California Healthline: Changes Afoot for Orange County Duals
Orange County is slated to start enrollment this week in the Cal MediConnect duals demonstration project. The Cal MediConnect demonstration project is designed to enhance care and integrate coordination for duals by combining the financing and services of Medicare and Medi-Cal, California’s Medicaid program. It was launched with eight target California counties in 2014 with the goal of eventually expanding Cal MediConnect to all the roughly one million dual-eligibles in the state. (Gorn, 7/27)

Kaiser Health News: California Judge Likely to Dismiss Aid-in-Dying Lawsuit
Christy O’Donnell may not get the death she had hoped for — one that right-to-die advocates say she deserves. A California judge on Friday indicated that he will likely dismiss her end-of-life lawsuit and said he would issue his decision Monday. "You’re asking this court to make new law," San Diego Superior Court Judge Gregory Pollack said during a hearing Friday. "If new law is made it should be by the Legislature or by a ballot measure." (Ostrov, 7/27)

California Health Report: Disabled Advocates Rally for Health
In every corner of California, in living rooms, community centers, and grassroots organizations, disabled activists are determined and organized to fight to preserve health programs and social services that help them and their communities. They are new radicals and decades-long activists, many of them using wheelchairs, or with developmental or other disabilities. They regularly pack hearing rooms and hold rallies in Sacramento with signs directed to state officials: "We count, too." (Portner, 7/27)

Los Angeles Times: UC San Diego Wins Legal Battle in Dispute With USC Over Alzheimer’s Project
UC San Diego won a major legal battle Friday against USC when a judge ruled that control of a landmark project on Alzheimer’s disease belongs to the La Jolla school. The decision addressed the heart of a lawsuit that has gained international attention since UC San Diego filed it early this month, largely because it’s rare for such disagreements in the academic world to reach the courtroom. (Robbins, 7/24)

The Associated Press: No Sign That Issue of Planned Parenthood Videos is Fading
Two stealthily recorded videos show Planned Parenthood officials discussing how they provide aborted fetal organs for research. The videos have put the group and its Democratic allies on the defensive. It’s unclear how long the political damage may last or whether Planned Parenthood has broken federal law — as abortion foes contend. What is clear is that Republicans and anti-abortion groups are giving no signs of letting the issue fade quickly. (Fram, 7/27)

Politico: Obamacare Repeal Vote Fails in Senate
The Senate on Sunday voted down a Republican effort to repeal Obamacare, the GOP’s first attempt to get rid of the president’s health law since the party took control of the chamber in January. The effort fell 49-43, exactly along party lines, with eight senators not voting in the rare weekend session. Third-fifths of the Senate would have had to vote to add Obamacare repeal to a highway funding bill. (Haberkorn, 7/26)
MEDICAID

Kaiser Health News: 5 Challenges Facing Medicaid At 50
A “sleeper” provision when Congress created Medicare in 1965 to cover health care for seniors, Medicaid now provides coverage to nearly 1 in 4 Americans, at an annual cost of more than $500 billion. Today, it is the workhorse of the U.S. health system, covering nearly half of all births, one-third of children and two-thirds of people in nursing homes. Enrollment has soared to more than 70 million people since 2014 when the Affordable Care Act began providing billions to states that chose to expand eligibility to low-income adults under age 65. Previously, the program mainly covered children, pregnant women and the disabled. (Galewitz, 7/27)

HEALTH LAW ISSUES AND IMPLEMENTATION

The Associated Press: California Health Exchange to Announce 2016 Premium Rates
California on Monday will announce 2016 premium rates for individual health plans sold on the state’s insurance exchange, an important gauge of affordability amid growing concern that some insurers around the country are seeking double-digit price increases. Last year, state officials declared victory when they announced premiums rose by an average of 4.2 percent, which was about half the increase the industry saw over a three-year period. But this year a number of health plans around the country have requested increases above 10 percent for 2016, saying their new customers turned out to be sicker than expected. (Lin, 7/27)

