

Regulatory Year-In-Review For The C-Suite

Iowa Hospital Association

Michael W. Chase
October 7, 2026

Predictions for 2026



US healthcare spending soars to over \$5 trillion in 2024

By Amina Niasse

January 14, 2026 3:45 PM CST · Updated 22 hours ago



U.S. dollar banknotes and medicines are seen in this illustration taken, June 27, 2024. REUTERS/Dado Ruvic/Illustrations Rights

CMS projects national health spending grew to \$5.7 trillion in 2025

Jun 25, 2026 - 02:44 PM



Millions face higher health insurance costs as ACA subsidies expire

Enhanced subsidies for some Affordable Care Act enrollees expired on Jan. 1, which could increase health insurance costs for millions of people.



President Trump Unveils The Great Healthcare Plan to Lower Costs and Deliver Money Directly to the People

The White House

January 15, 2026

President Donald J. Trump's Great Healthcare Plan is a broad healthcare initiative that will slash prescription drug prices, reduce insurance premiums, hold big insurance companies accountable, and maximize price transparency in the American healthcare system.



The fragile economies at the heart of rural hospitals

What makes small town healthcare different

By Sarah Slobin

Published March 19, 2026 05:00 AM CDT

BECKER'S
HOSPITAL REVIEW

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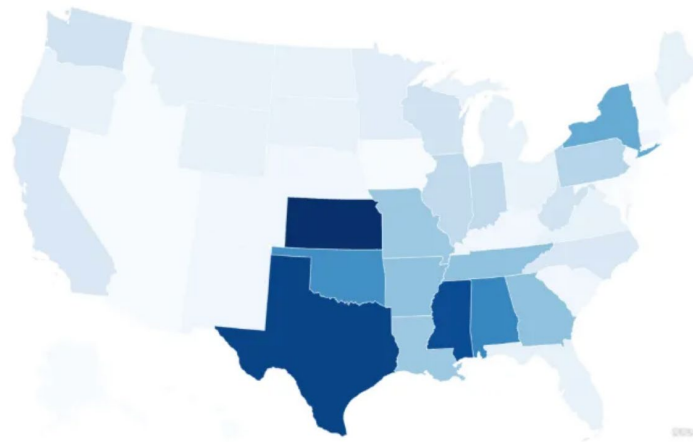
The 44 rural emergency hospitals, by state

Map Shows States With Hospitals at Immediate Risk of Closing

PUBLISHED

JUN 03, 2026 AT 03:29 PM EDT

States With Hospitals at Immediate Risk of Closing



Hospital at home linked to lower ED visits, in-hospital mortality: study

The findings suggest hospital at home could serve as a safe alternative to inpatient care, researchers wrote. However, adoption is uneven, with most programs located in urban areas.

Published May 7, 2026

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Affordability Starts Close to Home: Why Rural Hospitals Are Essential to Lowering Healthcare Costs

🕒 Aug 05, 2026 - 12:25 PM by Shannon Wu, AHA Director of Payment Policy

Iowa reform allows for new options for healthcare, expanding access and lowering costs

May 14, 2026

Des Moines, Iowa; May 14, 2026: Yesterday, Iowa Gov. Kim Reynolds signed legislation scaling back the State's certificate of need (CON) laws, which require healthcare providers to receive a permission slip from their competitors before opening or expanding facilities. **House File 2635** raises the cost thresholds that trigger CON review and narrows the categories of projects subject to review.

“Certificate of need laws don't protect patients; they protect incumbent providers from competition,” said Kileen Lindgren, State Policy Manager with Pacific Legal Foundation. “When the government decides who gets to open a hospital or clinic, it's consumers who pay the price, in higher costs and fewer choices. Iowa's reform is a win for every patient who deserves access to affordable, quality care.”

Jan 27, 2026 - Health

Fear of ICE is driving patients away from medical care



Maya Goldman



Add Axios on Google



Happy Bday, HIPAA



FOR IMMEDIATE RELEASE

May 18, 2026

Contact: HHS Press Office

202-690-6343

[Submit a Request for Comment](#)

HHS ANNOUNCES RESTRUCTURING OF ITS OFFICE FOR CIVIL RIGHTS

WASHINGTON — May 18, 2026 — The U.S. Department of Health and Human Services (HHS) today announced a reorganization of its Office for Civil Rights (OCR), the Department's law enforcement agency charged with enforcing laws protecting civil rights, conscience and religious freedom, and health information privacy and security. The reorganization

HIPAA Enforcement

Resolution Agreements and Civil Money Penalties

A resolution agreement is a settlement agreement signed by HHS and a covered entity or business associate in which the covered entity or business associate agrees to perform certain obligations and make reports to HHS, generally for a period of three years. During the period, HHS monitors the covered entity's compliance with its obligations. A resolution agreement may include the payment of a resolution amount. If HHS cannot reach a satisfactory resolution through the covered entity's demonstrated compliance or corrective action through other informal means, including a resolution agreement, civil money penalties (CMPs) may be imposed for noncompliance against a covered entity.

