California Healthline: State Attorney General OKs Sale of Hospitals to Prime, but With Conditions
The state Attorney General last week approved the sale of six California safety-net hospitals to Prime Healthcare after a long and contentious approval process. Attorney General Kamala Harris (D) added a number of conditions to the sale. Prime officials have not yet announced whether they would abide by the new requirements and complete the sale. Prime officials could not be reached for comment over the weekend. (Gorn, 2/23)

San Jose Mercury News: California Foster Care: Push To Curb Medication Has Failed In Past
Over the course of a decade, California lawmakers have considered a dozen bills to regulate the use of psychiatric drugs in the nation's largest foster care system. Yet, despite the alarm over children medicated as young as 4 and teens so doped they drooled and became obese, just one became law: a bill to speed up court approval so foster children could get drugs more quickly. (de Sa, 2/21)

Modern Healthcare: Florida Hospitals Seek Options After CMS Nixes Medicaid Waiver
The CMS will not renew a Medicaid waiver in Florida expiring in June that provides more than $1 billion a year to help the state's hospitals cover uncompensated-care costs for low-income and uninsured patients. The move may put additional pressure on state Republican leaders to consider expanding Medicaid. Since 2005, Florida has had a Section 1115 Medicaid waiver that establishes a low-income funding pool to aid the state's hospitals. The state has received between $1 billion and $2 billion annually to support its safety net providers. (Dickson, 2/21)

HEALTH LAW ISSUES AND IMPLEMENTATION

Kaiser Health News: Supreme Court Case May Be A Wake-Up Call For Republicans
Republican efforts to replace the federal health law have been given new urgency by the Supreme Court. As soon as this spring, the court could invalidate health insurance subsidies available to millions of Americans if it rules for the challengers in a case called King v. Burwell. ... But as the party that controls Congress, some Republicans also fear the potential for a backlash if they don't have a plan to help those who would effectively be stripped of coverage, many of whom are voters in Republican-led states. (Rovner, 2/23)

The Associated Press: Governors: No Clear Plan If Health Care Subsidies Fall
And one thing was clear this weekend as the nation's governors gathered in Washington: Many of the states that could be affected [if the Supreme Court strikes down the health law subsidies] are not prepared for the potential fallout. In rounds of interviews at the National Governors Association's winter meeting, several governors indicated they could do little about the estimated 8 million people who could drop coverage if they were to lose health insurance subsidies later this year. (Peoples, 2/22)
**The Washington Post: Intense Fight Over Obamacare Extends To Those Named In The Challenge**

Sometimes the plaintiffs in Supreme Court cases are carefully selected and thoroughly vetted. Sometimes they come out of nowhere to become important symbols of justice. ... But if you’ve read anything about David King, Douglas Hurst, Brenda Levy or Rose Luck, the four Virginians at the heart of the latest challenge to Obamacare that the Supreme Court will hear early next month, it is likely to have been about whether they are qualified to be in court. (Barnes, 2/22)

**The New York Times: Tax Error In Health Act Has Impact On 800,000**

About 800,000 taxpayers who enrolled in insurance policies through HealthCare.gov received erroneous tax information from the government and were urged on Friday to hold off on filing tax returns until the error could be corrected. The Obama administration, under heavy pressure from congressional Democrats, also announced that it would give several million people more time to buy health insurance so they could comply with federal law and avoid tax penalties. (Pear, 2/20)

**PUBLIC HEALTH AND EDUCATION**

**Los Angeles Times: UCLA Superbug: Outbreak 'Not A Threat To Public Health,' Officials Say**

Los Angeles County health officials are attempting to assuage the public’s fears surrounding a deadly outbreak of drug-resistant bacteria at Ronald Reagan UCLA Medical Center, saying the episode is “not a threat to public health.” ... [Dr. David Feinberg, president of the UCLA Health System] said the hospital has implemented new sterilization procedures that exceed Food and Drug Administration requirements. Since then, no new cases have been discovered. (Mai-Duc and Terhune, 2/20)

