California Healthline: State Gets Grant to Curb Opioid Misuse
Federal officials last week awarded a $3.7 million grant to the California Department of Public Health to help prevent misuse of prescribed opioid medications. According to the state's Public Health department, more than 4,000 Californians died in 2013 from drug poisoning, most of them from prescription drugs. The majority of those misused drugs were opioids. (Gorn, 9/8)

Kaiser Health News: California Passes Bill Delaying Transfer of Fragile Kids Into Managed Care
California legislators passed a bill postponing a controversial plan that would have shifted tens of thousands of medically fragile children into Medi-Cal managed care plans. ... At issue was the fate of the California Children’s Services program, which serves an estimated 180,000 kids under 21 with serious medical conditions, including spina bifida, cancer, cystic fibrosis and sickle cell disease. (Ostrov, 9/7)

Modern Healthcare: Medicaid ICD-10 Workarounds in California, Three Other States Worry Providers
On Oct. 1, Medicaid programs in California and three states will not be fully converting from the ICD-9 to the ICD-10 coding system, as nearly everyone else is federally mandated to do. Instead, they have received CMS approval to take incoming claims coded in the new ICD-10 system, convert them into ICD-9 codes, and use the older system to calculate payments to healthcare providers. Provider groups and health IT experts warn there are risks of payment delays and snafus associated with this patchwork approach. (Conn, 9/4)

CAPITOL HILL WATCH

Politico: Countdown to Shutdown Begins
Congress returns from its long summer vacation Tuesday to an all-out, three-week sprint to avert a government shutdown – and no apparent plan yet to quell the conservative rebellion over Planned Parenthood that has dramatically increased the odds of a closure. The mad dash – just 10 legislative work days to solve the shutdown crisis – presents a major test for Republican leaders in both chambers who vowed to end crisis-driven legislating. (Kim, 9/7)

CAMPAIGN 2016

The Washington Post: Ben Carson’s Claim That ‘We Have 10 Times More People on Welfare’ Since the 1960s
Ben Carson, a neurologist who is seeking the GOP presidential nomination, asserted in a television interview that government efforts to ease poverty have largely been a failure. He specifically made two claims — that $19 trillion has been spent on anti-poverty programs since the mid-1960s and that “we have 10 times more people on welfare.” ... Watts also provided two other figures, though without providing a source: In 1965, Aid to Families with Dependent Children (AFDC) “had roughly 400,000 cases (recipients),” he said. “In 2015, TANF (the successor to AFDC) had 3.1 million recipients. That alone is 8 times.” Definitions are important for this number, which is made up primarily of people on Medicaid (64.9 million people in 2014) and food stamps (46.5 million in 2014). (Kessler, 9/8)
MEDICAID

Modern Healthcare: Some States Iffy on Extending 'Duals' Demo
This summer the Obama administration conceded it would need more time than expected to evaluate a large-scale test to better manage benefits and care for low-income and disabled Americans. The states participating in the initiative appear willing to stick with it, although two big ones expressed significant reservations. Twelve states have rolled out three-year demonstrations under the Affordable Care Act to better coordinate health benefits provided to Americans who are eligible for both Medicare and Medicaid, and as a result, currently receive splintered care at extremely high costs to both programs. (Dickson, 9/7)

HEALTH LAW ISSUES AND IMPLEMENTATION

Kaiser Health News: Getting the Word Out: Obamacare is for Native Americans Too
As a member of the Navajo tribe, Rochelle Jake has received free care through the Indian Health Service (IHS) her entire life. ... Recently, though, she felt sharp pains in her side. Her doctor recommended an MRI and other tests she couldn’t get through IHS. To pay for it, he urged her to sign up for private insurance under the Affordable Care Act. ... Tribes, health care advocates and government officials across the nation are trying to enroll as many Native Americans as possible in Obamacare, saying it offers new choices to patients and financial relief for struggling Indian hospitals and clinics. (Gorman, 9/8)

Bloomberg: Health Jobs Hit Record, Driven by Economy and ACA
Health-care jobs hit a record as a percentage of total non-farm employment in the most recent U.S. payrolls report, fueled by an improving economy and President Barack Obama's health-care overhaul. Health jobs made up 10.7 percent of all jobs in August. That's 15.2 million people employed in doctors' offices, hospitals and home care on a seasonally adjusted basis, the Labor Department said Friday, up from 14.7 million a year earlier. (Tracer and Armstrong, 9/4)

