



## Health Policy Briefing

September 8, 2015

### NIH Awards to Support Incorporation of Genomic Data in EHRs

Dozen grants to support research into the incorporation of DNA sequence information into electronic medical records will be administered by the National Human Genome Research Institute (NHGRI), the National Institutes of Health (NIH) announced last week. These awards represent the third phase of the Electronic Medical Records and Genomics (eMERGE) program, a precision medicine initiative aimed at better understanding the genomic basis of disease and tailoring medical care to individual patients based on their genomic differences. Grantees will focus on the clinical application of genomic research through identifying the potential medical effects of genomic variants in approximately 100 clinically relevant genes. This phase of eMERGE will examine the most effective ways to provide DNA test results to patients and ways in which physicians can use this information to improve treatment and practice.

#### **Organizations Call for Inclusion of Children in Precision Medicine Initiative**

Thirty-three organizations have written to the National Institutes of Health (NIH) Precision Medicine Working Group urging the inclusion of children in the federal effort to develop disease treatments tailored to individual's genetic profile. The signers argue that a wide range of child health issues could be studied if children were included in the research cohort, including maternal health during pregnancy, childhood wellness, and rare diseases like pediatric cancers. The Precision Medicine Initiative aims to use a research cohort of one million or more Americans who agree to share their health data. "Childhood experiences set that basis for adult health, meaning that the examination of child health will undoubtedly yield important insights for promoting adult health and preventing disease," the letter says. The Working Group is expected to release recommendations for the structure of the precision medicine research within the coming weeks. not raised by that time.

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## Medicare and Medicaid News

### *CMS to Test Value-Based Insurance Design in Medicare Advantage*

The Centers for Medicare and Medicaid Services (CMS) announced the launch of the Medicare Advantage Value-Based Insurance Design Model, which will examine whether providing Medicare Advantage plans flexibility in offering targeted supplemental benefits or reduced cost sharing to enrollees with specific chronic conditions can lower cost or increase quality of care. The goal of the model is to improve beneficiary health, reduce utilization of avoidable high-cost care, and reduce costs for both plans and beneficiaries, as well as the Medicare program. It will focus on beneficiaries with diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD), past stroke, hypertension, coronary artery disease, mood disorders, and combinations of these conditions. The model will begin on January 1, 2017 and continue for five years in Arizona, Indiana, Iowa, Massachusetts, Oregon, Pennsylvania, and Tennessee.

### *MedPAC Comments on Part D Spending*

Staff of the Medicare Payment Advisory Commission (MedPAC) have responded to recent data from the Centers for Medicare and Medicaid Services (CMS) which indicated that enrollee premiums for Medicare Part D will remain stable for 2016. MedPAC argues that given the increase in aggregate Part D spending due to high-cost specialty drugs over the past year, which is predicted to continue through 2024, taxpayers will bear more of the risk for Part D spending over time due to individual reinsurance despite their premiums remaining stable. Individual reinsurance is one of Part D's risk-sharing provisions through which Medicare pays plans 80 percent of benefit costs above Part D's out-of-pocket threshold. While it was meant to encourage plans to enter the market for providing Medicare's prescription drug benefit, MedPAC concludes that Part D's current risk-sharing structure does not provide adequate incentives for plan sponsors to manage the drug spending of high-cost enrollees.

## Upcoming Congressional Meetings and Hearings

***House Judiciary Committee: hearing titled "Planned Parenthood Exposed: Examining the Horrific Abortion Practices at the Nation's Largest Abortion Provider;" 10:00 a.m., 2141 Rayburn Bldg.; Sept 9***

***House Energy and Commerce Health Subcommittee: hearing titled "Protecting Affordable Coverage for Employees;" 10:15 a.m., 2322 Rayburn Bldg.; Sept 9***

***House Judiciary Subcommittee on Regulatory Reform, Commercial and Antitrust Law: hearing titled "The State of Competition in the Health Care Marketplace: The Patient Protection and Affordable Care Act's Impact on Competition;" 10:00 a.m., 2141 Rayburn Bldg.; Sept 10***

***House Energy and Commerce Health Subcommittee: hearing titled "Strengthening Medicaid Program Integrity and Closing Loopholes;" 9:15 a.m., 2322 Rayburn Bldg.; Sept 11***