

June 26, 2026

Welcome to *Washington Update*, the weekly newsletter on the latest health care happenings in the nation's capital that affect APG's members.

To our subscribers: *Washington Update* will not publish next week due to the Independence Day holiday. It will publish next on July 10.

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Health And Long-Term Care Workers Among Those With Temporary Protected Status Imperiled By High Court Ruling

Tens of thousands of Haitian and Syrian immigrants, and thousands more from roughly a dozen other countries, are employed in the U.S. health and long-term care systems. They now face loss of employment and possible deportation in the wake of a Supreme Court [decision](#) this week, dealing another blow to systems already plagued by worker shortages and inadequate staffing.

The High Court's decision upholding the Trump Administration's authority to end [Temporary Protected Status](#) (TPS) for Haitians and Syrians means that they can no longer live and work legally in the United States, as many have for more than a decade. More than 30 percent of the 350,000-plus legal Haitian TPS holders work in health and elder care and are among thousands more of the 1.2 million TPS holders nationwide who do so as well, according to the [American Business Immigration Coalition](#). Amid signs that the administration may now seek legal termination of TPS protections for workers from other countries, and deport some or all TPS holders, the council has warned that such actions will "deepen labor shortages and disrupt essential services across the country." "Who's going to show up tomorrow to take care of grandma?", the *Washington Post* quoted New York Governor Kathy Hochul as asking a group of reporters following the court's decision yesterday.

APG's Perspectives: Responding to a request for input on evolving plans to shore up the nation's long-term care system, APG told Democratic staff on the Senate Finance Committee this week that immigration restrictions posed a major threat to system's viability and warranted lawmakers' attention. APG also urged the group to approach long-term services and supports broadly from a value-based care perspective, linking them to existing models such as ACOs and potentially testing new models of home care that enlisted paid family caregivers.



Lawmakers Tee Up Slew Of Health Care Measures In Pre-Election Legislative Push

Only about 60 legislative days are left for the current 119th Congress, and the campaign trail is calling as mid-term elections approach. So lawmakers are pushing to advance measures that might stand a chance of final passage or at least strike popular chords that might win over voters in November, as follows:

- A key House subcommittee [cleared 15 different health care measures](#) this week, sending them on to the full Energy and Commerce Committee for its approval. Various bills in the package, which drew broad bipartisan support, aim at promoting greater transparency in [hospital prices](#), health insurance premiums, and [use of prior authorization](#); require multiple types of providers to [post their prices on their walls](#); [require adoption of electronic prior authorization](#) by Medicare Advantage plans; [require disclosure of specified information](#) in Medicare Advantage (MA) encounter data;

and require MA plans to [provide more data](#) to regulators on provision and use of supplemental benefits. Even as these move to the full committee for its consideration, however, these bills' fate is uncertain; many were also adopted in previous Congresses but ultimately died.

- Other measures that appear to have even less likelihood of passage in the short term were nonetheless also put forward this week, as both parties try to stake out the high ground on health care affordability. Senate Democrats outlined a provision that would create a \$5,000 cap on Medicare beneficiaries' annual out-of-pocket spending – a measure reminiscent of the [1988 Medicare catastrophic coverage law](#) that survived a year before it was repealed. With the exception of Medicare Part D, most of traditional Medicare has had no limit on beneficiaries' out-of-pocket spending, in contrast to the out-of-pocket spending limits in Medicare Advantage, most employer-sponsored insurance, and ACA coverage purchased on marketplaces.
- Also facing formidable odds is a [legislative discussion draft](#) introduced this week by outgoing Sen. Bill Cassidy (R-LA), which would substantially reform the 340B drug program. The program allows certain safety-net hospitals and clinics to purchase specified outpatient drugs from manufacturers at steep discounts. Cassidy unveiled a [report](#) last year documenting multiple issues with the program, including findings that providers purchasing drugs at 340B discounts often don't pass the lower prices along to patients or consumers. But given the financial stakes inherent in the program – a major 2024 [study](#) noted that 340B accounted for \$1 out of every \$100 in the U.S. health care system – an overhaul appears unlikely before Cassidy leaves Congress when the current session ends next January.



New CMS Health Spending Estimates May Understate Effects Of Recent Policy And Technology Change

The [latest annual estimates](#) of projected national health expenditures (NHE) are out, pegging estimated 2025 spending at \$5.7 trillion and forecasting growth to just under \$9 trillion in 2034, when NHE would equal 20.6 percent of the U.S. gross domestic product. Actuaries at the Centers for Medicare and Medicaid Services (CMS), who produce the estimates, say 2025 constituted

the third straight year in which overall U.S. health spending rose by more than 7 percent. But these estimates may be based on questionable assumptions, two prominent economists wrote this week in *Health Affairs Forefront* – including potentially large underestimates about the loss of health insurance stemming from current U.S. government policies.

