

# Red + Blue = Purple



## In Other Words... according to LEGO

Everyone  
is  
Awesome  
(EIA)



Maybe EIA can be the new DEI?

## LEGO can be very inspiring... in both life and advocacy

“Brick by brick, we shape our world”

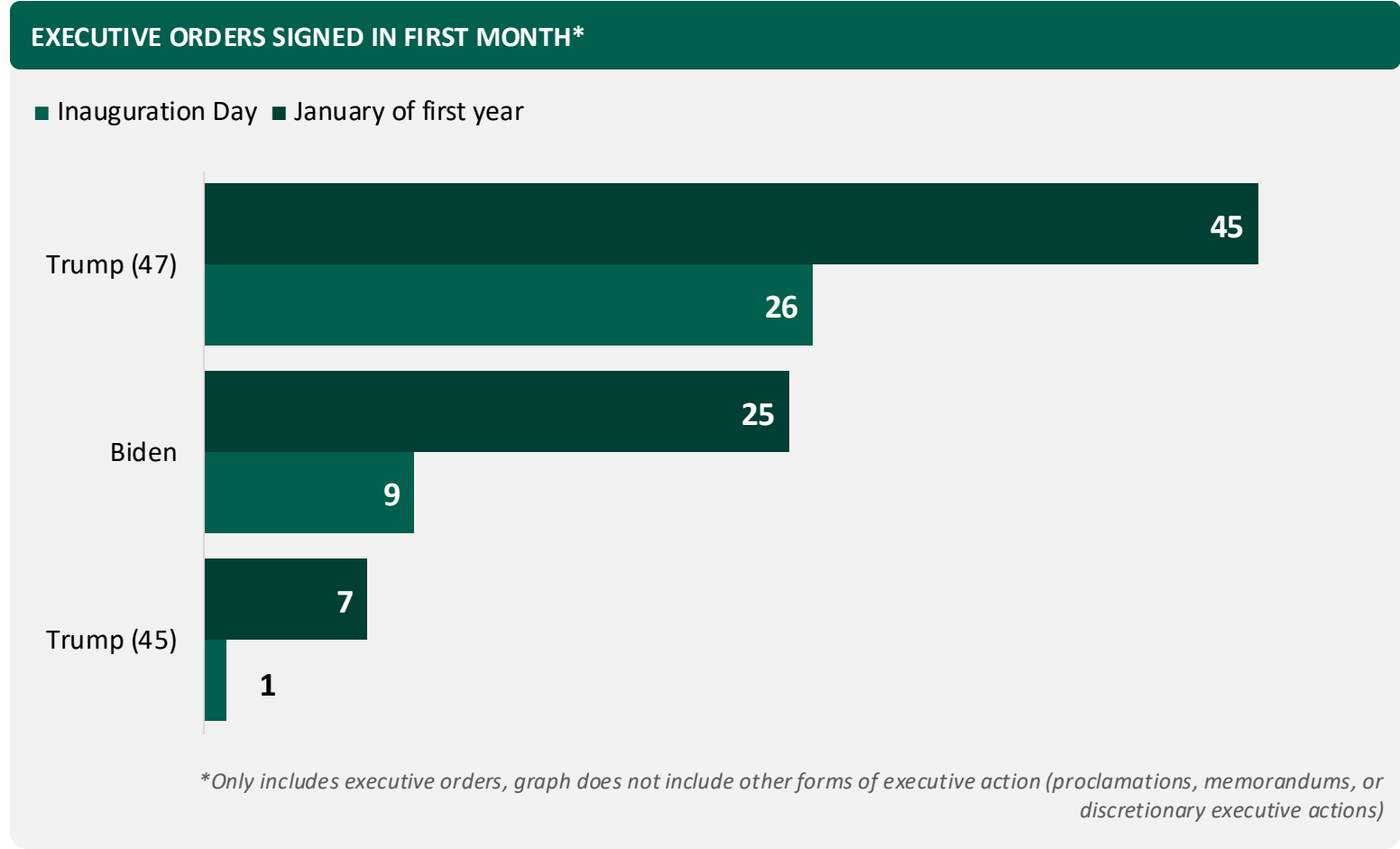
“Life is like a LEGO set  
– it’s all about how  
you piece it together”

“Embrace challenges, celebrate victories, and remember that even the tiniest step forward contributes to the bigger picture.”

It is Spring, and it certainly has come in like a lion, but will it go out like a lamb?



# Trump issued twenty-six executive orders on his first day back in office



# Presidential use of executive orders has dwindled since the Clinton administration






# 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.



## Take Action

- [Protect Patient Access to Care and Coverage for Medicaid Enrollees](#)  02/10/25
- [Urge Congress to Support the Medicare Patient Access and Practice Stabilization Act](#)  02/03/25
- [Support Funding for the NHSC and THCGME Programs](#)  01/30/25

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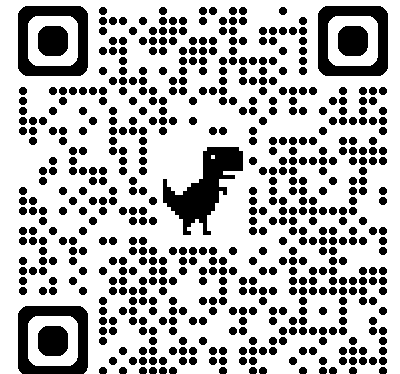
[ACP revamps advocacy to support vaccines at the federal and state levels](#) 04/10/25 *ACP Advocate*

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[ACP members gear up for Leadership Day](#) 04/10/25 *ACP Advocate*

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[ACP says rural communities need support to decrease health disparities and improve access to care](#) 03/31/25





# 2025 ACP Priorities

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



## Valuing the Care Provided by Internal Medicine Physicians

Protect patients' access to care by ensuring fair and appropriate physician compensation, including annual inflationary adjustments and waiving the co-pay associated with Advanced Primary Care Services.



## Reducing Administrative Burden in Medicine

Put "Patients Before Paperwork" by advancing policies that will eliminate unnecessary red tape and improve prior authorization processes for patients and their physicians.



