STATE WATCH

California Healthline: Youth Immigrants Face Health Risks
Immigration status affects the health of young immigrants in California, according to a new study from UCLA. "Undocumented and Uninsured" is a five-part research project from the Dream Resource Center at the UCLA Labor Center. The first two parts were released Apr. 17. The study looked at undocumented immigrants ages 18 to 32, about half of whom are "DACA-mented." About 55% of those surveyed are part of the Deferred Action for Childhood Arrival program. (Gorn, 4/20)

California Healthline: CMS Proposes 1.1% Increase in Inpatient Payments for FY 2016
On Friday, CMS issued its inpatient prospective payment system proposed rule for fiscal year 2016, MedPage Today reports. (Frieden, MedPage Today, 4/18)

The San Jose Mercury News: California Vaccine Legislation Spurs Legal Debate Over Right To Education
California's Constitution spells out the right to a free public education, and lawmakers have fortified that guarantee over the years by safeguarding students against discrimination and inequality in the classroom. But now a debate over that protected access to an education has surfaced in the most contentious legislative battle in Sacramento this year: Does one student's right to an education trump another student's right to stay healthy? (Seipel, 4/18)

Stateline: Some States Pay Doctors More To Treat Medicaid Patients
The Affordable Care Act gave states federal dollars to raise Medicaid reimbursement rates for primary care services—but only temporarily. The federal spigot ran dry on Jan. 1. Fearing that lowering the rates would exacerbate the shortage of primary care doctors willing to accept patients on Medicaid, ... 15 states are dipping into their own coffers to continue to pay the doctors more. It seems to be working. (Ollove, 4/17)

CAPITOL HILL WATCH

Reuters: Seeking Obamacare Alternative, U.S. Republicans Eye Tax Credits
If the U.S. Supreme Court blows up the tax subsidies at the heart of Obamacare in June, Republicans hope to deliver on their promise to offer an alternative healthcare plan. But key parts of it may resemble the one President Barack Obama delivered five years ago in the Affordable Care Act, partly reflecting Republican concerns that they could pay a political price if insurance subsidies are yanked from millions of Americans later this year. (Cornwell, 4/20)

Los Angeles Times: Obamacare Repeal Falls Off Republicans' To-Do List As Law Takes Hold
After five years and more than 50 votes in Congress, the Republican campaign to repeal the Affordable Care Act is essentially over. GOP congressional leaders, unable to roll back the law while President Obama remains in office and unwilling to again threaten a government shutdown to pressure him, are focused on other issues, including trade and tax reform. (Levey, 4/18)
HEALTH LAW ISSUES AND IMPLEMENTATION

The Associated Press: Waivers May Give Next President Way Out Of Health Care Feuds
Republican or Democrat, the next president will have the chance to remake the nation’s health care overhaul without fighting Congress. The law signed by President Barack Obama includes a waiver that, starting in 2017, would let states take federal dollars now invested in the overhaul and use them to redesign their own health care systems. (Alonso-Zaldivar, 4/20)

The Philadelphia Inquirer: Why ACA Plans Don't Include Dental Coverage
In some ways, health insurance is like car insurance. Both are designed to protect you from the financial risk of repair associated with body damage. But unlike a car insurance policy that comes with bumper-to-bumper protection, nongroup health insurance doesn't cover your grille. Dental insurance has always been a separate purchase from medical health insurance. (Calandra, 4/19)

MEDICARE

Concerned about the rising prevalence and sophistication of identity theft, most private health insurance companies have abandoned the use of Social Security numbers to identify individuals. The federal government even forbids private insurers to use the numbers on insurance cards when they provide medical or drug benefits under contract with Medicare. (Pear, 4/20)

Los Angeles Times: 2016 Election Pits Desire For Change Against A Demographic Shift
Obama came into office with hopes of leading the country toward a new acceptance of activist government. Some Democrats hoped, for example, that successful implementation of the Affordable Care Act would cause Americans to warm toward the expanded government role in guaranteeing health coverage it represents. Obamacare by now has helped more than 20 million Americans get insured, the biggest increase in coverage in half a century. Contrary to dire warnings from the law's opponents, healthcare costs have not shot upward — the rate of healthcare inflation is the lowest in years — the job market has improved and the cost to the federal government is below forecasts. (Lauter, 4/19)

