THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA FAMILY PHYSICIAN

Fall 2026 – MONTANAAFP.ORG

In This Issue:

Embracing our Legacy. *Empowering* Provider Well-Being. *Prioritizing* Quality Outcomes.

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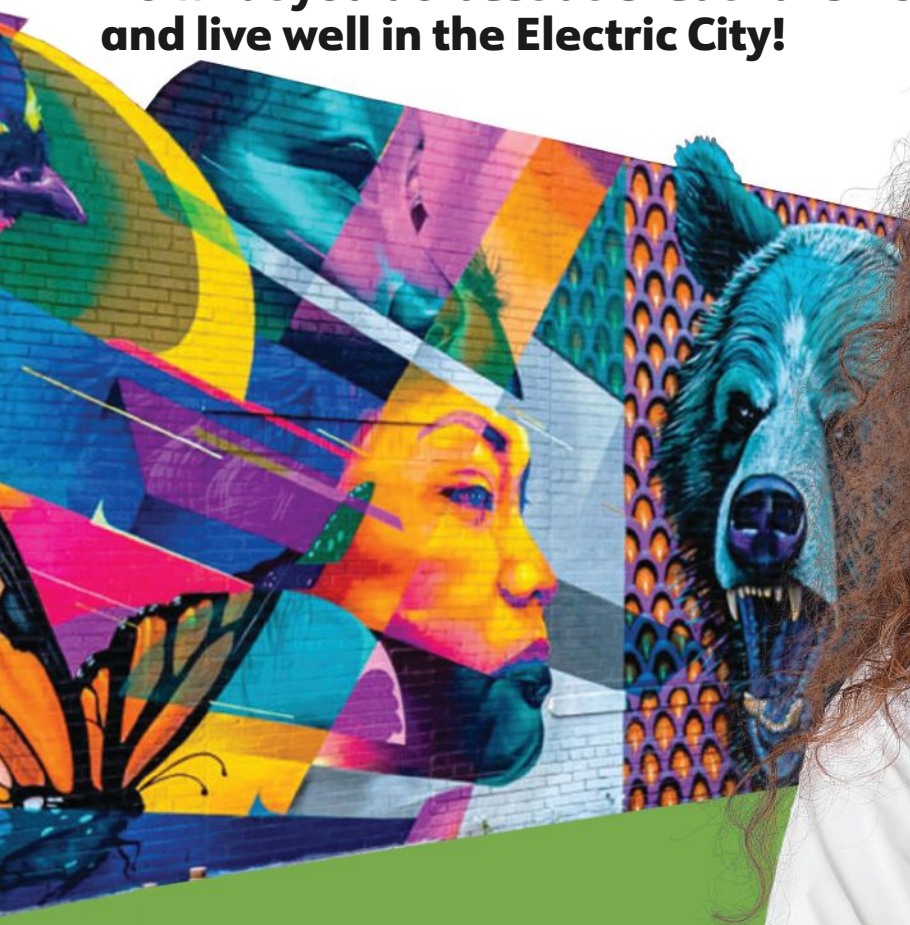

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MONTANA ACADEMY OF FAMILY PHYSICIANS

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*The **Montana Family Physician** is printed, addressed, and mailed to every family physician, resident, and medical student in Montana as well as all 50 other state chapters.*

On the Cover:
Walking Bridge over Whitefish River at Riverside park in Whitefish Montana

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Edition 30

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EDITION 30

MAFP President's Message

Katrina Maher, M.D.
2025/2026 MAFP
President

Greetings, MAFP colleagues!

They say history repeats itself, and apparently, so do MAFP Presidents. Yes, you read that right—I am back for a second year! I can only assume my first term went so well that you couldn't bear to see me go, or perhaps everyone else was suddenly "on call" when the nominations opened. Either way, I am deeply honored to serve our academy for another year, and I promise to keep trying to get it right.

As I stepped into this second term, I couldn't help but reflect on milestones. This year marks a monumental one for our country: the 250th anniversary of the United States declaring independence. A semiquincentennial is a perfect excuse to look back at where we started, and as family physicians, it is absolutely mind-boggling to see how far our profession has come since 1776.

If we were practicing in Montana back then (granted, it wouldn't become a state for another century, but bear with me), our clinic days would look terrifyingly different. In 1776, communities were regularly devastated by smallpox, yellow fever, and cholera. Our medical toolkit? Bloodletting and mercury. If you needed a surgical consult, you didn't look for the most meticulous surgeon; you looked for the fastest one, because anesthesia didn't exist. While early physicians were experts at setting bones, delivering babies, and offering bedside comfort, they were fighting an invisible enemy, entirely lacking an understanding of infection.

When you look at the timeline of how we got from there to here, the acceleration of medical science is staggering:

- **1796:** Edward Jenner develops the first smallpox vaccine using cowpox.
- **1846:** Fifty years after Humphry Davy noted the anesthetic properties of nitrous oxide, William T. Morton and John Collins Warren perform the first painless surgery.
- **1847:** Ignaz Semmelweis introduces the radical, heavily criticized concept of mandatory handwashing to prevent childbed fever.
- **1860s–1880s:** Louis Pasteur and Robert Koch establish the Germ Theory of Disease, finally proving that microorganisms cause infections, paving the way for vaccines against cholera, rabies, and anthrax.

By the time the 20th century rolled around, the momentum exploded. We saw the introduction of the EKG and X-rays, the development of vaccines for pertussis and tuberculosis, the miracle of penicillin, and the isolation of insulin. We mapped DNA in 1953, and by 1967, Christiaan Barnard performed the first successful heart transplant.

Presentation of Past President award by Dr Janice Gomersall to Dr. Katrina Maher who will be our President again this year;

Today, we practice in a world that would look like magic to our 1776 counterparts. The human genome is mapped. We are standing on the frontier of personalized medicine driven by precise genetic engineering like CRISPR. Where past generations waited days or weeks for answers—or simply had to guess—we can now provide definitive diagnostics within minutes to hours.

Yet, amid this dizzying evolution, one truth remains entirely unchanged since 1776: **the core of medicine is the relationship between the physician and the patient.**

While we have CRISPR and rapid labs, we still rely heavily on our fundamental observational skills. We still listen. We still look at the whole patient, their family, and their community. That is the beautiful burden of being a family physician. We are the bridge between the incredible, fast-paced march of medical science and the deeply human need for compassionate, local care.

As we move through this historic year, I want to thank each of you for your dedication to our patients across Montana. We will continue to see medicine change at a breakneck pace, but I am confident that the heart of what we do will remain steadfast.

Here's to another great year of learning, adapting, and growing together.

Warmly,

Katrina Maher
President, Montana Academy of Family Physicians

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Susan Swanz, *Indian Health Service, Billings Area (MONTANA) Health Professions Recruiter*

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Dr. Susan Gallo is Montana AFP Dennis Salisbury Physician of the year for 2025

Dr Susan Gallo being presented with the 2025 Dennis Salisbury Family Physician of the year award by Dr Heidi Duncan. Dr. Gallo was unable to attend the MAFP summer meeting in 2025 so the presentation was at our 2026 summer meeting.

