



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

According to a new GAO [report](#), HHS has not developed detailed plans to address weaknesses in the nation's organ transplantation system, despite over 100,000 patients being on the waiting list. GAO recommends that HHS create specific, actionable plans with milestones to reform the system, improve organ allocation, and ensure more effective oversight.

Texas Governor Greg Abbott [directed](#) the Texas Health and Human Services Commission and its Office of Inspector General to further investigate potential Medicaid fraud in light of [allegations](#) of fraudulent activity in other states. Abbott mandated additional safeguards, including reviews of high-risk services like autism care, staffing for managed care organizations' investigative units, targeted training, and a progress report due by March 15, 2026.



Healthcare law and policy news

The U.S. Supreme Court [upheld](#) the Fifth Circuit's prior ruling that the No Surprises Act (NSA) creates no private right of action for providers to enforce Independent Dispute Resolution awards against insurers in court. The decision [solidifies](#) that parties must rely on the NSA's administrative process rather than pursuing legal or judicial enforcement.

CMS [reported](#) that national healthcare spending rose to \$5.3T in 2024, a 7.2% increase from the previous year. Insured population coverage dipped slightly to 91.8% [amid](#) Medicaid unwinding and expiring ACA subsidies, while insurers faced margin pressure from elevated medical costs.

A new bipartisan funding bill would [extend](#) Medicare telehealth flexibilities until December 2027 and the hospital-at-home program through September 2030—avoiding their January 30 expiration. The measure also [includes](#) PBM reforms such as delinking PBM compensation from drug prices in Medicare Part D, and additional reporting requirements for employer plans to promote drug pricing transparency.

Healthcare fraud settlements under the False Claims Act [reached](#) a record \$5.7B in FY 2025, more than triple the previous year's total. These settlements, primarily involving federal programs like Medicare and Medicaid, fueled a record \$6.8B in total judgments across all industries, driven by a significant increase in whistleblower lawsuits.

American Academy of Pediatrics and other health organizations are [suing](#) HHS to reverse recent changes to the childhood vaccine schedule. The lawsuit argues that the new schedule, which reduces the number of recommended vaccinations, was created without proper scientific consultation and compromises public health.



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