CNN: GOP Presidential Contenders Talk Entitlement Reform
Leading Republican presidential contenders aren’t shying away from proposals to overhaul Social Security and Medicare—once considered untouchable third rails of American politics. Chris Christie, Marco Rubio and Jeb Bush all told audiences at the Republican Leadership Summit in New Hampshire this week that the United States must rein in spending on those programs, largely by raising the minimum age of eligibility. (Bradner, 4/18)
COVERAGE AND ACCESS

Bloomberg: The Doctor Is Out: LabCorp To Let Consumers Order Own Tests
Consumers will soon be able to bypass their doctors by going online to order cholesterol readings, thyroid tests and other bloodwork from the biggest diagnostics company in the U.S. Laboratory Corp. of America Holdings will let customers go online to pay for tests, visit a service center to get blood drawn, then view the results on the Web. The company has already been doing back-office lab work for a number of Internet firms that let people order up tests without a doctor. (Koons, 4/20)

Los Angeles Times: Shopping Tools Help Patients Find Cash Prices For Medical Procedures
MediBid, which has been in business since 2010, has returned up to 17 bids from doctors nationwide for knee replacement surgeries and often six or seven for common procedures, such as colonoscopies, says founder and Chief Executive Ralph Weber. Dr. Peter LePort, a general surgeon practicing in Fountain Valley, participates with MediBid. He says he's seen a rise in the number of patients with high-deductible health plans looking for cheaper alternatives. Paying cash instead of using insurance often helps them get lower prices. (Zamosky, 4/19)

Bloomberg: Ex-Medicare Chief Tavenner Joins LifePoint Hospitals Board
Marilyn Tavenner, who resigned as head of the Centers for Medicare and Medicaid Services earlier this year, is returning to the hospital industry. Tavenner is joining the board of LifePoint Hospitals Inc., which operates more than 60 hospitals in 21 states. Before she began state government work in 2006, Tavenner had worked at the largest for-profit hospital chain, HCA Holdings Inc., for 25 years. (Tracer, 4/17)

PUBLIC HEALTH AND EDUCATION

The Washington Post: Even Uncontacted Amazon Tribe Harbors Bacteria Resistant To Antibiotics, Study Finds
Hand wipes. Hand sanitizer. Penicillin and Cipro. The tools the modern world has to fight diseases are many — but as diseases learn to fight back, they're getting deadlier. And people in the know are scared. “Antibiotic resistance has been called one of the world’s most pressing public health problems,” according to the Centers for Disease Control and Prevention. “Almost every type of bacteria has become stronger and less responsive to antibiotic treatment when it is really needed. … For this reason, antibiotic resistance is among CDC’s top concerns.” (Moyer, 4/20)

Los Angeles Times: A Veil Of Secrecy Shields Hospitals Where Outbreaks Occur
The cardiac surgeon had unknowingly spread a staph infection from the rash on his hand to the hearts of at least five patients by the time Los Angeles County health investigators learned of the outbreak. The doctor had operated on more than 60 others in recent months, and county officials feared those patients could be struck with the same dangerous infection. (Petersen, 4/18)
EDITORIALS AND OPINIONS

JAMA: The Repeal Of Medicare’s Sustainable Growth Rate For Physician Payment
The repeal of the SGR means that the temporary measures to override the growth rate formula will no longer dominate Medicare policy discussions, as they have for the last decade. The replacement of the SGR should also accelerate the movement away from unconstrained fee-for-service payments and toward continued payment reforms. Many physicians, no doubt, would prefer regular payment updates, not updates based on complex measures of quality and value. The momentum in Washington for continued payment reforms, however, is strong. The repeal of the SGR is the carrot; the far-reaching payment reforms that the legislation facilitates are the stick. (Robert Steinbrook, 4/17)
STATE WATCH

California Healthline: Different Kind of Vaccine Bill Surfaces
California health officials who have been working on getting more immunizations for very young children may get some help in the Legislature this session. AB 1117, by Assembly member Cristina Garcia (D-Bell Gardens), gets its first public airing today in the Assembly Committee on Health. (Gorn, 4/21)

Sacramento Bee: Efforts To Improve Denti-Cal Heat Up
A California program that subsidizes the cost of dental services for millions of low-income children and adults has come under scrutiny in recent months for the relatively small number of people served. Critics say they hope the attention will finally drive positive changes in the program commonly known as Denti-Cal. (Sangree, 4/20)