MONTANA ACADEMY OF FAMILY PHYSICIANS

76th Annual

Meeting and Primary Care Conference of the Montana Academy of Family Physicians

June 10-11, 2027

Chico Hot Springs, Pray, MT

Register on line at: www.montanaafp.org

Application for CME credit has been filed with the AAFP. Determination of credit is pending

Dr. Maura Davenport is Montana AFP Dennis Salisbury Physician of the year for 2026

The Montana Academy of Family Physicians has selected Dr. Maura Davenport as the recipient of the 2026 Dennis Salisbury Family Physician of the Year Award.

Since joining Madison Valley Medical Center in 2014, Dr. Davenport has become a trusted physician, leader, mentor, and advocate for rural healthcare. She currently serves as Chief Medical Officer while continuing her work as a family medicine physician, providing comprehensive care that spans clinic, hospital, emergency, and community settings.

Colleagues, students, staff, and patients who supported her nomination described a physician whose compassion, expertise, and commitment consistently go beyond expectations. Nomination letters highlighted her ability to make patients feel heard, respected, and cared for while delivering individualized, high-quality medical care. Her peers also praised her leadership during challenging periods, including staffing shortages and the COVID-19 pandemic, as well as her dedication to strengthening healthcare services in rural Montana.

In addition to her clinical and administrative responsibilities, Dr. Davenport is widely recognized for her passion for teaching and mentorship. She serves as a clinical preceptor for medical students, physician assistant students, residents, and nurse practitioner students, helping train the next generation of rural healthcare providers. Many former learners credited her guidance, encouragement, and example as instrumental in shaping their careers.

Her influence extends beyond the walls of the medical center. Through community engagement, education initiatives, emergency medical service leadership, and long-standing service to patients and families throughout the Madison Valley, Dr. Davenport has left a lasting impact on the people she serves. Nomination letters repeatedly emphasized her unwavering dedication, kindness, professionalism, and commitment to patient-centered care.

This prestigious recognition reflects not only Dr. Davenport's outstanding achievements in medicine but also the profound difference she makes in the lives of her patients, colleagues, students, and community members every day.

Advancing Primary Care:

Highlights from the 2026 Family Medicine Advocacy Summit

Did you know?

A record-breaking 353 family physicians, residents and students from more than 40 states and the District of Columbia gathered in Washington, D.C., this month for the Family Medicine Advocacy Summit.

The 2026 Family Medicine Advocacy Summit captured the spirit and significance of one of the nation's leading advocacy events for primary care. The 2026 Family Medicine Advocacy Summit (FMAS), hosted by the American Academy of Family Physicians (AAFP), brought together a diverse network of family physicians, residents, students, and health care advocates with a shared mission: shaping the future of health care policy in the United States. Montana was well represented by Katrina Maher, M.D., Helena, Janice Gomersall, M.D., Missoula, and William Hong, M.D., a resident from the Montana Family Medicine Residency in Billings.

Held over three dynamic days in Washington, D.C., the summit offered participants a unique opportunity to engage directly with their respective national congressional representatives, develop advocacy skills, and collaborate with peers from across the country. The event was both educational and action-oriented, ensuring that attendees leave not only informed but empowered to advocate effectively for their patients and communities.

A Platform for Advocacy and Leadership

At its core, FMAS serves as a bridge between frontline medical professionals and federal policymakers. Attendees bring firsthand insights from their clinical experiences to Capitol Hill, emphasizing the realities patients and physicians face daily. This direct engagement underscores the importance of physician voices in shaping legislation and highlights the growing need for policies that support accessible, patient-centered care.

Participants also benefited from a wide range of programming designed to enhance their advocacy capabilities. From policy briefings to skill-building sessions, the summit equips attendees with the tools and confidence needed to engage in meaningful conversations with lawmakers and stakeholders.

Key Policy Priorities for 2026

Central to FMAS are the policy priorities that guide discussions and advocacy efforts. In 2026, these priorities focused on reducing barriers to care, strengthening the physician workforce, and ensuring timely access to essential services.

One major area of focus was improving care for patients with chronic conditions. Through advocacy for the Chronic Care Management Improvement Act (H.R. 8261), attendees highlighted the challenges posed by Medicare cost-sharing requirements, which can limit access to ongoing care management services. By advocating for reforms, participants aim to promote more proactive, team-based care for Medicare beneficiaries.

Another critical issue was addressing physician shortages, particularly in rural and underserved communities. Support for the H-1B Visas for Physicians and Healthcare Workers Act (H.R. 7961) reflects a commitment to expanding access to care by enabling internationally trained physicians to practice in areas with the greatest need.

Additionally, the summit emphasized the need for greater transparency and accountability within Medicare Advantage programs. Advocacy efforts surrounding the Medicare Advantage Improvement Act (S. 4384 / H.R. 8375) focused on reducing administrative burdens and eliminating barriers such as prior authorization requirements that can delay necessary care.

Preparing Advocates for Impact

To ensure participants were well-prepared for their meetings on Capitol Hill, FMAS provided comprehensive resources, including policy briefs, talking points and digital tools. These materials enabled attendees to communicate clearly and effectively about complex policy issues, maximizing the impact of their advocacy efforts.

Whether attending for the first time or returning as a seasoned advocate, participants were guided through a structured experience that emphasized preparation, collaboration, and action.

Strengthening the Future of Family Medicine

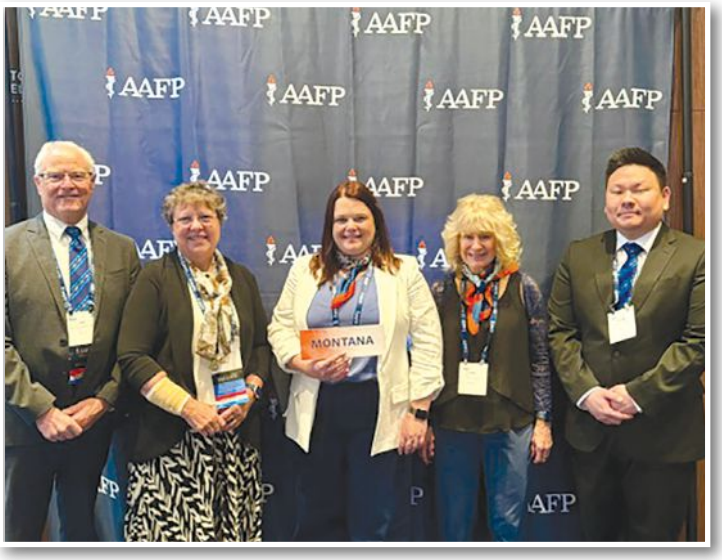
The 2026 Family Medicine Advocacy Summit stands as a powerful reminder of the collective voice of family medicine. By uniting clinicians, trainees, and advocates, FMAS fosters a shared commitment to improving health outcomes and strengthening the nation's primary care system.

As health care continues to evolve, forums like FMAS play a critical role in ensuring that policies reflect the needs of both patients and providers. Through education, collaboration, and direct engagement with policymakers, attendees help drive meaningful change—advancing a vision of health care that is accessible, equitable, and sustainable for all.

