



Welcome to *Washington Update*, the weekly e-newsletter on the latest health care happenings in the nation's capital that affect APG's members.

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Potential Improvements To Medicare Advantage Take Center Stage At House Hearing

Streamlining prior authorization, overhauling risk adjustment to reduce upcoding, and learning far more about the use and utility of supplemental benefits were among proposals advanced this week in a House Ways and Means committee [hearing](#) on ways to improve Medicare Advantage (MA). But witnesses, including nonprofit MA plan executives, also dreamed big – advancing ideas such as creating more customized plans for chronically ill beneficiaries, and even encouraging multi-year enrollment in MA so that plans had even more incentives to invest in beneficiaries' health.

“Are there problems with the program and need for reform? Absolutely. But let’s not miss the forest for the trees,” said Sachin Jain, MD, president and chief executive officer of [SCAN Group](#), highlighting the broad popularity of MA plans “among low-income individuals and communities of color.” “Patient enthusiasm for the program is exactly why we should ensure its integrity,” agreed committee chair Jason Smith (R-Mo).

Proposals cited by witnesses closely tracked many advanced by APG in its recently released [Medicare Done Right](#) report. For example, the pains inflicted on providers and patients by prior authorization are “fixable,” but will require joint efforts by plans and providers to achieve “one-click submission” of real-time data directly from electronic health records, said Brian Miller, MD, MBA, MPH, associate professor of medicine and business at Johns Hopkins University. To improve risk adjustment, he [testified](#), AI-driven software could suggest appropriate and accurate diagnosis codes by pulling patient data from charts, labs, imaging, and related sources.

Changes in store: The hearing came as some lawmakers push broader [proposals](#) to rein in upcoding, and in the wake of multiple commitments by the nation’s largest MA organizations and other health insurers to lessen the toll of prior authorization on providers and patients. Humana, the nation’s second-largest MA insurer, became the latest to do so this week, [pledging](#) among other measures that it will provide a decision within one business day on at least 95 percent of all complete electronic prior authorization requests by next January.

Meanwhile, following earlier news reports and months of speculation, UnitedHealthcare Group, the largest MA insurer, confirmed in a [statement](#) this week that the company is cooperating with criminal and civil investigations by the U.S. Department of Justice into “certain aspects of the Company’s participation in the Medicare program.” UHG said it had “full confidence in its practices,” has “a long record of responsible conduct and effective compliance” and was committed to “serving as reliable stewards of American tax dollars.”



Projected Uninsured Numbers From Reconciliation Law Fall Slightly, But Are Still Huge

The number of individuals who will become uninsured because of the recently enacted [reconciliation legislation](#) is now projected to be 10 million over the next decade, according to the latest [analysis](#) by the Congressional Budget Office (CBO). Earlier, CBO had projected that 11.8 million would become uninsured due to changes in Medicaid and the Affordable Care Act, but CBO’s close analysis of the final measure as signed into law on July 4 yielded the somewhat lower projection.

Another 4.2 million are expected to become uninsured if Congress fails to extend the ACA's enhanced premium tax credits by year end.

Medicaid cuts' toll: As previously reported, the coverage losses stem largely from the law's Medicaid changes and projected \$911 billion in reduced federal spending that will follow over the next ten years. New Medicaid work reporting requirements are now estimated to save \$325.6 billion over the decade, mainly because they will cause millions of people to be eliminated from the Medicaid rolls. The limits on Medicaid provider taxes, projected to save \$191.1 billion, as well as reduced state-directed payments (\$149.4 billion), are expected to pressure states further to curb enrollment. The largest share of savings (\$526 billion) stems from provisions aimed at states that expanded Medicaid under the ACA.

Most of the Medicaid savings are also "backloaded" and would occur in the final five years of the decade, according to an [analysis](#) by KFF, which also says that the hardest-hit states will be Louisiana, Illinois, Nevada, and Oregon – all of which will see spending cuts of 19 percent or more in their federal Medicaid funding.



