

February 20, 2026

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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Anti-Vaccine Pressures Continue As Administration Attempts To Shift Focus And Resolve Key Dispute

Actions with implications for federal vaccine policy took place across several fronts this week, even as the Trump administration reportedly attempts to [shift attention](#) away from its anti-vaccine stance in the runup to mid-term elections next November.

- The U.S. Food and Drug Administration (FDA) reversed an earlier [decision](#) not to review [Moderna's](#) seasonal influenza vaccine application, reportedly under White House pressure. Top FDA vaccine regulator Vinay Prasad, MD, had earlier rejected colleagues' recommendations to review Moderna's new mRNA-based flu vaccine over his narrow objection to the [trial protocols](#) used to test it in adults age 65 and older. The protocols, which compared the vaccine's effectiveness to a standard-dose rather than a high-dose influenza vaccine recommended for adults 65 and older – had previously been approved by the FDA. To win the FDA's reversal,

Moderna [agreed](#) to pursue a different regulatory pathway and seek accelerated approval for the vaccine for older adults while conducting an additional study. The episode underscored ongoing concerns about U.S. vaccine regulatory uncertainty.

- [Legislation](#) that would remove special liability protections for vaccine manufacturers was introduced by several congressional Republicans, including Sen. Rand Paul (R-KY) and Mike Lee (R-UT). Their bill would reform the [National Vaccine Injury Compensation Program](#) (VICP) by allowing individuals who suffer vaccine-related injury or death to sue manufacturers in state or federal court without first pursuing a claim through the VICP. The bill would also end a current provision of law that shields manufacturers, distributors, and administrators from most COVID-19 vaccine injury claims. Undermining or eliminating VICP has been a primary goal of Health and Human Services Secretary Robert F. Kennedy, Jr., who specialized in suing vaccine manufacturers in a longtime previous career as a plaintiff's attorney ([Washington Update](#), September 26, 2025).
- Anti-vaccine activists and lawyers have asked the U.S. Supreme Court to take up several lower-court cases involving physicians accused by state medical boards of spreading misinformation about COVID-19 prevention and treatment. In the different cases, [Politico](#) reports, the physicians and their attorneys have argued that they exercised their First Amendment rights to free speech in promulgating non-mainstream views questioning COVID vaccines or in promoting ivermectin as a COVID treatment. Secretary Kennedy was involved in some of the cases before he joined the Trump administration. The High Court is expected to signal whether it will take up the cases for review in the coming weeks.



**Prospective Participants
In New ACCESS Model
Now Evaluating
Newly Released Payment Terms**

Key features of any alternative payment model are what payments can be received when specific outcomes are met – and as new details emerge about [ACCESS](#) (Advancing Chronic Care with Effective, Scalable Solutions), prospective participants in the new CMS Innovation Center model are gaining a clearer picture of the pros and cons. The model, set to begin in July, aims to expand access for Medicare beneficiaries to technology-supported care

options, such as telehealth, wearable devices, and apps, to prevent and manage four broad categories of chronic disease (early and more advanced cardio-kidney metabolic conditions, musculoskeletal conditions, and behavioral health).

As the model is designed, participants – whether providers or the many interested tech companies that will be required to enroll as Part B Medicare providers – will receive recurring payments based on whether patients opting into the model achieve measurable health outcomes, such as control of blood pressure. The payment levels now [announced](#) by CMS, which vary by disease category, will be \$180-\$420 per beneficiary for the first year, and \$90-\$210 for a follow-on period of a year for all but musculoskeletal care. For beneficiaries in rural areas, CMS will pay another \$15 to help defray higher operational costs related to device distribution and support, the agency says. Medications, lab tests, imaging, and durable medical equipment are all to be billed separately under Medicare.