FMAS Experience

William Hong, MD
Lead Resident, Montana Family Medicine Residency
Class of 2026

I am so grateful for the opportunity to attend this year's AAFP Family Medicine Advocacy Summit (FMAS) as a resident representative from the Montana AFP chapter. This year's FMAS provided amazing opportunities to learn about effective ways to advocate on behalf of patients at local, state and national levels and allowed me to meet many family medicine colleagues across the nation who were passionate about advocacy and reducing barriers to care for their patients. Listening to their stories and wisdom gained was truly eye opening and allowed me to reflect on my experiences caring for patients who have been affected by these issues. I will never forget the advice shared by Dr. Renee Crichlow, a family medicine physician currently based in Massachusetts who previously practiced in Montana as a faculty physician at my residency program. She shared that effective advocacy is a matter of "story, data, then ask" and highlighted the importance of using our voices as physicians to highlight the experiences of our patients in a tangible way to their representatives.



Montana delegation to FMAS: Jeff Zavala, Janice Gomersall, Katrina Maher, Linda Edquest and William Hong,.

Photo with Senator Sheehy: Dr Jeff Zavala, Dr William Hong, Senator Tim Sheehy, Dr Janice Gomersall, Dr Katrina Maher and Linda Edquest.

This year, the Montana AFP delegation met with our state senators and representatives and their staff members to raise awareness on three important bills related to reducing prior authorization barriers for patients on Medicare Advantage plans, improving access to chronic care management services and eliminating H1B visa requirements that could jeopardize our future physician workforce. It was a privilege to be part of a team that highlighted how these issues are directly affecting patient care, GME training and physician recruitment in Montana. In particular, I learned first hand how residents such as myself and medical students, who are the next generation of physicians for our communities, can garner the attention of our representatives and play an important role in advocating for positive changes in patient care and medical education.

As a result of caring for many rural and underserved patients across Montana throughout my training and learning how their care has been affected by recent health care policy changes, I have been developing an increased appreciation for healthcare advocacy. This year's FMAS raised my interests in advocacy to a new level. Gaining a first hand look into the efforts of physicians to advocate on behalf of patients, the challenges and rewards associated with advocacy, the importance of partnerships and the power of our voices has inspired me to continue remaining active with state AFP chapters and the AAFP nationally and always think about how I can use my voice and expertise to serve my patients and community beyond the clinic room or hospital bed. I highly encourage other students and residents to consider attending FMAS and learn more about how advocacy can be a positive and meaningful aspect of a physician's career.

AAFP's 2026 Clinics to Congress August Recess Advocacy Campaign is Launching Soon

Family physicians, residents and students are invited to take action while members of Congress are back home in their states and districts.

Members can complete a Speak Out, share a story, post on social media, attend a local event, meet with a lawmaker and participate in AAFP's first-ever **August Recess Advocacy Challenge**.

The challenge includes 20 advocacy activities, points, a leaderboard and prizes. It works through a browser on Android devices, iPhones, tablets and desktop computers—no app download required.

Take the challenge:
https://aafp-august-recess-advocacy-challenge.netlify.app

Explore campaign resources:
https://www.aafp.org/get-involved/advocacy/continuing-advocacy-at-home

Register for the July 29 kickoff meeting:
https://events.teams.microsoft.com/event/391ed71f-9221-4c3f-bcef-fda16a99c3aa@06fb3818-2119-4777-9cbb-b35c1bff4059

You do not have to be an Advocacy Ambassador to participate. Every action helps strengthen the voice of family medicine.

Family Medicine Residency of Western Montana Celebrates the Class of 2026

The Family Medicine Residency of Western Montana (FMRWM) is proud to congratulate the Class of 2026 on their graduation!

This marks the **11th graduating class** since the residency program was established in 2013. Over the past 13 years, FMRWM has graduated **107 family medicine physicians**. Of those graduates, **67 initially entered rural practice**, and **59 are currently practicing in Montana**. We are proud to continue supporting and strengthening the rural healthcare workforce serving Montana's rural and underserved communities.

FMRMW Class of 2026:

Missoula:

Chiara Lawrence, MD
Partnership Health Center
Seeley Lake, MT

Annalise Mann, DO
Heart of the Rockies Regional Medical Center
Fairplay, CO

Christine Oja, MD
Full Circle Health Obstetrics Fellowship
Boise, ID

Cecilia Powers, MD
Tacoma Family Medicine Obstetrics Fellowship
Tacoma, WA

Talia Sopp, MD
Clark Fork Valley Hospital
Plains, MT

Cassandra Wammen, MD
Johns Hopkins Psychiatry Residency
Baltimore, MD

Alexis Ziebelman, MD
University of Utah Obstetrics Fellowship
Salt Lake City, UT

Kalispell:

Samantha Leadbetter, MD
Providence Seaside Clinic
Seaside, OR

Nicole Meier, DO
Family Medicine Residency of Western MT
Kalispell, MT *and*
Logan Health
Kalispell, MT

George Pope, DO
Logan Health
Kalispell, MT

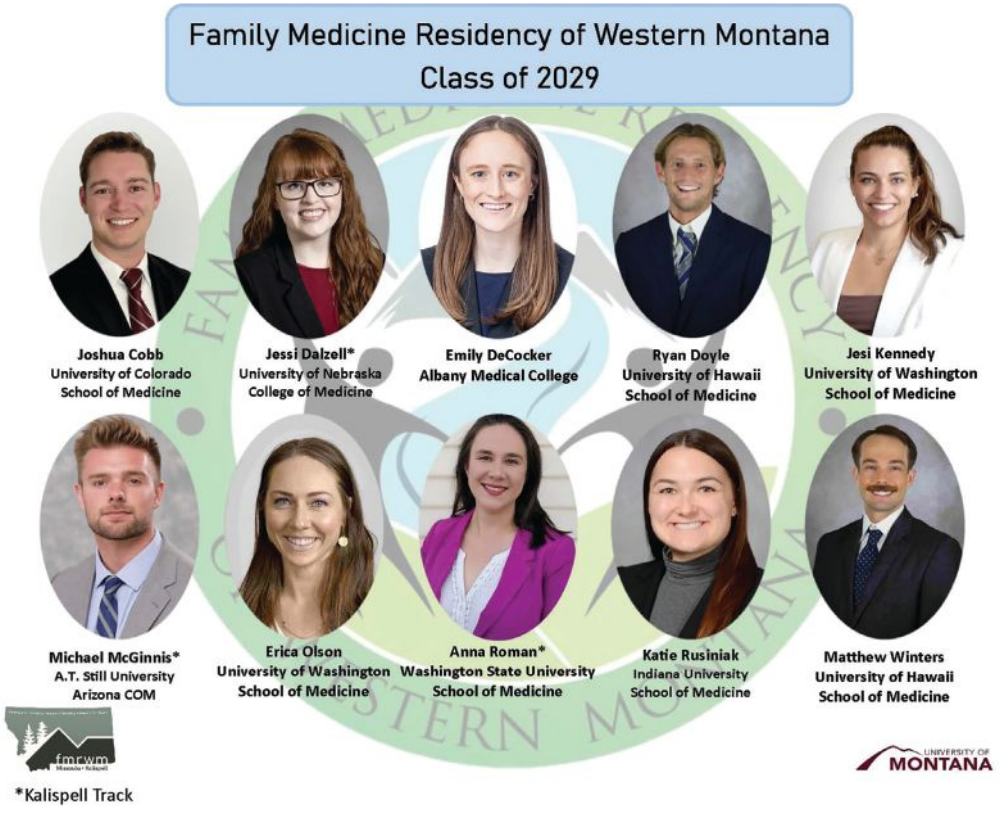
Welcome, Class of 2029!