CAPITOL HILL WATCH

McClatchy: Congress Starts Work On Slashing Trillions From Federal Budget
The two GOP budget resolutions envision deep spending cuts above $5 trillion over 10 years to get to a balanced budget. The president’s budget proposal doesn’t balance, boosts spending on education and infrastructure and is paid for with a $320 billion tax hike on the rich that will never get past a Republican Congress. Similarly, GOP plans envision repealing the Affordable Care Act, something the president is sure to veto. (Hall and Douglas, 4/20)

The Washington Post: Pressure Mounts For Loretta Lynch Vote, But No Deal Yet
The Senate wrapped up its business last week with high hopes that a solution might be at hand to break an impasse that has delayed a confirmation vote for attorney general nominee Loretta Lynch for more than six weeks. By the end of Monday’s Senate business, no such deal was in place. But senators of both parties said an agreement was close at hand and could be announced on Tuesday. Democrats have filibustered a bill cracking down on human trafficking due to abortion restrictions embedded within it, and Republicans have vowed not to move forward with Lynch’s confirmation until the trafficking bill is dealt with. After weeks of gridlock, leaders of both parties sounded optimistic on Thursday that a deal could be hashed out over the weekend. (DeBonis, 4/20)

HEALTH LAW ISSUES AND IMPLEMENTATION

Kaiser Health News: What’s At Stake In The Supreme Court Obamacare Case
The Affordable Care Act mandates that all Americans get health coverage or pay a penalty. To help people pay for that insurance, the federal government subsidizes insurance premiums for millions of Americans. In just a couple of months, the Supreme Court will rule in a major case concerning those subsidies. The question is whether the law allowed for them across the country or just in the minority of states that set up their own insurance exchanges. A decision to take away those subsidies could leave millions without insurance. ... Louisiana is a state where a lot of people could be affected. ... We traveled to the state to interview many of these people who could lose subsidies if the Supreme Court rules against them. (Cohen, 4/21)
The Hill: ObamaCare Court Fight Escalates
The fight over ObamaCare’s Medicaid expansion escalated Monday, as Texas’s Republican governor backed a lawsuit from Florida against the Obama administration. ... The administration says some Florida hospital funding will not be extended in its current form past the June expiration date, arguing that the money should not go toward costs that would otherwise be covered by an expansion of Medicaid under ObamaCare. ... Aaron Albright, a spokesman for CMS, said the principles given to Florida apply in Texas and other states as well. “We will also use these principles in considering similar proposals in other states, but discussions with each state will also take into account state specific circumstances,” he said. CMS communicated that message directly to Texas in a call on Thursday. (Sullivan, 4/20)

PUBLIC HEALTH AND EDUCATION

A Silicon Valley start-up with some big-name backers is threatening to upend genetic screening for breast and ovarian cancer by offering a test on a sample of saliva that is so inexpensive that most women could get it. At the same time, the nation’s two largest clinical laboratories, Quest Diagnostics and LabCorp, normally bitter rivals, are joining with French researchers to pool their data to better interpret mutations in the two main breast cancer risk genes, known as BRCA1 and BRCA2. Other companies and laboratories are being invited to join the effort, called BRCA Share. (Pollack, 4/21)

Los Angeles Times: Scope Maker Warned Europe About Contamination 2 Years Before L.A. Infections
Nearly two years before superbug outbreaks hit UCLA and Cedars-Sinai medical centers, the maker of the scopes involved was already warning hospitals in Europe about the risk of such patient infections. But no alerts were sounded in the U.S. by Olympus Corp., the leading manufacturer of gastrointestinal scopes worldwide, until this year. They came only after news broke in February about the UCLA outbreak, in which seven patients were sickened, including two who died. (Petersen, Terhune, 4/20)

NPR: Federal Panel Revisits Contested Recommendation On Mammograms
In 2009, I was among the scrum of reporters covering the controversial advice from the U.S. Preventive Services Task Force that women in their 40s think twice about regular mammograms. The task force pointed out that the net benefits in younger women were small and said women should weigh the pros and cons of screening before making a decision. (Hobson, 4/20)