- [Ambry Genetics to Pay \\$700,000 After Phishing Attack Exposed 225,000 Patients' Health Data \[PDF, 51.88 MB\]](#) - September 17, 2026
- [HHS' Office for Civil Rights Settles HIPAA Right of Access Investigation with Azul Vision, Inc.](#) - August 27, 2026
- [HHS' Office for Civil Rights Settles Ransomware Investigation with Healthcare System](#) - July 29, 2026
- [Spencer Gifts LLC Resolution Agreement \[PDF, 654 KB\]](#) - May 20, 2026
- [HHS' Office for Civil Rights Settles HIPAA Investigation of MMG Fusion, LLC Breach \[PDF, 264 KB\]](#) - March 5, 2026
- [SG Health Plan Resolution Agreement and Corrective Action Plan](#) - January 22, 2026
- [Consociate, Inc. Resolution Agreement and Corrective Action Plan](#) - December 18, 2025
- [Assured Imaging Resolution Agreement and Corrective Action Plan](#) - December 5, 2025

OMB Publishes 2026 Unified Agenda Signaling Upcoming Health Privacy and Interoperability Updates from HHS

By [Libbie Canter](#), [Anna D. Kraus](#), [Elizabeth Brim](#) & [Kyle Falkner](#) on July 20, 2026

POSTED IN [DIGITAL HEALTH](#), [HEALTH PRIVACY](#)

The Office of Management and Budget (“OMB”) has released its 2026 Unified Agenda, which identifies regulatory actions that federal agencies expect to propose or finalize during the remainder of the year. Below, we highlight several notable health privacy, interoperability, and data exchange rules that the Department of Health and Human Services (“HHS”) has [listed](#) for proposed or final action in 2026. The descriptions and target dates below reflect only the agency’s stated intentions and are subject to change.

HIPAA Security Rule



OFFICE of INFORMATION and REGULATORY AFFAIRS
OFFICE of MANAGEMENT and BUDGET
EXECUTIVE OFFICE of the PRESIDENT

U.S. General
Services
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GSA

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View Rule

[View EO 12866 Meetings](#) [Printer-Friendly Version](#) [Download RIN Data in XML](#)

HHS/OCR

RIN: 0945-AA22

Publication ID: 2026

Title: HIPAA Security Rule to Strengthen the Cybersecurity of Electronic Protected Health Information

Abstract:

This rule will modify the Security Standards for the Protection of Electronic Protected Health Information (the Security Rule) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act). These modifications will improve cybersecurity in the health care sector by strengthening requirements for HIPAA regulated entities to safeguard electronic protected health information to prevent, detect, contain, mitigate, and recover from cybersecurity threats.

Agency: Department of Health and Human Services(HHS)

Priority: Economically Significant

RIN Status: Previously published in the Unified Agenda

Agenda Stage of Rulemaking: Long-Term Actions

Major: Yes

Unfunded Mandates: Undetermined

EO 14192 Designation: Regulatory

CFR Citation: [45 CFR 160](#) [45 CFR 164](#)

Legal Authority: [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\), sec. 262 \(42 U.S.C. 1320d-2\)](#) [Health Information Technology for Economic and Clinical Health \(HITECH\) Act, sec. 13401 \(42 U.S.C. 17931\)](#)

Legal Deadline: None

Timetable:

Action	Date	FR Cite
NPRM	01/06/2025	90 FR 898
Final Action	07/00/2027	

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BH

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News | Articles | February 27, 2026

CMS launches three-pronged plan to CRUSH health care fraud

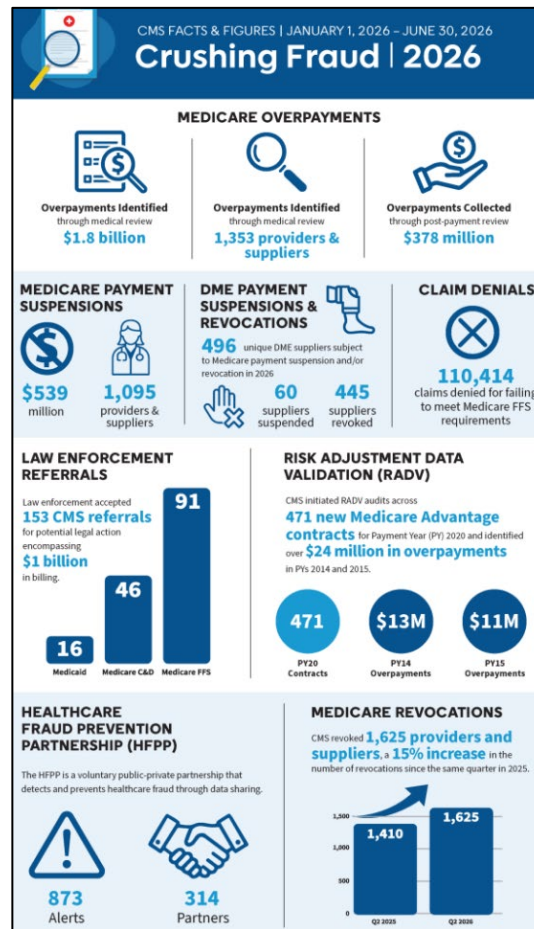
Author(s) [Austin Littrell](#)

Fact checked by: [Keith A. Reynolds](#), [Cheney Gazzam Baltz](#)

Key Takeaways

- CMS imposed a nationwide six-month DMEPOS enrollment/ownership-change freeze for seven supplier categories, citing elevated revocation rates and concentration of claims in high-risk orthotic brace codes.
- Enforcement metrics for 2025 included \$5.7 billion in suspended payments, 122,658 denied claims, 5,586 revocations and 372 referrals totaling \$3.7 billion, signaling broader administrative escalation.