**Modern Healthcare: Endoscope Contagion Raises Questions About FDA Oversight**

The latest outbreak of a deadly drug-resistant bacterial infection spread through contaminated endoscopes has prompted calls for re-evaluating the adequacy of currently recommended cleaning and reprocessing procedures. It's also led some observers to question why the Food and Drug Administration didn't act sooner despite previous outbreaks involving the scopes. Leaders at Ronald Reagan UCLA Medical Center, where as many as 179 people were exposed to drug-resistant bacteria while undergoing endoscopic procedures, say the manufacturer-recommended protocols they followed were inadequate. (Rice and Johnson, 2/21)

**MARKETPLACE**

**USA Today: Nursing Home Quality Scores Drop In New Federal Ratings**

Nearly a third of the nation's nursing homes are getting lower scores on the government's five-star quality scale, a reflection of tougher standards for ratings used by nearly 1.5 million consumers to assess care at more than 15,000 facilities. The new ratings, posted Friday on the government's Nursing Home Compare website and in USA Today, are the result of sweeping changes in the way facilities are evaluated. Among other things, the revamped assessments include measures of facilities' use of anti-psychotic drugs, which can pose serious risks for older adults, especially those with dementia. They also use more refined metrics to check for adequate staffing, a critical component of good care. (Eisler and Schnaars, 2/20)
**The New York Times: Health Care Opens Stable Career Path, Taken Mainly By Women**
The daughter of a teacher’s aide and a gas station manager, Ms. Waugh, like many other hard-working and often overlooked Americans, has secured a spot in a profoundly transformed middle class. While the group continues to include large numbers of people sitting at desks, far fewer middle-income workers of the 21st century are donning overalls. Instead, reflecting the biggest change in recent years, millions more are in scrubs. ... In 1980, 1.4 million jobs in health care paid a middle class wage: $40,000 to $80,000 a year in today’s money. Now, the figure is 4.5 million. The pay of registered nurses — now the third-largest middle-income occupation and one that continues to be overwhelmingly female — has risen strongly along with the increasing demands of the job. The median salary of $61,000 a year in 2012 was 55 percent greater, adjusted for inflation, than three decades earlier. (Searcey, Porter and Gabeloff, 2/22)

**EDITORIALS AND OPINIONS**

**The New York Times: For Tens of Millions, Obamacare Is Working**
Ever since President Obama unveiled his health care plan in 2009, critics have questioned its lofty promise to bring affordable health insurance to millions of Americans. Now statistics for the second year are largely in hand and the verdict is indisputable: Its disastrous 2013 rollout notwithstanding, the Affordable Care Act has achieved nearly all of its ambitious goals. Most important, just three key provisions — creation of exchanges with subsidies for those who qualify, expansion of Medicaid and minimum standards for insurance plans — have benefited at least 31 million Americans. (Steven Rattner, 2/21)

**The Washington Post: Taking Obamacare For Granted**
Will it take the repeal of the Affordable Care Act or its evisceration by the Supreme Court for us to appreciate what it’s done? ... Because of the law, at least 10 million fewer Americans are uninsured — and that’s a conservative number. The drop in the nation’s uninsured rate is the largest since the early 1970s, when Medicaid was still taking hold and both Medicare and Medicaid were expanded to cover people with disabilities. ... Some more numbers: 87 percent of the people who signed up on the exchanges qualified for subsidies, and the average assistance to each was $268 per month. Perhaps some out there would rather not have government help people buy health insurance, but this seems to me a good and decent use of our tax money. (E.J. Dionne Jr., 2/22)

**USA Today: Kamala Harris’ Conditional Love For Prime Healthcare Services**
In approving the sale of six cash-strapped Daughters of Charity hospitals to Prime Healthcare Services of Ontario, California Atty. Gen. Kamala Harris took pains to guard against Prime reducing the types of care available or shifting the focus away from the low-income and elderly patients that make up the bulk of their current patients. These steps included unprecedented requirements to keep most of the hospitals open with their major services intact for at least 10 years, twice as long as Prime had pledged. The question now for Prime is whether it can do those things without winding up in the same financial mess that forced the Daughters to look for a buyer. (Jon Healey, 2/21)
Regards,