EDITORIALS AND OPINIONS

Los Angeles Times: A Physicians’ Attack On Dr. Oz Explodes Into A New Controversy
Sometimes a cogent attack on a worthy target ends up making the target stronger. That may be happening with last week’s letter signed by 10 physicians urging Columbia University to sever its ties with Dr. Mehmet Oz, who has made a fortune promoting quack nostrums to his huge television audience. Oz’s TV producers say he’ll be devoting a large portion of a forthcoming “Dr. Oz” show, probably Thursday’s, to a counterattack. Of the doctors behind the letter, the producers say, “We plan to show America who these authors are, because discussion of health topics should be free of intimidation.” (Michael Hiltzik, 4/20)
Bloomberg: Lower Health Costs Won't Cure All
It was a sure bet that if health-care costs fell after the Affordable Care Act was passed, we’d see people writing articles about how the law had finally gotten health-care costs under control. And so it has come to pass, and so a number of readers have written me to ask whether this is actually true. The short answer is that I’m far from convinced. (Megan McArdle, 4/20)
STATE WATCH

Los Angeles Times: Vaccine Mandate Bill Revamped To Ease Home-Schooling Waiver
A proposal to require more children to be vaccinated before entering school in California was revamped Tuesday to address concerns that it might bar many young people from a public education. But key members of the Senate Education Committee, which is scheduled to vote on the measure Wednesday, remained noncommittal about it. (McGreevy, 4/21)

CAPITOL HILL WATCH

The Hill: GOP Senator Unveils New ObamaCare Backup Plan
Sen. Ron Johnson (R-Wis.) unveiled legislation on Tuesday that would allow people to temporarily keep their ObamaCare plans if the Supreme Court guts the law's subsidies. Johnson's bill is the latest Republican effort to put forward contingency plans for the possibility that the high court could strike down subsidies that help 7.5 million people afford health insurance. (Sullivan, 4/21)

National Journal: Groups Fume That Medicare Cuts May Pay For Trade Bill
Senior and provider groups are angry that Medicare cuts will help pay for one of the trade bills that Congress will soon consider and are waging a last-ditch effort to nix the cuts. The Trade Adjustment Assistance reauthorization bill hasn't received as much attention as the fast-track trade authority bill, but Democrats see it as a priority: The program helps workers who have been put out of a job because of foreign trade with job-training and placement as well as health-insurance costs. ... But on Tuesday, senior and provider groups started criticizing the proposal. They're unhappy because about $700 million of the $2.9 billion cost would be offset by increasing the cuts to Medicare authorized by the automatic budget cuts known as sequestration in fiscal year 2024 by 0.25 percent, according to a Congressional Budget Office score of the House bill. (Scott, 4/21)

Modern Healthcare: Providers Decry $700M In Medicare Cuts Proposed In Trade Package
Providers are raising alarms about potential cuts to Medicare that would bankroll benefits for workers hurt by future free-trade agreements. The Trade Adjustment Assistance Act, sponsored by Rep. David Reichert (R-Wash.), would rely on $700 million in reduced Medicare spending in 2024 to pay for healthcare coverage and other benefits for workers who lose coverage because of any agreements negotiated under fast-track trade authority sought by President Barack Obama. (Demko, 4/21)

HEALTH LAW ISSUES AND IMPLEMENTATION

Kaiser Health News: Tennessee, Kansas Also Get Warning: Expand Medicaid Or Risk Hospital Funds
Add Tennessee and Kansas to the list of states that have been warned by the Obama administration that failing to expand Medicaid under the Affordable Care Act could jeopardize special funding to pay hospitals and doctors for treating the poor. The Centers for Medicare & Medicaid Services confirmed Tuesday that it gave officials in those states the same message delivered to Texas and Florida about the risk to funding for so-called “uncompensated care pools” — Medicaid money that helps pay the cost of care for the uninsured. (Galewitz, 4/21)
USA Today: Poll: Obamacare In Positive Territory (By One Point)
There's more evidence that President Obama's health care law is gaining in popularity. According to the monthly Kaiser Health Tracking Poll released Tuesday, 43% have a favorable view of the Affordable Care Act and 42% have an unfavorable view -- the first time the law has been in positive territory since November of 2012, the month President Obama won re-election. Of course, the poll points out that the margin is "one percentage point, and the difference is within the survey's margin of sampling error and is not statistically significant." (Jackson, 4/21)

MARKETPLACE

Bloomberg: Teva Bid For Mylan Sparks Worries Of Rising Generic Drug Prices
A potential $40.1 billion generic-drug merger already has Brad Arthur bracing for a blow to his family-run pharmacy in Buffalo, New York. Arthur has been contending with rising generic drug prices for the better part of two years -- a trend that has drawn Washington’s attention and caused an outcry from consumer advocates. Now the pharmacist says he fears the proposed takeover of Mylan NV by Israel’s Teva Pharmaceutical Industries Ltd. could threaten businesses like his by reducing competition even further. (Koons, 4/21)