We are also excited to welcome our newest resident physicians to FMRWM.

A few fun facts about the **Class of 2029**:

- 3 University of Montana alumni
- 1 Montana State University alumnus
- 1 Montana Tech alumnus
- 2 WWAMI graduates
- 7 interns who completed Sub-Internship (Sub-I) rotations with FMRWM

We are thrilled to welcome this talented group of future family physicians and look forward to seeing the positive impact they will make on healthcare across Montana.



Montana Family Medicine Residency

Class of 2029

Cheyanne Izon, DO
(shy-ANN eye-ZON)
Kansas Health Science University - Kansas College of Osteopathic Medicine

Baasil Khalil, MD
(Bah-Sill)
Aureus University School of Medicine

Matthew Kovach, MD
(MATH-yoo KOH-vak)
State University of New York Upstate Medical University

Melinda Lueders, DO
(muh-lin-duh loo-ders)
Edward Via College of Osteopathic Medicine - Carolinas Campus

Nagarajan Muthu, MD
(Nah-gah-RAH-jahn MOO-thoo)
American University of Antigua College of Medicine

Ashutosh Paudel, MD
(aa-SHOO-toh-sh)
KIST Medical College

Kevin Penn, MD
(Kev-in Pen)
University of Colorado School of Medicine

William "Mateo" Rogers, DO
(Ma te oh Rah jers)
Lincoln Memorial University - DeBusk College of Osteopathic Medicine

Rural Training Program

Miles City, MT

Jordan Baxter, MD
(JOR-dn Bax-ter)
University of Washington School of Medicine

Meggan Yancey, MD
(Meh-gan Yan-see)
University of New Mexico School of Medicine

Incoming PGY2

Maithili Chamanoor, MD
(My-Thi-Lee Cha-ma-noor)
Zhengzhou Medical University

UWSOM Montana Physicians Recognized for WRITE Excellence in Teaching and Mentorship Awards

Three Montana family physicians have been honored with the WRITE (WWAMI Rural Integrated Training Experience) "Excellence in Teaching" Award, recognizing their outstanding commitment to mentoring medical students and helping shape the next generation of rural physicians. The annual awards are based on nominations from students. WRITE is a longitudinally integrated clerkship that places TRUST students (Targeted Rural Underserved Track) in communities across the WWAMI region. Montana is home to a dozen such training sites: Anaconda, Butte, Dillon, Glasgow, Hamilton, Hardin, Lewistown, Livingston, Miles City, Plains, Ronan/Polson, and the newest addition, Red Lodge.

For the teaching award, nominators highlighted the physicians' dedication to teaching, patient care, leadership and community engagement. Together, these physician preceptors play a vital role in training future physicians. Through their mentorship, they are helping students develop the skills, confidence and community-focused perspective needed to serve patients across Montana and the WWAMI region. Montana TRUST provides the educational experiences necessary for medical students to choose rural- underserved-focused residencies. In Montana nearly 80% of graduating TRUST students select residency programs in specialties oriented to rural/underserved care: Family Medicine, Internal Medicine, Pediatrics, Med/Peds, Psychiatry, General Surgery and OB/Gyn. After completing residency, half of our TRUST scholars choose rural practice locations.

Dr. Carey Downey, Blacktail Health, Butte, UWSOM Dept. FM, Clinical Instructor

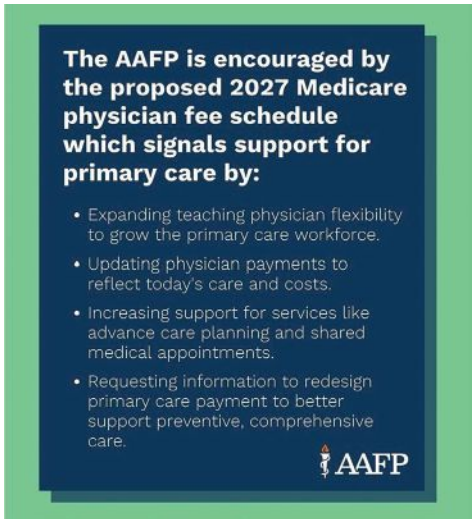
Dr. Michael Sura, Central Montana Medical Center, Lewistown, UWSOM Dept. FM, Clinical Associate Professor

Dr. Kaycee Gardner, Billings Clinic, Miles City, UWSOM Dept. FM, Clinical Assistant Professor

Issue 49, July 2026

Welcome to Family Medicine Advocacy Rounds — the American Academy of Family Physicians' monthly tip sheet to educate, engage and update you on the latest policy issues affecting family physicians and their patients.

AAFP Responds to 2027 Medicare Physician Fee Schedule Proposed Rule

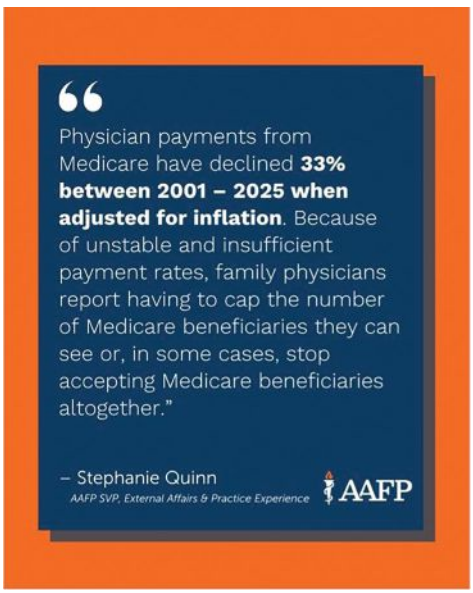


The 2027 Medicare physician fee schedule proposed rule is out, and the AAFP welcomes several provisions and is particularly encouraged that CMS is signaling better and continued support for primary care, and will:

- Expand the primary care exception, which would give teaching physicians more flexibility to supervise care, improve timely access and support the future primary care workforce.
- Continue to improve valuation of physician services by reexamining potentially
- misvalued codes and updating payment to better reflect today's care and costs.
- Expand payment for primary care-oriented services such as advance care planning and shared medical appointments.
- Request information on redesigning primary care payment under the fee schedule to better support preventive, comprehensive care.

The AAFP commends CMS and Congress for taking steps to ensure primary care practices can keep up with rising costs and meet patient needs. Read our full press statement here: https://www.aafp.org/media-center/press-releases/proposed-medicare-physician-fee-schedule-takes-important-steps-to-bolster-primary-care?sanity-preview-perspective=drafts

Patients First Act Signals More Support for Primary Care Payment



Why it matters: For years, family physicians have faced a growing challenge: providing comprehensive, longitudinal care within a Medicare payment system that has failed to keep pace with rising practice costs and the evolving needs of patients. The introduction of the Patients First Act marks an important milestone in the effort to address these roadblocks.

