



Around the world of US healthcare in 360 words or less



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Editor's note

[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

CMS released the [CY 2027 MA and Part D Proposed Rule](#), which includes proposals to revise MA Star Ratings measures by removing 12 metrics, introduce a new special enrollment period for enrollees impacted by provider termination, and ease certain requirements for dual eligible special needs plans. The agency also aims to reduce

regulatory and administrative burdens by exempting some account-based plans from disclosure rules and eliminating certain health equity requirements.

CMS introduced the [ACCESS Model](#), a voluntary Medicare Part B payment model that reimburses providers for using telehealth and other digital tools such as wearables and mobile apps to manage patients with certain chronic conditions. The first performance period begins July 1, 2026.

A new [GAO report](#) found persistent fraud risks in the ACA's Advance Premium Tax Credit program, after its investigators were able to get numerous fraudulent applications approved and subsidies paid to ineligible individuals. GAO found that 90% of fabricated applications submitted in 2024 and 2025 were approved, with millions of dollars in improper payments.



Healthcare law and policy news

The Trump administration is [appealing](#) a federal court ruling that struck down CMS's 2023 MA Risk Adjustment Data Validation rule, which was intended to use extrapolated audits to recoup billions in plan overpayments. The appeal to the Fifth Circuit follows the judge's agreement with Humana that the agency's removal of the fee-for-service adjuster and its notice process were improper.

Although senators have [reached](#) bipartisan agreement on healthcare price transparency and PBM reform, they remain at an impasse over how to handle the expiring ACA premium tax credits. The primary conflict lies between Republicans' proposals to shift enhanced subsidies into health savings accounts and the Democrats' push for a one-year extension to avoid a lapse in coverage.

CDC's Advisory Committee on Immunization Practices (ACIP) [voted](#) to overturn the policy recommending universal hepatitis B vaccination for all newborns, limiting the birth dose instead to infants born to mothers who test positive for the virus, with others advised to consult providers. The change has drawn opposition from experts who credit vaccination with reducing childhood hepatitis B, while a separate vote favored antibody testing to reduce the three-dose series.



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