



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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### **Even Sick Patients Could Lose Medicaid For Failure To Meet Work Requirements Under Proposed Rule**

A proposed [federal rule](#) instructing states on the implementation of new Medicaid work requirements would place clinicians in untenable roles and lead to millions of their patients losing Medicaid coverage, multiple physician members said in consultations with APG this week. The proposal released this week fleshes out the so-called "[community engagement](#)" provisions of the 2025 reconciliation law, which spell out the aspects of work, volunteerism, or education that specified "able-bodied" individuals must engage in as a condition of receiving Medicaid benefits.

But the [language in the proposed rule](#) goes beyond what was contained in the original law in defining aspects of “medical frailty” that were supposed to exempt some people from the work requirements on the ground that they were not, in fact, “able-bodied.” Rather than asserting that some health conditions are so “serious and complex” that people who have them should be exempted from having to work, the rule flips the script, making the inability to work part of the definition of medical frailty. It says that even conditions such as cancers, HIV, severe mental illness, or even end-stage renal disease may fluctuate in their severity and thus may not always be severe enough to keep people from working – therefore not a condition in and of themselves for exemption from work requirements.

**Disturbing consequences:** The rule thus appears to set up a dynamic under which sick people on Medicaid would have to demonstrate that they really were too ill to work, which presumably would have to be documented by medical claims and related information. Their clinicians would be placed in the position of having to verify the seriousness of patients’ illness – or if they could not or did not, cause patients either to have to work or to lose their Medicaid coverage. Physician members of APG also warned that their sickest patients have the greatest difficulty fulfilling Medicaid paperwork requirements and could easily lose coverage whether or not they were working.

In a [news release](#), APG said the proposed rule was “unworkable” for clinicians and the health care system; would appear to require clinicians to file ongoing reports about their sick Medicaid patients and their ability to work; and would inevitably lead to coverage loss. The rule also appears destined to be the target of lawsuits alleging that its provisions would violate [federal laws](#) governing discrimination against disabled individuals.

APG will hold a briefing for its members about the proposed rule and solicit their input to prepare a comment letter back to the Centers for Medicare & Medicaid Services, due by August 2, 2026.



## **Trump Administration Doubles Down On Commitment To Revise Childhood Vaccine Schedule**

Despite the recent federal district court order freezing efforts to overhaul federal vaccine recommendations ([Washington Update](#), March 20, 2026), a White House [executive order](#) issued last week directed the Centers for Disease Control and Prevention and its

Advisory Committee on Immunization Practice to “take any appropriate steps to update the United States childhood and adolescent vaccine schedule.” The directive said it was based on an undisclosed “scientific assessment” that compared the current U.S. schedule to that of “peer nations,” and concluded that it contains “more than twice as many vaccine doses as some European nations.”

**Déjà vu:** The latest executive order followed an earlier one released last year ([Washington Update](#), Dec. 12, 2025) that made similar claims, and that echoed the [perspectives](#) of a former administration advisor, Tracy Hoeg, who has urged that the United States emulate Denmark’s far narrower childhood immunization schedule and who was recently dismissed amid a shakeup at the Food and Drug Administration. The order signals that, despite the judicial freeze and purported efforts to keep controversial vaccine policies under wraps before the midterm elections, Health and Human Services (HHS) Secretary Robert F. Kennedy’s anti-vaccine crusade is far from over.

At last week’s annual APG Spring Conference in San Diego, clinicians reported on some of the crusade’s consequences, including ongoing drops in childhood vaccination rates and patients’ concerns about the non-existent link between autism and vaccines. “It is having a real impact on our practices,” said Sandy Chung, MD, past president of the American Academy of Pediatrics and chief executive officer of Trusted Doctors, a large pediatric medical group serving the District of Columbia, Maryland, and Virginia.