EDITORIALS AND OPINIONS

The New York Times: Double The N.I.H. Budget
No one who lived through the 1990s would have suspected that one day people would look back on the period as a golden age of bipartisan cooperation. But in some important ways, it was. Amid the policy fights that followed the Republican victories of 1994, President Bill Clinton and the new majorities in Congress reached one particularly good deal: doubling the budget for the National Institutes of Health. (Newt Gingrich, 4/22)

The Washington Post: The First Bloom Of Compromise On Capitol Hill
Lawmakers passed a health-care payment reform this month, ending one of the major, recurring legislative crises that has led to a lot of embarrassing last-minute activity over the years. They did so in large part with their usual bipartisan commitment to widening the deficit, but they did include some useful changes, too. They also relented on ill-considered defense spending caps. Assuming the trafficking compromise holds over the coming days, the Senate finally will vote on, and presumably for, Ms. Lynch, with at least some Republican support. ... Legislators have a long way to go. But in an age in which unbridgeable disagreement has been the norm, green shoots of compromise should be welcomed and nurtured. (4/21)

news@JAMA: The 'Doc Fix' Is Over, But Unresolved Concerns Linger
Although Washington and the physician community were expressing euphoria over the end of the SGR, ... unresolved issues are concerning. But moving away from a billing system that reimburses for microunits of service and that indiscriminately increases or decreases unit reimbursement across all physicians irrespective of their own behavior is worth some downside risk. Physician groups and others are rightly raising concerns about the process that will be used to determine which alternative delivery systems warrant bonus payments, as well as the metrics that will determine bonuses and penalties for those remaining in a fee-for-service payment system. What is useful to remember is that the payment under the SGR and until MIPS debuts in 2019 implicitly assumes that there are no variations in quality,
efficiency, or value in the clinical care provided by physicians—or at least none worth paying for. These assumptions are surely wrong. (Gail Wilensky, 4/21)
Los Angeles Times: Bill Removing California Vaccine Exemptions Approved By Key Senate Panel
A bill that would require more California children to be vaccinated before they enter school passed a key Senate committee Wednesday as more than 100 parents protested that it would deprive many young people of a public education. The measure cleared the Senate Education Committee on a bipartisan 7-2 vote after its authors agreed to changes that would make it easier for parents to home-school their children if they decided against immunization. (McGreevy, 4/22)

The San Jose Mercury News: Mandatory Vaccine Bill Advances After Key Vote Of California Senate Panel
Legislation aimed at reversing the state's liberal vaccine exemption law took a major step forward Wednesday in the state Senate, only a week after support for the bill seemed to be on shaky ground. (Seipel and Calefati, 4/22)

Los Angeles Times: Anthem Rate Hike Excessive For 170,000, Regulator Says
California's insurance commissioner criticized healthcare giant Anthem Blue Cross for imposing an "excessive" rate increase on nearly 170,000 customers statewide. Dave Jones said Wednesday that Anthem had failed to justify its 9% average rate hike that took effect April 1. Premiums are going up as much as 25% for about 4,000 policyholders. (Terhune, 4/22)

CAPITOL HILL WATCH

The Hill: Bill To Repeal Health Insurance Tax Gains Steam In House
A bipartisan bill to help health insurance companies avoid fees under ObamaCare is now backed by a majority of House lawmakers, its sponsors announced Wednesday. The bill would repeal an ObamaCare provision commonly called the "health insurance tax" (HIT), which charges insurers an annual fee to help pay for the healthcare law. (Ferris, 4/22)

Politico: Senate Passes Trafficking Bill, Paves Way For Loretta Lynch Vote
The unanimous 99-0 vote belied much of the drama behind the legislation, which jammed up the Senate floor amid partisan bickering over whether the bill's restitution fund for victims should be subject to abortion restrictions. The row over social issues also obscured strong support for the measure's core provisions aimed at combating sex slavery. (Everett, 4/22)

USA Today: House Passes Bipartisan Cybersecurity Information-Sharing Bill
The House on Wednesday passed a bipartisan cybersecurity bill to make it easier for companies to share cyber-threat information with the government and thwart hacks by criminals, terrorists and rogue nations. It was the first action in the new Congress in response to recent high-profile cyber attacks that have included Sony Pictures, Home Depot, JPMorgan Chase, Target, Anthem health insurance, the State Department and the White House. (Kelly, 4/22)
HEALTH LAW ISSUES AND IMPLEMENTATION