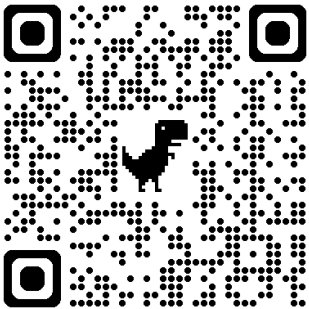
## Ensuring Access to Care

Support policies that make health care more affordable, including: extending health insurance premium tax credits, preserving coverage for telehealth services, and improving the integration of behavioral health care into primary care.



## Protecting the Patient-Physician Relationship

Promote policies that protect and preserve patient-physician relationships, including access to reproductive health care, LGBTQ+ and gender-affirming care.



## Strengthening the Internal Medicine and Primary Care Physician Workforce

All patients should have access to a physician who can deliver primary, whole-person, comprehensive, and longitudinal care. Congress should increase investments in federal programs that strengthen the primary care physician workforce.



## Supporting and Enhancing Digital Health

Support policies that will leverage digital health and artificial intelligence to improve patient care and reduce administrative burdens on physicians and their care teams and ensure that these tools are used appropriately to enhance patient health.



## Ensuring Prescription Drug Access and Affordability

Support policies that improve pricing and transparency, and increase access, affordability, and the availability of prescription drugs.



## Investing in Public Health Initiatives and Research

Congress should invest in programs and initiatives that are vital to enhancing public health, and research that improves our country's health and well-being.



## Promoting Physician-led, Team-based Care

Policy makers are urged to prioritize physician-led, team-based care instead of expanding scope of practice for nonphysicians, to ensure equitable access to care and uphold high patient safety standards.



## Leadership Day Focus – Three Key Issue Areas

Strengthen  
Medicare  
Physician Payment

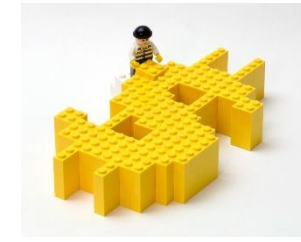
Protect Medicaid

Protect and Invest  
in Public Health

## Converting *what we stand for* into specific legislative “asks”

- An *ask* is a *specific action* we request from a lawmaker:
  - bills we want them to introduce, co-sponsor, and vote for,
  - bills we want them to try to revise (amend),
  - bills we want them to oppose and vote against, if not revised as we seek;
  - legislative oversight over federal agencies and the executive branch.

# Strengthen Medicare Physician Payment



## The What:

- Support and improve access to care for our older adults by strengthening our Medicare physician payment system

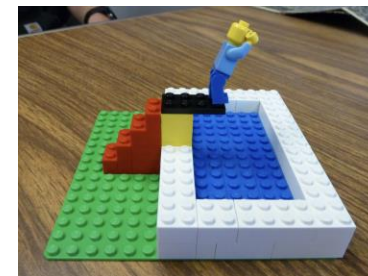
## The Why:

- Physician payment in Medicare is not updated to account for the cost of inflation; as a result, after adjusting for inflation in practice costs, Medicare payment to practices has dropped 33 percent since 2001.
- Federal law requires that increases in payment to any service within the physician fee schedule (PFS) must be offset by arbitrary across the board payment cuts to all services in the PFS. This mandate, known as budget neutrality, has caused annual physician payment cuts since 2021.

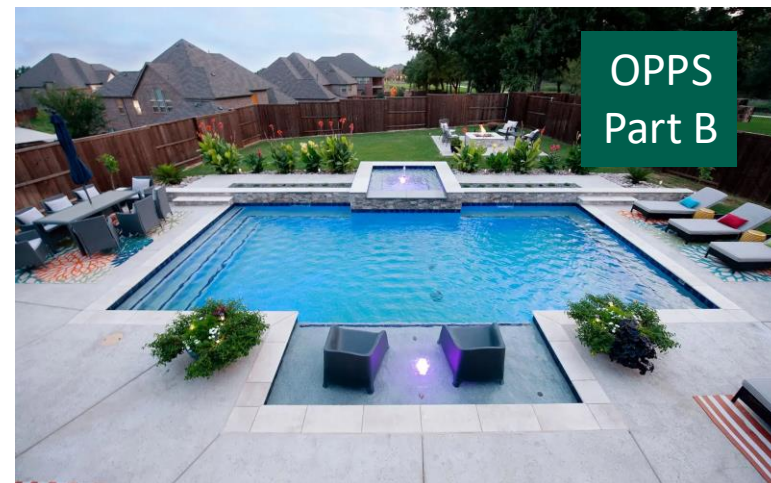
## The How:

- Cosponsor and pass **H.R. 879, the Medicare Patient Access and Practice Stabilization Act.**
- This legislation would stop the 2.83 percent cut in Medicare payments this year while providing a 2 percent increase for the remainder of 2025, which is equal to about half of the rate of medical inflation, the Medicare Economic Index.