[SHOW MORE](#)



At a Glance:

OIG Accomplishments

October 1, 2025–March 31, 2026



MONETARY IMPACT^{*,†}

OIG's work returns \$12.70 in expected recoveries and receivables for every \$1 invested.



OVERSIGHT ACTIVITIES



ENFORCEMENT ACTIONS



^{*}Totals in appendices may differ and numbers in figures may not sum due to rounding.

[†]See Appendix E for an explanation of terms.

Autism Services Payments

OIG found that Maine and Colorado made improper and potentially improper fee-for-service Medicaid payments for services including applied behavior analysis, a behavioral therapy typically used to help individuals with autism. Both States saw large increases in Medicaid payments for applied behavior analysis since 2019, and, for both States, OIG identified an issue with all sampled items. In total, Maine made at least an estimated \$45.6 million



IMPROPER PAYMENTS

Maine made at least an estimated
\$45.6M
in improper payments

Colorado made at least an estimated
\$77.8M
in improper payments



CASE OUTCOMES

Wound Graft False Claims Fraud

- More than **\$614.9M** in criminal restitution
- **\$410.7M** in forfeitures
- **\$309.9M** in civil settlements
- **29.5 total years** in prison

OIG issued

173

recommendations that identified

\$957.6M

in questioned costs and funds put to better use

HHS and non-HHS entities implemented

182

recommendations that saved

\$262.8M

PRESS RELEASE

The Fraud Division Launches West Coast Strike Force to Target Health Care Fraud Schemes Across Arizona, Nevada, and Northern California

Thursday, April 30, 2026

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For Immediate Release

Office of Public Affairs



U.S. Department of Justice

Criminal Division

Office of the Assistant Attorney General

Washington, D.C. 20530

May 12, 2025

MEMORANDUM

TO: All Criminal Division Personnel

FROM: Matthew R. Galeotti
Head of the Criminal Division

SUBJECT: Focus, Fairness, and Efficiency in the Fight Against White-Collar Crime¹

B. Prioritization and Associated Policy Changes

To combat these harms, the Criminal Division will prioritize investigating and prosecuting white-collar crimes in the following high-impact areas:

1. Waste, fraud, and abuse, including health care fraud and federal program and procurement fraud that harm the public fisc;



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PRESS RELEASE

National Health Care Fraud Takedown Results in 455 Defendants Charged in Connection with Over \$6.5 Billion in Alleged Fraud

Tuesday, June 23, 2026

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For Immediate Release

Office of Public Affairs

Record Medicaid Fraud Charges Largest Number of States Participating in Health Care Fraud Takedown History

