Trump administration's announcement on Tuesday about a pricing deal with Pfizer to help to lower the cost of prescription drugs for Medicaid enrollees and others, part of which will include a new federal website. The high cost of prescription drugs is a barrier to our patients accessing the care they need. Prescription drugs can only ever be as effective as our patients' ability to access these treatments. Actions that lower the cost of vital treatments are crucial to ensuring the health of the American public. The administration's focus on this issue is critical to our patients, and we urge them to ensure that the promise of Tuesday's announcement translates into savings for the American public.



2026 Physician Fee Schedule Proposed Rule



There will now be two conversion factors due to MACRA – one for qualified APM participants and one for those that are not QPs:

- **APMs:** \$33.5875, an increase from \$32.3465, which reflects:
 - a permanent 0.75 percent update,
 - a temporary 2.5 percent update (from HR1), and
 - a .55 percent budget neutrality adjustment and applies to Medicare payments to QPs in advanced APMs (due to misvalued code changes and efficiency adjustment)
- **Non-APM:** \$33.4209, an increase from \$32.3465, which reflects:
 - a permanent 0.25 percent update,
 - a temporary 2.5 percent update, and
 - a .55 percent budget neutrality adjustment and applies to Medicare payments to all physicians who are not QPs, including Merit-based Incentive Payment System (MIPS) eligible clinicians.

2026 Physician Fee Schedule Proposed Rule – Efficiency Adjustment



Using a sum of the past five years of the Medicare Economic Index (MEI) productivity adjustment percentage to calculate this efficiency adjustment.

Proposed efficiency adjustment is -2.5% to work RVUs for CY 2026.

EA applies to ALL non-time-based services that are expected to achieve efficiencies over time

EA does NOT apply to E/M codes, care management services, behavioral health services, services on the CMS telehealth list, and maternity codes with a global period of MMM.

This new efficiency adjustment impacts most surgical specialties, radiology and pathology by reducing their overall payment by 1 percent

2026 Physician Fee Schedule Proposed Rule – Not Using AMA’s Physician Practice Information Survey



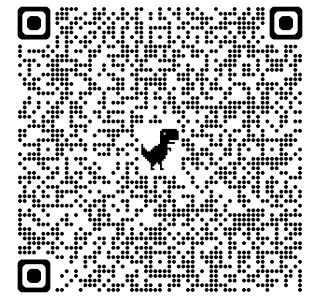
“We appreciate the AMA’s PPI and CPI Survey data collection efforts, and recognize the significant costs incurred to collect the data.”

However, CMS’ review of the new data raises substantive concerns about their accuracy, utility, and suitability as an immediate replacement for the current PE/HR data.

INSTEAD: For the facility setting under the PFS, proposing to reduce the portion of the facility PE RVUs allocated based on work RVUs to half the amount allocated to non-facility PE RVUs.

For several kinds of PFS services, they are proposing to deviate from the use of the AMA survey data, and instead utilize data from auditable, routinely updated hospital data

ACP Comments on 2026 Proposed Medicare Physician Fee Schedule



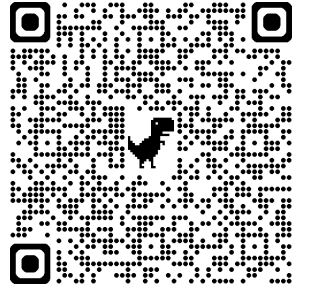
Efficiency Adjustment

- Support Overall
- Apply the proposed efficiency adjustment on a one-year basis, followed by a reassessment in consultation with clinicians and the health care community
- Exclude low-volume services from this initial year of implementation

Determination of Practice Expense RVUs

- Support overall
- Exclude inpatient E/Ms from this reduction
- Expressed concern that certain specialties face disproportionate impacts under the proposed changes, such as Infectious Disease, Rheumatology, and Gastroenterology
- Evaluate and mitigate the impact by phasing in the adjustment (likely over several years), given it's a significant change and the potential for unintended consequences,

2026 Physician Fee Schedule Proposed Rule



Proposals to explore how AI and other technologies can improve efficiencies and transform physician practices

A proposal to create optional add-on codes for Advanced Primary Care Management (APCM) services that would facilitate Behavioral Health Initiatives or Collaborate Care Model services.

Revisions to the APCM services to potentially include coverage of preventive services. This would potentially eliminate cost-sharing for patients.

Streamlining how services are added to the Medicare telehealth list by removing the distinction between provisional and permanent.

Proposing a new Ambulatory Specialty Model (ASM), a mandatory payment model focused on specialty care for beneficiaries with heart failure and low back pain

Proposing to remove coverage of the screening for Social Determinants of Health.

ACP Comments on 2026 Proposed Medicare Physician Fee Schedule (cont)

Telehealth Services

- Support the removal of the permanent and provisional designations
- Support proposal to permanently adopt a definition of direct supervision that allows “immediate availability” of the supervising practitioner through audio/video real-time communications technology, excluding audio only

Advanced Primary Care Management Services (APCM)

- Support adding select behavioral health services, including collaborative care model services, behavioral health integration services, and care navigation services, to the list of assignable primary care services under APCM.
- Strongly support CMS’s willingness to reassess the current cost-sharing requirements for APCM, as several APCM components align closely with existing Medicare-covered preventive services.