California Healthline: Why States Using The Federal Exchange Are Unlikely To Run Their Own
States relying on HealthCare.gov need a backup plan if they want to help their residents keep subsidized health insurance. The Supreme Court this summer could rule that subsidies are illegal outside of state-based exchanges. (Infantino, 4/22)

Government investigators will release a report later this year about multiple cybersecurity “incidents” at HealthCare.gov, a GAO official told lawmakers Wednesday. Gregory Wilshusen, director of Information Security Issues for the Government Accountability Office (GAO), suggested there have been several cyber events at ObamaCare’s online exchange. He did not provide further details. (Viebeck, 4/22)

The Fiscal Times: Why Obamacare’s Portal Still Needs a Brand Makeover
While the healthcare law itself is enjoying a boost in popularity, its federal portal seems to be struggling with a branding crisis. A new survey by Forrester Research ranks HealthCare.gov, the federal health insurance exchange portal, dead last among government brands that provide a quality consumer experience. (Ehley, 4/22)

MARKETPLACE

Center for Public Integrity/NPR: More Whistleblowers Say Health Plans Are Gouging Medicare
Privately run Medicare plans, fresh off a lobbying victory that reversed proposed budget cuts, face new scrutiny from government investigators and whistleblowers who allege that plans have overcharged the government for years. Federal court records show at least a half dozen whistleblower lawsuits alleging billing abuses in these Medicare Advantage plans have been filed under the False Claims Act since 2010, including two that just recently surfaced. The suits have named insurers from Columbia, S.C., to Salt Lake City to Seattle, and plans which have together enrolled millions of seniors. Lawyers predict more whistleblower cases will surface. The Justice Department also is investigating Medicare risk scores. (Schulte, 4/23)

The Wall Street Journal: Meet Pharma’s Newest Movers And Shakers
A few years ago, the drug companies dominating mergers-and-acquisitions headlines were largely household names, from Pfizer Inc. and Merck & Co. to Novartis AG. These days, a new generation of deal makers is making news, with names distinctly less familiar: Actavis PLC, Endo International PLC and Valeant Pharmaceuticals International Inc. Within the past few weeks, two other relatively under-the-radar companies, Mylan NV and Teva Pharmaceutical Industries Ltd., also entered the fray. (Rockoff and Walker, 4/22)
EDITORIALS AND OPINIONS

The comfortable truth (for liberals, at least) is that the ACA case arises from a piece of statutory language that on its face explicitly says that tax subsidies are only available for health insurance purchased on an exchange “established by the state.” Liberals have tried to explain why, correctly interpreted, this language really means “established by the state or the federal government on the state’s behalf.” But their theories seem forced. ... The simplest way for the liberals to win the Obamacare case, King v. Burwell, is to convince [Justice Anthony] Kennedy that the ACA shouldn’t be read literally, as doing so would produce a disastrous and therefore unjust result. (Noah Feldman, 4/22)

Tea Party Senator Ron Johnson has unveiled a new plan to provide temporary help to the millions of people who might lose health coverage if the Supreme Court sides with the King challengers and guts subsidies in three dozen federal-exchange states. Senator Johnson’s fix reportedly has 29 GOP co-sponsors ... and it is fair to assume the eventual GOP post-King contingency plan, if there is any GOP consensus plan, may look something like it. ... The idea is to buy time to develop a more comprehensive GOP replacement for Obamacare. As Johnson himself recently put it, this would allow the future of health reform to be litigated in the 2016 presidential race. (Greg Sargent, 4/22)

On December 17, 2014, Vermont Governor Peter Shumlin publicly ended his administration's 4-year initiative to develop, enact, and implement a single-payer health care system in his state. ... In reality, the Vermont plan was abandoned because of legitimate political considerations. Shumlin was first elected governor in 2010 promising a single-payer system. But in the 2014 election, his Republican opponent campaigned against single payer. Shumlin won the popular vote by a single-percentage-point margin, 46% to 45%, which sent the election to the Democratic-controlled House of Representatives; though the House reelected him easily in January, a clear public mandate for his health care agenda was nowhere in evidence. (John E. McDonough, 4/22)
California Healthline: California Gets a 'C' in Dental Care
California received a "C" grade for a critical component of children's oral health, according to a new study released Thursday by Pew Charitable Trusts. According to the study, California is not adequately ensuring that low-income kids get dental sealants, which have been shown to reduce decay by as much as 80% over two years. (Gorn, 4/24)