2026 National Health Care Fraud Takedown

\$6.5 BILLION | INTENDED FRAUD
LOSS CHARGED

CRIMINAL
AND CIVIL
CHARGES

455

DEFENDANTS
CHARGED

90

MEDICAL
PROFESSIONALS
CHARGED

\$182 M

CASH AND OTHER
ASSETS SEIZED



10.7 M

PILLS OF CONTROLLED
SUBSTANCES ILLEGALLY
DISTRIBUTED



CIVIL
SETTLEMENTS

\$23 M

31

DEFENDANTS

FEDERAL
AND STATE
PARTICIPATION

56

FEDERAL DISTRICTS

50

U.S. STATES AND TERRITORIES

US v. Yukee – Wound Allograft Fraud on Medicare

NURSE PRACTITIONER

- OWNED 4 MOBILE WOUND CARE CLINICS
- \$906 MILLION** IN FRAUDULENT CLAIMS TO MEDICARE FOR WOUND ALLOGRAFTS

US v. Yukee – Seized Ferrari

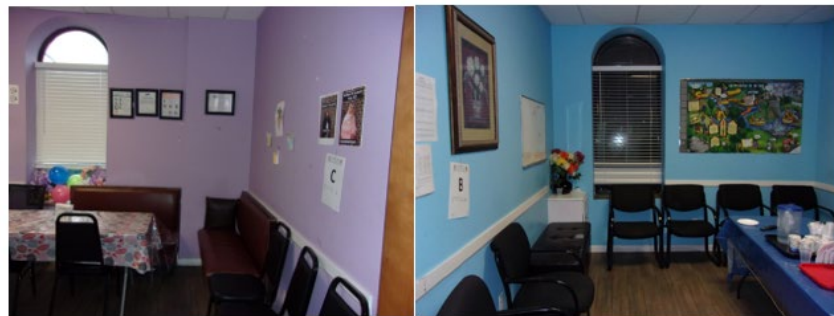
\$594,000 Ferrari 296 GTS

US v. Yukee – Seized Necklace

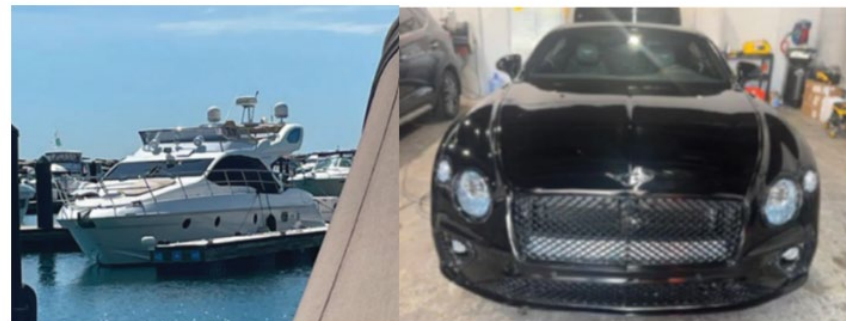
\$865,000 Bulgari Necklace



Ibrahim Hilmi landing in the United States after being apprehended in a \$3.7 billion fraud



Interior of Brooklyn social adult day care centers where allegedly fraudulent bills to New York Medicaid claimed hundreds of beneficiaries received services per day



Yacht and Bentley Continental GT purchased with proceeds of alleged fraud

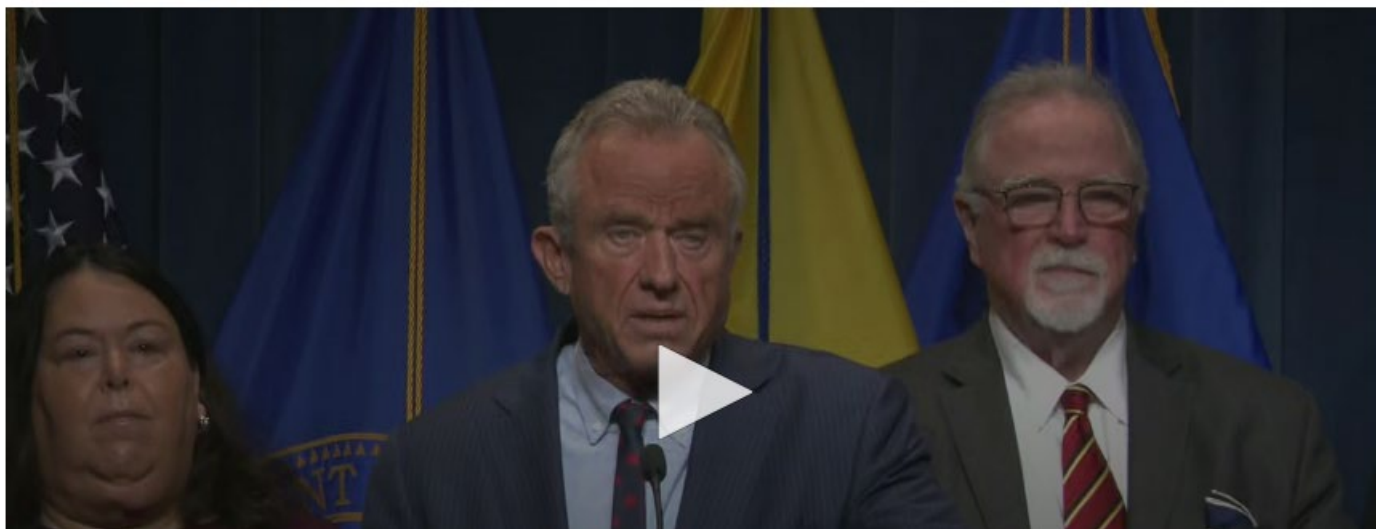
JULY 21, 2026

HHS Secy. Kennedy, Dr. Oz, and Others News Conference on Combating Fraud

Health and Human Services Secretary Robert F. Kennedy Jr. and Centers for Medicare and Medicaid Services Administrator Dr. Mehmet Oz join others for a news conference on new federal actions to prevent waste of taxpayer dollars.



 Report Video Issues



NEWS

UPDATED: New exclusion authority expected to be 'force multiplier' for CMS fraud enforcement



KIMBERLY MARSELAS

x @KIMMARSELAS

JULY 21, 2026

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CMS blocks 11 suppliers over \$3.4B in suspected fraud

The companies allegedly billed Medicare for deceased beneficiaries and equipment patients never requested or received.

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The Villages Health System LLC Agrees To \$541.5M Settlement To Resolve False Claims Act Allegations

News

PRESS RELEASE

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The Villages Health System LLC Agrees to \$541.5M Settlement to Resolve False Claims Act Allegations



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PRESS RELEASE

Fraud Division Resolves Fraud Investigation of Eye Care Group Under New Corporate Enforcement Policy; Health Care Executive Charged for Alleged Fraud and Kickbacks

Wednesday, July 29, 2026

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For Immediate Release

Office of Public Affairs



U.S. Department of Justice

Colin M. McDonald
Assistant Attorney General
National Fraud Enforcement Division

Washington, D.C.

