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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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APG Seeks Changes In CMS's Medicare Advantage Proposals To Avoid Harm to Enrollees' Health

Warning that key provisions of the 2027 Medicare Advantage (MA) [Advance Notice](#) issued in January could ultimately harm enrollees' health, APG asked the Center for Medicare & Medicaid Services (CMS) this week to pause the changes or revise them after a more thorough analysis and review. By statute, CMS has until early April to issue its final MA rate notice for the 2027 calendar year, and it appears likely for now that the agency will make at least some changes to address problematic effects.

APG advised CMS in its [detailed comment letter](#) that the flat average overall payment increase to MA plans of 0.09 percent proposed by the agency would have a serious negative effect on the MA ecosystem – including the downstream effects on multiple APG groups operating in full-risk models with MA plans. APG termed “unrealistic” CMS’s assumption that MA spending growth in 2027 could be held to less than 5 percent given the decidedly larger increases in spending and utilization that MA plans have recently experienced. Multiple proposed risk adjustment changes would also “slash the resources available” to APG groups to maintain the advanced primary care capabilities and infrastructure that have been [demonstrated](#) to produce improved outcomes for MA enrollees, especially those with multiple chronic conditions or dually eligible for both Medicare and Medicaid.

Prospect of change? In asking CMS for a pause or delay, APG repeated its past request that CMS provide substantially more detailed information about proposed risk model changes well in advance “so that stakeholders can provide meaningful feedback to refine the new model version before it is implemented.” APG made similar points in its direct advocacy earlier this month with CMS officials and congressional staff. There is now some reason to hope that some positive changes may be forthcoming: Addressing a National Association of Benefits and Insurance Professionals conference this week, CMS Deputy Administrator John Brooks said that the agency was working through MA plans’ analyses and CMS’s assumptions to ensure that “we’re working towards a stable environment in Medicare Advantage over the next several years,” *Inside Health Policy* reported.



Trump Administration’s Health Care Agenda Shifts Emphasis As Midterm Elections Loom

Newly attentive to [polling](#) indicating public skepticism over its anti-vaccine posture, and as previously reported ([Washington Update](#), February 20, 2026), the Trump administration is shifting the focus to other health and health care topics in the runup to the November midterm elections. The latest examples:

- A reference to the previously introduced grab-bag of proposals called the “[Great Healthcare Plan](#)” ([Washington Update](#), January 16, 2026) got a brief mention in President Trump’s State of the Union message this week. Framing the disparate elements as needed to deal with the “crushing costs of health care,” the President implausibly called once again for stopping government payments to “big insurance

companies" and instead channeling funds to consumers to purchase their own health care or coverage directly. He also called on Congress to codify into law the "Most Favored Nation" arrangements that the administration has struck with multiple pharmaceutical companies, despite the confidentiality and lack of detail over most of these agreements and great uncertainty over what such legislation would entail.

- In an apparent further move to downplay anti-vaccine policies, the Centers for Disease Control and Prevention's Principal Deputy, Ralph Abraham, [resigned](#) from the agency this week to attend to "unforeseen family obligations," the CDC said. Abraham, a physician, former congressman and Louisiana's past surgeon general, has termed COVID vaccines unsafe and previously halted mass vaccination campaigns in the state ([Washington Update](#), December 19, 2025).
- A meeting of the CDC's Advisory Committee on Immunization Practice scheduled for this week was [postponed](#) to mid-March. The focus has reportedly shifted from unpopular changes in childhood vaccines to a more "Make America Healthy Again"-friendly one: "discussions on COVID-19 vaccine injuries and Long-COVID and ACIP recommendation methodology," according to the [official meeting notice](#).
- Under [instructions](#) from the White House, Health and Human Services Secretary Robert F. Kennedy Jr.'s public statements and appearances are increasingly focused on relatively non-controversial aspects of the [MAHA](#) agenda: food policy, lifestyle changes, and wellness. In a recent interview on CBS's [60 Minutes](#), he called ultra-processed foods "poison," but said there would be no substantial regulatory changes over the food supply coming in favor of more efforts to educate consumers. An official federal definition of what constitutes ultra-processed food is expected to be released this year.
- [Calley Means](#), a former lobbyist who has been serving as senior advisor at HHS, has been detailed back to the White House Domestic Policy Council as part of the ongoing HHS shakeup ([Washington Update](#), February 13, 2026) and effort to reframe the Trump health care agenda, an HHS source told [Inside Health Policy](#). Means is the brother of Surgeon General Nominee Casey Means (see item below).