Congressional Activity



WHAT'S IN REPUBLICANS' MEGABILL?



Congress passed Budget Bill – Key Changes for Health Care

**STRICTER WORK
REQUIREMENTS**



**FUNDING FOR RURAL
HEALTH**



**STEEPER CUTS TO
PROVIDER TAX
RATES**



POTENTIAL IMPACTS



Over \$1 trillion in cuts to Medicaid, Medicare, and ACA by 2034



Provider tax limits reduce Medicaid payments



11.8 million more uninsured by 2034



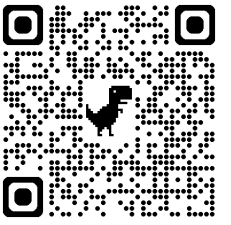
Rural facility gaps despite funding support



Eligibility and reenrollment paperwork could cause disenrollment



Copays may increase Medicaid patient costs



Impact of HR 1 OBBA Act on New York

In New York, the state estimates 1.3 million residents will lose Medicaid coverage due to new eligibility and verification hurdles.

Hospital Losses: \$8 billion annually to New York hospitals and health systems is the projection from the health care industry

300,000 NY households will lose some or all SNAP benefits, averaging \$220 per month per household.

Student Loan Changes

**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

Student Loan Changes (cont)

Changes Student Loan Repayment Options: The final version of the bill states that all borrowers are required to be under one of the following repayment plans by July 1, 2028:

- **The new Repayment Assistance Plan (RAP):** [The RAP](#) allows borrowers to pay 1% to 10% of their incomes, with a minimum payment of \$10. Borrowers are in repayment for 30 years.
- **Income-Based Repayment (IBR):** The IBR plan is an existing plan; borrowers pay 10% of their discretionary income, with a repayment term of 20 years.
- **Standard Repayment:** Standard repayment is the default repayment plan. Borrowers make payments over 10 years in fixed monthly installments.
- The bill officially kills the Graduate PLUS loan program, Saving on a Valuable Education (SAVE), Pay As You Earn (PAYE), Revised Pay As You Earn (REPAYE), and Income-Contingent Repayment (ICR).



August 26, 2025

The Honorable Linda McMahon
Secretary
U.S. Department of Education

While one of the intents of the One Big Beautiful Bill Act (OBBA) loan provisions was to encourage institutions to reduce tuition rates, any such effect will take years to materialize, if at all. In the immediate term, the elimination of the Graduate PLUS Loan program and new borrowing caps will push students toward private loans that often carry higher, market-driven interest rates and lack the critical borrower protections available in federal loan programs. This shift risks discouraging qualified applicants from pursuing medical education, exacerbating projected physician shortages. **We therefore urge that medical education be granted a carveout, recognizing both the unique role physicians play in society and the substantial educational investment required to care for those most in need.**

September 16, 2025

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Avenue SW, 5th Floor
Washington, DC 20202

Re: Docket ID ED-2025-OPE-0016, Public Service Loan Forgiveness (PSLF) program

Dear Secretary McMahon:

Concerns with the Proposed Rule

The proposed definition of “qualifying employer” excludes organizations engaged in activities with a “substantial illegal purpose.” While we recognize the Department’s interest in protecting program integrity, the proposed language is overly broad and could have unintended consequences for physicians serving in nonprofit hospitals, clinics, academic centers, and community health organizations.

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.

The Trump administration imposed a \$100,000 fee on new H-1B applications

CHANGES TO THE H-1B VISA



- On September 22, 2025, the Trump Administration announced a **\$100,000 fee** on H-1B visa applications to encourage domestic hiring
- The fee will apply exclusively to **new H-1B** applicants, not to existing visa holders or renewals, and will take effect with the next lottery cycle in **March 2026**

IMPLICATIONS AND IMPACTS



Shift of jobs overseas

Rather than paying the steep U.S. visa fee, countries may relocate positions or expand offshore hubs in lower-wage countries like India



Talent shortages in key sectors

Tech, healthcare, and education employers could struggle to fill critical roles as access to skilled foreign workers becomes more limited



Increased barriers for startups and smaller firms

Unlike large corporations, smaller businesses may struggle to absorb the new costs, reducing their ability to compete for top global talent

CORPORATE CONFUSION

Trump's sudden H-1B fee rollout caused confusion over its scope, prompting panic among tech firms and visa holders



“ Hire Americans and make sure the people coming in are the top, top people. Stop the nonsense.”