MARKETPLACE

Los Angeles Times: Anthem Mega-Merger Would Create California's Largest Insurer
HMO giant Kaiser Permanente might lose its perch atop California's health insurance world. Anthem Inc. could leapfrog Kaiser and become the state's biggest health plan if its $54-billion acquisition of Cigna Corp. goes through next year. The deal was announced Friday. (Terhune, 7/24)

Los Angeles Times: Q&A Will the Anthem-Cigna Deal Cost You Money?
Anthem Inc., California’s largest for-profit health insurer, has agreed to acquire rival Cigna Corp. for $54 billion. The planned merger is the latest in a string of health insurance deals announced in the last few weeks. Aetna Inc. reached a $37-billion deal for Humana Inc. this month. And Woodland Hills insurer Health Net Inc. agreed to be acquired by Medicaid insurer Centene Corp. for $6.8 billion. (Masunaga and Terhune, 7/24)

The Hill: FDA Approves Cholesterol Drug With $15,000 Yearly Price Tag
A newly approved drug that has been hailed as a breakthrough treatment for high cholesterol is causing sticker shock across the healthcare industry. The injectable treatment, Praluent, is the first of a powerful new class of drugs proven to lower cholesterol. It also carries a list price of $14,600 a year — nearly twice what analysts had been expecting. While the newly approved drug is far from the most expensive on the market, it has potential for widespread use: It could be used by millions of people who have been unable to treat their high-cholesterol with existing — and cheaper — drugs. (Ferris, 7/24)
**Reuters: Allergen Said to be Exploring Split Into Two Businesses**
Allergan Plc is considering a breakup of the company into two businesses, a person familiar with the matter told Reuters on Friday, potentially adding the botox-maker to a list of large drugmakers realigning themselves to focus on specific areas of their businesses. Allergan is considering keeping its branded drugs business but spinning off or selling parts or all of its generics business, according to the person who asked not to be identified because the deliberations are confidential. (Roumeliotis, 7/24)

**PUBLIC HEALTH AND EDUCATION**

**The Associated Press: Health Secretary Announces $133M in Substance Abuse Money**
Department of Health & Human Services Secretary Sylvia Burwell has announced $133 million in additional money for substance abuse treatment. The announcement came Saturday at the National Governors Association summer meeting at The Greenbrier. A news release says the Health Resources and Services Administration is adding $100 million for more substance use disorder services, with a focus on addressing medication-assisted treatment for opioid use. (7/25)

**EDITORIALS AND OPINIONS**

**The Washington Post: Medicare and Medicaid — A Tarnished Triumph**
It was exactly 50 years ago this week that President Lyndon B. Johnson flew to Independence, Mo., and, with former president Harry Truman at his side, signed into law the legislation creating Medicare and Medicaid. It was a seminal moment in U.S. political history. (Robert J. Samuelson, 7/26)

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Kaiser Health News: Health Law Experiment Failed to Show Savings
A $57 million experiment to deliver better, more efficient care at federally funded health centers struggled to meet its goals and is unlikely to save money, says a new government report. The test to coordinate treatment for high-risk Medicare patients in hundreds of communities was one of many demonstrations run by the Department of Health and Human Services’ innovation center. (Hancock, 7/27)

Los Angeles Times: Touches of Home Help Venice Clinic Put Young Patients at Ease
The Lou Colen Children’s Health and Wellness Center is part of a network of free clinics that have historically served uninsured patients in Los Angeles County. Though this branch — which opened in Del Rey last month — still treats many low-income families, its patient-friendly design and services reflect a shift in the way clinics across the nation are delivering healthcare. (Karlamangla, 7/27)

Los Angeles Times: Friends’ Approval of E-cigarettes May Turn Teens Toward Vaping, USC Study Suggests
It’s no secret that vaping is on the rise among California teens. Now, a team of USC researchers has delved deeper into the trend to try to understand how much high school students’ social environment has to do with the uptick in electronic cigarette use -- and what it all might mean for the future of traditional cigarette use, which has been in steady decline, as well. The concern? That widespread “favorable social perceptions” about vaping among members of a new generation might “contribute to the renormalization of tobacco products generally,” wrote Keck School of Medicine postdoctoral researcher Jessica L. Barrington-Trimis and colleagues in a study published online Monday in the journal Pediatrics. (Brown, 7/27)

