



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

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Shutdown Stalemate Lingers As Search For Off-Ramp Continues

On day 10 of the government shutdown, both parties remain officially in a standoff over extending the Affordable Care Act [enhanced premium tax credits](#) (EPTCs) set to expire Dec. 31. The desire to extend the expiring credits has become Democrats' cornerstone reason for refusing to support the House-passed [continuing resolution](#) to extend fiscal 2025 funding to Nov. 21. But behind the scenes, key lawmakers and staff are working furiously to find acceptable compromises as pressure builds to reopen government.

With a new [poll](#) showing that the public broadly backs extending the EPTCs, the Democratic House Minority Leader Hakeem Jeffries has [rejected](#) a Republican proposal for a one-year extension of the tax credits and continues to push for a permanent fix. But *Inside Health*

Policy [reported](#) that influential senators from both parties – including Sen. Susan Collins (R-ME) and Democrats Mark Kelly of Arizona, Ron Wyden of Oregon, and Jeanne Shaheen of New Hampshire – are all open to one- to two-year extensions of the credits along with income caps on who can claim them.

Steep costs: As the shutdown appears likely to last at least another week, some face-saving compromise seems increasingly likely as the shutdown's cost mounts. Flight cancellations and delays due to air traffic controller [sickouts](#) are just one of the growing pressure points. Active-duty military personnel will now miss their next paycheck on Oct. 15, followed by the federal workforce on Oct. 24. A [memo](#) from President Trump's Council of Economic Advisers cites estimates that the shutdown shaves 0.2 percent from the nation's gross domestic product weekly, or by about \$15 billion.

With Medicare telehealth flexibilities still suspended amid the shutdown ([Washington Update, Oct. 3, 2025](#)), providers have pursued varying approaches, including some halting telehealth services to those enrolled in traditional Medicare. APG still advises that its members can continue providing services to these enrollees by having them sign an [Advance Beneficiary Notice of Noncoverage](#). APG also recommends that its members should still hold submission of relevant claims until Congress restores telehealth flexibilities retroactive to Oct. 1, as expected – a measure for which APG continues to advocate.



CDC's Latest Vaccine Recommendations Take One Step Back, Two Steps Forward As Confusion Over Policies Continues

New COVID-19 vaccine guidance officially adopted this week rejects some earlier Trump administration moves but advances other modifications, continuing to create shifting sands in federal vaccines policy. And what's becoming the new normal – advancing policies via X posts – deepens confusion even more.

As expected, the Centers for Disease Control and Prevention (CDC) this week [formally adopted](#) its vaccines advisory committee position from last month to end blanket recommendations for population-wide COVID-19 booster shots. The CDC's [new recommendations](#) emphasize that there are different risk-benefit calculations for receiving boosters for different populations, with those being “most favorable for individuals who are at an [increased risk](#) for severe COVID-19 disease.” But the ultimate decision on getting the vaccines is left to what is variously termed “individual decision making” or “shared decision making,” deepening the confusion

further. CDC's [explanation](#) doesn't help, noting that it's "up to the provider" to decide which patients should go through some sort of decision-making process.

Broad booster availability: The practical effect appears to be that anyone who wants a COVID booster can probably now get it, somewhere and somehow – including pregnant women, since the CDC [appears to have backed off](#) Health and Human Services Secretary Robert F. Kennedy Jr.'s earlier declaration that pregnant women should not receive the vaccines ([Washington Update – May 30, 2025](#)). A CDC news release notes that all boosters will be covered by health insurers, and a helpful [guide](#) from the [Common Health Coalition](#) explains that multiple types of providers can offer "shared" or "individual" decision making in all 50 states (plus the District of Columbia), including physician assistants, nurse practitioners, registered nurses, and pharmacists.

At the same time, the CDC continues to stir the pot on the childhood vaccine schedule. The agency's Advisory Committee on Immunization Practice (ACIP) [confirmed](#) this week that it will review multiple aspects of the schedule, including the timing of when shots should be given. And following up on the now-official recommendation for separating the measles, mumps, and rubella (MMR) vaccine from the varicella vaccine ([Washington Update - September 19, 2025](#)), acting CDC director John O'Neill [posted on X](#) this week that vaccine manufacturers should now split the MMR vaccine into three vaccines given separately over time, [alarming](#) public health experts. Small wonder that the confusion and contradictory actions are taking a toll on CDC's public image as trust in the agency has plunged to a record low, a September [Gallup poll](#) shows.