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California Healthline: Scope of Practice Bill Returns, Would Let Nurse Practitioners Prescribe Medication

On Monday, the bill to expand scope-of-practice for nurse practitioners returned to the Legislature with a provision to allow NPs to prescribe medication. The text has not yet been released for SB 323 by Sen. Ed Hernandez (D-West Covina), but Hernandez said it’s similar to SB 491, which was introduced in the 2013 legislative session by Hernandez. That bill passed the Senate and stalled in the Assembly Committee on Appropriations. (Gorn, 2/24)

San Jose Mercury News: Prime Healthcare Has No Wiggle Room With Attorney General Mandate In Hospital Deal

Take it or leave it. That's the message to a Southern California for-profit company from Attorney General Kamala Harris who late last week laid out a dozen requirements for Prime Healthcare Services' $843 million deal to buy six cash-crunched nonprofit hospitals. (Seipel, 2/23)

The New York Times: Geisinger Health System, Known For Innovations, Names UCLA Health President As Chief

Geisinger Health System, which is viewed as a national model in providing both high-quality and cost-effective medical care, announced on Monday that it had chosen Dr. David T. Feinberg, the president of the UCLA Health System, as its next chief executive. (Abelson, 2/23)

HEALTH LAW ISSUES AND IMPLEMENTATION

Los Angeles Times: Health Law Drives Down U.S. Rate Of Uninsured Adults, Survey Finds

America's uninsured rate plummeted last year, with the improvement driven by states that have fully implemented the Affordable Care Act, a new nationwide Gallup survey indicates. Led by Arkansas and Kentucky, which both had double-digit declines, seven states saw the percentage of adults without insurance fall by more than 5 percentage points between 2013 and 2014. (Levey, 2/24)

Reuters: Chief Justice Could Again Swing Obamacare Case In Government's Favor

Three years ago, Supreme Court Chief Justice John Roberts cast the tie-breaking vote in a ruling that saved President Barack Obama's signature healthcare reform. As the high court prepares to weigh another challenge that could shatter Obamacare, a review of Roberts' recent votes and opinions suggest he could again sway the case the government's way. (Hurley, 2/24)

The Hill: Medicaid Rolls Grew By 10M Under ObamaCare

Over 10 million people enrolled in Medicaid and the children's health insurance program since ObamaCare's launch a year and a half ago, the administration announced Monday. The numbers show that through the end of December 2014, 10.75 million more people are enrolled in Medicaid or the CHIP children's health program compared to before ObamaCare's coverage expansion took effect in 2013, about a 19 percent increase. (Sullivan, 2/23)
PUBLIC HEALTH AND EDUCATION

Los Angeles Times: UCLA Superbug: Lawmaker Asks Congress To Investigate FDA Response
Prompted by the UCLA superbug outbreak, a federal lawmaker is calling on Congress to investigate what the U.S. Food and Drug Administration and device makers are doing to prevent further patient deaths and infections. In a letter sent Monday to the House Committee on Oversight and Government Reform, Rep. Ted Lieu (D-Torrance) said outbreaks related to contaminated medical scopes “have national security ramifications.” (Terhune, 2/23)

CAPITOL HILL WATCH

Senate Finance Committee Chairman Orrin Hatch is backing a Supreme Court challenge to one of the keystones of President Barack Obama's health care law. Now, he says he's preparing a plan to help people who might be hurt if his side wins the case. The Supreme Court is scheduled to hear arguments next week in a case by conservatives and Republicans that says many subsidies the law provides for millions of people are unconstitutional. They argue that the law only allows such subsidies for the 13 states that set up their own marketplaces to sell health insurance, not the 37 states that use the federal HealthCare.gov website. (2/23)

USA Today: Changes At The Top Of Medicare, Medicaid Agency
Big changes are in store later this month at the Centers for Medicare and Medicaid Services after Administrator Marilyn Tavenner officially steps down. Andy Slavitt, CMS' principal deputy administrator and a top spokesman for the dramatically improved Affordable Care Act rollout this year, takes over for Tavenner, the agency said last month. On Monday the agency announced Slavitt will be replaced in an acting capacity by Patrick Conway, a doctor who is chief medical officer at CMS. (O'Donnell, 2/23)