# No Swimming *Between* Pools



IPPS  
Part A



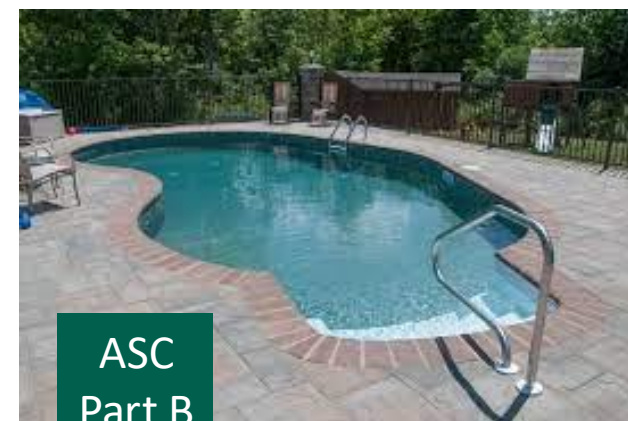
OPPS  
Part B

Only MPFS \$ capped  
Other pools increase annually

MPFS  
Part B



ASC  
Part B

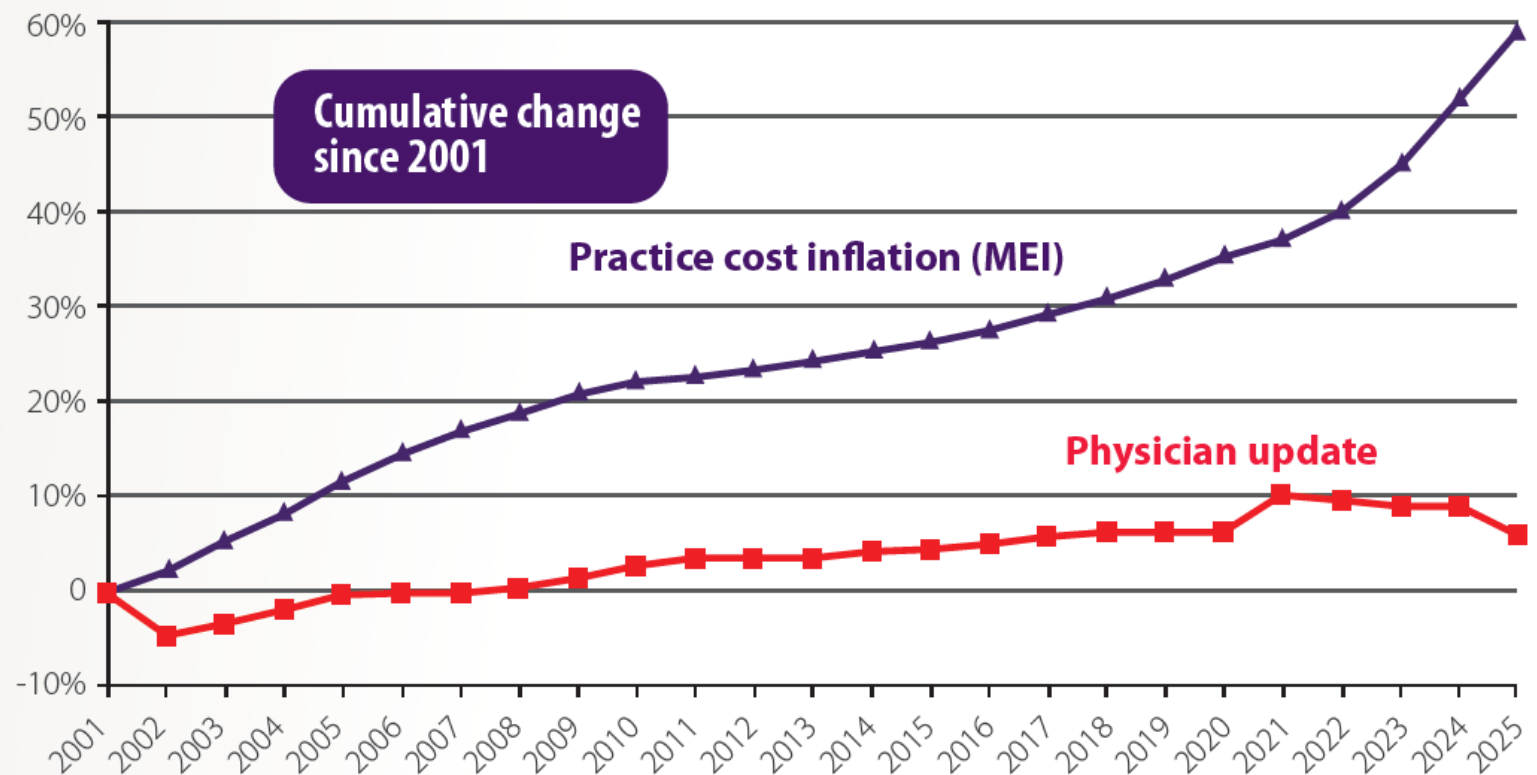




# Medicare physician payment continues to fall further behind practice cost inflation.

## Medicare updates compared to inflation in practice costs (2001–2025)

Adjusted for inflation in practice costs, Medicare physician payment **declined 33%** from 2001 to 2025.



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

Updated Jan. 2025

# Medicare Patient Access and Practice Stabilization Act

January 31, 2025 [Press Release](#)

**Washington, D.C.** — Congressman Greg Murphy, M.D., issued the following statement after reintroducing the bipartisan *Medicare Patient Access and Practice Stabilization Act*, legislation to support physicians and protect access to care for Medicare beneficiaries.

*"Physicians in America are facing unprecedented financial viability challenges due to continued Medicare cuts. Access to affordable and quality health care for millions of seniors is in severe jeopardy," said Congressman Greg Murphy, M.D. "Doctors see Medicare patients out of compassion, not for financial gain. The cost of caring for a Medicare patient far outpaces the reimbursement that physicians receive for seeing them. On top of that, the expense of providing care continues to rise due to medical inflation. This inflation, coupled with declining reimbursement rates, creates enormous financial pressures on physicians, forcing many to retire early, stop accepting new Medicare patients, or sell out to larger, consolidated hospital systems, private equity, or even insurance companies. The future of private practice medicine, the most cost-efficient and personalized care, is in dire straits. This bipartisan legislation prevents further cuts, provides a modest inflationary adjustment to help ease the cost of care, and ensures Medicare remains viable for both doctors and patients."*

Reverses the 2.83% cut that went into effect on January 1, 2025

Provides a 2% payment update (approximately half of the MEI) to provide stabilization for physicians and their practices

Would be effective through January 1, 2026

# Strengthening Medicare Physician Payment

## ACP position:

- Congress needs to provide a positive update to the PFS annually.
- Congress must ensure that the Medicare PFS provides annual updates consistent with the Medicare Economic Index.
- Congress needs to enact comprehensive structural reforms to the PFS that improve access to primary care services and prevent annual across-the-board cuts to physician services



## Physician Payment – ACP Policy in more detail

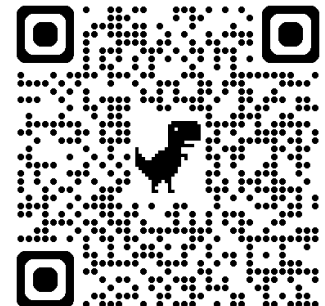
The American College of Physicians recommends that all payment systems substantially increase relative and absolute payments for primary care commensurate with its value in achieving better outcomes and lower costs.