Over- and under-estimates? In fact, write Richard Frank and Sherry Glied – who both served at the Department of Health and Human Services under prior Democratic administrations – the CMS actuaries’ assumptions may both overstate and understate key health care trends. CMS projects substantially less loss of health insurance and reductions in state and local Medicaid spending from provisions of the 2025 reconciliation law compared to higher estimates from the nonpartisan Congressional Budget Office, for example. At the same time, the actuaries’ estimates don’t take into account potential cost-moderating effects of technologies such as the use of AI in administering claims, or the [ongoing substitution](#) of lower-cost providers such as nurse practitioners for physicians. Projections of ongoing increases in prescription drug spending may also be overstated in light of projections that expiring drug patents could cost the pharmaceutical industry \$230 billion or more in lost revenues by 2030.

Frank and Glied note that the “CMS actuaries are, by nature, cautious,” and therefore loathe to assume that “the potential impacts of unknown technologies” will bail the nation out of its health spending conundrum. “However, it would be a mistake to take [the CMS] projections literally,” they add. Both the rapidly developing changes in technology and recent draconian health policy changes “may alter the direction of health care delivery and spending in ways we are just beginning to imagine.”



In Case You Missed It

- [Chris Klomp](#) was nominated this week to be HHS deputy secretary by President Trump, who wrote that the nominee was “deeply committed...to fixing our broken Healthcare System.” The former tech entrepreneur has been head of the Center for Medicare at CMS and a senior advisor to HHS Secretary Kennedy.
- State Medicaid officials testifying at a [congressional hearing](#) this week said they valued working with federal partners to crack down on health care fraud but warned that the Trump administration’s withholding of federal Medicaid funds in retaliation for states’ alleged lack of sufficient action

against fraud threatened the loss of vital services for millions.

- **Internal Centers for Disease Control and Prevention (CDC) [emails from 2025](#)** released this week by Sen. Bernie Sanders (I-VT), ranking member of the Senate Health, Education, Labor, and Pensions Committee, document HHS Secretary Robert F. Kennedy Jr.'s multiple efforts to scuttle vaccine use and suppress science, Sanders said.
- **A [study](#) demonstrating the 50-55 percent effectiveness of 2025-2026 COVID vaccines in reducing emergency department use and hospitalization was published** this week in *JAMA Network Open*, following its rejection from publication in the CDC's *Morbidity and Mortality Weekly Report*. Acting CDC Director Jay Bhattacharya, who is also director of the National Institutes of Health, had questioned the study's methodology.
- **A U.S. Department of Education rule that would sharply limit student loan borrowing for nurse practitioners and other health care professionals was [temporarily blocked](#)** by a Washington, DC federal District judge this week, who determined that plaintiffs were likely to succeed in making their case that the department's action was "contrary to law."



APG Announcements And Offerings

- **Five scientists and engineers who developed the modern cochlear implant – the technology of which converts sounds into electrical signals delivered directly to the auditory nerve – were [awarded the 2026 Merkin Prize in Biomedical Technology](#)** by the Cambridge, Massachusetts-based [Broad Institute](#). The award, funded by the Merkin Family Foundation, is named for Richard Merkin, MD, founder and CEO of Heritage Provider Network, an APG member organization.
- **APG is now accepting abstracts for the 2026 [Case Studies in Excellence](#) series.** Showcase your organization's innovative value-based care initiatives for the opportunity to be featured in APG publications, conferences, and social media. Submissions are due June 26. Click [here](#) for submission guidelines and [here](#) to submit your abstract. ***This opportunity is for APG members only.***
- **APG's inaugural Women's Health Summit** will take place on **Thursday, July 23, from 9:00 a.m. to 4:00 p.m. PT in Los Angeles, CA.** Registration, exhibits, and a keynote book

signing will take place from 8:00 a.m. to 9:00 a.m. ***This conference is open to APG members only.*** Please email lhawkins@apg.org for registration information.

- **Please save the date for the Virtual 25th Silver Anniversary [Population Health Colloquium](#), December 9-11**, focused on innovations in population health and care coordination and bringing together leaders across health policy, research, and delivery system transformation.
- **Want to get more involved in APG's Federal advocacy efforts?** [Join APG Advocates today.](#)

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