EDITORIALS AND OPINIONS

Reuters: More Than Measles: The Threat To America’s ‘Herd Immunity’
When reviewing the recent and entirely preventable measles epidemic that began in, of all places, Disneyland, I was reminded of many things. The first was the Centers for Disease Control and Prevention's ranking of the Ten Great Public Health Achievements in the 20th Century, a list based entirely on reproducible scientific data. The No. 1 achievement, without doubt, was the development of effective immunizations against a battery of infectious scourges such as measles, polio, whooping cough and diphtheria. Yet as physicians treating measles in poorer nations already know and, most recently, those in California are learning, this disease is no weakling in the pantheon of infectious diseases. (Howard Markel, 2/24)

some out there would rather not have government help people buy health insurance, but this seems to me a good and decent use of our tax money. (E.J. Dionne Jr., 2/22)
STATE WATCH  
FEBRUARY 25, 2015

California Healthline: California Hospitals Dominate Healthgrades’ List of Top Facilities
California has more highly rated hospitals than any other state, based on performance metrics for various common conditions and procedures, according to Healthgrades’ annual list of the top 100 hospitals released Tuesday, FierceHealthcare reports (Budryk, FierceHealthcare, 2/24)

California Healthline: 13.5M Californians Affected by Anthem Cyberattack, Officials Says
On Tuesday, Anthem officials said about 13.5 million Californians were involved in a recent data breach that affected 78.8 million of the insurer's customers, former customers and employees across the U.S., the Los Angeles Times reports. (2/25)

Kaiser Health News: Kaiser Permanente Faulted Again For Mental Health Care Lapses In California
For the second time in two years, the state of California has faulted HMO giant Kaiser Permanente for failing to provide patients with appropriate access to mental health care. Some Kaiser patients still have to wait weeks or even months to see a therapist or psychiatrist, which violates state laws intended to ensure timely access to mental health treatment, the state Department of Managed Health Care said in a report released Tuesday. (Gold, 2/25)

HEALTH LAW ISSUES AND IMPLEMENTATION

Taxpayers who've filed their 2014 returns only to learn that the government provided them with erroneous information on health care subsidies won't be required to submit corrected returns, the Treasury Department said Tuesday. The decision amounts to a reprieve from paperwork headaches for an estimated 50,000 early filers, out of a pool of some 800,000 HealthCare.gov customers affected by a tax reporting goof disclosed last week. (Alonso-Zaldivar, 2/24)

CNN: The Latest Obamacare Challenge: What You Need To Know
The Obama administration's most significant legislative achievement is now, once again, teetering before the Supreme Court. The justices aren't weighing the fate of the entire statute this time. In fact, the dispute concerns what Congress meant in just four words in one section of the law. But the impact could be nearly as dramatic. (de Vogue, 2/25)

Reuters: U.S. Health Official Says No Fix If Obamacare Subsidies Thrown Out
The Obama administration has no way to repair the damage that would result from a Supreme Court decision against Obamacare that would make health care unaffordable for millions of Americans, a top health adviser said on Tuesday. The Supreme Court is expected to rule by the end of June on whether residents in at least 34 U.S. states are eligible for federal tax subsidies to help them buy health coverage under President Barack Obama's Affordable Care Act. Oral arguments are scheduled for March 4. (Abutaleb, 2/24)
MARKETPLACE

Bloomberg: FBI Is Close To Finding Hackers In Anthem Health Care Data Theft
The FBI said it’s close to finding the hackers responsible for the attack on health-insurance company Anthem Inc. that exposed personal data on about 80 million customers. Federal Bureau of Investigation officials are still deciding whether to publicly reveal information about the attackers in one of the biggest thefts of medical-related customer data in U.S. history, Robert Anderson, the bureau’s executive assistant director for cybersecurity, said Tuesday. (Strohm, 2/24)

