



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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Trump's Election-Year Giveback Of Small Share Of Medicare Premiums Irritates Lawmakers Eyeing Other Uses Of Funds

The Trump administration continued its efforts to woo voters this week by rebating \$90 in [Medicare Part B](#) premiums for 2026 to nearly 21 million Medicare enrollees – with that amount constituting about a 3.7 percent refund of the [nearly \\$2435 in](#) such premiums that eligible enrollees will have been charged for the coverage this year. Across [social media](#), reactions were mixed among those who received the rebate checks, but there was universal anger and dismay among another group: the members of Congress and their staffs who had other uses in mind for the \$2 billion that the administration tapped to pay for the election year giveback. With those funds drained, monies that might have gone to increasing Medicare physician pay also are in doubt.

The money that the administration drew on for the Part B rebates – and without the authorization of Congress, which ostensibly controls use of the money even though both chambers are currently on recess -- came from the so-called Medicare Improvement Fund (MIF), [established](#) by Congress in 2008 to make specified improvements in the traditional Medicare program. With monies drawn from Medicare's two trust funds, just over \$2 billion was set aside for the fund for fiscal 2026. Lawmakers in both parties were eyeing using the money for other priorities, including for funding [community health centers](#), extending a [temporary 2.5 percent bump](#) in Medicare clinicians' fees for 2026, or continuing [incentive payments](#) for clinicians participating in Medicare Advanced Alternative Payment Models for the 2027 performance year.

Most enrollees not eligible: Now, with no money left in the MIF for any of these purposes, lawmakers and staff on key health committees and from both parties said this week that they were furious. Democrats, predictably, were the most publicly vocal; in a [statement](#), Senate Finance Committee ranking member Ron Wyden (D-OR) termed the payout “another desperate attempt by a failed president to escape Americans' revulsion with his failed agenda.” Others were angry at the administration's boast that it was the first to tap MIF funds to make Medicare “more affordable for enrollees,” in part because only about 30 percent of the more than 70 million Medicare enrollees are actually receiving the Part B rebates. [Not eligible](#) for the refunds are the more than 35 million Medicare beneficiaries enrolled in Medicare Advantage plans; the roughly 12 million more who are dually eligible for Medicare and Medicaid; and about 5 million more who pay the [high-income surcharge](#) for Part B.

Members of Congress still bent on assembling an end-of-year health package will now have to hunt for other funds to offset new spending on their preferred priorities. APG will continue to advocate for changes such as those in [proposed bipartisan legislation](#) to make important changes in the Medicare Physician Fee Schedule, but the odds of success – already long -- are likely to remain shrouded in uncertainty until after the midterm elections.



As Measles Outbreaks Continue, Administration's Split-Screen Reality Endorses Vaccines While Boosting Work On Vaccine Injuries

The nation's 2026 measles outbreaks, which now number more than 4,000 confirmed cases across 47 jurisdictions, continued to

grow this week as New York's governor [declared](#) a disaster emergency as the number of cases mounted in rural counties with low immunization rates. Thousands of doses of measles, mumps, and rubella (MMR) vaccine were being doled out in pop-up clinics around New York, Pennsylvania, and other affected states. The director of the Centers for Disease Control and Prevention, Erica Schwartz, MD, [said](#) at a *Wall Street Journal* conference this week that the MMR vaccine was "absolutely safe" and "absolutely effective" and that declining immunization rates and herd immunity were fueling the resurgence in measles cases.

Meanwhile, in the treacherous split-screen reality show that now characterizes the Trump administration on the topic of vaccines, Health and Human Services (HHS) Secretary continued ramping up his activities aimed at exposing alleged dangers of vaccines.

Hunting for injuries? In a [news release](#), HHS confirmed earlier leaked news reports that it had "launched a series of actions to strengthen how the federal government identifies, documents, investigates, and responds to health problems reported following vaccination." The actions included opening a new clinic at the National Institutes of Health in Bethesda, MD, "dedicated to studying and caring for patients experiencing health problems following vaccination;" a proposal to reimburse physicians under Medicare for reporting "suspected vaccine-related injuries" through the nation's [Vaccine Adverse Event Reporting System \(VAERS\)](#); making additional changes in VAERS so that "researchers and medical professionals" can more easily investigate "potential safety signals;" and requiring that electronic health records "**capture vaccine-related adverse events**" so that information can follow patients across the health care system." "This is how we earn back trust in our public health institutions," Kennedy was quoted as saying in the news release.