Medicare payment levels to physicians for covered primary care and preventive benefits are adequate to ensure that:

- beneficiaries have access to such services,
- the payment rates cover physicians' resource costs (including annual increases in the costs of providing services due to inflation), and
- adequate annual updates are issued that are fair and predictable.

# H.R. 879, the Medicare Patient Access and Practice Stabilization Act

- Originally introduced by Rep. Gregory Murphy [R-NC-3]
- Currently has 159 co-sponsors:
  - 90 Democrats
  - 69 Republicans
  - By state:
    - California – 20
    - New York – 13
    - Florida, Texas – 11 each
    - North Carolina, Pennsylvania – 8 each
    - Michigan – 7
    - Washington – 6
    - Georgia, Illinois, New Jersey – 5 each
    - Ohio, Tennessee – 4 each
    - Colorado, Maryland, Minnesota, Mississippi, Missouri, Virginia – 3 each
    - Several others with 1-2 cosponsors
- Referred to the House Energy and Commerce and Ways and Means Committees



## Given its popularity, why hasn't the Medicare Patient Access and Practice Stabilization Act passed?

Cost... as usual, it's all about the money!



- Note that there is no current Congressional Budget Office (CBO) cost estimate for this bill.

There is talk of addressing the “doc fix” in the upcoming reconciliation bill, but this is FAR from ideal.

Therefore, our ask is focused on H.R. 879 as the best approach – it will allow for greater stabilization in the physician fee schedule so that we can move toward even more meaningful reform

# Medicare Physician Payment – What to say if:

The lawmaker asks how they should pay for the policies in H.R. 879.

- We, as physicians, are not experts in the budget process; however, we are experts in providing care to patients and in that role have experienced the impact of the year over year reductions in physician payment due to both the lack of an inflationary update and budget neutrality, which is significant.
- We need to address these issues to stabilize the physician fee schedule, as this will allow for us to then discuss broader payment reform and movement toward value-based payment approaches in a more meaningful way.
- Share a personal story about how these cuts are impacting you, your practice, and/or your patients.

What about using the Medicaid or other cuts in the reconciliation package to pay for this?

- Again, while we are not experts in the budget process, we strongly support protecting the Medicaid program and therefore do not believe it should be cut; therefore, it would not be an appropriate way to “pay for” addressing the inadequacies in the Medicare physician fee schedule.

## Medicare Physician Payment – What to say if:

The lawmaker asks why should Congress intervene yet again to invest in the physician fee schedule?

- This issue is indicative of broader systemic flaws in the Medicare physician fee schedule itself that must be addressed (e.g., budget neutrality and lack of an inflationary update)—and this bill would move us significantly in the right direction.
- Then, share any specific stories about your own practice's experience and how critical having a stable payment system is to your and your patients' well-being.

Your lawmaker expresses interest in or support for this issue but is uncertain about what bills we are supporting or what to do about it.

- You answer: Provide them with the “leave behind” folder, which explains the issue and the bill we are asking them to support.

# Protect Medicaid



## The What:

- Support policies that protect Medicaid coverage to ensure access to health care for our most vulnerable patients across the country.

## The Why:

- Medicaid is a lifeline for low-income children, pregnant women, adults, seniors, and people with disabilities.
- Congress is exploring potential policy changes that would impact patient access to care.
- If the cost of Medicaid is shifted to states, they will be forced to reduce or eliminate certain preventive health care services, lower Medicaid payment rates, and take away health care coverage from millions of Americans.
- Slashing already-low Medicaid payment rates will make it even harder for physicians to provide care to Medicaid enrollees.

## The How:

- Protect patients' access to care and oppose legislation that cuts funding or imposes structural changes to Medicaid that would result in significantly less coverage and benefits for Medicaid enrollees.

# Medicaid Plays a Critical Role in Health Care Coverage

- Medicaid, the country's **largest public health insurer**, is funded jointly by the states and the federal government.
- Approximately 79 million Americans – **1 in 5 Americans** – are on Medicaid.
- Medicaid provides **comprehensive health care coverage, including:**
  - Primary care preventive services,
  - Maternal health care and pediatrics,
  - Labor and delivery services,
  - Behavioral health and substance use treatment, and
  - Long-term care services.



## Why Action Is Needed

- There are **several policy proposals** being put forward in the 119<sup>th</sup> Congress that could result in **major cuts and structural changes** to the Medicaid program.
- **Proposed changes** include:
  - imposing work requirements;
  - transitioning the program to a block grant or a per capita cap; and
  - lowering the Federal Medical Assistance Percentage (FMAP).
- Research shows that these proposals would lead to a **significant reduction in health care coverage and hinder access to care** for Medicaid recipients.

# What Happens if Medicaid Proposals are Implemented?

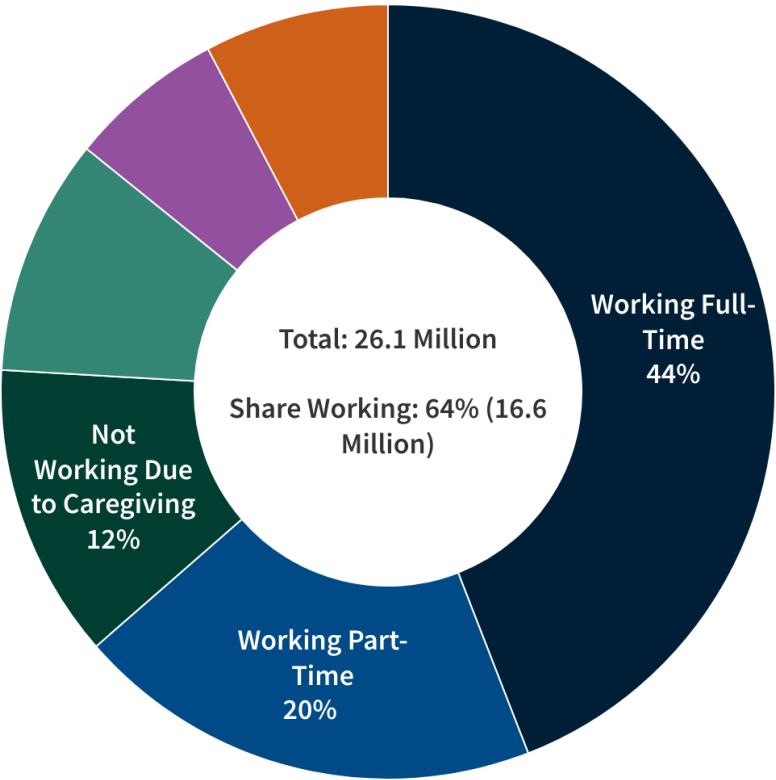
- If federal funding for Medicaid is reduced, states will have to offset reductions through tax increases or cuts to other state programs.
- If states are not able to offset the loss of federal Medicaid funds, they will be forced to make cuts to their Medicaid programs – rolling back coverage, reducing health care services, and lowering payment rates.
- **Slashing already-low Medicaid payment rates would lead independent health care practices, hospitals, and health systems to close their doors:**
  - Decreasing health care access for patients,
  - Exacerbating the health care workforce shortage, and
  - Increasing health care costs.