Planned Parenthood has been swept up in a storm of controversy in recent weeks, after an antiabortion group started to release undercover videos of officials at the organization discussing how it provides organs from aborted fetuses for research. Now, even the group’s Web site is on the defense. Hackers who say they oppose Planned Parenthood claim to have posted a database associated with the organization’s Web site as well as the names and e-mail addresses of employees online. (Ohlheiser and Peterson, 7/27)

Modern Healthcare: CMS Streamlines Medicaid Waiver Renewal Process
The CMS has taken steps to bring more transparency and ease administrative hurdles to the review and approval process of Medicaid demonstration waivers. The agency’s oversight over 1115 waivers was the subject of two recent Capitol Hill hearings, and numerous Government Accountability Office reports dating back to the 1990s. A primary criticism has been there is no process in place to quickly renew waivers that have been up and running for years. (Dickson, 7/27)
HEALTH LAW ISSUES AND IMPLEMENTATION

Los Angeles Times: Obamacare Rates to Rise 4% in California for 2016
The modest price increases for 2016 may be welcome news for many of the 1.3 million Californians who buy individual policies through the state marketplace, known as Covered California. California’s rates are a key barometer of how the Affordable Care Act is working nationwide, and the results indicate that industry giants Anthem and Kaiser Permanente are eager to compete for customers in the nation's biggest Obamacare market. (Terhune, 7/27)

MARKETPLACE

USA Today: FDA Approves New Cholesterol Drug - At $14,600 a Year
Up to 10 million Americans will soon have a new option for lowering their cholesterol – at a price of $14,600 a year. The Food and Drug Administration surprised much of the medical community Friday by broadly approving a new cholesterol drug for a vast potential patient population. The agency approved Praluent for people with an inherited condition that causes very high levels of LDL, or bad cholesterol, as well as for the millions of Americans who have had heart attacks, strokes or other types of heart disease and whose LDL is higher than it should be. (Szabo, 7/27)

Reuters: Teva to Buy Allergan Generic Business for $40.5B, Drops Mylan Bid
Israel’s Teva Pharmaceutical Industries will pay $40.5 billion in cash and stock for Allergan’s generic drugs business, solidifying Teva’s position as the world’s No. 1 maker of generics while freeing Allergan to focus on branded drugs, paying down debt and potential “transformational” acquisitions. The deal, the largest in Israel’s corporate history, allows Teva stronger economies of scale, crucial in the low-margin generic drugs business. Teva, which dropped its hostile pursuit of Mylan, will likely have to sell off some drugs to allay antitrust concerns. (Cohen and Scheer, 7/27)

QUALITY

Reuters: Primary Care Doctors Should Screen for Depression
U.S. adults should be screened for depression, according to a proposal from a government-backed panel of medical experts. With this proposal, the U.S. Preventive Services Task Force broadens its 2009 recommendation that adults be screened in doctors’ offices if staff-assisted depression care is available. (Seaman, 7/27)

USA Today: EKGs, X-Rays and Heart Procedures -- The Role of Non-Physicians Grows
Nurse practitioners and physician assistants are a fast-growing part of the medical marketplace, getting paid more often for procedures people generally associate with doctors, such as electrocardiograms, pelvic exams and even helping with heart bypasses, a USA TODAY analysis of federal data finds. Medicare billing records show 15% more nurse practitioners and 11% more physician assistants received payments in 2013 than in 2012 for all types of care. During that same year, the number of general practice physicians paid by the insurance program for the elderly and disabled dropped by 5%. (Ungar and Hoyer, 7/27)
**Reuters: Not All New Mothers in U.S. Get Advice on Breastfeeding Infant Care**

Despite medical evidence showing the benefits of breastfeeding and how to prevent cot deaths, some doctors are not passing on the information to new mothers in the United States, researchers said on Monday. In a survey of more than 1,000 new mothers funded by the National Institutes of Health, they found that about 20 percent of women did not receive guidance on breastfeeding or on placing infants to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS). (7/27)