## **Health Dangers Of Ultra-processed Foods Newly Documented In Major Journal Series**

Eliminating [ultra-processed foods](#) from Americans’ diets has been a key target of the “Make America Healthy Again” (MAHA) movement, despite an ongoing [struggle](#) to craft a federal definition of the term that doesn’t rule out foods that are broadly considered healthy, such as yoghurt. But the war on the subset of truly unhealthful foods may get a boost from a [compilation](#) of new research and editorials published in the July 2026 edition of the *American Journal of Public Health* -- which link their consumption to multiple chronic diseases ranging from [diabetes](#) to [dementias](#) and trace the production and marketing behind them to techniques right out of [tobacco companies’](#) playbooks.

**Blame game?** The framing of these foods as a key public health concern and a new [“commercial determinant of health”](#) leads to calls by various journal authors for legal actions against food manufacturers similar to those that sparked the [massive 1998 settlement](#) with tobacco producers. But other voices this week said there was plenty of blame to go around. In remarks at a Washington, DC conference, Calley Means, an HHS and White House senior advisor, said “the medical industry has turned a blind eye” to the role of ultra-processed foods and implied that the health care sector has deliberately built its business model on people becoming sick from preventable chronic diseases, which he said were “90 percent driven” by consumption of ultra-processed foods. He singled out hospital food in particular as an “embarrassment and a joke.”

Means also predicted that recent Trump administration actions – including its [approvals of state actions](#) to eliminate purchase of sugary sodas and candy with SNAP benefits -- would help lead to a “plummeting” of diabetes and obesity rates. He omitted mention of changes from the 2025 reconciliation law that are [causing millions of people to lose SNAP](#) benefits entirely. The mixed messaging leaves it far from clear that a major crackdown on food producers is in the works, rather than an ongoing policy muddle that may only further threaten many Americans’ ability to buy more healthful food.



## In Case You Missed It

- **Medicare beneficiaries living in socially vulnerable communities experienced better outcomes under two-sided risk Medicare Advantage (MA) arrangements** than under fee-for-service MA or traditional Medicare, according to a new [study](#) by an APG author group. It is the latest in a [series of studies](#) documenting superior outcomes for patients cared for by APG groups experienced in two-sided risk MA.
- **Fifty-five percent of eligible Medicare beneficiaries are now enrolled in MA plans**, despite a slowing of the overall rate of growth in enrollment, according to a new [analysis](#) by KFF. Most new enrollment in 2025-2026 was in Special Needs Plans for the population dually eligible for Medicare and Medicaid.
- **Hawaii is the latest blue state to be [punished](#) by the Trump administration for alleged failure to crack down on health care fraud**, losing an estimated \$3 million from

decertification of its Medicaid fraud control unit.

- **Newly adopted [federal reforms](#) to the No Surprises Act's Independent Dispute Resolution (IDR) process** are intended to reduce massive backlogs, reduce administrative fees, and streamline communication among payers, providers, and arbitration entities.
- **Senior political appointees would have the power to review and potentially terminate all discretionary federal grants**, such as research funding from the National Institutes of Health, under a new [proposed rule](#) advanced by the Trump administration.
- **The White House's June 2 [AI Executive Order](#) omits** new regulatory limits on AI developers and sets up a conflict with the Trump administration's efforts to quash state AI regulation even as states like California move forward.
- **Vaccine manufacturers will update 2026–2027 COVID-19 vaccines to target the XFG variant, the dominant strain now circulating in the U.S.**, under a new [advisory](#) from the Food and Drug Administration.
- **New educational materials supporting the [Medicare GLP-1 Bridge demonstration](#), which begins July 1, 2026**, include [background for providers](#) contemplating prescribing GLP-1 drugs for Medicare beneficiaries under the new program.



## APG Announcements And Offerings

- **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 will host a sponsored webinar about the "**APG Group Purchasing Program (GPO)**" on Wednesday, June 17, at 2:00 pm ET. Four companies participating in APG's GPO — Altura, COPE Health Solutions, Una, and Ventegra — will present on their offerings and special pricing for APG members. Please register [here](#).
- **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.](#)