Figure 1

Work Status & Barriers to Work Among Medicaid Adults, 2023

Includes Medicaid covered adults (age 19-64) who do not receive benefits from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and are not also covered by Medicare.

Working Full-Time Working Part-Time Not Working Due to Caregiving  
Not Working Due to Illness or Disability Not Working Due to School Attendance  
Not Working Due to Retirement, Inability to Find Work, or Other Reason



Note: Total may not sum to 100% due to rounding. Working Full-Time is based on total number of hours worked per week (at least 35 hours). Full-time workers may be simultaneously working more than one job.

Source: KFF analysis of the March 2024 Current Population Survey ASEC Supplement



Cuts to the federal medical assistance percentage (FMAP) endanger Medicaid coverage for more than 3.6 million Americans

Estimated number of Medicaid expansion enrollees in states with trigger laws at risk of losing coverage if FMAP is cut below 90 percent, 2024

State ^	Number of Medicaid expansion enrollees at risk of losing coverage
Arizona	124,199
Arkansas	234,891
Idaho*	93,337
Illinois	754,008
Indiana	568,700
Iowa*	179,933
Montana	79,606
New Hampshire	60,100
New Mexico*	289,236
North Carolina	480,836
Utah	77,421
Virginia	683,528
TOTAL	3,625,795

\* State law triggers a review process—rather than an automatic rescission—of Medicaid expansion if federal matching funding falls below 90 percent.  
Source: KFF, "Medicaid Expansion Enrollment: June 2024" (last accessed March 2025); Adam Searing, "Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States," Georgetown University McCourt School of Public Policy Center for Children and Families, November 27, 2024.  
Table: Center for American Progress

# Protect Medicaid

## ACP Position

- ACP advocates to make the Medicaid program work for both internal medicine physicians and their patients.
- This includes ensuring that Medicaid reimbursement rates are adequate to reimburse physicians for the cost of providing services.
- Policymakers should refrain from enacting policy changes that would result in vulnerable patients being dropped from Medicaid coverage.

## Protect Medicaid – ACP Policy in more detail

The Medicaid program should serve as the coverage foundation for low-income children, adults, and families regardless of categorical eligibility.

All states should fully expand Medicaid eligibility and should not apply financially burdensome premiums or cost-sharing requirements, lockout periods, benefit cuts, or mandatory work or community engagement policies that have the effect of reducing enrollment among vulnerable individuals

States should continue to have the option to expand Medicaid coverage to all residents up to 138% of the federal poverty level, with the additional cost of such expansion to be paid for by a dollar-to-dollar increase in the federal matching program.

Work-related or job search activities should not be a condition of eligibility for Medicaid.

Medicaid program stakeholders should consider alternative financing structures to ensure solvency, high quality of care, and uninterrupted access for beneficiaries, while alleviating the program's financial pressure on states.

## There is no bill number, so what is the ask re: Medicaid?

Protect access to Medicaid for the beneficiaries!

Oppose legislation that cuts funding or imposes structural changes to Medicaid that would result in significantly less coverage and benefits for Medicaid enrollees.

This legislation is expected to be drafted by next month and the key committees have been asked to find enough money to cover the tax cuts that the Administration would like to continue.

- Specifically, the House Energy and Commerce Committee has been asked to find \$880 billion!

## Protect Medicaid – What to say if:

The lawmaker does not believe that Medicaid should be supported at the levels it is by the federal government and/or that Medicaid does not ensure high-quality care is provided to its beneficiaries and so should not be supported at all or at current levels.

- Remind them that Medicaid is the largest insurer, covering 1 in 5 Americans across the country
- Non-elderly adults and children in small towns and rural areas are more likely than those living in metro areas to rely on Medicaid for their health insurance
- If the federal match is reduced, the onus will fall to that lawmaker's state to fund the difference.
- Adults who are covered by Medicaid are 70% more likely to have a regular place of care and 55% more likely to have a regular doctor than uninsured adults – and are 25% more likely to report they are in good to excellent health.
- Remember – do not argue with the lawmaker or staff member – you are there to share information and your experiences. In some cases, you may simply just have to recognize that you are not going to agree on all issues and then pivot to another topic.



## Protect Medicaid – What to say if:

The lawmaker feels that work requirements are something that are necessary for Medicaid recipients because they will push those beneficiaries to get jobs and then be able to come off of Medicaid coverage.

- Data show most Medicaid adults are working or face barriers to work
  - Working full or part-time (64%)
  - Not working due to caregiving responsibilities (12%), illness or disability (10%), or school attendance (7%).
  - The remaining 8% of Medicaid adults are retired, unable to find work, or are not working for another reason.
- A CBO analysis shows the policy would increase the number of people without health insurance but would not actually increase employment of those individuals.
- Remember – do not argue with the lawmaker or staff member – you are there to share information and your experiences. In some cases, you may simply just have to recognize that you are not going to agree on all issues and then pivot to another topic

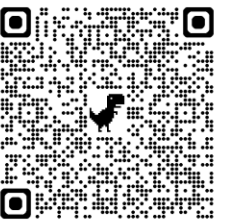
## Protect Medicaid – What to say if:

The lawmaker asks how else can they find the necessary funding to pay for the tax cuts and other priorities.