MARKETPLACE

The New York Times: Doctors' Association Sees Harm in Insurance Mergers
In a new study to be released on Tuesday, the American Medical Association says that most insurance markets in the United States are dominated by a few companies and would become even more concentrated with a plan by Anthem to acquire Cigna and a proposal by Aetna to buy Humana. The American Hospital Association raised similar concerns last week in a letter to the Justice Department that said the proposed Aetna-Humana deal “threatens serious and widespread competitive harm” to Medicare beneficiaries because it would reduce options in the market for private Medicare Advantage plans. (Pear, 9/8)

The Associated Press: New Medical Coding System Aims to Help Track Quality of Care
If things are a bit tense in your doctor's office come Oct. 1, some behind-the-scenes red tape could be to blame. That's the day when the nation's physicians and hospitals must start using a massive new coding system to describe your visit on insurance claims so they get paid. Today, U.S. health providers use a system of roughly 14,000 codes to designate a diagnosis, for reimbursement purposes and in medical databases. To get more precise, the updated system has about 68,000 codes, essentially an expanded dictionary to capture more of the details from a patient's chart. (Neergaard, 9/7)
PUBLIC HEALTH AND EDUCATION

USA Today: Doctors Urged to Screen Teens for Major Depression
Doctors should screen teenagers for major depression, a federal advisory group said Monday, but only if their young patients have access to mental health professionals who can diagnose them, provide treatment and monitor their progress. That’s a big “if.” Mental health services are in short supply for anyone, but especially teens, said Jeffrey Lieberman, a professor and chairman of psychiatry at the Columbia University College of Physicians and Surgeons in New York. (Szabo, 9/7)

The Associated Press: Infants’ Whooping Cough Source Likely Siblings, Study Finds
Infants are more likely to catch whooping cough from their siblings than their moms, says a study with implications for how to protect them. Previously, moms were considered the more common source of infection. The change is probably due in part to an increased frequency of whooping cough among school-aged children, the study of government data suggests. (Tanner, 9/6)

KQED: Why Google is Going All in on Diabetes
Earlier this week the new Google Life Sciences unit announced that diabetes is the company’s first major disease target. It may come as a surprise that Google, a company that helps people search online for flights and restaurants, and dabbles in other ventures like self-driving cars, is investing in new therapies to treat disease. But according to Michael Chae, executive director of the Bay Area Chapter at the American Diabetes Association, Google’s decision is a no brainer. It’s a highly lucrative opportunity — in 2012, the total cost of managing diabetes was $245 billion in the U.S. alone — and the timing is just right for technology companies to enter the field. (Farr, 9/4)

EDITORIALS AND OPINIONS

The New York Times: The Price for Lowering Cholesterol
Two new, powerful and expensive drugs to treat very high cholesterol are raising concerns about the ability of public and private insurers to pay and whether the benefits the drugs bring will outweigh their long-term costs. ... At first glance, the new cholesterol drugs appear less expensive than the costly new drugs to treat hepatitis C, whose exorbitant prices have raised alarms among health experts, insurers and patients. ... But the [cholesterol] drugs, which cured a vast majority of patients in clinical trials, are essentially a one-time cost. The cholesterol drugs, by contrast, will be taken for a lifetime. (9/8)
California Healthline: Day Care Worker Vaccine Bill Approved
Paid workers and volunteers in day care centers will be required to get immunizations from whooping cough, measles and the flu, under a bill that passed an Assembly floor vote on Tuesday. SB 792, by state Sen. Tony Mendoza (D-Artesia), already was approved by the Senate, which means it now needs only the technical concurrence vote in the Senate before it is sent to the governor for a signature. (Gorn, 9/9)

California Healthline: What the Anthem-Cigna Mega-Merger Could Mean for California
By sheer number of covered lives, Kaiser Permanente has been California's largest health insurer for decades. But if Anthem gets its way -- no longer. The Indianapolis-based insurer is currently the second-largest health insurer in the Golden State, and one of the three largest health insurers in the nation. Its planned mega-merger with Cigna is one of several deals poised to shake up the industry: The combined company would become the largest U.S. health insurer, with 53 million members. (Diamond, 9/9)