It is unclear how the administration's attempt to put the MAHA face on its agenda will coexist with other recent Trump administration moves, such as an [executive order](#) entitled "Promoting the National

Defense By Ensuring An Adequate Supply of Elemental Phosphorus and Glyphosate-Based Herbicides.” Glyphosate, used in the popular weedkiller, Roundup, is considered safe when used as directed but has also been [classified](#) as possibly carcinogenic to humans. [Politico](#) reported last week that the move infuriated MAHA activists and threatened “to blow up a coalition that played a key role” in President Trump’s 2024 election.



Senate Confirmation Of Surgeon General Nominee Uncertain Amid Conflicts And Public Health Views

[Key Republican senators](#) declined to indicate this week whether they would support confirmation of [Casey Means](#) as Surgeon General, leaving in doubt for now whether she will end up in the role. Their hesitancy remained after Means’s nomination [hearing](#) this week before the Senate Health, Education, Labor and Pensions committee at which lawmakers probed her views on vaccines and chronic disease as well as her [financial ties](#) to the wellness industry. The committee, which is narrowly split 12-11 by party, is expected to vote soon on whether to advance Means’s nomination to the full Senate for final action.

Means is a Stanford medical school graduate who withdrew from her surgical residency and, as a wellness influencer, does not have an active medical license. Several Democratic senators in particular questioned her promotion of supplements, raw milk consumption, and other over-the-counter products through social media and subscription platforms that have reportedly generated significant income and raised conflict-of-interest concerns. Means has pledged in federal filings to divest from various financial holdings and step down from corporate roles if confirmed.

Vaccine fears: Some of the sharpest exchanges with skeptical senators centered on vaccines, with lawmakers from both parties [pressing](#) Means to clarify whether she would support the CDC’s evidence-based childhood immunization schedule and recommend vaccines such as measles and hepatitis B. Means said she was supportive of current administration policy while also emphasizing the importance of transparency about vaccine safety and obtaining informed consent from parents. But she proved hard and seemed to [sidestep](#) multiple vaccine-related questions.

HELP Committee Chair Bill Cassidy (R-LA), a physician who cast the pivotal vote in confirming HHS Secretary Robert F. Kennedy Jr. after securing vaccine assurances, signaled [concern](#), as did Alaska Sen.

Lisa Murkowski, who [noted](#) her state's history of fighting liver disease in native populations through hepatitis B vaccination of children and expressed doubts about Means's past statements on the vaccine. Under the Trump administration, the CDC late last year took the highly controversial move of dropping its longstanding recommendation for universal administration of the hepatitis B vaccine at birth ([Washington Update](#), Dec. 19, 2025).



In Case You Missed It

- **Dually-eligible Medicare and Medicaid patients have significantly fewer hospitalizations and readmissions when cared for under two-sided risk Medicare Advantage models**, wrote APG board member Ken Cohen, M.D., in a STAT [op-ed](#). Cohen, who is chief medical officer of Optum Health, referenced previously published peer-reviewed [research](#) from America's Physician Groups, CareJourney, and Optum demonstrating these superior outcomes for patients.
- **The Medicare Payment Advisory Commission (MedPAC) estimates that Medicare Advantage plans will be paid 14 percent more per beneficiary in 2026** compared to spending in the Traditional Medicare program, according to a new [Health Affairs Forefront](#) article written by MedPAC's chair, Michael Chernew, and key commission staff. A contributor is growth in risk-adjustment-related coding intensity estimated at 4 percent in 2026. The article is a response to an earlier [analysis](#) by CMS officials that said full implementation of the V28 risk adjustment model would have brought growth of so-called "uncorrected" coding intensity to just 1.5 percent to 2 percent had it been in effect in 2022.
- **Medicare's Hospital Insurance Trust Fund is now projected to be exhausted in 2040 — 12 years sooner than last year's estimate** largely due to revenue reductions stemming H.R.1, according to the Congressional Budget Office (CBO). The trust fund's 25-year actuarial deficit has also widened compared to last year's projections, said CBO, underscoring the growing fiscal pressure on Medicare Part A.
- **Potentially setting off a price war in GLP-1 drugs, Novo Nordisk will reduce the U.S. list price of Wegovy, Ozempic, and Rybelsus to \$675 per month effective January 1, 2027** — representing cuts of roughly 50 percent for Wegovy®

and 35 percent for Ozempic. The move aims to reduce costs for insured individuals with high deductibles or whose cost-sharing is linked to list prices. The company said that cash prices for these drugs will remain the same.

- **Federal drug production caps may be worsening shortages of ADHD medications and hospital IV opioids, forcing clinicians into rationing and higher-risk substitution decisions**, according to a new Brookings Institution [report](#).



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 **ending today**.
- **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](#).