Welcome to the July 2013 Edition of the ATS Health Policy Newsletter, the PULSE!

Justices Block Generic Drug Liability Lawsuits

Reuters, June 24th, 2013

In a 5-4 vote, the Supreme Court ruled that generic drug makers cannot be sued under state law for negative reactions to their products. According to the Court, state laws cannot run against federal laws on prescription medicines if the Food and Drug Administration has already approved the design. Consumer watchdog group Public Citizen said the Court’s decision undermines patient safety at a time when about 80 percent of U.S. prescriptions are filled with generic medicines. According to Michael Carome, director of Public Citizen’s Health Research Group, the “decision provides a disincentive for generic makers of drugs to monitor the safety of their products and to make sure they have a surveillance system in place to detect adverse events that pose a threat to patients.”

Cellphone ‘Distracted Walking’ Sending Pedestrians to the ER


Pedestrians are becoming more likely to be injured while using their cellphones and an estimated 1,500 were treated in U.S. emergency rooms in 2010 as a result, a new study finds. It’s impossible to know how many of the injuries could have been avoided if pedestrians weren’t using their cellphones. The study also doesn’t determine whether the injuries are on the rise simply because more people are using cellphones. Whatever the case, the findings show that cellphone use isn’t just a danger to drivers. It’s also a distraction and potential hazard to those who are only walking.

State Health Policy News Corner

Maryland

Aging America: Home repair for health?
Times Colonist, July 8th, 2013

An initiative in Baltimore will bring handymen, occupational therapists and nurses into the homes of 800 low-income seniors in order to increase injury prevention and improve living conditions. A Johns Hopkins University associate nursing professor, Sarah Szanton, leads the project. Szanton believes small changes such as repairing stairwell banisters and replacing damaged floor tiles can make a big difference to decrease in-home injuries, thus giving seniors an opportunity to live independently and safely.

Continued on the next page....
Latino Enrollment Key to Success of Health Law Marketplaces

*Kaiser Health News, June 25th, 2013*

Health and Human Services Secretary Kathleen Sebelius will be appearing on Spanish-language media outlets to discuss the health law and introduce the newly revamped CuidadoDeSalud.gov, the Spanish version of HealthCare.gov. Latinos make up 17 percent of the total U.S. population, but 32 percent of the nation’s uninsured. Although the new system depends on this population to successfully operate, some say officials have their work cut out for them. The congressional health care debates of 2009-2010 created a sense of distrust in the Latino community toward the government due to the focus on keeping undocumented immigrants from using any of the health law’s benefits. The more recent debate surrounding immigration reform is only adding more fear and confusion, especially in families where members have varying citizenship statuses.

Medicare Fraud Outrunning Enforcement Efforts

*The Center for Public Integrity, July 1st, 2013*

Federal officials are set to scale back or drop a number of investigations into Medicare and Medicaid fraud and abuse, citing massive budget and staff cuts as the motivator. This announcement comes as the crackdown on government waste and elimination of health care costs are top priorities for the Obama administration. The Department of Health and Human Services Office of Inspector General is set
ATS Signs onto Coalition Letter in Support of CDC Funding For Research Into Causes and Prevention of Gun Violence

As a member of the Injury and Violence Prevention Coalition, the ATS joined a diverse group of health professionals, public health, and child advocacy organizations, to request Congressional support of research investments to address the public health crisis of gun violence. The Coalition urged members of Congress to provide at least $10 million in new funding to the Centers for Disease Control and Prevention (CDC) in FY 2014 along with sufficient new funding at the National Institutes of Health (NIH) to support research into the causes and prevention of gun violence.

On June 5, the Institute of Medicine (IOM) released a report outlining a research agenda for addressing firearm-related injuries and deaths as a public health issue. The report highlights five key areas for research on this topic: characteristics of firearm violence; risk and protective factors; firearm violence prevention and other interventions; the impact of gun safety technology; and video games and other media. The IOM’s report notes that this agenda would be essential in supporting the development of policies to reduce the public health impact of firearms in the same manner as approaches that have found success in other areas, such as motor vehicle safety.

Funding at both CDC and NIH would be an important step toward realizing a robust research agenda and developing public health interventions that could protect children and keep them safe from gun violence.