- We, as physicians, are not experts in the budget process; however, we are experts in providing care to patients and in that role have experienced the impact that being uninsured has on our patients
- Share a personal story about yourself, your practice, and/or your patients to drive home the impact that cutting Medicaid has or could have.

Your lawmaker expresses interest in or support for protecting Medicaid but is uncertain about what bills we are supporting or what to do about it.

- In this case, we are asking the lawmakers to oppose expected legislation that will implement major Medicaid cuts or structural changes. Provide them with the “leave behind” folder, which explains the issue.



# Protect and Invest in Public Health

## The What:

- Congress must protect our nation's public health infrastructure, including maintaining immunizations.

## The Why:

- Recent actions have weakened efforts to make Americans healthier and diminished our ability to implement evidence-based public health strategies. These include:
  - The cancellation of previously-awarded grants to state health departments to track the occurrence of infectious diseases;
  - The termination of medical and health services research grants and funding opportunities that would improve our understanding of how to prevent and treat disease; and support for health services research that improves care delivery.
  - Five regional HHS offices are being closed and up to 20,000 full-time employee positions are being eliminated.

## The How:

- Congress should utilize its oversight power to reject arbitrary cuts and rescissions, reorganization, and consolidation that degrades HHS and its ability to support research and deliver evidence-based public health services.
- Protect resources already appropriated and awarded and sustain funding for these public health programs in FY 2026, including: \$500 million for AHRQ, \$11.6 billion for the CDC, \$10.5 billion for HRSA, and \$51.3 billion for NIH

Jenner, 1796  
England

Pasteur, 1885  
France

Salk, 1955  
United States



First vaccine



Anti-rabies vaccine



First Anti-Polio Vaccine

# Public health agencies and programs

**Agency for Healthcare Research and Quality (AHRQ):** focused on health care quality, providing the evidence-based information needed by consumers, clinicians, health plans, purchasers, and policymakers to make informed health care decisions;

**Centers for Disease Control and Prevention (CDC):** develops the expertise, information, and tools needed to protect the nation's public health—through health promotion, prevention of disease, injury and disability, and preparedness for new health threats;

**Health Resources and Service Administration (HRSA):** is the lead agency for furnishing access to health care for Americans that are uninsured, isolated, or medically vulnerable. HRSA administers many health workforce programs focused on growing the primary care physician workforce and reducing healthcare workforce shortages; and,

**National Institutes of Health (NIH):** the nation's medical research agency, supports research in every state and in more than 300 different disease and research categories.

# Leaked “passback” document – includes 1/3 cut in HHS spending

The proposal would reduce the more than \$47 billion budget of the NIH to \$27 billion — a roughly 40 percent cut.

- Some of NIH’s institutes and centers would be eliminated, including the National Institute on Minority Health and Health Disparities and the National Institute of Nursing Research

The proposal would cut the CDC’s budget by about 44 percent, from \$9.2 billion to about \$5.2 billion, and would eliminate all of the agency’s chronic disease programs and domestic HIV work.

Other federal health programs are targeted for elimination, including the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Agency for Healthcare Research and Quality (AHRQ).

A new, \$20 billion agency named the Administration for a Healthy America would be created. AHA would include many pieces of other agencies that are being consolidated — such as those focused on primary care, environmental health and HIV

# Protect and Invest in Public Health

## ACP's Position:

- ACP is greatly concerned about HHS staffing and funding cuts.
- Incidence rates of vaccine-preventable diseases, such as pertussis (whooping cough) and measles, are increasing.
- Now is the time to continue investment and strengthen our nation's public health and research initiatives.
- Congress must sustain investment in these programs in FY 2026 and protect their critical roles in promoting public health and conducting medical and health services research.



# Protect and Invest in Public Health – ACP Policy in more detail

The American College of Physicians supports immunization of the public according to the recommendations and standards established by the U.S. Advisory Committee on Immunization Practices (ACIP), National Vaccine Advisory Committee (NVAC), and the Centers for Disease Control and Prevention (CDC).

Congress should take immediate action to provide sufficient, sustained, stable year-to-year funding to support core public health activities conducted by federal, state, territorial, local, and tribal agencies.

ACP supports the development of a modern national public health data infrastructure capable of real-time bidirectional data sharing among public health departments, physicians, hospitals, laboratories, and others.

National legislation for health system reform should include sufficient and continuing financial support for inner-city and rural hospitals, community health centers, clinics, special programs for special populations, and other essential public health facilities that serve underserved populations.

The federal government should develop new and innovative strategies to support safety-net health care facilities, such as community health centers, federally qualified health centers, public health agencies, and hospitals that provide a disproportionate share of care for patients who are uninsured, covered by Medicaid, or indigent.

## There is no bill number, so what is our ask re: public health?

Congress should reject any funding cuts to the U.S. Department of Health and Human Services (HHS).

Sustain funding for public health programs in FY 2026, including:

- \$500 million for AHRQ,
- \$11.6 billion for the CDC,
- \$10.5 billion for HRSA, and
- \$51.3 billion for NIH

Congress should use its oversight power to push back against the mass reductions in staff and reorganizations taking place that will negatively impact HHS' ability to carry out its mission.

## Protect and Invest in Public Health – What to say if:

The lawmaker says that the federal government was in need of reorganization and “fat trimming” to become more efficient and effective.

- You can agree that the federal government definitely could be made to be more efficient and effective; however, it is important to understand how best to do that prior to implementing such rapid and significant change.
- Cuts of this magnitude will have a profound effect on the scope and effectiveness of HHS operations.
- The changes being implemented will have a negative impact on our country’s public health infrastructure – for example, some of the CDC grants that have already been cancelled were for the purpose of tracking and responding to outbreaks of viruses such as measles.
- Share a personal story about yourself, your practice, and/or your patients that let’s them know how serious this issue is and that we need Congress to intervene and help.

## Protect and Invest in Public Health – What to say if:

With regard to vaccinations, the lawmaker is concerned about the side effects and if there may be a link to them causing autism. After all, the prevalence of autism has recently grown.