**PUBLIC HEALTH AND EDUCATION**

**ProPublica: FDA Determines Whether MRI Drugs Accumulate in Brain Tissue**

The Food and Drug Administration announced today it is investigating the risk of brain deposits for patients who are given repeated MRIs using imaging drugs that contain a heavy metal. The FDA did not announce any label changes for the nine medicines that contain the metal, gadolinium, saying there was a "need for additional information." However, "to reduce the potential for gadolinium accumulation," the safety announcement asked health care professionals to “consider limiting” their use and to reexamine “the necessity of repetitive” MRIs involving these drugs. (Gerth, 7/27)

**The Philadelphia Inquirer: Drug Makers May Delay Reporting Patient Harms to FDA: Study**

Drug companies may be endangering the lives of patients by not promptly reporting cases of drug-related illness or death to federal regulators, a new report suggests. About 10 percent of cases where a drug does serious harm to a person are not reported to the U.S. Food and Drug Administration within the required 15-day period, the new analysis reveals. (Thompson, 7/27)

**EDITORIALS AND OPINIONS**

**Los Angeles Times: Obamacare Works in California. Here’s Why.**

Early reports that 2016 health insurance premiums would increase in double digits brought out the usual cadre of critics to claim — once again — that Obamacare is not financially sustainable. These proposed premiums were neither finalized nor did they reflect the full picture of rates in most states. We now have the full picture in California, where we are proving that health insurance exchanges can keep prices in check. Residents who enroll through Covered California, our statewide exchange, will see only modest 4% increases in 2016. Those selecting the lowest-priced plans actually will save 4.5%. (Peter V. Lee and James C. Robinson, 7/27)
California Healthline: High Cost of Autism to California
The incidence and societal cost of autism has risen dramatically in recent years and will cost California about $40 billion in 2015, according to study results released on Tuesday by researchers at UC-Davis. Nationally, the costs associated with the disorder could rise to $1 trillion by 2025, researchers said. (Gorn, 7/29)

Health Affairs Blog: Fifty Years Later: Why Medicaid Still Matters
This year, as we celebrate the 50th anniversary of the establishment of Medicaid and Medicare, it is worth reflecting on the performance and value of these critical programs. Since their inception much has been written on the evolution and roles of both programs in our health care system. Medicare has often been the main focus of such health care discussions. However, it is important, especially now in the face of Medicaid expansion, to focus on why Medicaid matters. (Gabow and Daschle, 7/29)

Health IT Analytics: CDPH Partners with St. Joseph Health in Cancer Data Registry
The California Department of Public Health (CDPH) announced a first of its kind partnership with St. Joseph Health to track cancer trends around the state of California. The historic program, announced in a press release on July 27, is the first to directly and securely transmit data from a private healthcare practice to a public research entity. CDPH officials are excited about this opportunity to partner with St. Joseph Health systems to make new strides in cancer research, saying that the new collaboration will allow for efficiency that will improve the research. (Heath 7/28)

CAPITOL HILL WATCH

The Washington Post: GOP Leaders Want Women Leading Anti-Planned Parenthood Efforts
Congressional Republicans are launching a new effort to end federal support for Planned Parenthood amid questions over its handling of fetal tissue, and it appears GOP leaders are looking to women to lead that fight. Sen. Joni Ernst (R-Iowa) will lead a working group tasked with developing a legislative response to the spate of recently released undercover video of Planned Parenthood executives, Senate Majority Leader Mitch McConnell (R-Ky.) said Tuesday. And House Majority Leader Kevin McCarthy (R-Calif.) said Monday that House leaders are looking closely at legislation by Rep. Diane Black (R-Tenn.), a veteran antiabortion advocate, that would block funding to the group unless it stops performing abortions. (DeBonis, 7/28)