Contra Costa Times: Assembly Passes Three Bills to Curb Psych Drugs in California Foster Care
The state Assembly on Tuesday unanimously approved legislation to better protect California foster children from too many psychiatric drugs through greater oversight by nurses, social workers, caregivers and court professionals. The three-bill package authored by state senators Jim Beall, D-San Jose, and Holly Mitchell, D-Los Angeles, aims to correct the often dangerous overprescribing revealed in this newspaper’s investigative series “Drugging Our Kids.” (de Sa, 9/8)

State Sen. Ricardo Lara on Friday dropped his effort to allow people who are in the country illegally to buy private insurance through California’s health insurance marketplace. Lara, D-Bell Gardens, removed language seeking a federal waiver that would allow immigrants to purchase unsubsidized coverage through Covered California. His bill, SB4, now would only offer health coverage for immigrant children from low-income families. (Lin, 9/4)

Kaiser Health News: Planned Parenthood Isn’t the Only Health Program at Risk of Losing Funds
Federal funding for Planned Parenthood will clearly be a flash point when Congress returns this week from its summer break. But the fate of many other health programs, from the National Institutes of Health to efforts to reduce teen pregnancy, hang in the balance as well, as lawmakers decide whether and how to fund the government after the current fiscal year expires Sept. 30. (Rovner, 9/8)

Los Angeles Times: Obamacare Enrollment Drops Slightly to 9.9 Million
The tally was a drop from the 10.2 million people who were enrolled in plans by the end of March. Such attrition has been a regular process since the marketplaces opened in the fall of 2013, as consumers who select health plans during the annual open enrollment period drop coverage through the year or fail to pay premiums. (Levey, 9/8)
MARKETPLACE

Reuters: Independent Group Finds New Cholesterol Drugs Far Too Costly
An independent non-profit organization that evaluates clinical and cost effectiveness of new medicines said announced prices for a just-approved class of potent cholesterol lowering drugs were far too high, according to a draft report released on Tuesday. The Boston-based Institute for Clinical and Economic Review (ICER) said its analyses indicated "that the price that best represents the overall benefits" the drugs may provide patients would be between $3,615 and $4,811 a year, a 67 percent discount off the list prices. (Berkrot, 9/8)

PUBLIC HEALTH AND EDUCATION

The Associated Press: Surgeon General Calls for Steps to Promote Healthy Walking
Take a walk: That's the U.S. surgeon general's prescription for sedentary Americans — but communities will have to step up, too, and make neighborhoods easier and safer for foot traffic. Only half of adults and just over a quarter of high school students get the amount of physical activity recommended for good health, Surgeon General Vivek Murthy said in a "call to action" being issued Wednesday. (Neergaard, 9/9)

Los Angeles Times: Diabetes Nation? Half of Americans Have Diabetes or Pre-Diabetes
About half of all Americans have either diabetes or pre-diabetes, according to a new report. And experts in the field say that's good news. That's because the study finds that after two decades of linear growth, the prevalence of diabetes in the United States has finally started to plateau. In a paper published Tuesday in JAMA, the authors write that their findings are consistent with other studies that show the percentage of people with diagnosed diabetes remained steady from 2008 to 2012. (Netburn, 9/8)

EDITORIALS AND OPINIONS

Los Angeles Times: Can ZendyHealth Be the Priceline of Healthcare?
[In his new book, "Vaporized: Solid Strategies for Success in a Dematerialized World," former Sony executive Robert Tercek argues that the changes wrought by high-speed, ubiquitous Internet connectivity are bound to spread broadly across the economy. As tasks once performed by specialized machines are translated into software programs, and physical products become digitally delivered services, basic functions of commerce are being transformed, traditional sales channels are being displaced and established players are being circumvented. A good illustration of this is ZendyHealth, a Los Angeles-based start-up that wants to bring Priceline's model for discounted airfare and hotel rooms to healthcare. (9/8)