What we're working on: The AAFP issued a statement supporting bipartisan legislation from Reps. Kim Schrier, John Joyce and Greg Murphy that would incorporate several priorities long championed by AAFP and put payment reform in reach, including:

- A five-year pilot that would provide independent physician practices with predictable, per-member-per-month payments for primary care clinicians, helping move Medicare away from an outdated fee-for-service system that rewards volume over value.
- The pilot would create new opportunities to invest in primary care infrastructure, care coordination and patient outreach while giving physicians more time to spend with patients.
- A permanent, inflation-based physician payment update tied to the Medicare Economic Index will address a longstanding flaw in Medicare's physician payment system.
- The bill would implement long-overdue reforms to Medicare's budget neutrality requirements, as originally proposed in the Provider Reimbursement Stability Act.

"We applaud Representatives Joyce, Schrier and Murphy for their leadership in championing critical primary care payment reforms," said Stephanie Quinn, AAFP senior vice president for external affairs and practice experience. "Because Medicare's physician fee schedule influences payment rates across the health care system, these reforms have the potential to improve access to care for patients far beyond Medicare."

Read our full press release here: https://www.aafp.org/media-center/press-releases/new-legislation-signals-commitment-to-modernizing-primary-care-payment, along with a joint statement from the AAFP, the American Academy of Pediatrics, the American College of Physicians, the American Osteopathic Association and the American Psychiatric Association.

Leading Physician Groups Oppose Public Charge Rule

The AAFP, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American Osteopathic Association and the American Psychiatric Association opposed the administration's final public charge rule announced last week. The rule will deepen fear and uncertainty for immigrant families and lead to more confusion for patients—making it harder for physicians to keep families healthy.

"Health care works best when patients can trust their physicians and seek the care and services they need without fear. Policies that deter families from accessing care make children, pregnant patients, adults and entire communities less healthy," the group said. Read the full statement here: https://www.aafp.org/media-center/aafp-statements/leading-frontline-physician-groups-oppose-final-public-charge-rule

AAFP Comments on Proposed Changes to Federal Grant Rules

The AAFP submitted comments to the White House Office of Management and Budget (OMB) on proposed changes to the rules governing federal grants and other financial assistance. We expressed concern that the proposal would increase political influence over funding decisions and expand agencies' ability to terminate awards. The AAFP urged OMB to keep funding decisions grounded in scientific merit and expert review, limit grant terminations to cases of noncompliance or legal conflict and ensure nonprofit eligibility is based on an organization's ability to carry out a program, not its tax status.

AAFP Encouraged by PSLF Ruling

Every American deserves access to a family physician in their community. By ensuring student loan relief for those who work in public service, the Public Student Loan Forgiveness Program is a critical way we strengthen our health care system and close care gaps.

The AAFP is encouraged by a recent court decision to protect the Public Student Loan Forgiveness Program. Physicians, employers and borrowers who have historically had access to the program now remain fully eligible.

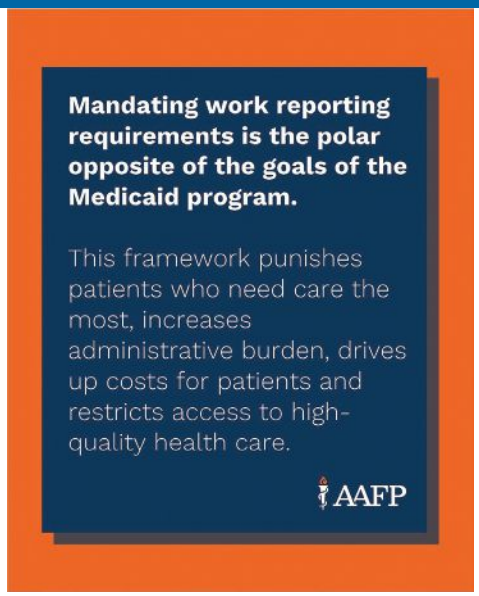
The AAFP strongly and repeatedly objected to the proposed rule and continued advocating against the final rule upon its release, particularly changes to the term "qualifying employer."

Family Physicians Oppose Medicaid Work Reporting Requirements

Why it matters: The Centers for Medicare and Medicaid Services (CMS) has issued an interim final rule implementing Medicaid work reporting requirements. The AAFP is deeply concerned that these requirements will result in massive coverage losses for eligible beneficiaries. When patients can access Medicaid, communities are healthier.

What we're working on:

- The AAFP responded to the rule and urged CMS to first and foremost revise and reissue this interim final rule to better align with the law, and the operational realities of states as they navigate compounding impacts to Medicaid from H.R.1. To further prevent eligible Medicaid enrollees from losing health coverage, the AAFP also recommended CMS:
  - Give states more flexibility to recognize additional forms of medical frailty.
  - Extend the allowance for self-attestation beyond 2027 when medical documentation is unavailable.
  - Remove unnecessary documentation and repeated verification requirements for patients with serious or complex medical conditions.
  - Preserve medical frailty protections for people in long-term recovery from substance use disorders.
  - Clarify that physicians' role is limited to providing clinical documentation, not determining Medicaid eligibility or exemptions.
  - Streamline state reporting requirements to reduce administrative burden while maintaining program oversight over critical metrics including disenrollment and medical frailty denials.



CMS Proposes New Limits on Medicaid Physician Payments

Why it matters: CMS has proposed a rule that would significantly limit how states use Medicaid state directed payments (SDPs) and targeted fee-for-service (FFS) payments to support physicians and other providers.

The proposal would cap many Medicaid payments at Medicare rates, phase down existing supplemental payments beginning in 2028, and impose new reporting and compliance requirements for states. Family physicians are concerned these changes could reduce state Medicaid financing flexibility, increase administrative burden for states and physicians and threaten access to care.

***What we're working on*:** The AAFP's recommendations aim to preserve access to care for Medicaid patients while avoiding unnecessary administrative burdens that could further strain physician practices and state Medicaid programs.

In recent letter, the AAFP urged CMS to:

- Limit the new SDP caps to the services specifically required by statute, rather than expanding them more broadly.
- Preserve states' ability to use uniform rate increases and other payment strategies that support access to care.
- Exempt Medicaid services without clear Medicare payment equivalents, such as maternal health, pediatric care and home- and community-based services.
- Provide states with more time to implement the changes and simplify reporting and compliance requirements.
- Maintain state flexibility to target FFS supplemental payments where physician shortages and access gaps exist, especially in primary care.
- Retain practical payment methodologies that are feasible for states and clinicians to administer.

House Health Subcommittee Advances AAFP-Supported Health Bills

In June, the House Energy & Commerce Health Subcommittee advanced several bills with bipartisan support that align with AAFP priorities on overdose prevention and Medicare Advantage reform. The AAFP sent a letter to Congress applauding the passage of the bills below:

- Combating the overdose crisis: The package includes the ALERT Communities Act (H.R. 1561) and HERO Act (H.R. 7994), which would expand access to drug-checking test strips and naloxone in schools to help prevent overdose deaths.
- Improving Medicare Advantage: The Subcommittee also advanced several

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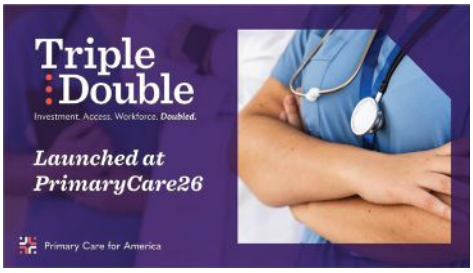
bills to increase transparency, strengthen oversight of MA plans and reduce administrative burdens such as prior authorization that can delay patient care, including:
  - Improving Seniors' Timely Access to Care Act (H.R. 3514)
  - Prior Authorization Accountability Act (H.R. 9396)
  - Premium Transparency Act (H.R. 9397)
  - Medicare Advantage Cost Transparency Act (H.R. 9392)
  - Transparency in Medicare Advantage Steering Act (H.R. 9395)
- The AAFP is urging the full Committee to advance these measures, which would improve access to care, support physicians and help patients make more informed health care decisions.

