



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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Bipartisan House Action May Now Push Enhanced Premium Tax Credits Back On Senate's Agenda

Although the Affordable Care Act's [enhanced premium tax credits](#) (EPTCs) expired with the New Year, the fight to extend them continued this week as a bipartisan majority in the House of Representatives adopted a three-year extension of the subsidies. The action now appears headed back to the upper chamber, where [bipartisan talks](#) continue over a two-year subsidy extension coupled with other measures aimed at picking enough Republican support to pass.

The 230-196 House vote led an unexpectedly large group of 17 Republicans – many of them from swing districts and facing tough reelection bids – to cross party lines and endorse the EPTC extension. They helped deliver a sharp rebuke to House Speaker Mike Johnson (R-LA), who had earlier resisted allowing comparable legislation onto the floor for a vote. But Senate Democrats' identical proposal for a three-year subsidy extension failed to pass that body last month, making it unlikely that the House-passed measure will now be brought back to the Senate for a vote.

As a result, long odds apparently still lie ahead for any deal over an EPTC extension, especially given many Republicans' desire to shift more funding into expanded Health Savings Accounts and impose [further restrictions on abortion coverage](#) in ACA marketplace plans – non-starters with most Democrats. APG continues to support a “clean” EPTC extension devoid of other provisions and will maintain its advocacy despite the odds.



Overhaul of Childhood Vaccine Schedule Prompts Renewed Pushback From APG And Other Medical Groups

The Trump administration's [decision](#) this week to scrap [six of 13 vaccines](#) from the Centers for Disease Control and Prevention's longstanding recommended childhood vaccine schedule has sparked ever-growing anger among APG and many medical groups about the long-term consequences for health. APG issued a [news release](#) decrying the move and joined the American Academy of Pediatrics and other stakeholders in signing a letter to be released later today urging Congress to conduct oversight of the changes.

The administration's action follows a December presidential [directive](#) to align the U.S. vaccine schedule with “peer countries” (*Washington Update*, December 12, 2025) and a supposed “[comprehensive scientific assessment](#)” from two administration appointees that appears to be anything but. It adopts the same basic childhood vaccine schedule required by tiny [Denmark](#), and casts a cloud over some vaccines long considered standard for children by [labeling them](#) not as required for routine vaccination, but rather to be given to “high-risk” individuals or to be administered only after “shared decision making.” Among the childhood vaccines now in the latter category are those for influenza, amid one of the worst flu seasons in years in which [at least nine children](#) have already died, and for rotavirus, the vaccine for which has [led to sharp drops](#) in infant hospitalizations. Other baffling decisions include a [recommendation](#) that children and adolescents receiving the HPV vaccine get just one rather than two

doses, even though no single-dose formula of the vaccine is currently available in the United States.

Lawsuit advances: Amid doubts over whether lawmakers will follow suit with oversight hearings on vaccine changes – House Energy and Commerce committee Democrats this week [blasted their colleagues](#) for failing to hold any to date – efforts to block administration anti-vaccine actions may remain focused on the courts. This week a Massachusetts federal district court [denied](#) the administration’s attempt to dismiss a lawsuit brought by AAP, the American Public Health Association, and others challenging the overhaul of the CDC’s Advisory Committee on Immunization Practices last year. The case will now move forward. Ironically, in making its move this week to overhaul the childhood vaccine schedule, the administration sidestepped its own reconstituted ACIP despite the panel’s heavy presence of vaccine skeptics, raising renewed doubts about its adherence to [federal administrative law](#).



Some House Democrats Ramp Up Fight Over CMMI Model Attacking Waste In Traditional Medicare

Following the lead of [legislation](#) proposed by Senate Democrats, some House Democrats are also pushing a [bill](#) that would bar the Center for Medicare & Medicaid Innovation (CMMI) from implementing the [Wasteful and Services Reduction \(WISeR\) Model](#) – or any “substantially similar model” – that would test prior authorization in traditional Medicare. APG has supported the model as a means of combatting explosive costs in the wrongful use of skin substitutes and other interventions that have impaired the financial performance of many of its members’ ACOs and unnecessarily fueled Medicare Part B premium increases for beneficiaries. Earlier, House Democrats had attempted to block funding for the model through the 2026 appropriations process ([Washington Update](#), Sept. 12, 2025), a measure that failed given that CMMI’s funding is already locked in through Sept. 2030.

