



Around the world of US healthcare in 360 words or less



May 26, 2026 | Issue 418

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](#).

We welcome your feedback. Let us know if KPMG can help. Please reply to this email with any comments or requests.

[Subscribe here](#)



Healthcare regulatory news

FDA [offered](#) details on its real-time clinical trials pilot, clarifying that the program is not designed to ingest raw patient data, but instead will rely on manufacturers to intake trial data and transmit predefined safety, efficacy, and dosing signals to the agency. Several [unresolved](#) operational questions remain, particularly involving participant eligibility, performance metrics, applicability to late-stage trials, and stakeholder feedback timelines.

CMS [proposed](#) caps on Medicaid state-directed payments to [align](#) with Medicare rates. Expanding on legislative reductions [outlined](#) in H.R.1. By 2029, the payment limits [would extend](#) to all services nationwide, with the agency noting efforts to prevent healthcare providers from circumventing the statutory caps through strategic cost-shifting or consolidation.



Healthcare law and policy news

In its first meeting, the [Healthcare Advisory Committee](#) (HAC) established its two-year operational framework by approving bylaws and defining six working groups tasked with delivering continuous, actionable recommendations to HHS and CMS. The committee's priorities will focus on modernizing healthcare technology, advancing value-based holistic care, standardizing quality metrics, reducing administrative burdens, and ensuring long-term program sustainability.

An OIG [report](#) described how vertical integration among Part D sponsors, PBMs, and pharmacies impacts Medicare and enrollee costs. The assessment found that vertically integrated plans paid pharmacies more upfront and clawed back more money later through rebates and fees, leaving enrollees with lower monthly premiums but higher out-of-pocket drug costs.

The U.S. Supreme Court [declined](#) to review appeals from several major pharmaceutical companies attempting to block Medicare drug price negotiations mandated by the IRA. Despite this legal defeat, affected drugmakers maintain their strict opposition to government price-setting and [indicated](#) they are evaluating alternative options.

Senate Democrats [introduced](#) a Congressional Review Act [resolution](#) aiming to repeal the Trump administration's [WISeR](#) model, an AI-driven prior authorization pilot currently operating in traditional Medicare. Critics [argue](#) the initiative incentivizes private contractors to deny necessary medical care by allowing them to share in the cost savings from averted expenditures.

48 employer and consumer organizations [petitioned](#) the Trump administration to strengthen oversight of the No Surprises Act's independent dispute resolution (IDR) process. The coalition's proposed reforms include investigating IDR entities for conflicts of

interest, mandating structural and financial disclosures, and implementing upfront eligibility screenings for submitted claims.



Please send your questions or comments to us-hclspractice@kpmg.com.

KPMG. Make the Difference.

Learn about us:



kpmg.com



Subscribe

Some or all of the services described herein may not be permissible for KPMG audit clients and their affiliates or related entities.

[Privacy](#) | [Legal](#)

You have received this message from KPMG LLP. If you wish to unsubscribe from this publication or from other KPMG communications, please click [here](#) to visit your KPMG Communication Preferences Center. To unsubscribe from all KPMG communications, click [here](#).

© 2026 KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved.

The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organization.

USCS035556-1A