13 August 2026

MEMORANDUM

From: Colin M. McDonald
Assistant Attorney General

COLIN
MCDONALD

Digitally signed by COLIN
MCDONALD
Date: 2026.08.12 16:13:58
-04'00'

To: All Fraud Division Personnel

Re: The Fraud Division's Enforcement Priorities

The Fraud Division will use cutting-edge data analysis to target exploitative health care fraud schemes, including in telemedicine programs, Medicare or Medicaid fraud, controlled substance diversion, home health and hospice schemes, and companies and individuals that deceptively market unsafe products and services. The Fraud Division will prosecute defendants who orchestrate schemes that result in the loss of hundreds of millions of dollars, the distribution of thousands of controlled substance pills, and complex money laundering, tax, and other associated financial crimes relating to health care. By supercharging the historically successful Health Care Fraud Strike Force model with greater resources, data analytics support, and best-in-class technology, the Fraud Division will prosecute the most significant cases involving health care in the United States.



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PRESS RELEASE

False Claims Act Settlements and Judgments Exceed \$6.8B in Fiscal Year 2025

Friday, January 16, 2026

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For Immediate Release

Office of Public Affairs

Settlements and judgments under the False Claims Act exceeded \$6.8 billion in the fiscal year ending Sept. 30, 2025, Deputy Attorney General Todd Blanche and Assistant Attorney General Brett A. Shumate, head of the Justice Department's Civil Division, announced today. That amount is the highest in a single year in the history of the False Claims Act. This year, whistleblowers filed 1,297 qui tam lawsuits, the highest number in a single year, and the government opened

DOJ and HHS Launch New False Claims Act Working Group: What The Healthcare Industry Needs to Know

By [Brian G. Flood](#) & [Jonathan Porter](#) on July 2, 2025



DOJ-HHS False Claims Act Working Group

Healthcare fraud and abuse depletes taxpayer funds, corrodes public health and safety, and undermines the integrity of the federal healthcare system. The U.S. Department of Health and Human Services (HHS) and the U.S. Department of Justice (DOJ) have a long history of partnering to use one of the government's most effective and successful tools—the False Claims Act (FCA)—to combat healthcare fraud. This Administration is fully committed to supporting such work. HHS and DOJ's Civil Division are strengthening their ongoing collaboration to advance priority enforcement areas through the DOJ-HHS False Claims Act Working Group.



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DOJ Revises Justice Manual To Strengthen False Claims Act Enforcement

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PRESS RELEASE

DOJ Revises Justice Manual to Strengthen False Claims Act Enforcement

Friday, September 18, 2026

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Office of Public Affairs

Qui Tam Lives to Fight Another Day: What the Eleventh Circuit's Zafirov Decision Means for the False Claims Act

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The False Claims Act's qui tam provisions are among the federal government's most important tools for identifying and pursuing alleged fraud involving Medicare, Medicaid, federal health care programs and other government funds. The statute permits a private individual, known as a relator, to bring a False Claims Act action "for the person and for the United States Government" in the name of the government. 31 U.S.C. § 3730(b)(1). If the action

April 7, 2026

CMS Reaches \$100 Million in Stark Self-Disclosure Settlements

The Centers for Medicare & Medicaid Services (CMS) recently released data on its 2025 settlements of voluntary self-disclosures related to past violations or potential violations of the physician self-referral law (the Stark Law). Generally, two notable items arise from our annual review of CMS' settlement data. First, CMS has now reported aggregate settlements reaching \$105,090,031. Second, CMS reported the largest Stark Law settlement: \$2,683,066 more than doubling the previous record high of a single settlement from 2018. Read on for more with respect to the CMS settlement data and potential lessons.

Governors and State Medicaid Directors Get a New Assignment from Dr. Oz: Quickly Recertify “High-Risk” Providers

April 24, 2026 Andy Schneider

ENERGY & COMMERCE

CHAIRMAN BRETT GUTHRIE

E&C Leaders Expand Investigation into Medicaid Fraud Nationwide

Mar 05, 2026

← Health

← Letter

← Letter - Oversight and Investigations

State Enforcement Actions

Former Owner of Montgomery County-Based Home Care Agency Jailed for Multi-Million Dollar Medicaid Fraud Scheme

Aug. 20, 2026 State Enforcement Agencies

Attorney General Raoul Seeks To Intervene In False Claims Act Lawsuit Against Chicago-Area Medical Practice And Billing Company Over Fraudulent Medicaid Claims

Aug. 18, 2026 State Enforcement Agencies

Attorney General James Secures \$6 Million from Three Buffalo Nursing Homes for Years-Long Fraudulent Billing Scheme

Aug. 17, 2026 State Enforcement Agencies

Six Medicaid Providers Indicted on Fraud Charges

Aug. 13, 2026 State Enforcement Agencies

Northampton County Caregiver Charged with Neglect Following Death of Care-Dependent Woman