Click here to read the letter.

to lose 400 staffers that are deployed nationwide as a primary defense against health care fraud and abuse. At the agency’s peak in 2012, 1,800 staff members were on board conducting investigations. These new round of cuts will limit the Inspector General’s ability to expand oversight in many areas.

Report: Health Care Provides More Jobs Than A Decade Ago

The Brookings Institute, July 1st, 2013

The Brookings Institute Healthcare Metro Monitor Supplement tracks the role of healthcare in economic recession and recovery in the nation’s 100 largest metropolitan areas. According to the

patients is growing. The health reform law promised hospitals a windfall of expanded Medicaid coverage, but that has proven to be illusive. Missouri and half the other states involved, have so far balked at broadening their Medicaid programs, resulting in more sick people in hospital emergency rooms without the means to pay.

Virginia

VA Job Program Helps ex-Military Medics

Foster’s Daily Democrat, July 10th, 2013

At the close of 12 years at war in Iraq and Afghanistan, U.S. servicemen and women are leaving the military in large numbers. As they transition to civilian life, many are finding that the skills that sustained them for the past decade won’t help them find work in a tough economy back at home. The Department of Veterans Affairs took on one small piece of that problem with a new program that gives former medics and corpsmen a chance to work in their fields while earning a professional license. The yearlong Intermediate Care Technician program opened 45 positions in 15 VA emergency rooms across the country.
newly released data, the healthcare industry has added over 2.6 million jobs nationwide in the past decade, meaning employment growth in the healthcare industry has largely surpassed all other industries. In the metropolitan areas observed, the healthcare industry accounts for more than one in every 10 jobs. Overall, healthcare has accounted for 13 percent of total job growth in 100 metro areas over the course of economic recovery. In 11 metro areas that span every major U.S. region, healthcare has accounted for more than 25 percent of job growth.

**CDC: ATV Injuries Down**

*MedPageToday, July 1st, 2013*

Nonfatal all-terrain vehicle (ATV) injuries among children and teens have dropped by more than a third from their 2004 peak, and the recession may explain the decline, according to a new CDC report. In 2010, population-based ATV injury rates for juveniles (15 and under) declined 37% to 42 per 100,000. In comparison, between 2001 and 2004, injury rates increased 34% from an estimated 50 per 100,000 to 67 per 100,000.

**Doctors Prescribe Narcotics Too Often For Pain, CDC Chief Says**

*The Los Angeles Times, July 2nd, 2013*

Dr. Tom Frieden, director of the Centers for Disease Control and Prevention, said doctors are relying too much on powerful narcotics to treat chronic pain. A Los Angeles Times analysis of overdose deaths in Southern California from 2006-2011 found that nearly half of cases involved at least one prescription drug. Since drug overdose is one of the few causes of death in the U.S. that is increasing, Frieden strongly suggests that doctors weigh the risks and long-term impact of prescription drug use against the severity of their patients’ pain before handing out prescriptions. Physical therapy and exercise can be safer, and even more effective remedies.

**Medical Interns May Be More Awake, But Are They Getting Enough Training?**

*The Washington Post, July 8th, 2013*

After more than two decades of debate, the Accreditation Council for Graduate Medical Education reduced the maximum allowable shift for the least experienced doctors from 30 straight hours to 16. The new change was opposed by more than 70 percent of residency program directors despite studies that linked fatigue to serious medical errors and injuries to patients. The implementation is said to have unintended consequences such as greater work compression and shorter workdays which can cause errors as patients are transferred from doctor to doctor. While there are varying opinions, the findings so far are only preliminary and are based on self-reporting, not hard data.

**CMS Proposal Would Boost Outpatient, ASC Payments**

*Modern Healthcare, July 8th, 2013*

Hospitals would get a 1.8% boost in their outpatient Medicare payments next year while the increase for ambulatory surgery centers (ASC) would total 0.9%, under a proposed 718-page rule issued by the Centers for Medicare and Medicaid Services (CMS). The new rule sets the Medicare pay rate for more than 4,000 hospitals and 5,000 ASCs in 2014. The hospital rate was based on a
projected inpatient market basket increase of 2.5% minus a proposed multifactor productivity adjustment of 0.4% and a 0.3% adjustment required by the Patient Protection and Affordable Care Act. Policy changes in the proposed rule include lifting a moratorium at the end of 2013 on enforcing a direct supervision requirement for critical access hospitals and small rural hospitals. The requirement mandates the round-the-clock presence of physicians, which can be very costly for facilities. The new requirement has drawn concern from members of Congress representing rural states and is strongly opposed by the American Hospital Association.