The Washington Post: Pentagon Gets Ready to Award Big Contract for Electronic Medical Records
The Pentagon is poised within days to award one of the most coveted health information-technology contracts in history — the first phase of a deal that could ultimately be worth more than $10.5 billion over the 18-year life of the contract. This is the first major federal IT contract since HealthCare.gov, which was so plagued by defects that hundreds of thousands of Americans were initially frustrated in trying to sign up for health insurance. The effort, designed to provide a much-needed upgrade to the current system used by 9.5 million military personnel, including active duty and retirees, is being hotly pursued by three of the heaviest hitters in private industry: Epic Systems, Cerner and Allscripts Healthcare Solutions. (Nutt and Brittain, 7/27)
ADMINISTRATION NEWS

The Washington Post's Wonkblog: By 2024, Health Spending Will Be Nearly a Fifth of the Economy
There are several major factors behind the accelerated growth over the next decade, economist Sean P. Keehan said at a press briefing Tuesday morning. More people have gained health insurance coverage under the Affordable Care Act, the aging of the Baby Boomer generation and stronger economic growth will all contribute to the long-term trend, he said. Prescription drug spending has also increased markedly, largely due to the debut of expensive hepatitis C drugs over the last two years, Keehan said. (Johnson, 7/28)

HEALTH LAW ISSUES AND IMPLEMENTATION

Reuters: Americans Report Improved Health, Better Healthcare: Study
Americans are reporting improved health and better healthcare two years after health insurance became available under the Affordable Care Act, according to a new study published on Tuesday in the Journal of the American Medical Association. The study of more than 500,000 Americans found improvements in insurance coverage, access to primary care and prescription medicine, affordable healthcare and overall health since late 2013. (Seaman, 7/29)

Kaiser Health News: Big Push: Hospitals Turn to ‘Laborists’ for Safer Deliveries
Milford is one of about 250 hospitals nationally that use OB hospitalists, up from 10 a decade ago, and several are adding the service each month, according to the Society of OB/GYN Hospitalists, a trade group. With the new model of care, private practice obstetricians typically still see their patients in the hospital, but they can also defer to, or work alongside, the laborist. Despite concerns about turning the obstetrical specialty into “shift” work similar to emergency physicians, the laborist trend is growing as hospitals seek to improve patient safety and physicians increasingly recognize they need help responding to emergencies. (Galewitz, 7/29)

MARKETPLACE

Reuters: Merck Raises Forecast on Strong Sales of Diabetes, Cancer Drugs
Merck & Co Inc reported a better-than-expected quarterly profit and boosted its full-year earnings forecast as demand for its diabetes and cancer drugs increased. The company also said it expects to reap benefits from its $8.4 billion purchase of Cubist Pharmaceuticals, the maker of blockbuster antibiotic Cubicin. Cubicin sales for the second quarter were $293 million. Sales of Merck’s diabetes drug, Januvia, rose 1.3 percent to $1.6 billion in the quarter ended June 30. (7/28)

The Associated Press: Gilead Beats Street 2Q Forecasts on Surge in Sales, Profit
Blockbuster hepatitis C medicine Harvoni propelled Gilead Sciences Inc.’s second-quarter profit up 23 percent as total revenue for the biotech drugmaker jumped 26 percent and it raised its 2015 sales forecast for the second time. Its shares jumped in after-hours trading. Harvoni and a second hepatitis C drug, Sofvaldi, together posted sales about $500 million above expectations and HIV medicine sales were higher-than-expected across all products, noted Edward Jones analyst Ashtyn Evans. (Johnson, 7/28)
EDITORIALS AND OPINIONS

Los Angeles Times: How a Hugely Overpriced Hepatitis Drug Helped Drive Up U.S. Health Spending
There’s one especially eye-catching number in a new report by Medicare actuaries about U.S. healthcare spending: 12.6%. That's the leap in prescription drug spending last year over the year before. How sharp an increase is it? It was five times as much as the increase for 2013 over 2012, which was a mere 2.5%. (Michael Hiltzik, 7/28)