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California Healthline: Farmers Market Match Bill Advances
Low-income Californians could soon see their purchasing power doubled at farmers markets. AB 1321, by Assembly member Phil Ting (D-San Francisco), is designed to take advantage of federal money to create incentives for food stamp recipients to shop at farmers markets. The bill, approved last week by the Legislature, calls for the creation of state framework to collect and distribute public and private money to be used as matching funds for CalFresh beneficiaries buying produce at farmers markets. (Lauer, 9/10)

California Healthline: DMHC Doles Out $120K in Fines to Five California Health Plans
Five health plans in California have been fined by the state Department of Managed Health Care in connection with a 2012 incident related to utilization review services from Accountable Health Care IPA, a Signal Hill-based medical group. In August 2012, DMHC issued a cease-and-desist order against Accountable Health for allegedly conducting illegal utilization reviews and making medical necessity decisions for insurers. DMHC accused the group's vice president and another employee of engaging in utilization reviews on behalf of nine plans, even though the employees are not licensed physicians. (9/10)

California Healthline: New Tobacco Tax Bill Touches All Bases
A bill introduced on Wednesday in the California Legislature's special session on health care touches on almost all of the health policy concerns originally raised by the governor when he convened the special session in June. SBX2-14, by Sen. Ed Hernandez (D-West Covina), would impose a $2-a-pack tax on cigarettes and an equivalent tax on e-cigarettes. (Gorn, 9/10)

Los Angeles Times: California Assembly Approves Right-to-Die Legislation
After nearly a quarter-century of efforts in California to afford terminally ill patients the right to end their lives with a doctor's help, state lawmakers and the governor may be on the verge of granting the dying that authority. The state Assembly on Wednesday passed a bill that would allow physicians to prescribe life-ending drugs to the terminally sick. The End of Life Option Act, which the Catholic Church and others oppose, awaits final approval by the Senate. (McGreevy and Willon, 9/9)

Voice of OC: CalOptima Slashes Rates Paid for Care of Medi-Cal Patients
The CalOptima Board of Directors Thursday cut back the size of pay raises hospitals and specialist doctors receive to care for about 195,000 new Medi-Cal patients. The new patients became eligible for Medi-Cal when the federal Affordable Care Act took full effect in 2014. Many were expected to have serious, untreated medical issues due to being without medical coverage for years. As a result, specialists were given state-funded raises to handle the anticipated new workload. But the Medi-Cal eligible population turned out to be not as sick as expected. (Wood, 9/9)

CAPITOL HILL WATCH

Politico: On Planned Parenthood, Both Sides See a Winner
Congress is about to find out what happens when an unstoppable force meets an immovable object. Both Democrats and conservative Republicans are vowing not to budge from their entrenched positions on Planned Parenthood funding even at the risk of a government shutdown on Oct. 1 — creating a political showdown between the two parties that deeply appeals to their base and promises to make life miserable for Speaker John Boehner. (French and Haberkorn, 9/9)
CAMPAIGN 2016

The Hill: Sanders Introducing Bill to Fight High Drug Prices
Sen. Bernie Sanders (I-Vt.) on Thursday announced the introduction of legislation to fight high prescription drug prices, calling out pharmaceutical companies for their “greed.” Sanders, who is challenging Hillary Clinton for the Democratic presidential nomination, is introducing the Prescription Drug Affordability Act alongside Rep. Elijah Cummings (D-Md.). (Sullivan, 9/10)

HEALTH LAW ISSUES AND IMPLEMENTATION

Los Angeles Times: Judge Allows Unusual House GOP Lawsuit Against President to Proceed
The judge rejected pleas by Obama’s lawyers to dismiss the House lawsuit on the grounds it involved a political dispute, not a legal one. Collyer noted that the House claimed it would suffer an “institutional injury” if the president and his aides could spend money on their own authority. Her ruling is only the first step, however. She told lawyers she would hear arguments in the fall on whether the administration’s action violated the Constitution. (Savage, 9/9)

MARKETPLACE

Reuters: Sun Life to Buy U.S. Insurer Assurant’s Unit for $975 Million
Canadian insurer Sun Life Financial Inc (SLF.TO) said it would buy New York-based insurer Assurant Inc’s (AIZ.N) employee-benefits business for $975 million, creating the sixth largest group benefits business in the United States. The deal is expected to help Sun Life’s U.S. group benefits business to grow by more than 50 percent to about $4 billion, the company said on Wednesday. (9/9)

