



Around the world of U.S. 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 [a statement](#) outlining actions the agency is taking to protect consumers from unauthorized activity by agents and brokers in the Marketplace after a [KFF Health News investigation](#) found that some consumers' plans are being switched without their knowledge, causing them to lose access to care and face unanticipated financial costs.

The FDA [announced](#) a Class I recall of Abbott/Thoratec Corp. heart devices linked to 14 deaths and hundreds of injuries caused by the buildup of biological material obstructing blood flow.



Healthcare law and policy news

[A Congressional Budget Office \(CBO\) report](#) found that Accountable Care Organizations (ACOs) led by independent physician groups and ACOs with a larger proportion of primary care providers (PCPs) are associated with greater savings due to reduced hospital care and more control over which types of services are provided to their patients.

CMS [delayed implementation](#) of policy changes that would affect researchers' access to Medicare data in response to feedback to a [February RFI](#) and is considering improvements to the research request process and Virtual Research Data Center (VRDC) user experience.

A [study presented in a research letter to JAMA](#) found that prices for emergency services called trauma activation fees (TAFs), which are unregulated by the 2021 Hospital Price Transparency Rule, varied 16x across the 761 hospitals studied.

The [HHS Inspector General testified to the House Energy & Commerce Committee](#) that OIG declined to investigate between 300-400 viable cases of Medicare and Medicaid fraud citing lack of resources; the combined [Medicare and Medicaid overpayment estimates](#) for fiscal year 2023 were approximately \$101B.

A [lawsuit](#) alleged Medicare Advantage carrier Aetna broke contract terms by categorizing extra benefits such as gym memberships and gift cards as medical expenses, ultimately depriving providers of shared savings under a value-based care arrangement.

According to [the Commonwealth Fund 2024 State Health Disparities Report](#), American Indians and Black Americans are 1.4x and 1.9x likelier, respectively, to die from preventable and treatable causes.

Elevance Health [entered a definitive agreement](#) with private equity firm Clayton, Dubilier & Rice to form a company focused on primary care... Over 20% of healthcare bankruptcies filed in 2023 were backed by private equity, according to [a Private Equity Stakeholder Project report](#).



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