- I think you all have got this one! 😊
- After extensive study, there is NO evidence that vaccines cause autism.
- The CDC does monitor side effects and adverse events related to vaccines and will report on these to the public as needed.
- Most importantly, share your own stories about the importance of vaccinations to protect the public's health

Your lawmaker expresses interest in or support for protecting and investing in public health but is uncertain about what bills we are supporting or what to do about it.

- In this case, we are asking the lawmakers to do two things: (1) use their oversight power over the Executive Branch to push back on the HHS changes and (2) work to ensure appropriate funding for key public health agencies as part of the appropriations process.
- Provide them with the “leave behind” folder, which explains the issue

## Other Issues at Play (and not in the LEGO sense)

International Medical Graduates (IMGs)

Non-profit status

Letters being sent to scientific journals

Gender-affirming care

Reproductive health care

Climate Change

Diversity, Equity, and Inclusion (DEI)

## What to say about these issues overall, if asked:

The issue(s) you raise are ones of importance to ACP and internal medicine more broadly; however, that is not what we are here to talk with you about today. Instead, we would like to discuss:

- Medicare physician payment
- Protecting Medicaid
- Protecting and Investing in the public health infrastructure

If you would like more information on ACP's policies and positions on those issues, then we are happy to have the staff follow up with you.

# Importance of IMGs to Health Care and Internal Medicine – Concerns About Travel Restrictions

March 21, 2025 – Match Day!

- A record high 10,584 categorical positions (96.7 percent) were filled, resulting in the first Match of over 10,000 physicians into internal medicine training
- Of the categorial positions, 5,664 (53.5 percent) were matched by U.S. medical school seniors, 1,145 (10.8%) were filled by U.S. citizen students/graduates of international medical school (U.S. IMGs), and 3575 (33.8%) were filled by non-U.S. citizen students/graduates of international medical school (non-US IMGs).

## Currently Practicing Physicians

- Among active practicing physicians, IMGs showed significantly greater representation in 4 of the 20 specialties examined: internal medicine (39%, 44 030 of 114 087), neurology (31%, 4151 of 13 392), psychiatry (30%, 11 404 of 37 736), and pediatrics (25%, 14 623 of 57 542).

## Annals of Internal Medicine

## IDEAS AND OPINIONS

### International Medical Graduates Are Integral to the Delivery of Patient Care in the United States

Darilyn V. Moyer, MD; Shari Erickson, MPH; and Isaac O. Opole, MBChB, PhD

**A**t a time when unprecedented health challenges are contributing to reduced longevity of the U.S. population versus comparable countries, we desperately need more, not fewer, physicians in the United States. The epidemic of chronic diseases, the increasing rates of despair-related illnesses, and the aftermath of COVID-19 have contributed to a decline in U.S. life expectancy, with longevity recovery lagging behind that of other similar countries. Updated estimates show that in 2022, life expectancy in the United States returned to prepandemic levels but remains 4.1 years lower than that of comparable countries (1). Before the COVID-19 pandemic, the United States was already experiencing record levels of burnout among physicians and other health care professionals. The pandemic exacerbated this crisis, driving unprecedented rates of physicians transitioning to part-time work or opting for early retirement (2). Recently, the Association of American Medical Colleges also reported a steady decrease in medical school applicants annually since 2017–2018 (3).

In November 2024, the Health Resources and Services Administration released updated physician workforce projections that show a shortfall of more than 187 000 physicians by 2037 (4). The U.S. health

residency slots that were filled in internal medicine programs, 706 of a total of 4577 filled training slots in family medicine programs, and 500 of a total of 2827 filled slots in pediatrics programs. Overall, non-U.S. IMGs comprised 5864 of 35 984 total filled postgraduate year 1 residency positions (roughly 1 in 6 total positions) in the 2024 match (5).

Given the physician workforce shortfall, increasing burnout, and other challenges described earlier, there is urgency in addressing the needs of the U.S. physician workforce—patient access, quality of care, and safety depend on it. Travel restrictions that could affect non-U.S. IMGs may be looming due to an executive order issued by President Trump on 20 January 2025. This executive order requires “identifying countries throughout the world for which vetting and screening information is so deficient as to warrant a partial or full suspension on the admission of nationals from those countries,” with a deadline of 60 days from its issuance (6).

As of 2022, there were 239 632 non-U.S. IMGs licensed in the United States, comprising about 23% of the total physician workforce (7). Many rural, safety net, and community hospitals have large numbers of non-U.S. IMGs as practicing physician staff and as



# Potential EOs on Non-Profit Status

Rumors of Earth Day EOs that would change the operating status of environmentally-focused nonprofits

These rumors then extended to potential EOs re: nonprofits focused on gender-affirming care

None of these EOs (if they exist) have been released at this point

Yet, ongoing concerns remain about this issue – so ACP will continue to monitor it.

If asked, let the lawmaker know that you are not here to discuss this issue and pivot to one of our 3 priorities for Leadership Day.

## Potential Executive Orders Against Nonprofits Paused

Paul Clolery | April 23, 2025



(Photo From Deposit Photos)

Nonprofit leaders are not letting their collective guard down after Earth Day came and went without the rumored executive order from the White House to change how tax-exempt organizations operate.

# Letters being sent to scientific journals

ACP has not received a letter and is monitoring this situation

If asked, let the lawmaker know that you are not here to discuss this issue and pivot to one of our 3 priorities for Leadership Day.

You can also direct the lawmaker to the Annals.org website and/or let them know that ACP staff can follow-up if desired.

Special Reports > Exclusives

## Medical Journals Get Letters From DOJ

— At least three journals received letters from a U.S. Attorney asking about "competing viewpoints"

by Kristina Fiore, Director of Enterprise & Investigative Reporting, MedPage Today  
April 18, 2025 · 3 min read

Last Updated April 19, 2025 · 3 min read



A federal prosecutor [sent a letter](#) to a medical journal editor, probing whether the publication is "partisan" when it comes to "various scientific debates."

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# Gender-affirming Care; Reproductive Health Care; Climate Change

HOME > ADVOCACY > GET INVOLVED: ADVOCACY IN ACTION > ACP'S ADVOCACY IN THE COURTS

## ACP's Advocacy

### Stay Up To Date: SCOTUS

The Supreme Court (SCOTUS) has recently issued a decision that will impact physicians and their patients. ACP has provided an analysis and updates to the latest developments.