Physician-Led ACOs Including Multiple APG Members Continue Superior Performance

[Updated](#) 2024 performance results from the Centers for Medicare & Medicaid Services (CMS) show that physician-led Medicare Shared Savings Program (MSSP) ACOs continue to outperform hospital-led ACOs, driving high care quality while reducing costs and reaping savings for taxpayers and shared savings for the ACOs. Nearly three dozen APG member organizations operate 50 of these ACOs, which constitute more than 1 in 10 of the 476 MSSP ACOs now in the program. A total of 46 of these ACOs operated by APG members were in the large [pool](#) of those that earned performance payments totaling \$4.1 billion for 2024 and saved \$2.5 billion for Medicare relative to the previously calculated spending benchmarks.

A case in point is the ACO jointly operated by APG members [Austin Regional Clinic](#) (ARC) and [Ascension Seton Health Alliance](#), which has now saved \$137.4 million for Medicare over a ten-year period, placing it in the top 6 percent of MSSP ACOs in terms of savings. Shared savings earned over the years have been invested into programs within the ACO's population health infrastructure. That function, overseen by the ACO and ARC's executive leadership team, now includes 60 key clinical and other support individuals analyzing data and providing services such as care coordination to ARC's patients, including beneficiaries attributed to the ACO. The ACO's per-beneficiary spending is 23.4 percent below the national median for the program, while its standing on most quality measures, such as blood pressure control and screening for breast cancer and risk of falls, exceeds the program average.

APG will continue to review the results achieved by its members in the MSSP program and provide more in-depth analysis in the coming weeks.



In Case You Missed It

- HHS Secretary Kennedy [invoked](#) discredited studies in a White House cabinet meeting that purport to show that circumcision of baby boys leads to autism. Kennedy added, without any evidence, that the cause is their receipt of Tylenol.
- Kennedy is endangering the health of the nation, six former U.S. Surgeon Generals warned this week in an [opinion piece](#) in the *Washington Post*.
- Brian Christino was confirmed by the Senate this week as HHS assistant secretary for health and Michael Stuart as general counsel. Both have been [criticized](#) by left-leaning groups over vaccine skepticism and opposition to abortion.
- The American Medical Association's "costly monopoly over the Current Procedural Terminology® (CPT) coding system" has [come under fire](#) from Sen. Bill Cassidy, MD, the Louisiana Republican who chairs the Senate Health, Education, Labor and Pensions (HELP) committee. The attack comes as HHS Secretary Kennedy continues to explore options for ending the role of a key [AMA panel](#) in setting Medicare physician payment.
- As the Senate HELP panel also continued to wrestle this week over AI regulation in a [hearing](#), the Trump administration has decided not to support a role for the private sector [Coalition for Health AI](#) in vetting health care AI tools, [Politico](#) reported.

- Cigna reportedly put a [temporary hold](#) on automatic “downcoding” for evaluation and management (E/M) services following physicians’ complaints about undue financial harm and lack of transparency about the new policy. Both Cigna and Aetna [launched](#) these approaches beginning on Oct. 1, downcoding Level 4 and 5 E/M services if submitted documentation doesn’t support reported complexity or time and prompting [pushback](#) from multiple medical groups.
- At least 47 percent of physicians were employed by or affiliated with hospital systems in 2024, according to a new [report](#) by the Government Accountability Office, which also pointed to effects such as increased spending and health care prices but unknown changes in quality and patient access.



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. Groups of 5 or more that register together receive an additional \$50 savings per registrant.
- APG will host two upcoming sponsored webinars:
 - **"Bridging the Gap: Integrating Behavioral Health Into Evernorth Primary Care,"** Presented by evolvedMD, on Tuesday October 14, at 4:00pm ET. [Register here.](#)
 - **"Exploring MASH: A Progressive and Chronic Liver Disease,"** Presented by Novo Nordisk, on Thursday, November 13, at 2:00pm ET. [Register here.](#)
- Want to get more involved in APG’s Federal advocacy efforts? [Join APG Advocates today.](#)

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