Aug. 10, 2026 State Enforcement Agencies

Attorney General Alan Wilson announces Spartanburg nursing assistant charged with stealing from vulnerable adult

Aug. 10, 2026 State Enforcement Agencies

AG Sunday's Medicaid Fraud Control Section Charges 4 Warren County Home Care Workers with Neglect of Care-Dependent Resident who Died

Aug. 5, 2026 State Enforcement Agencies

Attorney General Hanaway Obtains Medicaid Fraud Guilty Plea For Over \$37,000 In Services Not Provided

Aug. 4, 2026 State Enforcement Agencies

AG Sunday's Medicaid Fraud Control Section Charges SE Pa. Pair with Padding Work Hours for Nearly \$1.5M in Medicaid Reimbursements

Aug. 4, 2026 State Enforcement Agencies

Oregon DOJ's Medicaid Fraud Control Unit Charges Six Defendants in Four Separate Fraud Cases

July 30, 2026 State Enforcement Agencies



Letitia James

New York Attorney General

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Attorney General James Secures \$6 Million from Three Buffalo Nursing Homes for Years-Long Fraudulent Billing Scheme

August 17, 2026

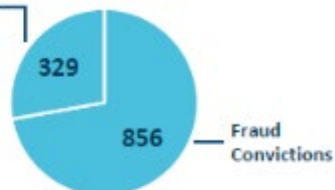
NEW YORK – New York Attorney General Letitia James today [secured \\$6 million from three nursing homes in the Buffalo region, Safire Rehabilitation of Northtowns, Safire Rehabilitation of Southtowns, and Williamsville Suburban Nursing Home \(the Safire homes\)](#), for submitting tens of thousands of fraudulent claims to Medicaid to boost their revenue. A joint investigation between the Office of the Attorney General's (OAG) Medicaid Fraud Control Unit (MFCU) and the United States Attorney's Office for the Western District of New York (WDNY) revealed that from July 1, 2016 through December 31, 2020, the Safire homes submitted

MFCUs recovered \$4.64 for every \$1 spent in FY 2025



1,185
Convictions

Patient Abuse
or Neglect
Convictions



900 Individuals or Entities Excluded from
Federal Health Care Programs



674 Civil Settlements and Judgments



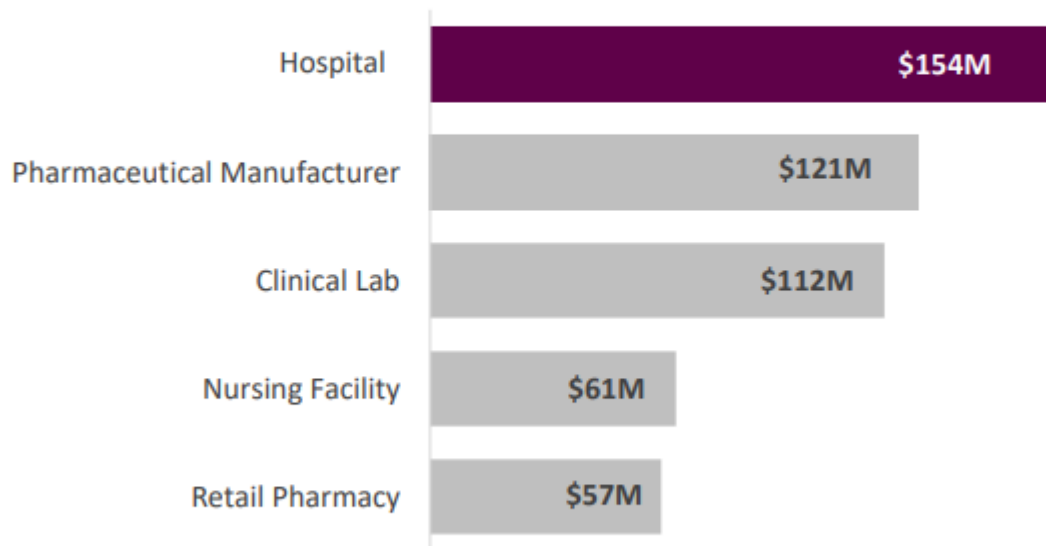
\$2 Billion
Recovered

Civil
Recoveries



Civil Recoveries by Provider Type

Hospitals accounted for the largest total amount of civil recoveries in FY 2025 followed by pharmaceutical manufacturers.



Source: OIG analysis of FY 2025 Annual Statistical Reports.

Medicaid Fraud Control Units Annual Report: Fiscal Year 2025
OEI-09-26-00140

Oz's Medicaid fraud war room is prompting 'aggressive' state crackdowns

The Trump administration and states are policing Medicaid spending on autism therapy. Vulnerable children are losing access.

