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Election Year Politics and Policy at CMMI: What Stakeholders Can Expect

Key Takeaways

- CMS' Innovation Center is accelerating new payment and care delivery models as the Trump administration uses CMMI to advance health policy priorities. Current models target areas such as chronic care, behavioral health, drug pricing and value-based care.
- CMMI remains a powerful policy vehicle, but its recent pace has drawn renewed scrutiny over cost savings, scale and taxpayer value. That debate could shape oversight, legislation and expectations for how future models are designed and evaluated.
- Health care stakeholders should continue tracking CMMI closely as participation opportunities expand and mandatory models create new operational demands. Organizations should assess where engagement, compliance planning or advocacy may be needed as models evolve.

The Centers for Medicare & Medicaid Services (CMS) is currently pursuing approximately 35 models designed to test new forms of health care delivery and payment systems to advance administration priorities while seeking to improve patient outcomes and lower overall health care system costs. Authorized by the Affordable Care Act, CMS' Innovation Center (CMMI) is tasked with drafting and implementing short-term demonstration pilots and has several announced and active models that are recruiting participants or currently underway, such as:

- ACCESS (Advancing Chronic Care with Effective, Scalable Solutions), to improve patient access to new technology-supported care options to manage their chronic conditions;
- GENEROUS (GENErating cost Reductions fOr U.S. Medicaid), to negotiate lower drug prices between manufacturers and state Medicaid agencies based on international prices in exchange for standardized coverage criteria;
- IBH (Innovation in Behavioral Health), to support integrated teams of clinicians and social services providers and improve behavioral and physical health outcomes for beneficiaries experiencing moderate to severe mental health conditions and/or substance use disorders;

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Related Capabilities

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- LEAD (Long-term Enhanced ACO Design), to support expanded access to accountable care organizations (ACOs) in small, rural and independent health care provider settings and community health centers; and
- MAHA ELEVATE (Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence), to fund cooperative agreements with organizations that integrate whole-person functional or lifestyle medicine interventions to support conventional care.

Why have we seen a proliferation of models in this Administration?

CMMI provides an avenue to advance the Trump administration's innovation priorities and Make America Healthy Again (MAHA) agenda relatively quickly. Agency officials have regulatory flexibility to execute and study new service arrangements without seeking congressional line-item approval for individual initiatives — a particular advantage given tight margins in the U.S. House and Senate.

How does Congress feel about CMMI's recent pace of activity?

The reception has been mixed on both sides of the aisle. Current CMMI models tackle policy areas that have general bipartisan appeal, like lowering drug prices, integrating primary and behavioral health care and mainstreaming health tech to empower patients.

However, some Republicans have questioned CMMI's effectiveness and overall taxpayer value. A 2023 report by the Congressional Budget Office found that from 2011 to 2020, CMMI increased direct spending by $5.4 billion — meaning that it cost more to operate the models than the savings they generated. Last month, the Government Accountability Office published an analysis requested by the House Budget Committee that concluded only four of the 70 models that CMMI had tested between 2011 and 2024 were scaled for nationwide implementation. House Budget Committee Chairman Jodey Arrington (R-Texas) described the 5% success rate as "a failure," but also commented on the importance of CMMI's overall mission and need for better accountability. One Republican member of Congress even introduced legislation to abolish CMMI altogether.

Despite this renewed scrutiny, other lawmakers still recognize CMMI as a policymaking lever. A recently introduced bipartisan bill would require the Center to test a new bundled payment model that integrates the "food is medicine" approach into caring for patients with chronic diseases by focusing on nutrition services.

What has been the response from model participants?

These models can present both opportunities and challenges. For example, MAHA ELEVATE has a broad eligibility category ranging from private medical practices to academic organizations, government entities and even senior living communities. The ACCESS Model has been popular, and CMS recently announced that more than 150 health care organizations have been accepted to participate, and CMS is extending the initial application deadline to May 15.

In at least one instance, CMMI has had to shift its approach in response to industry pushback. The BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth) Model intended for CMS to negotiate lower prices for GLP-1 drugs directly with manufacturers on behalf of state Medicaid agencies and Part D plans. Reluctance from health insurers led the agency to expand the Medicare GLP-1 Bridge program instead.

In addition, models that require participation, like the Ambulatory Specialty Model and Transforming Episode Accountability Model, also carry additional considerations.

Mandated participation creates administrative burdens, and competing obligations might make it harder to isolate which interventions actually lead to better patient outcomes.

Is CMMI here to stay? How should my organization be thinking about CMMI?

Shutting down or zeroing out CMMI in this climate would require an act of Congress and potentially a presidential veto override — both of which are highly unlikely given the Trump Administration's commitment to using CMMI as a policy tool. Additionally, the second half of a president's term typically marks a greater reliance on existing executive authority, rulemaking and guidance to achieve goals. We therefore would expect CMMI to continue featuring prominently in the administration's health care roadmap, especially if the midterm elections lead to divided government and the end of unilateral Republican control over the White House, U.S. House and Senate.

Polsinelli's federal health policy team is a resource to help health care stakeholders understand how Washington's political environment intersects with federal policies impacting service delivery and market access. We are available to discuss your organization's short- and long-term needs and how engagement with CMMI or broader advocacy strategies may be tools to support your mission. Should you have questions regarding the information discussed, please reach out to Sylvia Kornegay, Steve Stranne, Ronke Fabayo, Michael Gaba, Mark Weller, Julius Hobson, Jr. or your preferred Polsinelli attorney.