Triple Double Campaign Launches at PrimaryCare26



Americans are paying more for health care than ever before, yet too many still struggle to find a trusted primary care clinician, get timely appointments or manage chronic conditions before they become larger medical problems.

As the leading convener of primary care organizations, Primary Care for America hosted the launch of the Triple Double Campaign—a bold, national effort to strengthen the foundation of the U.S. health care system by doubling investment in primary care, doubling access to primary care and doubling the next generation of primary care clinicians. The campaign is a joint effort from the American Academy of Family Physicians (AAFP) and the National Association of Community Health Centers (NACHC), with partner organizations from across the health care ecosystem.

Read our full press release here: https://www.aafp.org/media-center/press-releases/primary-care-26-triple-double-campaign and a recap in MedPage Today and Medical Economics about the event.

Learn more about the Triple Double Campaign here: https://www.primarycareforamerica.org/goals/.

AAFP Urges Continued Youth Tobacco Surveillance

The AAFP wrote to the U.S. Food and Drug Administration (FDA) supporting the continued annual administration of the National Youth Tobacco Survey and calling for the release of the delayed 2025 survey results. We also urged the FDA to maintain rigorous scientific standards for reviewing tobacco products and reconsider recent approvals of flavored electronic nicotine delivery systems that could increase youth tobacco use.

AAFP Supports Expanded Access to Prescription Drug Monitoring Programs

The AAFP submitted comments to the Department of Veterans Affairs (VA) on a proposed rule clarifying which VA personnel may access state Prescription Drug Monitoring Programs (PDMPs). The AAFP supported the proposal as a way to improve safe prescribing and coordinated patient care, while recommending additional clarity on who may access PDMP data, the role of delegates, prescribing authority and key clinician definitions.

What We're Reading

- In an interview with Healio, Stephanie Quinn, AAFP's SVP of external affairs and practice experience, shared that primary care is among the specialties facing the greatest strain from the current payment system "because the Medicare payment system still does not reflect the full value of what family physicians do every day."
- AAFP President Sarah C. Nosal, MD, FAAFP, joined the Unbiased Science podcast to talk about the importance of adult vaccines, including shingles, HPV, flu, COVID, RSV and more. The conversation covers vaccine recommendations, personal experiences and address common questions to help listeners make informed health decisions.
- U.S. Senators Jacky Rosen (D-NV) and John Curtis (R-UT) introduced a bipartisan bill to protect patients' access to their preferred doctors and lower out-of-pocket drug costs. "The American Academy of Family Physicians strongly supports the Preserving Patient Access Act, which will help patients prioritize their health and ensure relationships are maintained with trusted physicians and that access to necessary medications go uninterrupted," said Sarah C. Nosal, MD, FAAFP, president of the American Academy of Family Physicians.

Issue 48, June 2026

300+ Family Physicians Call on Lawmakers to Support Family Medicine

Why it matters: This month, 352 family physicians from over 40 states and the District of Columbia convened in Washington, D.C., for the Family Medicine Advocacy Summit.

As AAFP president Sarah C. Nosal wrote in a new op-ed in Medscape, "More and more often, physicians no longer view advocacy as something separate from clinical care. They find such a mindset increasingly untenable. When insurers delay treatment, we share the frustration with our patients. When patients cannot afford recommended services, we share the same fears and concerns as the families for whom we care. When communities cannot recruit enough physicians, our patients and physicians pay the price."

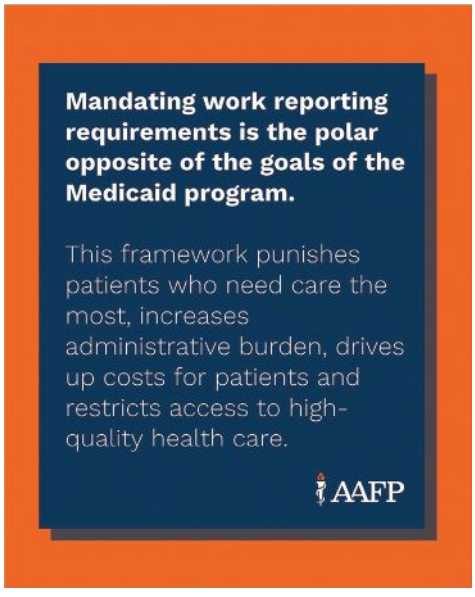
What we're working on: Physicians met with lawmakers and congressional staff to share stories and champion legislative policies that bolster family medicine, including:

- **Supporting the Chronic Care Management Improvement Act.** Medicare patients with multiple chronic conditions face cost-sharing for ongoing care management. As a result, patients delay or skip care, leading to worse outcomes, physicians struggle to deliver proactive, team-based care and patients experience higher long-term costs due to avoidable complications. AAFP members urged Congress to support the Chronic Care Management Improvement Act, which will eliminate cost-sharing for chronic care management services in Medicare.
- **Passing the Medicare Advantage Improvement Act**. Medicare Advantage plans are creating barriers to care through prior authorization and lack of transparency. This results in delays in care, increased administrative burden on physicians and confusion for patients.

AAFP members urged Congress to strengthen oversight, transparency and accountability within Medicare Advantage.

- **Enact the H-1Bs for Physicians & the Healthcare Workers Act.** The AAFP is encouraged by a federal judge's decision to halt the $100,000 fee on H-1B applications, though much remains uncertain. Family physicians continue to call on Congress to enact the bipartisan H-1Bs for Physicians and Healthcare Workforce Act, which will permanently exempt health care workers and their sponsoring institutions from this fee and preserve access to primary care. This legislation is critical, as it would modernize pathways to enable internationally trained physicians to practice in high-need areas.

Family Physicians Oppose Medicaid Work Reporting Requirements



Why it matters: The AAFP is deeply concerned that Medicaid work reporting requirements will result in massive coverage losses for beneficiaries. When patients can access Medicaid, communities are healthier.
What we're working on:

- Family physicians have long vocalized concerns that Medicaid eligibility restrictions do not improve employment rates, and states have illustrated that work reporting requirements can actually lead to higher program administrative costs for states, increased medical debt for patients and barriers to care.
- Presidents from the AAFP, American Academy of Pediatrics, American College of Obstetricians and Gynecologists and the American College of Physicians urged policymakers to protect access to Medicaid and outlined how new Medicaid rules are presenting millions of Americans with barriers to care and more affordability roadblocks. Ensuring people can get care when and where they need it improves health outcomes, lowers costs and strengthens communities.