PUBLIC HEALTH AND EDUCATION

The Washington Post: Botched Newspaper Exposé Of HPV Vaccine’s ‘Dark Side’ Reveals Dark Side Of News Business
The Toronto Star’s front-page feature on the “dark side” of a widely-used HPV vaccine had all the makings of a blockbuster: a grim, gripping headline, vivid accounts from teenagers who died or were debilitated, a wrenching image of a woman holding a framed photo of her dead daughter. But it lacked a crucial component of any scientific investigation: good data. (Kaplan, 2/25)

CAPITOL HILL WATCH

The Hill: Rehab Hospitals Press Congress To Avert Payment Cuts
A trade group representing rehabilitation hospitals is pressuring Congress not to cut programs it cares about to offset the cost of paying doctors under Medicare. Officials with the American Medical Rehabilitation Providers Association are meeting with members of the Senate Finance Committee, House Ways and Means Committee and other lawmakers on Tuesday as part of a push to prevent the cuts. (Sullivan, 2/24)

EDITORIALS AND OPINIONS

The New York Times’ The Upshot: Health Secretary Says There’s No Backup Plan If Supreme Court Rules Against Law
Next week, the Supreme Court hears arguments in a case that could upend Obamacare insurance coverage for millions of people. Tuesday, the Secretary of Health and Human Services said there was little the administration could do to limit the impact of such a ruling. ... The message represented a shift in tone from Ms. Burwell, who has been asked repeatedly by reporters and members of Congress what the administration would do in the aftermath of such a decision. ... The new message is consistent with her previous stance, but considerably more alarmist in tone. (Margot Sanger-Katz, 2/24)
STATE WATCH

California Healthline: State May Be Double-Charging Some Health Care Professionals for Licensure
The state over-collects license fees on some health care professionals to the tune of an extra $1 million a year, according to Assembly member Jim Patterson (R-Fresno) who introduced a bill this week to change the way those fees are collected (Gorn, 2/26)

California Healthline: California Uninsured Rate Fell by as Much as 40% Under ACA
California's uninsured rate fell by as much as 40% in 2014, in large part because of expanded coverage under the Affordable Care Act, according to a fact sheet by the UCLA Center for Health Policy Research, Payers & Providers reports

California Healthline: Flurry of Bills Before Legislative Deadline
The legislative deadline for introducing bills in the California Legislature is Friday, March 27th. Several health-related bills have gotten in under the wire in Sacramento. (Gorn, 2/25)

HEALTH LAW ISSUES AND IMPLEMENTATION

Kaiser Health News: Supreme Court Insurance Subsidies Decision Could Trigger Price Spikes
Making health insurance available and affordable to millions of people who buy their own coverage was a key goal for backers of the federal health law known as Obamacare. But if the Supreme Court strikes down the insurance subsidies of millions of Americans who rely on the federal insurance marketplace, it could leave many worse off than they were before the law took effect, say experts. (Appleby, 2/26)

The Boston Globe: Worries About Health Care Law Leads Tax Filers To Seek Professional Help
Worries about how the Affordable Care Act may affect 2014 returns could drive more filers to spend hundreds of dollars to get professional help from accountants and preparation services, tax specialists said. The tax code changes tied to the federal health care law take effect this year. That has triggered television, radio, and newspaper ads suggesting that filers need to brace for complications and may need specialized tax help. (Fernandes, 2/26)

USA Today: More Shopped Than Auto-Enrolled On Healthcare.gov
More than 8.8 million consumers selected a plan or were automatically re-enrolled through HealthCare.gov from Nov. 15, 2014, to Feb. 22, Department of Health and Human Services Secretary Sylvia Burwell said Wednesday. HHS extended the deadline from Feb. 15 to Feb. 22 to accommodate people who couldn't get through to the federal call center or on the website by midnight on Feb. 15. (O'Donnell and Unger, 2/25)
MARKETPLACE