Los Angeles Times: Covered California's Good News on Premium Hikes Comes with Trade-Offs
The 2010 federal healthcare reform law made it easier for millions of Americans to obtain insurance coverage, but it didn't stop the cost of that coverage from rising considerably faster than inflation. So it was a welcome surprise Monday when officials at Covered California, the state's health insurance exchange, announced that the average premiums for individual policies in 2016 would be only about 4% higher than they are this year, and only about 2% higher in Los Angeles County. Mixed in with the good news for consumers, though, were some trade-offs that won't make everyone happy. The announcement offers lessons for consumers and policymakers, not all of which are easy to stomach. (7/28)
California Healthline: State Gets Federal Grant to Improve Info Exchange During an Emergency
On Tuesday, California health officials announced the state will receive a federal grant worth $2.75 million over two years to bolster the exchange of health information around emergency services. The grant to the Emergency Medical Services Authority (EMSA) will be used to improve information exchange during a disaster and in daily emergency medical services. (Gorn, 7/30)

Bloomberg: California’s Health Program for the Poor Faces $1.1 Billion Gap
California’s health-care plan for the poor, serving one in three people in the state and almost half its children, is facing a $1.1 billion funding gap amid a squabble over how to replace a tax the federal government said is unfair. To finance Medi-Cal, California charges 25 managed-care plans a 3.9 percent tax on their total Medi-Cal revenue. The U.S. Department of Health and Human Services has said the levy fails to comply with federal guidelines because it doesn’t apply to all managed-care providers. (Oldham, 7/30)

Los Angeles Times: How Medicare Fulfilled a President’s Half-Century-Old Promise
If a century after President Lyndon Johnson signed legislation creating Medicare and Medicaid with a pledge that seniors no longer would “be denied the healing miracle of modern medicine,” the promise has been largely fulfilled. The two entitlements – one for the elderly and one for low-income Americans - have kept generations of seniors in their homes and extended life-saving insurance protections to poor children and families. The share of uninsured seniors, which was 48% in 1962, is now less than 2%. Yet, the two programs today look far different than they did in 1965, as Democrats and Republicans have each expanded and reshaped them over the last five decades. (Levey, 7/29)

Los Angeles Times: Families Accuse State of Failing to Hospitalize Mentally Ill Defendants
Several family members of accused criminals who were held in jail after being ruled incompetent to stand trial are suing the state of California over lengthy delays in placing the defendants in state hospital beds. Felony defendants who a judge deems incompetent because of mental illness or developmental disabilities are supposed to go to a state hospital for treatment and training until they can understand the charges against them and help an attorney prepare a defense. (Sewell, 7/29)

CAPITOL HILL WATCH

The Washington Post: Meet the Three GOP Women Leading the Charge to Defund Planned Parenthood
Either way, there’s a renewed push in Congress to take away some or all of the $500 million in federal funds that goes to Planned Parenthood – none of which, we should note, is legally allowed to pay for abortions. GOP leaders are smartly letting women in Congress lead the way. Male lawmakers dominate both the party’s congressional contingent and the two bills introduced this week to defund the organization, but anti-abortion-rights advocates are hoping these three Republican women become the movement’s faces. (Phillips, 7/30)
Politico: Clinton’s Planned Parenthood Ties Run Deep
Hillary Clinton is friends with Planned Parenthood’s president and took a rare pause from her duties as secretary of state to keynote a Planned Parenthood gala, while her family foundation has worked with the group to promote birth control. So when Planned Parenthood found itself in the middle of a major scandal last week when anti-abortion activists released graphic undercover videos of executives discussing the alleged sale of aborted fetal tissue, Clinton’s support for the group was not so much a choice as a foregone conclusion — Planned Parenthood’s problem was Clinton’s problem, too. (Kami and Palmer, 7/30)

HEALTH LAW ISSUES AND IMPLEMENTATION

The Associated Press: APNewsBreak: Gov’t Finds Health Law Co-Ops Awash in Red Ink
Democrats fed up with the health insurance industry used President Barack Obama’s overhaul to create nonprofit co-ops that would compete against entrenched corporations. Taxpayers put up $2.4 billion in loans to get the co-ops going. But a government audit out Thursday finds that co-ops are awash in red ink and many have fallen short of sign-up goals. (7/30)