**Current Medicaid Patients Miss Out on Better Preventative Care**

*Stateline, July 8th, 2013*

The new preventative care guidelines under the Affordable Care Act are intended to improve overall health, reduce the number of preventable deaths and lower costs. However, 25 million low-income adults who don’t already qualify for Medicaid aren’t likely to receive those benefits, because the requirements in the Affordable Care Act pertain only to private insurers, Medicare and Medicaid expansion programs. A recent article in *Health Affairs* presented the results of a nationwide survey of preventative services covered by existing Medicaid programs, revealed noticeable disparities among states about which preventative services are covered. The researchers also found that many Medicaid rules contained ambiguous language indicating that coverage of any procedure, including preventative testing and counseling, can be denied without proof of “medical necessity.” This clause makes it extremely difficult to fund preventative care to at-risk populations as testing and counseling are often intended for patients who are not yet showing symptoms of the diseases they are intended to detect.

**Urgent Care Centers Divert Patients from PCPs, EDs Alike**

*Medscape, July 12th, 2013*

Urgent care centers (UCCs) save money by treating patients who otherwise may land in a more costly hospital emergency department (ED), but they also boost healthcare spending by diverting patients from primary care practices (PCPs), according to a new study published online today by the Center for Studying Health System Change (HSC). The number of UCCs has grown rapidly over the last 20 years, giving patients an alternative to crowded EDs as well as booked-up PCPs. UCCs are not designed to handle car accidents or resuscitate patients at death’s door, but they do treat minor injuries such as cuts and minor fractures, as well as the ear infections and strep throats of primary care. Lately, private insurers have tried to steer patients from EDs to UCCs by making co-pays less than ED co-pays. At the same time, however, insurers have begun to price UCC co-pays higher than those for primary care office visits.

**Electronic Health Records Have Mixed Effect on Health Costs**

*MedPage Today, July 15th, 2013*

Using electronic health records (EHRs) saved a little more than 3% in ambulatory health costs 18 months after adoption but didn’t reduce overall inpatient costs, a large comparative study of EHR use found. Based on this information, it would take 7 years to regain the projected 5-year adoption costs for an EHR, according to the study published in the July 16 issue of *Annals of Internal Medicine*. While health policy makers
see EHRs as a way to lower health costs, a report published in *Health Affairs* found more than a quarter of physicians lose money because they aren’t equipped with systematic changes needed to realize the full benefits of EHRs. Rainu Kaushal, MD, of the Weill Cornell Medical College in New York City noted in an editorial that EHRs are needed for other infrastructure changes that will bring true cost savings later.

**Medicare Announces Plans to Accelerate Linking Doctor Pay to Quality**
*Kaiser Health News, July 22nd, 2013*

Medicare is accelerating plans to peg a portion of doctors’ pay to the quality of their care. The federal health law requires large physician groups to start getting bonuses or penalties based on their performance by 2015, with all doctors who take Medicare patients phased into the program by 2017. This new program shifts away from the current payment system which financially encourages doctors to do more procedures. The health law requires Medicare to gradually factor quality into payments for hospitals, nursing homes, physicians and most medical providers.

**Representative Bobby Rush Calls for Federal Funds to Create More Trauma Centers**
*Chicago Sun-Times, July 22nd, 2013*

U.S. Representative Bobby Rush (D-Ill.) introduced a bill known as the Trauma Act to provide $100 million to create more trauma centers. The bill is a start to provide trauma care in areas that need it most, including his district in the South Side of Chicago, which he labeled the “number one trauma desert” in the country. Research has shown that distance to a trauma center makes a difference whether a patient survives their traumatic injury. Longer transport times contribute to excess mortality rates that could be prevented with increased availability and numbers of trauma centers.

**Reform Update: IOM Won’t Back Geographically Based Value Index**
*Modern Healthcare, July 24th, 2013*

Congress should not adopt a geographically based value index for Medicare because healthcare decisions are not made at the regional level, but rather at the physician or organizational level, an Institute of Medicine committee concluded in a report recently released. The findings in the 178-page study reiterate the committee’s preliminary observations in an interim report this year: Because individual physician performance varies, an index that is based on regions is not likely to encourage more efficient behavior among providers and is unlikely to improve the overall

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