As APG Signals Support For Vaccines, Ongoing Steps By HHS Secretary Kennedy To Limit Them Prompt His Allies To Push Even Harder

Health and Human Services Secretary Robert F. Kennedy Jr. took steps this week to limit more vaccines even as his allies maneuver to help him go even further. Kennedy officially [adopted](#) a recommendation from his hand-picked CDC [advisory group](#) to halt distribution of influenza vaccines that contain the mercury-based preservative thimerosal. The recommendation was made last month by the newly reformed CDC Advisory Committee on Immunization Practices (ACIP), despite a lack of evidence that thimerosal is harmful or causes autism in children ([Washington Update, June 27, 2025](#)). The decision to halt multi-dose influenza vaccines is expected to pose challenges for clinics that vaccinate large numbers of individuals against influenza and typically use the multi-dose formulations.

As previously reported ([Washington Update, July 11, 2025](#)), Kennedy and other HHS officials have been sued by health care and public health groups over the changes he engineered at ACIP and his other actions to impede vaccines. Now Kennedy's former organization, [Children's Health Defense](#) (CHD), is attempting to force reexamination of the existing childhood vaccine schedule by effectively suing him from the other side. Its [lawsuit](#) contends that he has failed to establish a childhood vaccine task force as required by the [National Childhood](#)

[Vaccine Injury Act of 1986](#), an effort Kennedy has vigorously advocated for in the past. “We’re helping him to have an excuse to do his job,” said the CHD attorney who filed the suit, as reported in [The Hill](#).

APG’s Vaccine Endorsement: Separately, APG issued a [statement](#) this week emphasizing its commitment to the role that vaccines play in prevention of avoidable disease and death – a critical component of APG’s mission to pursue value-based care. “Preserving access to vaccines for patients of all ages according to medical society guidelines is especially important for the forthcoming fall and winter seasons,” the statement noted. “It is critical that CDC’s leadership, and the U.S. government overall, are counseled by independent advisors who have demonstrated expertise in vaccine science” and who can provide the requisite “unbiased review of scientific data.”



In Case You Missed It

- Twenty states are [suing](#) the Trump administration over the ACA Marketplace Integrity final rule, arguing that its provisions will cause nearly two million people to lose coverage and drive up health care costs.
- Medicaid beneficiaries report increased access to care and fewer financial barriers than adults with private health insurance, according to a new [analysis](#) by the Medicaid and CHIP Payment and Access Commission (MACPAC) based on data from the 2023 National Health Insurance Survey.
- The Trump administration is [reviving efforts](#) to block Medicaid and Medicare funding from going to hospitals that perform gender-affirming care services, causing some hospitals to proactively stop providing such care to minors.
- The nomination of [Brian S. Christine, MD](#), for Assistant Secretary for Health [advanced](#) out of the Senate Health, Education, Labor and Pensions committee. If confirmed, Christine would oversee the U.S. Public Health Service and head a proposed new [Administration for a Healthy America](#) within HHS.
- Budget cuts that are just a fraction of those proposed by the Trump administration for the National Institutes of Health and Food and Drug Administration could cause an estimated 53 drugs not to come to market over three decades, according to a Congressional Budget Office [analysis](#) conducted for Senate Democrats.

- The CMS Innovation Center [aims to fill](#) 100 positions, but won't re-hire any of the 300 former employees who were subjected to its earlier reduction in force.



APG Announcements And Offerings

- Registration is now open for the **APG Fall Conference 2025 - Purpose, Perseverance and Possibility: Staying the Course on Accountable Care, November 5-7 in National Harbor, MD**, near Washington, DC. **Register by Friday, August 22**, save up to \$300 with our Super-Early Bird registration.
- APG will host a **Learning Session on the 2026 Medicare Physician Fee Schedule & MSSP Proposed Rule** on **Thursday, August 7, 3:00 pm – 4:00 pm ET**. Register [here](#).
- **New Date:** The APG Group Purchasing Program featuring **Accorded, Medicare on Demand, and Plannery** has been rescheduled from **July 29 to Wednesday, August 20, 2:00 pm – 3:00pm ET**. Register for the webinar [here](#).
- APG will host a **Members-Only focus group on the 2026 Medicare Physician Fee Schedule & MSSP Proposed Rule** on **Thursday, August 21, 12:00 pm - 1:00 pm ET**. To register, please email Jenifer Callahan at jcallahan@apg.org.
- Want to get more involved in APG's Federal advocacy efforts? [Join APG Advocates today](#).

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