



## Health Policy Briefing

December 28, 2015

### Administration Launches Plan to Address Multidrug-Resistant TB

The White House announced last week that the Centers for Disease Control and Prevention (CDC) will lead a national **plan** to combat multidrug-resistant Tuberculosis (TB) both domestically and abroad. CDC Director Thomas Frieden stated that the goal of the initiative is to find, cure and prevent TB before it develops resistance to last-line antibiotics, and thus eliminate deaths from a curable disease. TB kills almost 30,000 people each week. Inappropriate treatment can lead to multidrug-resistant TB, which is resistant to the two most effective anti-TB drugs. More than 480,000 people will develop multidrug-resistant TB this year alone.

#### Senators Request Investigation of Pain Management Clinics

Senators Pat Toomey (R-Pa.) and Tim Kaine (D-Va.) have asked that the Government Accountability Office (GAO) conduct an investigation into pain management clinics amid the national opioid epidemic. The lawmakers urge the agency to review rates of opioid prescribing by pain clinics compared to other clinical settings, and to consider whether existing statutory and regulatory guidelines governing pain clinics have had an impact on prescribing practices. The letter also requests that the GAO evaluate the outcomes and quality measures used by pain management clinics, as well as any questionable billing practices, especially as they relate to in-office laboratory drug tests. According to the Centers for Disease Control Prevention (CDC), opioid overdose deaths from prescription pain relievers and heroin hit record levels last year.

#### Energy and Commerce to Examine Concussions in 2016

The causes, effects, and treatments for concussions will be the subject of a broad review by the House Energy and Commerce Committee in 2016. Chairman Fred Upton (R-Mich.) announced last week that his committee would work with medical

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experts to advance the understanding of concussions and the implications of the injuries. “There’s a lot we don’t know about head trauma – how it effects different subsets of the population, the short and long term effects, and other details critical to developing effective diagnostics and treatments,” said Chairman Upton. “Our goal is to bring together experts from across the medical spectrum to increase collaboration, have a thoughtful dialog, and move the conversation forward.” The review will be conducted by the Oversight and Investigations, Health, and Commerce, Manufacturing and Trade subcommittees.

### ***Lawmakers Request Information on Pre-Pandemic Vaccines***

Leaders on the House Energy and Commerce Committee have **written** to Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services (HHS), asking for more information on the adequacy of the aging stockpile of pre-pandemic vaccines. The Biomedical Advanced Research and Development Authority (BARDA) maintains a stockpile of \$1.75 billion worth of pandemic influenza vaccine. But BARDA’s most recent budget only included about \$20 million, or one percent of the stockpile value, for replenishment and maintenance of this asset. The national vaccine goals for pandemic influenza preparedness call for pre-pandemic vaccine stockpiles to protect 20 million people, in addition to a manufacturing infrastructure to support rapid production of 600 million doses.

## **Medicare and Medicaid News**

### ***CMS Launches Drug Cost Data Tool***

The Centers for Medicare and Medicaid Services (CMS) have launched a new **tool** for analyzing the pharmaceutical costs of the Medicare program. The Medicare drug-spending dashboard will make it easier to research trends in how pharmaceutical products are used and purchased. The dashboard provides information on Medicare spending on prescription drugs for both Part B and Part D drugs in an accessible format for the public in order to increase transparency. The interactive dashboard is comprised of 80 drugs sorted by total annual cost, highest spending per Medicare user, and highest annual increase in cost. These 80 drugs represent 33 percent of all Part D spending and 71 percent of Part B drug spending in 2014. Topline findings show large price increases among some generic drugs. The cost of prescription drugs has become of increasing concern to lawmakers and Medicare officials. Last year, Medicare spent more than \$140 billion on prescription drugs.

## **Affordable Care Act News**

### ***As Penalty Draws Nearer, Insurance Enrollment Increases***

People who do not purchase health insurance next year will face a minimum penalty of \$695 or 2.5 percent of their income. This penalty is likely responsible for the increase in health insurance enrollment, especially in the population under 35 years old. The administration announced last week that 8.2 million people have already signed up, including 2.1 million people under the age of 35. This is compared to the 6.4 million people who had signed up for insurance at this point last year, and includes nearly double the number of young people enrolled during the same time period. Last year, the maximum penalty for not buying health insurance was the greater of \$325 or two percent of their income. While 7.5 million people chose to pay the penalty, this number could drop in the coming year given the administration’s enrollment projections. U.S. Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell has said that she expects a total of 9.9 million people to pay into plans this year.