AAFP to ED: Ensure Federal Aid Policies Support Primary Care

Why it matters: The AAFP is urging the Department of Education to protect medical training pathways and preserve access to federal student aid so future physicians, especially those interested in family medicine and practicing in high-need communities, are not discouraged by rising education costs or misleading program evaluations.
What we're working on:

- The AAFP wrote to the Department of Education in response to a proposed rule aimed at increasing transparency and accountability in higher education programs that receive federal student aid.
- While the Academy supports efforts to give students clearer information about costs and outcomes, it warned that the proposal does not fully account for the unique timeline of medical education and residency training.
- The AAFP urged the Department to preserve protections for medical training programs by recognizing that physicians spend years in residency before reaching full earning potential.
- Without those adjustments, primary care and other medical programs could be unfairly labeled as low-performing, potentially discouraging students from entering medicine at a time of growing physician shortages.
- The letter also supports stronger transparency around student borrowing and program outcomes to help future physicians make informed decisions about medical education costs.

Regulatory Roundup:

- **Notice of Benefit and Payment Parameters**
  - The Department of Health and Human Services has finalized new Affordable Care Act marketplace rules for 2027 that are expected to make it harder for some patients to enroll in and maintain coverage.
  - The rule tightens eligibility and income verification, adjusts network adequacy standards and changes how certain plans qualify for marketplace participation, with potential impacts on access to in-network care.
  - While several more restrictive proposals were not finalized following input from groups including the AAFP, the final rule is still expected to increase administrative burden and could contribute to broader coverage losses. The AAFP will continue monitoring impacts on patients and family physicians.
- **Hospital Inpatient Prospective Payment Systems Proposed Rule**
  - The AAFP submitted recommendations on CMS' proposed hospital payment rule, supporting greater flexibility and alignment across programs while advocating for stronger support for rural hospitals, expanded physician training opportunities, and policies that protect access to care in underserved communities.
  - The AAFP supports provisions that increase flexibility and better align requirements across programs. However, we raised concerns about potential consequences for rural care access and the primary care workforce.
  - We also urged CMS to strengthen and expand rural graduate medical education opportunities, maintain or extend financial stability supports for rural hospitals and avoid adding administrative burdens that could hinder care delivery.

Fun Places to Visit in Montana

Janice Gomersall, MD

Each issue we try to highlight a family-friendly place to visit in Montana so those new to Montana, or even those who have been around for a while, can find new places to explore. This entry was written by family physician Dr. Becky King-Tucker after reading our last issue.

May I suggest a day trip to our state capitol, Helena, lots of fun things to do! I went with my friend Juyl in mid-April. We started at the Montana State Capitol building itself, the people's house with its amazing murals best seen by taking the elevator up to the top floor and entering the gallery sections to view the murals more closely. There is a nice self-guided tour book near the front entrance and guided tours are also available, refer to web site. Don't forget to check out the interesting Gallery of Outstanding Montanans.

The Montana Heritage Center Museum is an easy walk from the capitol, which just opened in December of 2025. The architecture and contents are world-class and it is free entry! Enjoy perusing displays in the Homeland Gallery, Russell Gallery and a changing gallery currently featuring the Pointdexter collection, plus there is a special room of interactive things for kids. Of course there is also a great gift shop, and Norm's cafe.

There is a lot of parking at the Montana Heritage Center Museum, so leave your car there and board the Last Chance Tour Train available May 1st through mid-September. This is the perfect way to explore Helena's rich gold-rush history. It is an open air trackless train that takes you on a one hour narrated journey past Reedder's alley, the Cathederal of St. Helena and the historic West Side mansions. Adults are $13, seniors $12, and children under 3 y/o are free.

Next stop was the neo-gothic Cathederal of St. Helena completed in 1914 by architect A.O. Von Herbulis, a Hungary-born architect. He attended some of the most prestigious schools of architecture in Europe and was able to combine the European art traditions with the practical methods of America that he learned in Washington D.C. Summer tours of the stunning Cathederal are 1-3 PM Tuesday, Wednesday and Thursday, or you can drop in for the very well-attended 5 PM Saturday evening mass like we did.

The perfect ending to our day was to "take the waters" at the Broadwater Hot Springs on the west side of Helena. They have a stage and a lot of musical offerings during the summer. We just enjoyed soaking in the two nice, big pools. Of course, they also have a bar and grill. Day rate is only $17 and they have a very nice locker room with good showers. It was magical soaking there as it grew dark and the twinkle lights came on!

As far as food, there are lots of possibilities! We decided for simple fare and loved our sandwiches at Great Harvest bakery for lunch plus we split a well- named monster cookie. For dinner we wanted something quick and simple so headed to the salad bar at Real Foods Market & Deli, which also has a nice adjoining seating area. Remember they are only open until 7 PM! Did I mention that I have a sweet tooth, so we had to get chocolate dipped cones at the local Dairy Queen as well.

We decided not to spend anytime shopping, but Last Chance Gulch has some cute stores and of course the Parrot sweets store mentioned in a previous article. We opted to stay overnight and enjoy the scenic drive back to Missoula the next morning. There is a water stop after Macdonald pass, fresh, cold spring water coming out of spigot in the mountain side. I always fill up! I hope you decide to take a trip to our amazing state capitol and find it as interesting and rewarding as we did!

Dr. Becky King-Tucker

Becky King-Tucker

New Board Members Elected at Summer Meeting

AAFP Board Member Dr. Robyn Liu swears in new Board members Dr. Janice Fordham, President Elect, Dr. Robert Johnson, Director, and Dr. LeeAnna Muzquiz, Delegate; not shown: Dr. Cara Harrop, Director

Board Members at Chico Hot Springs Summer Conference with AAFP Director Robyn Liu; (upper row left to right: Janice Gomersall, Janice Fordham, Heidi Duncan, LeeAnna Musquiz, bottom row left to right Robert Johnson, Susan Petersen, Katrina Maher, Robyn Liu, Jeff Zavala.

Tuesday, September 22, 2026
7:00 PM – 8:00 PM CDT

Evaluating the Role and Impact of Primary Care Providers on the Treatment of Patients With Moderate-to-Severe Asthma

Learn more and register:
https://IntegrityCE.com/Asthma5

Nick Hanania, MD, MS
Director, Airways Clinical Research Center
Brown Foundation Professor of Medicine
Clinical Science Representative, Faculty Senate
Baylor College of Medicine
Chief, Section of Pulmonary, Critical Care, and Sleep Medicine
Ben Taub Hospital
Houston, Texas

Svien Senne, DO
Pulmonologist
Medical Director, Critical Care Unit
Sanford Watertown Clinic
Watertown, South Dakota

Program Overview

Asthma affects more than 250 million people worldwide and remains the most common chronic disease in childhood, placing a significant burden on patients and healthcare systems. In the United States, approximately 60% of asthma care occurs in primary care and family medicine settings, underscoring the critical role of primary care clinicians (PCPs) in disease management. Although biologic therapies have become an important advancement in the treatment of severe asthma, reducing exacerbations and improving control, many PCPs remain unfamiliar with their use and with key tools such as biomarker assessment, highlighting important gaps in care.

