KPMG

Around the world of US healthcare in 360 words or less

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Editor's note

Please note, due to the Thanksgiving holiday, there will be no issue of ATW on Monday, December 1. Have a safe and happy holiday!

This series is produced by KPMG Healthcare and is intended to be short and succinct, less than 360 words, to provide a weekly digestible bite of healthcare regulatory, policy, and industry news relevant to our clients. Links are provided to source material (proposed and final regulations, agency guidance and press releases, reports, research, etc.) when available. Please share this email with colleagues and other interested individuals, and encourage them to subscribe to our mailing list here.

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Healthcare regulatory news

According to CMS, the standard Medicare Part B monthly premium will rise nearly 10% to $202.90 for 2026, reflecting higher projected healthcare costs and utilization. The agency noted that recent policy changes to address excessive spending on skin substitutes reduced the Part B premium by about $11 per month.

In alignment with H.R.1 legislation passed earlier this year, CMS issued guidance restricting new or increased provider taxes in Medicaid and closing a tax-related financing loophole, with an estimated federal savings of $200B over ten years. States affected must comply by the end of their 2026 or 2028 fiscal years depending on the tax type.

A recent GAO report found that the federal government and six selected states made potential overpayments of $1.6B for duplicate healthcare coverage for about 500,000 individuals in fiscal year 2023. The report recommends that CMS implement enhanced data-matching controls to prevent these duplicate benefits and achieve savings.

Bloomberg reports that the FDA is launching a new program to accelerate drug reviews by improving communication with companies, supported by new hires and a pilot in the Office of New Drugs under which staff provide more timely responses to inquiries about the review process. The agency plans to expand the practices to other FDA centers and make its internal checklist available to manufacturers.

Healthcare law and policy news

CMS recently hosted a "Connectathon" to demonstrate advancements in its initiative to improve healthcare data interoperability. The event featured the debut of a beta national provider directory from the agency and showcased products like HealthEx's platform, which is designed to give patients better access to their health records.

The Maryland Prescription Drug Affordability Board is considering using federally negotiated prices as the upper payment limit for the diabetes drugs Jardiance and Farxiga. The board intends to use CMS maximum fair prices (MFP) as benchmarks, a move proponents argue would lower drug costs, but which the manufacturers claim could restrict patient access.

According to a new analysis, NIH funding cuts in 2025 disrupted 383 clinical trials across diseases like cancer, heart disease, and brain disease, impacting over 74,000 people enrolled in experiments. About 1 in 30 NIH-funded studies lost funding, most affecting infectious disease research.

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