Key concerns of WISeR opponents continue to be the perceived financial incentives for the health technology vendors participating in the model to deny care through use of AI algorithms. “We don’t know whether or not it’s a learning model or pretty basic stuff that is just going to deny what it’s been told to deny,” said Rep. Greg Landsman (D-OH) in a House Energy and Commerce (E&C) health subcommittee [hearing](#) this week. Ohio is one of the six states in which the model will be tested beginning this year.

APG will continue to work with CMMI to shed more light on the model's parameters and safeguards – particularly those aspects of the [vendor payment methodology](#) that disincentivize inappropriate “non-affirmations,” or denials. As E&C health subcommittee chair Morgan Griffith (R-VA) observed this week, “The WISeR model does not change Medicare coverage policy but will focus on ensuring that for a set of non-emergency services, seniors are getting safe, effective and appropriate care.”



In Case You Missed It

- **Newly introduced [Dietary Guidelines for Americans](#)** advance well-known “Make America Healthy Again” hobbyhorses, including [“evangelizing real food”](#) such as whole milk and full-fat dairy products, “prioritizing protein” such as red meats, and even dropping [specific longstanding recommendations](#) on alcohol in favor of a general prod to “consume less.” Despite the claim that previous administration’s guidelines “favored corporate interests over common sense,” critics point to the fact that many scientific [advisers](#) who helped to assemble the new guidelines also have ties to the meat, dairy, and other corporate interests.
- **Five top health insurance CEOs** have been summoned to appear before a [joint hearing](#) of two powerful House committees on Jan. 22 to examine their role in higher ACA health insurance premiums and other affordability issues. The hearing is being widely read as an effort to shift blame for any inaction on extending the expired EPTCs.
- **Several new models advanced by CMMI** focus on Medicare Parts B and D drug spending: the [Guarding Against Rising Drug Costs \(GUARD\)](#) model, the [Global Benchmark for Efficient Drug Pricing \(GLOBE\) model](#), and the [Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth \(BALANCE\)](#) model, under which CMS will negotiate drug pricing and coverage terms with manufacturers of GLP-1 medications on behalf of state Medicaid agencies and Part D plan sponsors.
- **The first round of \$50 billion in grants issued in late December from the [Rural Transformation Grant initiative](#)** created under last year’s HR 1 law contained large disparities in the funding awarded to different states, according to an [analysis](#) by KFF. Among the 50 states receiving awards, ten received less than \$100 per each rural resident, **while eight states received more than \$500. Perhaps inexplicably, the small state of Rhode Island received the most (\$900 for**

each rural resident). Although Texas has the largest rural population in the country – and the largest total award in the first year – it will receive the smallest payment per rural resident (\$66) in 2026.

- Under **two proposed rules issued in late December** ([here](#) and [here](#)), HHS announced plans to roll back multiple features of health information technology regulation put forward under the Biden Administration. If finalized, one of the rules – the fifth iteration of the agency’s Health Data, Technology, and Interoperability rulemaking – proposes to [eliminate](#) more than half of certification criteria for electronic health record vendors and update information blocking measures to facilitate data exchange, among other measures. The other withdraws a mixed bag of HIT regulations, including first-ever certification criteria for health IT used in transmitting public health data.
- [Proposed changes in federal law governing price transparency in health insurance](#) would both streamline in some respects, and increase in others, the data requirements on insurers to “improve the accessibility of pricing disclosures to participants, beneficiaries, and enrollees,” according to HHS.
- **An estimated 7.5 million Medicaid recipients who would be eligible for no-cost cancer screening under the program will lose coverage** as Medicaid changes in HR 1 are implemented in 2027-2028, according to a study newly [published](#) in *JAMA Oncology*.
- **The tech company Open AI has launched [ChatGPT for Healthcare](#)**, a generative AI model enabling health systems and large physician practices to develop AI-based solutions for a variety of clinical and administrative functions. A companion application, [ChatGPT for Health](#), helps consumers understand health information and obtain personalized answers to medical questions.



APG Announcements And Offerings

- 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.

- APG will host a sponsored webinar, "**Unpacking the Mandatory ASM (Ambulatory Specialty Model): What to Know & How to Prepare,**" Presented by Forvis Mazars, on Tuesday, February 3, at 2:00 pm ET. Register [here](#).
- 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!
- Want to get more involved in APG's Federal advocacy efforts? [Join APG Advocates today](#).

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