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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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Some House Republicans Contemplate Anti-Fraud Measures, Medicaid Cuts As Midterm Elections Loom

Taking a cue from the Trump Administration's "war" on health care fraud — and eyeing November's coming elections — House Republican leaders are contemplating legislation to root out "waste, fraud, and abuse" across federal safety-net programs and make more Medicaid cuts that were [dropped](#) last year from the H.R. 1 reconciliation bill. But other Republican lawmakers, including key senators, doubt that the large effort that their colleagues envision can be accomplished — or that it would be politically wise to add to the controversial Medicaid and other changes made in the 2025 [law](#).

House Budget Committee Chair Rep. [Jodey Arrington](#) (R-Texas), who will retire from Congress this year, is among those advocating for wrapping the various measures into a new reconciliation bill, which would require only a simple majority to pass the Senate and could be passed on a party-line vote. He has urged action amid the Trump administration's crackdown on health care fraud in Minnesota and other "blue" states ([Washington Update](#), March 6, 2026), arguing for stronger oversight of safety-net programs.

Meager prospects: For now, the odds of success for another reconciliation package appear long. Although House Speaker [Mike Johnson](#) (R-LA) has repeatedly [promised](#) to pursue one to placate far-right members, it's unclear whether he could keep moderates on board amid the GOP's slim 218-214 majority. Senate Majority Leader John Thune (R-SD) [reportedly](#) wants to avoid having a measure that would blow up on the Senate floor, while other senators are also resisting amid other priorities, including wrapping up fiscal 2027 appropriations before the election.



Medicare Advantage Overpayments Issue Resurfaces In MedPAC And Elsewhere As Disputes Over Size Continue

The long-running dispute over the size of Medicare Advantage per-beneficiary overpayments relative to the traditional Medicare program continued this week, as the Medicare Payment Advisory Committee issued its latest [annual report](#) repeating its recently published [analysis](#) of the issue ([Washington Update](#), Feb. 27, 2026). That analysis pegged overpayments in 2026 at 14 percent, down considerably from MedPAC's 2024 estimate of 22 percent. At the same time, Congress's Joint Economic Committee, relying on MedPAC's 2025 estimate that overpayments equaled 20 percent, said that the overpayments forced up Medicare Part B premiums across the board by \$13.4 billion that year.

The size of overpayments has been a subject of fierce debate amid questions about appropriate methodology in evaluating the two programs. In a recently published [analysis](#), senior officials from the Centers for Medicare & Medicaid Services (CMS) wrote that the adoption of the V28 risk adjustment model, had it been fully in effect in 2022, would have eliminated all but about 2 percentage points of overpayments that year. MedPAC has now tacitly agreed that "uncorrected" overpayments due to risk adjustment have been sharply reduced by recent changes in the risk adjustment model, to an estimated 4 percentage points in 2026. The remainder of overpayments — 10 percentage points, MedPAC says — is due to "favorable selection," or the fact that people who join MA [spend less](#)

[on care](#) in the year before they join the program than the risk model predicts. The difference is taken by some as evidence that MA enrollees are somehow “healthier” than beneficiaries in traditional Medicare, an assertion that multiple APG member organizations caring for MA enrollees sharply dispute.

Mixed-up methods? Other analyses have also challenged MedPAC’s analyses on methodological and other grounds. A [report](#) released last year by the Healthcare Leadership Council noted that MedPAC based its “favorable selection” analysis on a sample of just 38 percent of MA enrollees and ignored the “increasingly diverse and medically complex population” covered by MA. This debate is a key reason that APG [supports](#) enactment of [proposed legislation](#) that would require the federal government and MedPAC to publish information enabling a far more complete analyses of the two programs, including taking into account the value to beneficiaries their substantial differences in benefits.



Anti-Vaccine Activists Maintain Advocacy Despite Administration’s Muffling Of Their Message

Anti-vaccine activists [gathered](#) in Washington this week to press for sweeping changes to federal vaccine policy, including eliminating liability protections for vaccine manufacturers that have underpinned the nation’s immunization system for decades. At a conference hosted by the [MAHA Institute](#), a “policy center” launched last year, speakers [called for](#) eliminating the childhood vaccination schedule entirely and urged passage of [legislation](#) that would allow individuals alleging vaccine injuries to [sue](#) drug manufacturers directly rather than first going through the federal [Vaccine Injury Compensation Program](#).

Although activists at the conference predicted momentum through legislation, litigation, and enactment of state “medical freedom” laws, the Trump administration is lowering the temperature amid broad bipartisan support for vaccines and attendant political risks ([Washington Update](#), Feb. 27, 2026). The latest evidence: Next week’s planned meeting of the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices will no longer feature a proposal to withdraw federal recommendations for mRNA-based COVID vaccines, according to a [report](#) in the *Washington Post*.



In Case You Missed It

- **Physicians' and other clinicians' payment should be increased by an additional 0.5 percentage points in 2027**, MedPAC recommended in its newly released [annual report](#) to Congress. Such a change would hike payment rates by 1.25 percent for clinicians participating in Advanced Alternative Payment models and 0.75 percent for non-participating clinicians. MedPAC said the change was needed because of rising medical practice costs and because ongoing "differences in compensation between specialists and primary care clinicians" may be "negatively affecting beneficiary access to primary care."
- **Medicare Advantage plans must review previously submitted risk-adjustment related diagnoses and delete unsupported codes** as CMS prepares to re-analyze MA payments for 2020-2022, the agency has [directed](#). The move comes amid ongoing [litigation](#) over the [RADV audit rule](#), which could threaten CMS's efforts to claw back MA overpayments.
- **Medicare beneficiaries now have [new options](#) to log into Medicare.gov and verify their identities through** secure services such as Login.gov, ID.me, or CLEAR, strengthening protections against fraud and identity theft.
- **CMS should allow Medicare beneficiaries enrolled in accountable care organizations (ACOs) to share in the savings that the ACOs generate through** reduced premiums, lower cost sharing, or defined rebates, according to a [commentary](#) published this week in *Health Affairs Forefront*.
- **The Centers for Medicare and Medicaid Innovation's new [Long-term Enhanced ACO Design Model \(LEAD\)](#) could weaken incentives to address health disparities by removing** explicit equity-based payment adjustments present in the ACO REACH program, which will end this year, according to another [commentary](#) in *Health Affairs Forefront*. At the same time, the authors acknowledge that other features, such as Medicare-Medicaid coordination "could improve care for vulnerable populations if implemented effectively."

- **Americans voice greater confidence in major professional health associations than in federal health agencies**, and more trust in career scientists at federal health agencies than in these agencies' leaders, according to a new [survey](#) from the [Annenberg Public Policy Center](#).
- Roughly **one-third of respondents said that they have cut back on household expenses to afford health care in a new** Gallup–West Health [survey](#), with many reporting that they have delayed retirement, job changes, home purchases, or starting a family as a result.
- **The World [Vaccine Congress](#) will meet in Washington DC from March 30 – April 2, 2026, covering key topics such as new** breakthroughs in mRNA technologies, the global rollout of vaccines, and strategies to ensure equitable access for all communities. **A panel of APG leaders** is [scheduled](#) for 2:40 pm ET on April 1 on “Vaccines and Value: Navigating Care, Cost, and Controversy in a Shifting Policy Landscape.” Susan Dentzer, APG’s President and CEO, will speak in the session along with APG Board of Directors member Stephen Parodi, Associate Executive Director of The Permanente Medical Group, and Dan Slater, Chair, Pediatrics & Associate Chair, Primary Care at Atrius Health by Optum.



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 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](#).