Learning Objectives

Upon completion of this educational activity, participants should be able to:

- Define high-intensity treatment in patients with asthma
- Utilize clinical indicators to assess or refer patients for escalation of asthma therapy, including add-on biologics
- Analyze efficacy and safety data of available biologics for the treatment of asthma
- Apply recommendation for biomarker testing in evaluation of patients with asthma
- Implement strategies for effective management of patients with asthma with biologic therapies in collaboration with asthma specialists

Target Audience

This educational program is designed for primary care and family medicine physicians, nurse practitioners, physician assistants, and other healthcare professionals involved in the management of patients with asthma.

Disclaimer

The information provided at this activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a physician relative to diagnostic and treatment options of a specific patient's medical condition.

Physician Continuing Education

Accreditation Statement

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Credit Designation

Integrity CE, LLC designates this live activity for a maximum of **1.0 *AMA PRA Category 1 Credit™***. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing Continuing Education

Accreditation Statement

Global Education Group is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Credit Designation

This educational activity for 1.0 contact hour, including 0.0 pharmacotherapeutic contact hour, is provided by Global Education Group. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist Continuing Education

Accreditation Statement

Global Education Group is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education with Commendation.

Credit Designation

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This is a knowledge-based activity.

Nurse Practitioner Continuing Education

Accreditation Statement

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Credit Designation

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This activity is hosted in partnership with the Arizona, Louisiana, and Montana chapters of the American Academy of Family Physicians.
This activity is supported by an independent educational grant from Regeneron Pharmaceuticals, Inc and Sanofi.

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Determination of credit is pending.

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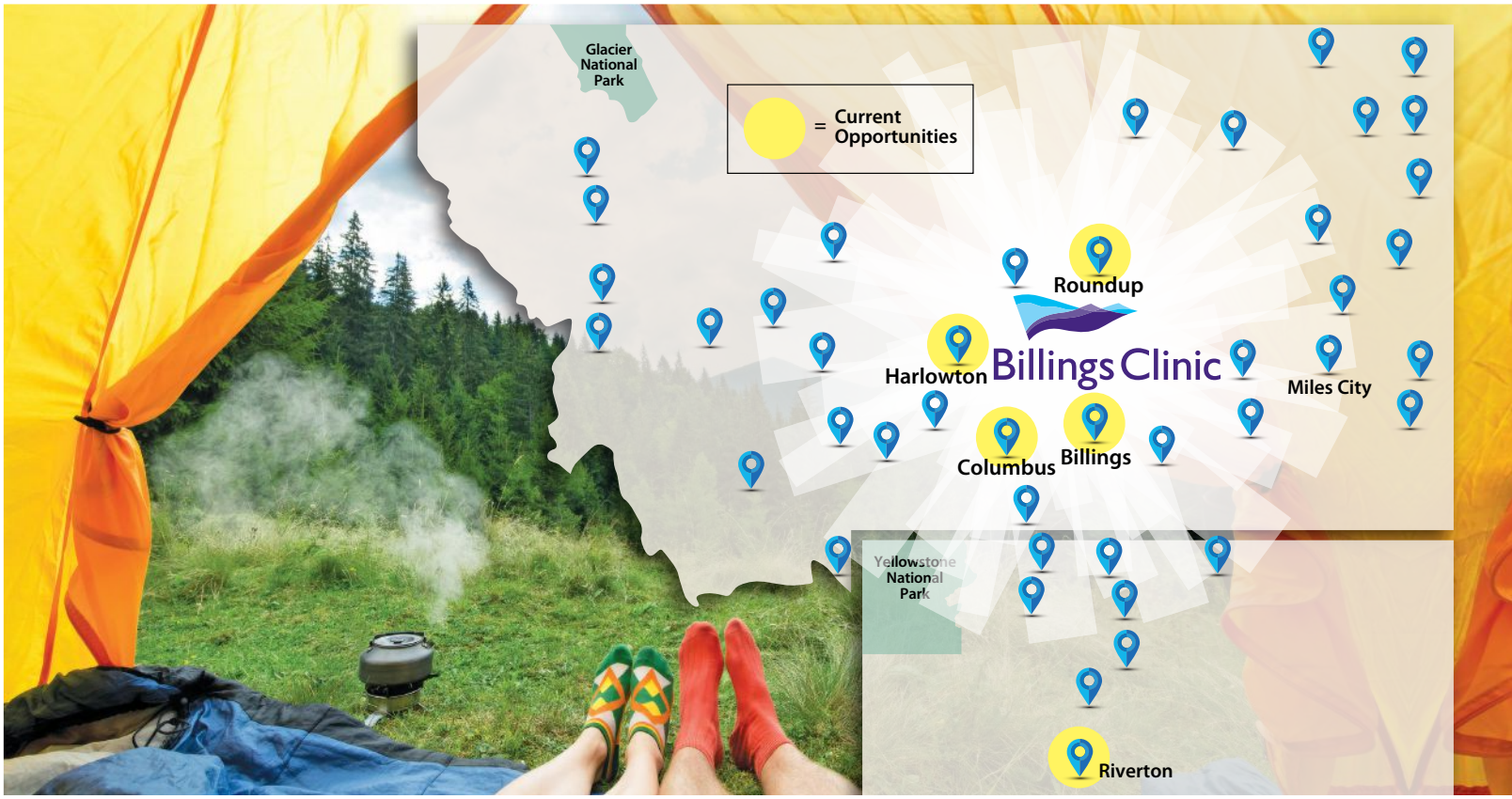

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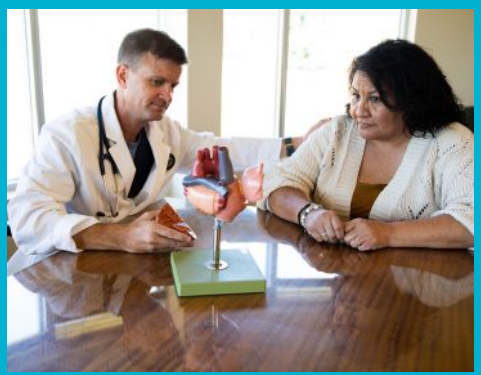

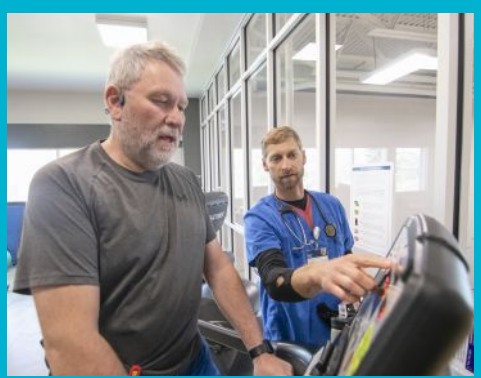

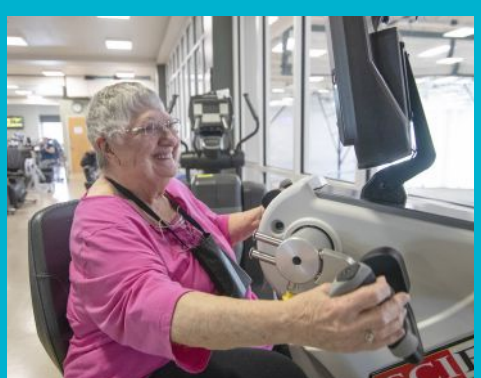

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