In addition to advocating with Congress and their patients, ACP also advocates in the courts. ACP has joined an amicus brief, which is a legal document that provides the court with additional information. The brief will describe to the court the issue at hand and what ACP and other stakeholders have to say about it.



Women's Health: 20 total briefs/cases

(following)

The issue(s) you raise are ones of importance to ACP and internal medicine more broadly; however, that is not what we are here to talk with you about today. Instead, we would like to discuss...

# Diversity, Equity, and Inclusion

DEI is an unwelcome term these days – but there are alternatives for consideration:

- Inclusive care
- Health equity
- Inclusive design
- Culturally-competent care
- Ensuring access to care for all
- High quality care for everyone

But, again, this is not what you are there to discuss – although you are happy to have the staff follow up. Then, pivot to one of the 3 Leadership Day issues.

## ACP Reaffirms Commitment to Equity


*Statement attributable to:*

*Isaac O. Opole, MBChB, PhD, MACP*

*President, American College of Physicians*

WASHINGTON January 23, 2025—The American College of Physicians is firmly committed to ensuring access to equitable health care for all. ACP has long articulated an intentional commitment to compassion, inclusion, equity, and justice as core values, consistently reflected in our organizational mission and goals. ACP advocates through policy and practice, to consistently advance equity throughout health care, where everyone has a fair and just opportunity to attain their highest level of health.

ACP strongly opposes discrimination in any form, particularly in the medical setting, given the clearly demonstrated negative impacts on patient health and well-being. The disparities experienced by individuals in our society related to their race, veteran status, ethnicity, sexual orientation and/or gender identity harm the health of our patients. The evidence shows that the social drivers of health experienced by these individuals intertwine and compound to disproportionately reduce access to health care and lead to poorer health outcomes.

We must ensure that everyone has access to high-quality health care in order to experience the best possible health outcomes. ACP has long called for discrimination in both health care and society to be addressed and therefore we reaffirm our commitment  to being an anti-racist, diverse, equitable, and inclusive organization. We must promote policies, laws and regulations that help to mitigate the inequities in our systems.

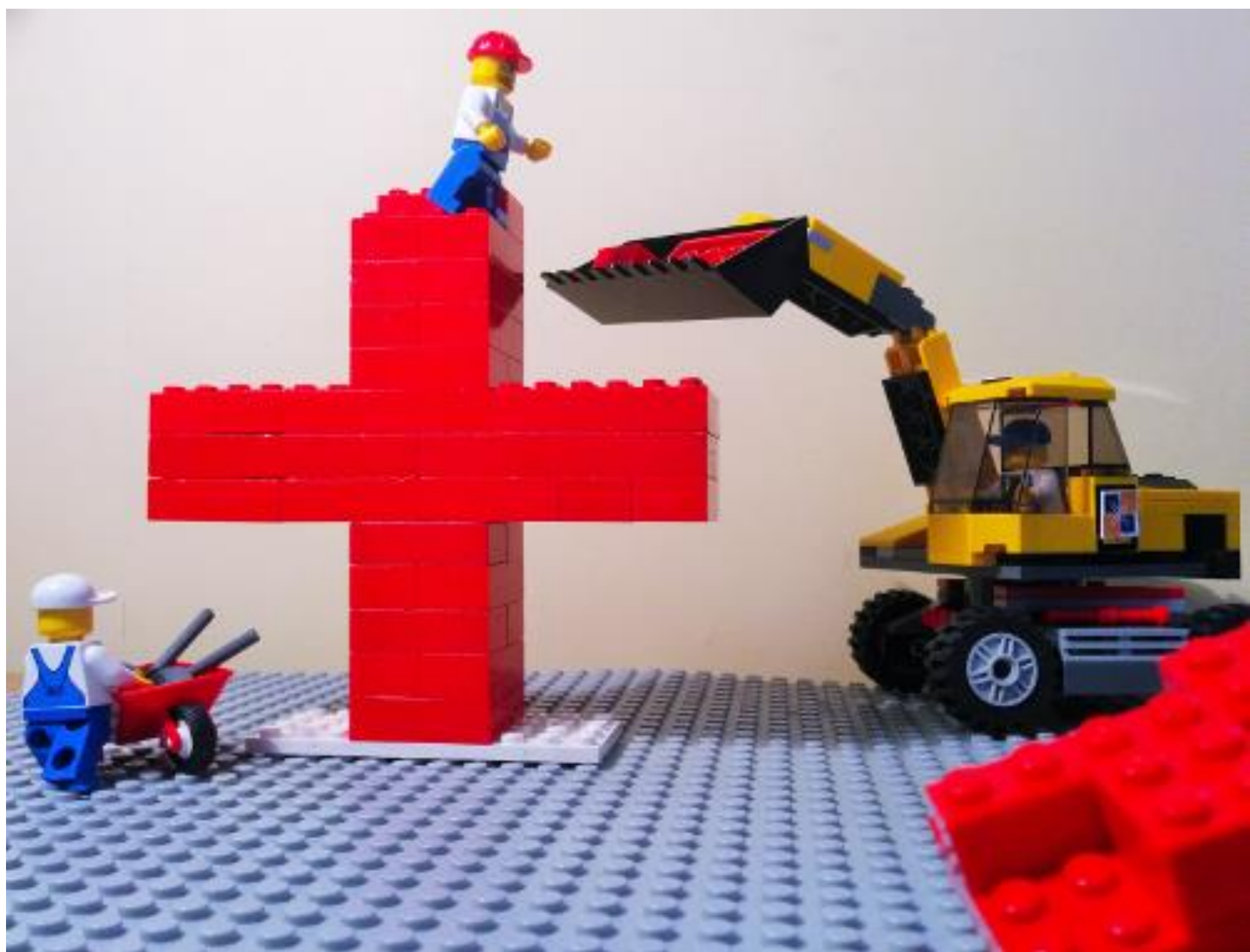
You are the most talented, most interesting, and most extraordinary person [people] in the universe. And you are capable of amazing things. Because you are the Special. And so am I. And so is everyone.

Right now, it's about you, and you....still.....can change everything.

--Emmet







Thank you!