Multiple issues: Core questions now are which participants, and engaged in which clinical management strategies, will now find the model's terms appealing. Many of the more than 500 digital health companies that initially signaled an interest in participating are reportedly finding the announced payment rates to be even lower than expected. The fact that multiple payers in Medicare Advantage, Medicaid, and commercial markets have also pledged to introduce aligned payments and rates ([Washington Update](#), February 13, 2026) may broaden the model's appeal. For APG members engaged in ACOs and other risk-bearing arrangements, ACCESS participation may provide new care options to support patients, although it will not count toward receiving Advanced Alternative Payment Model bonuses. Since the model payments are designed to supplant Medicare fee-for-service payment on behalf of a given beneficiary, not constitute an add-on to it, it is unclear how attractive it may be for many other potential participants.

APG will run several educational sessions on the model, including at its forthcoming spring conference, to explain the options for its members. Please watch "APG Announcements and Offerings" in future editions of this newsletter for further details.



In Case You Missed It

- **APG has actively advocated for revisions to the 2027 Medicare Advantage (MA) Advance Notice to both CMS and key congressional committees and staff on a bipartisan basis.** Through [analysis](#) and direct staff briefings, APG has warned that the proposals would greatly undermine

value-based care and worsen the health and outcomes of MA enrollees. APG will publish its full comment letter back to the agency on Feb. 25.

- **Several California APG Members earned a Top Quality award** from the Integrated Healthcare Association for exceptional performance in the 2024 Align. Measure. Perform. (AMP) program. This statewide honor places the medical groups among the top 10 percent nationally for quality.
- **CMS' overhaul of Medicare payment for skin substitutes is projected to save approximately \$245 billion over the next decade**, according to updated [Congressional Budget Office](#) estimates released late last week. The savings follow CMS's decision to treat skin substitutes as "incident to" supplies and pay a flat fee rather than average sales price plus 6 percent. APG actively supported these moves, given the fraudulent, wasteful, and abusive Medicare Part B spending on skin substitutes that has harmed the performance of many of its members' ACOs.
- **About one in 10 Medicare Advantage beneficiaries have been forced to change plans in 2026 due to insurers exiting certain markets**, according to a new study [published](#) in JAMA. The toll constitutes a sharp increase from the roughly 1 percent annual churn rate seen in recent years.
- The **Apples to Apples Comparison Act**, originally [introduced](#) in the House to strengthen how CMS reports cost and other comparisons between Medicare Advantage and traditional Medicare, now has a Senate [companion bill](#) introduced by Sen. Tim Scott (R-SC). The legislation, [supported](#) by APG, would require more transparent, standardized metrics to help policymakers and beneficiaries make better-informed decisions about Medicare coverage options.
- **UnitedHealthcare will begin on May 1 enforcing with claims denials a new mandatory referral process** for most Medicare Advantage HMO/Point of Service plan members prior to seeing specialists.
- **NIH Director Jay Bhattacharya will serve as acting director of the Centers for Disease Control and Prevention** following the exit of Jim O'Neill, the latest move in the broader HHS restructuring ([Washington Update](#), February 13, 2026).

- The Trump administration, having withdrawn the United States from membership in the World Health Organization, now proposes to spend \$2 billion to replicate the global disease surveillance and outbreak functions that it once accessed through the WHO at fraction of the cost, the *Washington Post* [reports](#).
- **[Independent Dispute Resolutions](#) under the No Surprises Act's federal arbitration system doubled in the first half of 2025 to nearly \$1 billion**, driving up overall health care and health insurance costs, according to CMS data [analyzed](#) by the Niskanen Center. Providers initiated most of the cases and won 88 percent of the resolved disputes. The center favors replacing the current system with one that would eliminate IDR arbitration and resolve disputes over out-of-network care at median in-network rates.



APG Announcements And Offerings

- Registration is open for the **APG Spring Conference 2026: Delivery, Dollars, And Determination: Challenges and Opportunities In Accountable Care** to be held May 27-29 at the Marriott Marquis Marina in San Diego. Please [register now](#) to take advantage of the *lowest rates of the year* with Super Early Bird Savings.
- **Sponsorship is now open for the APG Spring Conference 2026**, May 27-29, in San Diego. Please 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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