Kaiser Health News: Attention, Shoppers: Prices For 70 Health Care Procedures Now Online!
Buying health care in America is like shopping blindfolded at Macy’s and getting the bill months after you leave the store, economist Uwe Reinhardt likes to say. A tool that went online Wednesday is supposed to give patients a small peek at the products and prices before they open their wallets. Got a sore knee? Having a baby? Need a primary-care doctor? Shopping for an MRI scan? Guroo.com shows the average local cost for 70 common diagnoses and medical tests in most states. That's the real cost — not “charges” that often get marked down — based on a giant database of what insurance companies actually pay. (Hancock, 2/25)

The Associated Press: 5 Tips For Handling Early-Year Medical Expenses
Deductibles topping $3,000 are common among plans sold on the health care overhaul's public insurance exchanges, which provide coverage for millions. Companies also have been raising deductibles for years on employer-sponsored health plans, the most common form of coverage in the United States. Plus cost-sharing requirements for Medicare prescription drug coverage renew every year. (2/25)

HEALTH IT

Modern Healthcare: Predictive Analytics Play New Role In Fraud Detection, But Critics Want More
The CMS has either identified or prevented more than $210.7 million in healthcare fraud in one year using predictive analytics. But critics want to see the agency do much more with its new digital tools. Work done in detecting credit card fraud points the way to the possibility of greater savings in healthcare from predictive analytics. But stumbling blocks remain, including the greater complexity of healthcare data compared with simpler credit card transaction data, analytics experts caution. (Tahir, 2/25)

EDITORIALS AND OPINIONS

Bloomberg: How Dr. Seuss Could Save Obamacare
What does a red grouper have to do with the Affordable Care Act? Maybe a lot. The U.S. Supreme Court ruled Wednesday on a quirky case in which it had to decide whether the fish counted as a “tangible object” under the Sarbanes-Oxley Act. The decision broke down in a particularly strange way across the usual liberal-conservative lines. Reading the tea leaves -- or maybe the fish entrails -- it's possible to get some clues about how the court will interpret the ACA in the major case it will hear March 4. (Noah Feldman, 2/25)
California Healthline: Plan To Integrate L.A. County Health Departments Moves Forward
A proposal to integrate the Departments of Public Health and Mental Health with the Department of Health Services in Los Angeles County has taken its first step toward reducing bureaucracy and improving efficiency, supporters say. (Stephens, 2/26)

San Jose Mercury News: Daughters Of Charity Health System Sues Union That Opposed Sale To Prime Healthcare
As a controversial Southern California hospital chain weighs state-imposed conditions on its proposed $843 million purchase of the Daughters of Charity Health System, Daughters is suing a handful of entities it says have interfered with the deal since last year. (Seipel, 2/26)

California Healthline: Bill Aims To Boost Transparency, Oversight of Calif. Nursing Homes
California lawmakers are considering a bill (AB 927) that aims to improve oversight and transparency of the state's nursing home industry, the Sacramento Bee reports. The legislation comes after a Bee investigation last year found that California consumers lack information about the ownership and performance of many California nursing homes (Lundstrom, Sacramento Bee, 2/26).

California Healthline: One View of How the King v. Burwell Ruling Might Affect California's Minorities
Next week, the U.S. Supreme Court will hear King v. Burwell, which could decide the fate of federal subsidies in non-state-based health insurance exchanges. At issue is the ability to expand access to insurance under the federal exchanges of the Affordable Care Act. (Gorn, 2/27)

HEALTH LAW ISSUES AND IMPLEMENTATION

Kaiser Health News: 5 Things To Know About The Supreme Court Case Challenging The Health Law
The Affordable Care Act is once again before the Supreme Court. On March 4, the justices will hear oral arguments in King v. Burwell, a case challenging the validity of tax subsidies helping millions of Americans buy health insurance if they don't get it through an employer or the government. If the court rules against the Obama administration, those subsidies could be cut off for everyone in the three dozen states using healthcare.gov, the federal exchange website. A decision is expected by the end of June. (Rovner, 2/27)

