

## Trump HHS Continues Some Biden Medicare Policies, Revises Others

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- Final rule focuses on Medicare Advantage, Part D plans
- Requirements for dual-eligible plans revised

The Trump administration offered a mix of old and new provisions in its revised 2026 Medicare Advantage and Part D Contract Year 2026 final rule.

Much of the [rule](#) (RIN 0938-AV40) released Friday by the Centers for Medicare & Medicaid Services continues or modifies provisions first implemented by the Biden administration through the Inflation Reduction Act in 2024 and 2025.

But the rule [scrapped a proposal](#) by the Biden administration for Medicare and Medicaid to cover anti-obesity drugs for weight loss.

The final rule includes several IRA provisions that require codification, given that their program instruction authority expires at the end of 2025.

For instance, the rule continues for plan year 2026 consumer-friendly IRA provisions that eliminate beneficiary cost sharing for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and that are covered under the Medicare Part D prescription drug benefit.

It also continues for 2026 the IRA's \$35 limit on a one-month supply of covered insulin products and the Medicare Prescription Payment Plan, which allows beneficiaries to pay for their covered medications in monthly installments during the coverage year.

The rule includes a new requirement that by 2027, dual-eligible special needs plans used by low-income Medicaid and Medicare enrollees must have member ID cards that can be used by both programs. It also modifies the way health risk assessments, which determine a patient's Medicare Advantage risk score, are conducted.

And the rule restricts the eligible supplemental benefits that can qualify as Special Supplemental Benefits for the Chronically Ill.

Unlike traditional fee-for-service Medicare, which pays for each medical service provided, private Medicare Advantage plans receive a flat monthly payment to cover each beneficiary's cost of care.

The plans are a major revenue source for insurers like [Humana Inc.](#), [UnitedHealth Group Inc.](#), [Centene Corp.](#), and [CVS Health Corp.](#) But they've faced scrutiny from lawmakers and regulators over their cost and the quality of care.

"As we continue to review the final rule, we are encouraged that the Administration took a measured approach and declined to make major changes at this time," said a statement from

Mary Beth Donahue, president and CEO of Better Medicare Alliance, which advocates for MA plans.

“With millions of Medicare Advantage beneficiaries still facing significant impacts from two years of Medicare Advantage cuts and other policy changes, this is the right decision to protect seniors and the Medicare Advantage program,” she said.