



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 proposed [2027 Notice of Benefit and Payment Parameters](#), outlining major changes to ACA health insurance Marketplaces, including expanding catastrophic plans, reimposing eligibility verifications stayed by [City of Columbus v. Kennedy](#), and implementing provisions from the One Big Beautiful Bill Act (H.R.1). These policies, some of which are reversals of Biden-era rules, are [expected](#) to decrease Marketplace

enrollment by up to 2M people, increase out-of-pocket costs, and impose over \$1.34B in new annual administrative burdens.

FDA issued a “refuse-to-file” letter [declining to review](#) Moderna’s mRNA flu vaccine, arguing the company’s Phase 3 trial was not “adequate and well-controlled” because it used a comparator that did not reflect the best available standard of care for older adults, while raising no specific safety or efficacy concerns. Moderna called the decision inconsistent with prior agency guidance and said it threatens the prospects of its broader flu and combination vaccine strategy.



Healthcare law and policy news

HHS Secretary Robert F. Kennedy Jr. [announced](#) an overhaul of his leadership team, appointing current Medicare Director Chris Klomp to oversee all department operations and elevating several FDA and CMS officials to senior counselor roles. According to an internal email staff, the changes aim to streamline policy coordination across HHS agencies amid ongoing agency restructuring.

According to a CBO analysis, H.R. 1 will cut \$1.2T from Medicaid over the next decade, primarily by reducing enrollment through measures like work requirements. Despite these cuts, overall Medicaid spending is [still projected](#) to increase as the remaining beneficiaries are expected to experience more medical issues and have higher healthcare costs.

Nearly one in five enrollees in Pennsylvania’s health insurance marketplace [dropped](#) health coverage during 2026 open enrollment after federal enhanced premium tax credits expired at the end-of 2025, causing average premiums to double and prompting 85,000 terminations from a base of roughly 486,000. Disenrollments hit older, rural residents hardest, and curbed new sign-ups by 12%.

Medicare Advantage stakeholders, backed by former HHS secretaries, are [lobbying for legislation](#) that would mandate changes to how MedPAC analyzes program data. They argue that MedPAC’s current methods are flawed and create an inaccurate narrative of MA overpayment, which they claim is ultimately harmful to beneficiaries.



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