Vice President JD Vance Holds Press Conference on Fraud

September 22, 2026

CMS MEDICAID FRAUD WAR ROOM STOPS MORE THAN \$203 MILLION IN IMPROPER PAYMENTS DURING FIRST 88 DAYS

Posted by cfelixcpa | Jul 28, 2026 | SF STAT! | 0 🗨️ | ★★★★★

FOR IMMEDIATE RELEASE

September 3, 2025

Contact: HHS Press Office

202-690-6343

[Submit a Request for Comment](#)

HHS ANNOUNCES CRACKDOWN ON HEALTH DATA BLOCKING

WASHINGTON--Today, the U.S. Department of Health and Human Services (HHS) announced that Secretary Robert F. Kennedy, Jr. has directed HHS to increase resources dedicated to curbing the harmful practice of information blocking. HHS will take an active enforcement stance against health care entities that restrict patients' engagement in their care by blocking the access, exchange, and use of electronic health information.

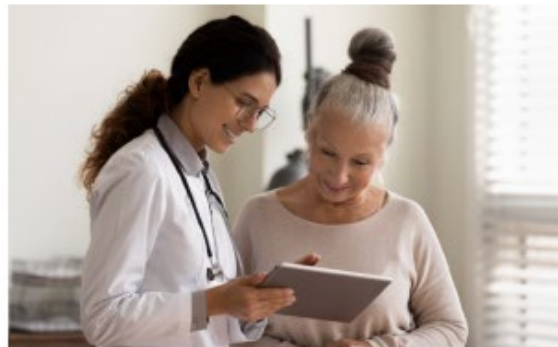


Science, Technology Assessment,
and Analytics

SCIENCE & TECH SPOTLIGHT:

AI FOR MEDICAL NOTES AND CODING

GAO-26-109116, July, 2026



How AI Is Fueling A New Generation Of Healthcare Startups

By [Dr. Jonathan Reichental](#), Contributor. © Dr. Jonathan Reichental covers tec... [▼](#)

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Published Sep 12, 2026, 07:16pm EDT, Updated Sep 16, 2026, 12:03pm EDT

A.I. Is ‘Better Informed’ Than Doctors, Kennedy Tells Industry-Backed MAHA Summit

The health secretary, Vice President JD Vance and other top officials addressed a conference sponsored by corporations, including A.I. companies and others with business before the government.

AI Inventory

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SECTION 1: Use Case Identifiers						
Complete this Section for the following Use Cases: Retired, Pre-deployment, Pilot, and Deployed						
Use Case Name	Bureau/Component	Email Address	Should this AI use case be withheld from public reporting?	Stage of Development	Is the AI use case high-impact?	Justification
Adobe Suite Applications	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	c) Not high-impact	Does not produce an out
Airlines Travel Intelligence Program	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	a) High-impact	
Unmanned Aerial Systems (UAS)	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	a) High-impact	
Alation Data Catalog	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	c) Not high-impact	Does not produce an out
Axon FUSUS (via HIDTA partners)	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	a) High-impact	
Azure Data Factory	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	c) Not high-impact	Does not produce an out
Azure Zen 2 Storage	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	c) Not high-impact	Does not produce an out
Bloomberg Government	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	c) Not high-impact	Does not produce an out
CargoNet	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	b) Presumed high-impact but d	Does not produce an out
Cell Hawk (via HIDTA partners)	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	a) High-impact	
Coinbase	Department of Justice / ATF	AI@usdoj.gov	a) No	d) Retired – The use case was reported in the a	a) High-impact	
Digital.ai	Department of Justice / ATF	AI@usdoj.gov	a) No	a) Pre-deployment – The use case is in a develo	c) Not high-impact	Does not produce an out
Dun & Bradstreet Business Establishments Data	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	b) Presumed high-impact but d	Does not produce an out
Axon Evidence.com	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	a) High-impact	
Federal Docket Management System	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	c) Not high-impact	Does not produce an out
FINDER	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	a) High-impact	
First Two	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	a) High-impact	
LexisNexis Accurint	Department of Justice / ATF	AI@usdoj.gov	a) No	c) Deployed – The use case is being actively au	b) Presumed high-impact but d	Does not produce an out
LexisNexis Babel Street	Department of Justice / ATF	AI@usdoj.gov	a) No	d) Retired – The use case was reported in the a	a) High-impact	

https://www.justice.gov/ai/ai-inventory

ARTICLES + PUBLICATIONS | May 7, 2026

Pennsylvania Targets AI Chatbot for the Unauthorized Practice of Medicine

WRITTEN BY

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THE CAPITOL

As Pennsylvania cracks down on AI, multiple chatbots continue to pose as doctors

by Jaxon White of Spotlight PA | June 8, 2026

OPINION “ FIRST OPINION

AMA CEO: AI won't replace doctors — it will work alongside them

AI can master medical tasks. Practicing medicine is much more than that

D.C. Circuit Reaffirms Broad Reach of the Anti-Kickback Statute and Confirms a Strict 60-day Clock on HHS OIG Advisory Opinions

SEPTEMBER 22, 2026



U.S. Department of Health and Human Services

Office of Inspector General

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Advisory Opinions

HHS–OIG issues advisory opinions about the application of certain fraud and abuse enforcement authorities to the requesting party’s existing or proposed business arrangements.

