



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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Amid Failure To Extend Enhanced Premium Tax Credits, Soaring Costs Loom As Subsidies Expire

As expected, rival [Democratic](#) and [Republican](#) proposals for extending or replacing the Affordable Care Act's enhanced premium tax credits (EPTCs) failed to secure enough votes to pass the Senate this week. Although the House of Representatives may still attempt a vote in the coming days, the lack of consensus in the upper chamber means that the political path forward is effectively blocked -- leaving the EPTCs on track to expire on Dec. 31 and forcing millions to contend with sharply higher premiums or abandon their coverage.

Tensions in the House appear similar to those that doomed EPTC extension in the Senate, making it unlikely that any vote to extend the credits would succeed. Democrats and a small group of House Republicans who support bipartisan legislation to extend the credits [filed](#) so-called [discharge petitions](#) this week in an attempt to force House Speaker Mike Johnson (R-LA) to hold votes on their preferred measures. But many more conservative Republicans remain opposed to any extension and have discussed a grab-bag of other health care measures scheduled to be released today and voted on next week, according to the *PoliticoPro* newsletter.

Dire consequences: As previously reported, ACA enrollees who have been eligible for the EPTCs face average premium increases estimated at [114 percent](#) as these subsidies expire in three weeks. In a recent [KFF poll](#), half of ACA marketplace enrollees said that it was already “somewhat” to “very” difficult for them to afford their health insurance premiums, and one in four said that they would “very likely” go without health insurance if their premiums doubled next year.



Fallout Continues Over Trump Administration's Assault On Vaccines

A broad spectrum of [health groups](#), lawmakers, and others continued this week to condemn the Trump administration's overhaul of childhood vaccines and its plans to revamp oversight of vaccine safety ([Washington Update, Dec. 5, 2025](#)). The administration's actions continue an unprecedented rejection of established science, and “will result in more disease, more suffering, more confusion and yes, less trust,” said Ronald G. Nahass, M.D., president of the Infectious Diseases Society of America, at a [news conference](#) this week where he was joined by representatives of four other medical groups and the University of Minnesota's [Center for Infectious Disease Research and Policy](#) (CIDRAP).

The criticism followed President Donald J. Trump's full-throated [directive](#) late last week instructing federal health officials to re-evaluate the childhood immunization schedule -- including whether to reduce the number of recommended vaccines to more closely align with schedules in other highly developed countries such as Denmark and Japan. Vaccine experts quickly pointed out that there is [wide variation](#) in vaccine recommendations among highly developed countries based on local disease epidemiology and other factors, and no real scientific basis to link U.S. recommendations automatically to those of other nations.

The presidential directive, in turn, came after last week's the decision by the Centers for Disease Control and Prevention's

[Advisory Committee on Immunization Practices \(ACIP\)](#) -- reconstituted earlier this year by Health and Human Services Secretary Robert F. Kennedy, Jr. -- to end the longstanding recommendation that all infants receive the hepatitis B vaccine at birth. APG joined an American Academy of Pediatrics (AAP) [statement](#) decrying the ACIP decision, while the [Evidence Collective](#) catalogued a [long list of misstatements](#) made at the ACIP meeting.

Congressional inaction: Even as more organizations such as the AAP signal that they will ignore recommendations from the CDC advisory body that they now consider wholly discredited, it remains unclear what if any forceful pushback the administration will receive from the Republican-led Congress. Sen. Bill Cassidy (R-LA), who secured now-broken [pledges](#) from Kennedy not to tamper with ACIP's vaccine recommendations before voting to confirm him to his position earlier this year, said at a *Politico* event this week that he and colleagues on the Senate's Health, Education, Labor and Pensions (HELP) committee would hold oversight hearings over CDC, the Food and Drug Administration, and the National Institutes of Health "that will give us a chance to speak to" vaccine issues.



CMS Unclear About Providers' Role In Patients' Compliance With Medicaid Work Requirements

States face massive new responsibilities to prepare for implementation of new nationwide Medicaid work requirements -- dubbed "[community engagement](#)" requirements -- under newly released preliminary [guidance](#) from the Centers for Medicare & Medicaid Services. But the relatively terse language in the guidance raises questions about whether physicians or other provider groups contracted with Medicaid managed care organizations (MCOs) can play any role in providing information that states can use to enforce the requirements.

According to the guidance, states are prohibited from using MCOs "or other contractors with direct or indirect financial relationships to MCOs" to "determine beneficiary compliance" with the requirements. There is no further clarification in the guidance as to whether "contractors" includes provider groups contracted with MCOs to provide care to Medicaid enrollees. If provider groups are in fact included, the guidance could mean that no provider group could directly provide information to a state that would help to demonstrate that a given patient was meeting the work requirements and therefore could remain enrolled in Medicaid.

APG's advocacy: APG will consult further with CMS to determine the precise meaning of this preliminary guidance and will advocate

that no such restrictions be imposed on provider groups in final CMS regulations. Multiple APG member organizations have previously discussed ways of supporting their patients in meeting the work requirements, and “any regulatory language that stood in the way of providing that support is bound to be objectionable to them and to APG,” said Susan Dentzer, APG’s president and chief executive officer.



In Case You Missed It

- **A newly announced “Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence (MAHA ELEVATE)” [model](#)** will fund up to 30 cooperative agreements to collect quality and cost data on “whole-person functional or lifestyle medicine interventions,” according to CMS. Under the model, approximately \$100 million in total will be awarded to “organizations with experience integrating and measuring the impact of such approaches,” with a Notice of Funding Opportunity (NOFO) to be issued early next year.
- The same **CLEAR identity-verification capability that now speeds enrolled passengers through airport security is coming to Medicare** next year, CMS and CLEAR [announced](#) this week. CLEAR is creating a standard way to verify beneficiaries’ identity across health care organizations and reduce fraud in the Medicare program through technology that will be available to beneficiaries via Medicare.gov.
- **U.S. medical school enrollment has reached an all-time high** of more than 100,000 students this academic year, the Association of American Medical Colleges (AAMC) [reported](#) this week. Women make up 55 percent of all enrolled medical students, while the number of male matriculants to med schools grew faster than the number of women for the third straight year.



APG Announcements And Offerings

- APG will host a **Learning Session Webinar on Tuesday, January 6, 3:00-4:00 pm ET, about the 2027 Medicare Advantage & Part D Proposed Rule**. You can register for the webinar [here](#).

- APG will host a members-only **Focus Group** meeting on **Wednesday, January 14, 3:00 pm - 4:00 pm ET**, to solicit feedback about the 2027 Medicare Advantage & Part D Proposed Rule for APG's comment letter to CMS. Members should receive an invitation with the registration link, or may contact Jenifer Callahan at jcallahan@apg.org to register.
- Sponsorship is now open for the **APG Spring Conference 2026, May 27-29, in San Diego**. Visit our [Spring Conference 2026 sponsor website](#) and reserve your space today!
- **Missed the APG Fall Conference? Purchase full recordings of key sessions and panels!** You can access **on-demand videos** of the **General Sessions** and **audio recordings** of the **Breakout Sessions**, featuring some of the most timely and insightful discussions in health care today. For a full overview of the sessions featured in the recordings, visit our agenda [here](#).
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