MARKETPLACE

USA Today: Anthem Q2 Income Rises 18%, Beats Estimates
Health insurance provider Anthem said Wednesday its second quarter net income rose 18% to $859.1 million as health care costs and medical enrollment by new members surged. After adjusting for some items, earnings per share totaled $3.10, beating analysts’ estimate of $2.74. (Yu, 7/29)

EDITORIALS AND OPINIONS

Ventura County Star: Dale Villani: Serving Ventura County in Medicaid’s 50th year
In 1965 — 50 years ago today — President Lyndon B. Johnson signed the landmark legislation that created Medicaid. In so many ways, it was a different world then. Televisions had antennas and broadcast in black and white. Telephones had cords and stayed at home. Gas cost 31 cents a gallon and the Dow was at 969. Tobacco had only just been declared a hazard. AIDS did not exist. Much has changed. Health care and the way we deliver and pay for it also has changed dramatically in the past 50 years — largely for the better. Today, there are treatments and medical technologies we never imagined. (7/29)
Kaiser Health News: Prevention Task Force Recommends Depression Screenings for Pregnant Women, New Moms
One in seven women experience depression during pregnancy or the first year after giving birth, yet many may not realize it or report their concerns to clinicians. A new proposal by the U.S. Preventive Services Task Force could help change that. It recommends that all women who are pregnant or within a year of giving birth be screened for perinatal depression, as it's called. The screening proposal is included as part of a broader recommendation to screen all adults for depression that the task force released this week for public comment. The task force proposal would update the current guidelines, adopted in 2009, which recommend depression screening in all adults if clinicians are available to address depression care. In the 2009 document, the task force didn’t review depression in pregnant and postpartum women and made no screening recommendation for them. (Andrews, 7/31)

Los Angeles Times: Two-Thirds of Uninsured Californians Gain Coverage After Obamacare Rollout
More than two-thirds of Californians uninsured before the Affordable Care Act now have coverage, a new report finds. “For people that didn’t have health insurance, California has been very successful in enrolling two-thirds of that group,” said Mollyann Brodie, a senior vice president at the Kaiser Family Foundation, which released the survey's findings Thursday. “But the group that is left is a harder-to-reach group.” (Karlamangla, 7/30)

Kaiser Health News: Meet the California Family That has Made Health Policy its Business
If there’s such a thing as the first family of health care, the Lees may be it. Five decades ago, two brothers helped start Medicare. Their father inspired them and they, in turn, have inspired the next generation. To mark the anniversary of President Lyndon Johnson signing Medicare into law on July 30, 1965, three Lees sat down to reflect on the U.S. health care system. “It can be hard now to imagine a time when Medicare met serious opposition. But 92-year-old Dr. Peter Lee, a founder of the family medicine department at the University of Southern California, remembers that time well. (O’Neill, 7/30)

CAPITOL HILL WATCH

Politico: GOP Support Grows for Hardline Planned Parenthood Strategy
Republicans are rallying behind a bare-knuckle strategy to strip Planned Parenthood’s government support via a must-pass fall spending bill, a momentum shift that dramatically increases the chances of a government shutdown fight this fall. What started out as a push from socially conservative firebrands like Sens. Ted Cruz (R-Texas) and 18 House members on Wednesday, is spreading to include more centrist members of the Senate GOP. (Everett and Haberkorn, 7/30)

CAMPAIGN 2016

The Washington Post: Sanders Advocates for Single-Payer Health-Care System on Medicare Anniversary
Presidential hopeful Bernie Sanders highlighted his support for a single-payer health-care system — a position that separates him from his rivals for the Democratic nomination — during a Thursday rally on Capitol Hill celebrating the 50th anniversary of Medicare. (Wagner, 7/30)
HEALTH LAW ISSUES AND IMPLEMENTATION

Most Americans who signed up for coverage on the federally run health insurance marketplaces had more choice of health plans in 2015 compared with the previous year, and the increased competition helped hold down the growth in premiums, according to a report released Thursday by federal officials. In 2015, 86 percent of consumers could choose from plans offered by at least three insurers, up from 70 percent in 2014. Premiums increased an average of just 2 percent for one of the most popular types of plans between 2014 and 2015. (Sun, 7/30)