Kaiser Health News: When The Hospital is Boss, That’s Where Doctors’ Patients Go
Why did hospitals binge-buy doctor practices in recent years? To improve care coordination, lower costs and upgrade patient experiences, say hospitals. To raise costs, gain pricing power and steer patient referrals, say skeptics. Researchers at Stanford University tested those opposing arguments by comparing referral patterns between independent doctors and those working for hospitals. (Hancock, 9/9)

EDITORIALS AND OPINIONS

The New York Times' Room for Debate: Helping a Suicide When the End Isn’t Near
Several states have passed laws allowing terminally ill people to commit suicide with help from a physician, and more states are considering it. Some nations, though, have gone further, by permitting such assistance to people with serious, nonfatal, health problems, even severe depression. Is that a dangerous step on a slippery slope toward euthanasia, or an appropriate way to help people who suffer unbearably? Should some people who are not dying be permitted assistance in killing themselves? (9/10)

DHNRI is a daily compilation of news stories from GCHP's Communications Department.

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California Healthline: Committee Gives 'Mega Bill' Go-Ahead
A special legislative session committee in the California Legislature approved a far-reaching bill on Thursday that imposes a $2-a-pack tax on cigarettes and a similar tax on electronic cigarettes, institutes a revised version of the current tax on managed care organizations, funds programs to curb tobacco use, pays for a 7% restoration in In-Home Supportive Services (IHSS) hours, provides money to bolster services for the developmentally disabled and boosts pay rates for those services. (Gorn, 9/11)

Kaiser Health News: Calif. Lawmakers Approve Bill Requiring Drug Labeling in 5 Foreign Languages
California’s pharmacists would be required to provide prescription drug labels or medication instructions in five languages besides English under a bill passed unanimously by California lawmakers. The bill, AB 1073, will be sent to Gov. Jerry Brown for his signature and would take effect Jan. 1 if signed into law. Upon request from patients or their caregivers, pharmacists would need to provide medication instructions in Spanish, Tagalog, Chinese, Vietnamese or Korean, the most common languages in California after English. (Feder Ostrov, 9/11)

The San Francisco Chronicle: California Government Leaders Reach Deal to Regulate Medical Pot
State lawmakers announced late Thursday that they have struck a deal to regulate and license the multi-billion dollar medical marijuana industry, with the news coming ahead of a final push to finish dozens of end-of-session bills ahead of a Friday deadline. (Gutierrez, 9/10)

Ventura County Star: State Officials Push Doctors to not Overlook Measles
Doctors should consider measles as a possible diagnosis when caring for patients with a rash and fever, said California public health officials. "Measles continues to circulate in much of the world outside of North and South America, but with Californians returning from trips abroad and tourists from other countries visiting California, we are reminding health care providers to keep measles in mind when they see patient with symptoms of the disease," said state Public Health Director Karen Smith. (Kirman, 9/10)

CAPITOL HILL WATCH

The Connecticut Mirror: Congress Scrutinizes Aetna-Humana and Anthem-Cigna Deals
Congressional Republicans are blaming the Affordable Care Act for a wave of mergers and consolidations by hospitals, pharmaceuticals and insurers, which, they say, are costing consumers money and choice. That new interest in consolidation in the health care field is bringing unwanted political attention to the proposed Aetna-Humana and Anthem-Cigna mergers. (Radelat, 9/10)

ProPublica: Congressional Leaders Ask FDA About Coumadin Safety
The bipartisan leadership of the House Energy and Commerce Committee is asking the Food and Drug Administration how it monitors the safety of the popular blood thinner Coumadin, particularly in light of deaths and hospitalizations of nursing home residents taking the drug. Our analysis of government inspection reports found that, between 2011 and 2014, at least 165 nursing home residents were hospitalized or died after errors involving Coumadin or its generic version, warfarin. (Ornstein, 9/10)
Politico: Is This the Moment for Long-Stalled Mental Health Overhaul?
After a summer of slayings, lawmakers and mental health advocates say they have more momentum than at any time in recent history to push through an overhaul of the nation's broken mental health system. The opening they see involves timing, bill tweaking and sheer perseverance — a House lawmaker obsessed with the issue for many years teaming up with a powerful chairman, Fred Upton (R-Mich.) of the House Energy and Commerce committee. In the Senate, meanwhile, a bipartisan bill drew strong interest over recess from lawmakers facing pressure from people back home to do something. (Ehley, 9/10)