Los Angeles Times: Should Doctors Be Allowed To Ask Patients About Their Gun Habits?
Physicians acknowledge that they ask their patients questions that, in any other context, would be considered nosy and meddlesome. They expect to get some pushback. But when physicians in Florida ask whether a patient -- or a young patient's parent -- has a gun in the home, they are now bracing for a call, and possibly a letter of discipline, from their state's medical board. Physicians in Indiana and Texas are on notice that for them, too, such questions may soon be limited by law. (Healy, 4/23)

CNBC: California, Washington shine during special Obamacare sign-ups
Now that's a West Coast offense! Two states that run their own Obamacare markets—California and Washington—are blowing away the much-larger, federally run HealthCare.gov when it comes to signing up customers during a tax season grace period. That special enrollment offer is open to people who only just learned they owe a fine for not having health insurance last year. (Mangan, 4/23)

California Healthline: Legislature's Turn To Consider Open Data
Last month, California HHS embraced the open data movement in health care with a decision to make more data available to the public online. Now it's the Legislature's turn. (Lauer, 4/23)

HEALTH LAW ISSUES AND IMPLEMENTATION

The Hill: Study: Satisfaction With ObamaCare Tops Traditional Plans
People who bought coverage through ObamaCare are generally more satisfied than those with other types of insurance, according to a new national survey. ObamaCare customers rated their satisfaction over the last year as 696 out of 1,000, compared to the 679-point rating by customers with employer-based plans, according to a large survey by the consumer research firm J.D. Power. (Ferris, 4/23)

Los Angeles Times: Democratic Lawmakers Reject Switching Their Health Coverage To Obamacare
Democratic state lawmakers on Thursday shot down a proposal that would have required all California state legislators to get their health insurance from Covered California, the benefits exchange set up to implement Obamacare in the state. The Assembly Rules Committee split along party lines, with seven Democrats opposing AB 1109 and three Republicans in support of the bill by Assemblyman Scott Wilk (R-Santa Clarita). The measure would have forced lawmakers to give up the taxpayer-subsidized health plans provided by the Legislature and individually sign up for Covered California. (McGreevy, 4/23)
PUBLIC HEALTH

Kaiser Health News: Americans Are Drinking More Heavily, Especially Women
Whether quaffing artisanal cocktails at hipster bars or knocking back no-name beers on the couch, more Americans are drinking heavily – and engaging in episodes of binge-drinking, concludes a major study of alcohol use. Heavy drinking among Americans rose 17.2 percent between 2005 and 2012, largely due to rising rates among women, according to the study by the Institute for Health Metrics and Evaluation at the University of Washington, published Thursday in the American Journal of Public Health. (Feder Ostrov, 4/23)

The Washington Post: Inside Alabama’s Deadly Spice Craze
For the small southern city of Anniston, 2011 seemed like a summer of madness. First came the cicadas, woken from their 13-year-slamber by some ineffable urge. Then came the reports of a new drug in town. It was called Spice, and all the kids were trying it. Then came the suicides. (Miller, 4/24)

EDITORIALS AND OPINIONS

Earlier this week, the U.S. Preventive Services Task Force (USPSTF), an independent group of doctors and health-care experts, issued draft recommendations on mammography for women at various ages. Their recommendations could lead to insurance companies dropping coverage of mammograms for women under age 50, as well as other preventive techniques that would help protect young women from getting breast cancer and help those who do have it. This is a wrong and dangerous path to take. (Rep. Debbie Wasserman Schultz, D-Fla., 4/23)

[N.J. Gov. Chris Christie] thought he was being smart and brave by proposing that we raise the age of eligibility for both Social Security and Medicare to 69. Doesn’t this make sense now that Americans are living longer? No, it doesn’t. This whole line of argument should have died in 2007, when the Social Security Administration issued a report showing that almost all the rise in life expectancy has taken place among the affluent. The bottom half of workers, who are precisely the Americans who rely on Social Security most, have seen their life expectancy at age 65 rise only a bit more than a year since the 1970s. Furthermore, while lawyers and politicians may consider working into their late 60s no hardship, things look somewhat different to ordinary workers, many of whom still have to perform manual labor. (Paul Krugman, 4/24)