MARKETPLACE

Reuters: CareFirst Doubles Cost Savings by Sharing Rewards with U.S. Doctors
Insurer CareFirst BlueCross BlueShield said on Thursday its cost savings on providing healthcare rose sharply last year in a program that rewards U.S. doctors for keeping patients out of the hospital. The non-profit health insurer emphasizes coordination among providers, led by a patient's primary care physician. The model is part of an industry trend to pay more to doctors and hospitals who show measurable improvement in patient care. (Kelly, 7/30)

The Associated Press: Lawsuit Accuses CVS of Overcharging for Generic Drugs
CVS deliberately overcharged some pharmacy customers for generic drugs by submitting claims to their insurance companies at inflated prices, according to a lawsuit filed on Thursday in federal court in San Francisco. The suit says those inflated prices led to higher co-pays for customers that exceeded what they would have paid for the drugs if they had no insurance and participated in a CVS discount program. (Thanawala, 7/30)

ADMINISTRATION NEWS

Modern Healthcare: Advocates Split with Health Plans, States Over Medicaid Long-Term Care Rules
Patient advocates are praising a section of the CMS' proposed Medicaid managed-care rule related to long-term care. But health plans and states are sharply critical of provisions imposing new credentialing requirements on long-term care providers and allowing beneficiaries to opt out of managed care if their provider is not in a health plan's network. The CMS included in the proposed rules a provision requested by patient advocates that allows beneficiaries enrolled in managed long-term care services and supports to switch plans or switch to fee-for-service Medicaid if their provider is out of network. Health plans blasted that provision. (Dickson, 7/30)

Reuters: U.S. Justice Department Hiring Compliance Expert
The U.S. Department of Justice is in the process of hiring a compliance expert to help evaluate whether to charge corporations that fail to detect and prevent wrongdoing by employees, a top department official said on Thursday. Weissman said the fraud section will increasingly focus on compliance in health care, noting that companies need the tools to spot illegal transactions such as Medicaid referral payments disguised to get around anti-kickback statutes. (Freifeld, 7/30)
PUBLIC HEALTH AND EDUCATION

Reuters: HPV Vaccinations for U.S. Teens Rise Slightly - CDC
The percentage of U.S. teenagers vaccinated against the human papillomavirus increased slightly in 2014, but the rate lags behind other immunizations, the Centers for Disease Control and Prevention said on Thursday. The HPV vaccine, sold as Gardasil by Merck & Co and Cervarix by GlaxoSmithKline, protects against the most common sexually transmitted infection. Each year, 27,000 people nationwide are diagnosed with a cancer caused by the virus, including cancers of the cervix, penis, anus and throat. (Gumpert, 7/30)

USA Today: CVS, IBM Partner for Technology-Based Health Care
CVS Health and IBM announced Thursday they will join forces to improve health care management services to patients with chronic diseases with the help of advanced technology. The partnership between the health care company and software company will provide the technology behind IBM’s Watson computing systems to CVS Health practitioners and pharmacists. (Calfas, 7/30)

The Associated Press: Feds Release Updated Strategy Against AIDS in America
U.S. health officials have updated their strategic plan for fighting AIDS, setting new goals for reducing infections and deaths. The new document "seizes on the rapid shifts in science as we've learned more about this disease," said President Barack Obama, in a statement. The plan unveiled Thursday updates one issued five years ago. (Stobbe, 7/30)

EDITORIALS AND OPINIONS

Los Angeles Times: Anthem’s Good Intentions Get Lost in Aggressive Telemarketing
Joseph Goldstein received a call the other day at his West Los Angeles home from someone claiming to represent his insurer, Anthem Blue Cross. The caller said he knew that one of Goldstein’s family members had been seriously injured in a fall and wanted to make sure that Goldstein knew about Anthem’s wellness and home-care programs. (David Lazarus, 7/31)

Los Angeles Times: Medicare And Medicaid at 50: Successful, Expensive
In the 50 years since they were signed into law by President Lyndon Johnson, Medicare and Medicaid have grown into health insurance behemoths, covering one-third of all Americans and accounting for $4 of every $10 spent on healthcare here. (7/30)