MARKETPLACE

Kaiser Health News: New Hope Beats for Heart Patients and Hospitals
Inch by inch, two doctors working side by side in an operating room guide a long narrow tube through a patient’s femoral artery, from his groin into his beating heart. They often look intently, not down at the 81-year-old patient, but up at a 60-inch monitor above him that’s streaming pictures of his heart made from X-rays and sound waves. The big moment comes 40 minutes into the procedure at Morton Plant Hospital. Dr. Joshua Rovin unfurls from the catheter a metal stent containing a new aortic valve that is made partly out of a pig’s heart and expands to the width of a quarter outside the catheter. The monitor shows it fits well over the old one. Blood flow is normal again. "This is pretty glorious," Rovin said. (Galewitz, 9/11)

Kaiser Health News: Medical Schools Teach Students to Talk With Patients About Care Costs
Time for a pop quiz: When it comes to health care, what’s the difference between cost, charge and payment? "Does anyone want to take a stab at it?" Sara-Megumi Naylor asks a group of first-year residents at the David Geffen School of Medicine at UCLA. Naylor answers her own question with a car metaphor. "Producing the car might be $10,000, but the price on the window might be $20,000, and then you might end up giving them [a deal for] $18,000, so that’s cost versus charge versus payment," she explains. (Plevin, 9/10)

Years after discounted versions of some of the most expensive drugs ever went on sale in other countries, they're finally coming to the world's biggest medicine market. Last week brought the first U.S. launch in a new category called “biosimilars.” They’re near-copies of powerful prescription drugs known as biologics “manufactured” in living cells. (Johnson, 9/10)

PUBLIC HEALTH AND EDUCATION

The Washington Post: Can The FDA Actually Prevent Foodborne Outbreaks Instead of Just Reacting to Them? We’re About to Find Out.
The Food and Drug Administration on Thursday finalized long-awaited rules that will require U.S. food manufacturers to make detailed plans to identify and prevent possible contamination risks in their production facilities. The new regulations, which will apply to the production of both human and animal foods, mark the first step in a broader effort to make the nation's food safety system more proactive, rather than merely reacting to outbreaks after they occur. (Dennis, 9/10)
HEALTH IT

Los Angeles Times: Get Your Electronic Health Record: It's Your Right
Virtually all other industries, such as banking and travel, make online tools available that help consumers more easily manage their information. Not so in the healthcare business, where individual hospitals and doctors might have electronic health records but generally don't make it easy for patients to access them. "Healthcare currently has a very fragmented delivery system, and there's no question that that fragmentation leads to patient frustration," says Darren Dworkin, chief information officer at Cedars-Sinai Health System. A growing number of mobile apps seek to help patients gather and organize medical information into a unified digital health record. (Zamosky, 9/11)

EDITORIALS AND OPINIONS

Los Angeles Times: Help May Be on the Way for Healthcare Shoppers in California
The Affordable Care Act has helped slow the overall growth of healthcare costs in the U.S., but for many Americans, health insurance premiums have continued to rise at an alarming rate. To lower their rates, consumers may have to switch insurers, which may also mean switching doctors. That's not an easy decision, but two bills are pending in the Legislature to make the process less fraught for Californians. (9/10)

Huffington Post: Here's The Potential Fallout if This New Obamacare Lawsuit Succeeds
Another far-fetched lawsuit against the Affordable Care Act won a victory in the lower courts on Wednesday. And while few members of the legal establishment have taken this lawsuit seriously, few members of the legal establishment took the last one seriously. That case, King v. Burwell, made it all the way to the Supreme Court before failing. So what happens if this latest legal assault does that -- and more? What if it actually prevails? At the moment, it's really hard to tell. (Jonathan Cohn, 9/10)