In other vaccine news this week:

- A group of Democratic senators and House members [wrote](#) the CDC's Schwartz asking for answers to a series of questions, including about how she will carry out President Trump's recent [executive order](#) calling for an overhaul in the CDC's recommended childhood vaccination schedule that APG and other medical groups have [criticized](#) as non-science-based.
- A federal appeals court [heard](#) oral arguments in the case that medical and public health groups brought against Kennedy and other administration officials in 2025 challenging the overhaul of the CDC's Advisory Committee on Immunization Practice. A federal district court judge [ruled](#) last March that the overhaul was illegal in part because Kennedy picked

“distinctly unqualified” individuals, including known anti-vaccine advocates, to serve on the committee.



In Case You Missed It

- **Nearly 37 percent of combined Medicare Advantage and Part D health plans achieved four-star ratings or above for 2027**, suggesting that 71 percent of MA enrollees will be in such plans next year, the Centers for Medicare & Medicaid Services (CMS) [announced](#) this week. The Star Ratings, based on 43 quality and performance measures that rank plans from one to five stars, are linked to plan quality bonuses that [exceeded \\$13.4 billion](#) in 2026.
- **Health insurers must report negotiated rates by provider network rather than according to their individual plans or policies under [new price transparency rules](#)** adopted this week by several federal agencies, including CMS. Meanwhile, one of the agencies, the Federal Trade Commission, [wrote](#) 24 large health systems warning them that under the new regulations, pricing disclosures should reflect the full expected episode of care, including physician and facility fees, and be provided to consumers before scheduled, nonemergency services.
- **More than 2,200 hospitals nationwide must participate in the mandatory Comprehensive Care for Joint Replacement (CJR-X) model starting in 2028**, CMS [announced](#) this week. The model will measure hospitals against a target price that assumes all costs associated with a lower-extremity joint replacement from the procedure through 90 days post-discharge. CMS last month released an [evaluation report](#) showing that an earlier version of the CJR model saved Medicare \$180 million in 2022-2024.
- **Amid growing concerns about [abuses](#) in arbitration under the [No Surprises Act](#), House Energy and Commerce Committee ranking member Frank Pallone, Jr. (D-NJ) [proposes legislation](#) that would scuttle arbitration** and compensate providers based on the “median contracted in-network rate recognized by the plan or issuer.” That approach was considered but rejected by many provider groups when the original statute was being adopted and was immediately [criticized](#) this week by several medical specialty groups.

- [Twenty-four patient advocacy organizations](#) joined other health care groups, including [APG](#), in advocating for passage of [bipartisan legislation](#) to improve the Medicare Physician Fee Schedule. A key change would be incorporating an annual fee update to cover a portion of practice cost inflation.
- **Additional time is needed to implement new Medicaid “community engagement” or work requirements that go into effect next January, five governors wrote HHS Secretary Kennedy** on Oct. 1. Separately, a federal judge could rule later this month on plaintiffs’ motion for summary judgment in a lawsuit brought by Democratic state attorneys general challenging CMS’s regulation implementing those requirements.
- **The Food and Drug Administration’s safety review of the abortion drug mifepristone won’t be completed until next March**, the agency said in a [legal filing](#) this week, posing a potential delay in various lawsuits and infuriating anti-abortion lawmakers and activists. The delay could give the Trump administration’s nominee to lead the agency, Heidi Overton, time to influence the study if she is confirmed after the mid-term elections ([Washington Update](#), Aug. 21, 2026).



APG Announcements And Offerings

- [Please register now](#) for the **APG Fall Conference 2026 - From Policy To Practice: What’s Next For Accountable Care?** to be held November 18-20 at the Gaylord National Resort and Convention Center in National Harbor, Maryland near Washington, DC. Early Bird discount savings end today, Friday, October 9.
- **Also, please visit our [Fall Conference 2026 sponsor website](#) for more information** about sponsorships and exhibitor opportunities.
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