Reuters: Supreme Court Protesters Say No Plans To Disrupt Obamacare Case
An activist group that has twice disrupted U.S. Supreme Court proceedings in the past year says it does not intend to stage similar protests when the justices hear a major case next week that could gut President Barack Obama's signature healthcare law. Kai Newkirk, a spokesman for the group 99Rise, said in an email that "we are not planning anything" in relation to the Obamacare case being argued next Wednesday or the court's other big case of the year on whether states can ban gay marriage, which will be heard in April. (2/26)

MARKETPLACE
**Bloomberg: Gilead Avoids Billions In U.S. Tax On Its $1,000-a-Pill Drug**

Gilead Sciences Inc., whose $1,000-a-pill hepatitis C treatment is one of the world’s most expensive drugs, is avoiding billions of dollars in U.S. taxes by booking profits overseas. ... The data released in a securities filing Wednesday suggest that Gilead is shifting valuable intellectual property to low-tax countries and paying about 5 percent in taxes on its foreign income, said Robert Willens, an independent tax consultant based in New York. (Rubin, 2/26)

**The Associated Press: UnitedHealth Tightens Rules Covering Hysterectomies**

UnitedHealth Group Inc. says the changes are based on recommendations from the American Congress of Obstetricians and Gynecologists, which said vaginal hysterectomies are recommended over abdominal procedures and “keyhole” laparoscopic procedures. It quoted from recommendations ACOG issued in 2009 that said vaginal procedures are associated with better outcomes and fewer complications. (2/26)

**CAPITOL HILL WATCH**

**Kaiser Health News: Health On The Hill: HHS Sec. Burwell Faces Stiff Questioning Over Health Law Contingency Plans**

Kaiser Health News staff writer Mary Agnes Carey speaks with Melissa Attias of CQ-Roll Call about Department of Health and Human Services Secretary Sylvia Burwell’s visit to Capitol Hill, where she faced a torrent of questions about the pending Supreme Court arguments concerning health law subsidies and the impact the ruling may have on the millions of people who now have coverage because of the subsidies. (2/26)

**The Fiscal Times: CPAC Alert: Conservatives Predict SCOTUS Will Rule Against Obamacare**

The Supreme Court will rule against the Obama administration in the King v. Burwell case later this year, gut the Affordable Care Act and open the door to a conservative alternative to President Obama’s domestic achievement: This appears to be taken as an article of faith by many of the speakers at this year’s Conservative Political Action Conference (CPAC), taking place today and tomorrow outside Washington. (Garver, 2/26)

**VETERANS’ HEALTHCARE**

**USA Today: Veterans Propose Major Changes In VA Health Care**

A national veterans task force is advocating radical changes in the medical system for America’s former military personnel, including a choice to receive subsidized private care and conversion of the Veterans Health Administration into a non-profit corporation rather than a government agency. The reform measures, if enacted into law, would affect America’s roughly 22 million veterans dramatically, especially the 8.5 million enrolled for care through the Department of Veterans Affairs. Repercussions would be even more profound for future veterans. (Wagner, 2/26)
EDITORIALS AND OPINIONS

The Washington Post: Five Myths About King V. Burwell
Once again, the future of the Affordable Care Act is in the Supreme Court’s hands. In King v. Burwell, which will be argued before the court Wednesday, opponents of Obamacare are claiming that under the law, subsidies for health insurance should be available only to people buying coverage on exchanges “established by the state,” i.e. state-run marketplaces. But 34 states don’t have their own exchanges, so their residents rely on the federally run marketplace. If the court rules in favor of King, the tax credits would end in those states. Let’s separate fact from fiction about this legal battle stemming from a mere four words. (Elizabeth B. Wydram 2/26)

Politico: King v. Burwell Isn’t About Obamacare
The challengers maintain that the case is simply about reading plain language. (I have detailed elsewhere why their hyper-literal reading of four words out of context is anything but plain and is not how the Supreme Court usually reads statutes.) But King is about a lot more than this. The case is about federalism—the role of states in our national democracy. The reason the challengers don’t want anyone to realize that is because the very text-oriented justices to whom they are appealing are the exact same justices who have consistently interpreted federal laws to protect states’ rights. And the challengers would read the ACA in the opposite way—as having devastating implications for the states. (Abbe R. Gluck, 2/27)