AO 26-18 was **posted** on Sept. 9, 2026

Favorable opinion regarding a referral service that would connect patients requiring specialized ear and hearing health care services with hearing professionals.

AO 26-17 was **posted** on Aug. 21, 2026

Favorable opinion regarding a proposed arrangement whereby a non-profit, tax-exempt charitable organization would provide certain patient assistance.

AO 26-16 was **posted** on July 14, 2026

Favorable opinion regarding a federally qualified health center’s provision of produce boxes and produce vouchers to a group of patients who have been diagnosed with certain health conditions.

AO 26-15 was **posted** on June 30, 2026

Unfavorable opinion requested regarding a home health agency’s payment of remuneration to a vendor for the use of an online referral management software.

AO 26-14 was **posted** on June 14, 2026

Favorable opinion regarding a program operated by a pharmaceutical manufacturer to sponsor antibody testing for eligible patients to determine whether it may be appropriate to prescribe a certain drug manufactured by the pharmaceutical manufacturer.

AO 21-19 was **terminated** on June 8, 2026

See Advisory Opinion 26-13 which reflects the Current Arrangement.

AO 26-13 was **posted** on June 8, 2026

Favorable opinion regarding an arrangement pursuant to which a pharmaceutical manufacturer provides free eye drops to mitigate ocular toxicity for patients using one of its products.

AO 26-12 was **posted** on May 27, 2026

Favorable opinion regarding an orthopedic surgery provider’s proposed warranty program pursuant to which the orthopedic surgery provider would refund certain concierge fees to patients who require revision surgery within 2 years of an initial surgery.

AO 26-11 was **posted** on May 19, 2026

Favorable opinion regarding an arrangement pursuant to which a precision oncology company provides consenting patients a supplemental report at no cost in connection with a cancer screening test.

AO 26-10 was **posted** on May 17, 2026

Unfavorable opinion regarding a proposed arrangement whereby an orthopedic medical technology company would enter into agreements with individuals—often physicians—who would provide consulting services for its product lines.

AO 26-08 was **posted** on April 30, 2026

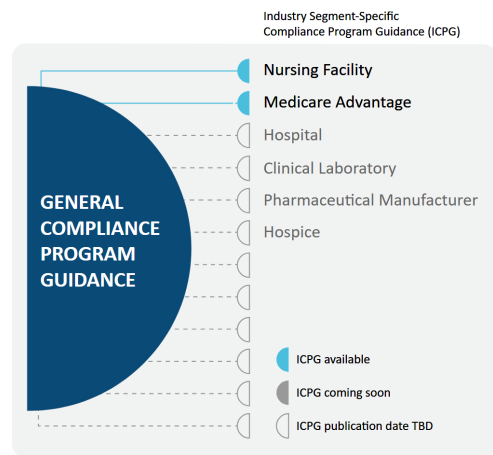
Favorable opinion regarding a proposal to enter into certain lease arrangements to create a centralized location for providing a range of items and services to patients with hearing loss who may be candidates for cochlear implants.



Compliance Guidance

Below are OIG's existing CPGs and supplemental CPGs, available for use as an ongoing resource to help identify risk areas in particular industry segments as we develop new ICPGs. Existing CPGs will be archived but still available on our website when new ICPGs are issued.

The CPGs are listed below.



GCPG



ICPGs



FTC Chairman Andrew N. Ferguson Launches Healthcare Task Force

Task force will take a coordinated and integrated approach to protect patients, healthcare workers, and taxpayers

March 20, 2026



A Closer Look at the \$50 Billion Rural Health Transformation Program

Authors: [Zachary Levinson](#) and [Scott Hulver](#)

Published: Sep 18, 2026

- The \$50 billion rural health fund represents a large investment in rural health care and is intended to transform the delivery of care through a wide variety of activities.
- The \$50 billion fund could mitigate but will not fully offset estimated cuts to federal Medicaid spending in rural areas (\$137 billion over ten years according to [KFF analysis](#)) included in the same law. Unlike most of the federal Medicaid spending cuts, the fund is also time limited.
- While the fund was established in part to address concerns about the impact of the reconciliation law on rural hospitals, the funding is being used for a much broader set of purposes, and there are restrictions on how hospitals can benefit.
- Half of the funding is being divided equally among approved states. The rest is being distributed based on measures of state need, state initiative scores, state policy, and other factors.
- All 50 states were approved, with first-year awards ranging from \$147 million to \$281 million. First-year awards per rural resident range from less than \$100 in ten states to more than \$500 in eight.
- It remains to be seen how the funding will be distributed within states across various activities and entities.

Policy outlook: The top regulatory developments you should be watching

Seven federal policy developments that could shape health system strategy in 2027.

 Article

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By **Jenna Stern** 7 min read | Jul 27, 2026

Supply chain and cost management

AACR 2026: Older mice may offer new insight into cancer and ageing

20 Apr 2026

A New California Law Is Redrawing the Rules for Tortillas

The move, which addresses a long-standing gap in food regulation without altering how tortillas look or taste, took effect on January 1.



Questions?



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