- Howard Lutnick, U.S. Commerce Secretary

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September 25, 20

September 25, 2025

The Hon
Secretar
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Washing

The Honorable K
Secretary
U.S. Department
2707 Martin L. K
Washington, DC :

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
Washington, DC 20528

Dear Se

Dear Secretary N

Re: Docket ICEB-2025-0001, Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media

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Dear Secretary Noem,

The American College of Physicians (ACP) offers the following comments on Proposed Rule, Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media. As explained in more detail below, ACP believes that applying this rule to physicians would cause serious harm to medical care in the United States, is unnecessary, and should be modified to expressly exclude physicians.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. 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.

We strongly oppose the proposed rule that would replace the long-standing "duration of status" policy with a fixed end date for certain categories of nonimmigrants. We urge you to exempt physicians in the Department of State's (DOS) Exchange Visitor Program on J-1 visas from this change, as failing to do so could have significant negative consequences for the U.S. healthcare system.

Government Shutdown!

Something med school did not cover

Someone's daughter, someone's
mother

Holds your hand through plastic now

"Doc, I think she's crashing out"

-Taylor Swift, Epiphany



Shutdown Impact on Health and Human Services

59% of HHS staff will be retained – and are broken into two categories: (1) authorized by law; and (2) safety of human life and protection of property.

HHS can use mandatory funding, previously appropriated supplemental funding (e.g., COVID-19 funds), advance appropriations, carryover balances, and user fees during a shutdown.

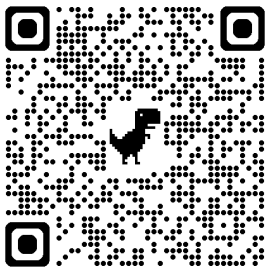
No new discretionary grants are awarded during a shutdown

On September 24, 2025, OMB Director Russ Vought released a memo that directed agencies to create a list of reduction in force (RIF) layoffs for employees whose activities are unfunded in a government shutdown

The memo states that RIF notices could go to employees in programs, projects, or activities (PPA) that satisfy all three of the following conditions:

- Discretionary funding lapses on October 1, 2025;
- Another source of funding is not available;
- The PPA is not consistent with the President's priorities.

Under the new HHS contingency plans, 32,460 employees (nearly 41% of the Department) are expected to be furloughed and therefore could be at risk of being RIFed under OMB's guidance.



What Practices Can Do Now

With the expiration of these flexibilities, practices should take immediate steps to adapt:

Decide on your telehealth strategy:

- Continue to offer telehealth without Medicare reimbursement (if clinically appropriate and financially sustainable)
- Allow existing appointments to proceed, but stop scheduling new telehealth appointments
- Allow existing appointments through a defined transition period, then cancel all future visits after a specific date (e.g., cancel all telehealth appointments after October 15th)
- Immediately cancel affected telehealth visits

Review patient coverage: For dual-eligible patients, verify whether your state's Medicaid will continue covering the services needed via telehealth.

Update patient communications explaining upcoming changes to telehealth offerings: Draft and distribute clear patient messaging that explains changes to telehealth availability, payment, and scheduling.

Adjust operations: Reevaluate scheduling workflows, billing practices, and technology investments to align with the reinstated requirements.

Private Payer Activity

Downcoding by Private Payers

September 12, 2025

Peter J. Nelson, JD
Deputy Administrator & Director
Center for Consumer Information
Centers for Medicare & Medicaid Services

Dear Deputy Administrator,

The undersigned physician organizations representing Emergency Management (E/M) services are concerned about your recent reimbursement policy to reduce reimbursement for E/M services with codes 99244-99245. We have seen reports that the American Medical Association (AMA) is not providing reimbursement when AMAs are not. We have seen reports that you have already begun implement

We are concerned about the impact of this policy until medical records are reviewed and the time associated with the adjustment determination process. The downcoding of E/M charges and questions raise many concerns.

Our organizations are concerned that this policy is a barrier to patients' access to care. This policy raises several issues regarding reimbursement that lead to under-coding to avoid reimbursement for E/M visits such as the decrease in reimbursement for services not reimbursed appropriately.

We thank you for your attention to this issue and for your oversight while ensuring proper reimbursement. We would like to reach out to Lori Shoaf, Director of Policy, regarding this issue further.

Sincerely,

American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology
American Association of Neurological Surgeons
American Association of Oral & Maxillofacial Surgeons
American Association of Orthopaedic Surgeons
American College of Emergency Physicians
American College of Obstetricians and Gynecologists

Cigna agrees to pause controversial downcoding policy

Newsroom

October 01, 2025

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WHAT YOU NEED TO KNOW: Cigna has agreed to pause implementation of its new automatic downcoding policy pending review by DMHC, following CMA's inquiry. CMA is seeking clarification on which Cigna products the pause applies to and continues to press for full withdrawal of the policy.

Taylor Swift - Change

And it's a sad picture, the final blow hits you

Somebody else gets what you wanted again
and

You know it's all the same, another time and
place

Repeating history and you're getting sick of
it

But I believe in whatever you do

And I'll do anything to see it through

Because these things will change

Can you feel it now?

These walls that they put up to hold us
back will fall down

It's a revolution, the time will come

For us to finally win

And we'll sing hallelujah, we'll sing
hallelujah

Questions

