



Viewpoints: Controversy Taints IRS Efforts On Health Law; Another Chance To 'Gut' The Overhaul In The Courts; Salt Wrongly Accused

May 15, 2013

The Wall Street Journal: Your Next IRS Political Audit

Even as the politicized tax enforcement scandal expands, the Internal Revenue Service continues to expand its political powers thanks to the Affordable Care Act. A larger government always creates more openings for abuse, as Americans will learn when the IRS starts auditing their health care in addition to their 1040 next year (5/14).

The Washington Post's The Plum Line: Why Washington Scandal-Mania May Save Medicare And Social Security

Liberals who are dreading the scandal-mania that is taking hold should note that it contains a potential upside: It could make a Grand Bargain that includes cuts to Medicare and Social Security benefits even less likely than it already is. That's because when scandal grips Washington, a president actually needs his core supporters more than ever to ward it off, making it harder to do anything that will alienate them (Greg Sargent, 5/14).

New Republic: The Supreme Court Is About To Get Another Chance To Gut Obamacare (Michael) Carvin's legal argument, which originated with CATO Institute economist Michael Cannon and Western Reserve law professor Jonathan Adler, is that, due to a drafting glitch in the ACA, only state-run exchanges, not federal ones, can provide tax credits and subsidies to enable lower-income individuals to afford ACA-mandated health insurance. ... So, could rejectionists have any basis for hoping to overturn Treasury's rule? Yes, they could. All the Obama administration's arguments, however well-founded, could be shoved aside, if the case reaches the Supreme Court, and the Court's conservative bloc deploys a "methodology," long touted by Justice Antonin Scalia, for interpreting statutes. Scalia's approach, which he calls "textualism," holds that judges must tease out the meaning of individual statutory words or phrases in isolation, rather than giving weight to the statute's overall structure, design, purpose, or legislative history (Simon Lazarus, 5/13).

The New York Times' Economix: Patterns Of Changes In Health Insurance

A number of industries can expect big changes in employee health insurance in the next year or two, while others will continue with business as usual (Casey B. Mulligan, 5/15).

Arizona Republic: Fiscal Risks Of Not Expanding Medicaid

Opponents of Gov. Jan Brewer's Medicaid expansion proposal are recklessly minimizing the risk to the (state) of not participating. Arizona is in an unusual position regarding

this issue. Most states offer very little Medicaid coverage to childless adults. So, for them, expanding coverage to 133 percent of the federal poverty level is a very big step. And even the 10 percent of that expansion they will end up having to pay under Obamacare is a big bill (Robert Robb, 5/14).

Politico: Fixing The VA-DOD Health System Fiasco

As health care plans nationwide enter the home stretch of implementing electronic records under the framework of the Obama administration's Affordable Care Act, and military service disability claims backlogs grow in size and attention, the Department of Veterans Affairs and the Pentagon need a much more coherent approach to modernize and deploy their electronic health record systems (Peter Levin, 5/15).

Medpage Today: Hospitals In Crisis: The Effects Of Obamacare

Under the Affordable Care Act's Hospital Readmissions Reduction Program, hospitals that readmit certain patients within 30 days of discharge could face significant penalties. Under the Affordable Care Act's Hospital Readmissions Reduction Program, hospitals that readmit certain patients within 30 days of discharge could face significant penalties. The question is whether hospitals really have that much control over factors leading to readmission and whether they are really at fault (Dr. Sreedhar Potarazu, 5/14).

The New York Times: Doubts About Restricting Salt

After years of warnings to cut sodium consumption to reduce heart attacks and strokes, it is disturbing to learn how little evidence exists that such reductions would actually be beneficial to health. There is even emerging evidence that some groups in the population could suffer harm from levels that are too low (5/14).

Los Angeles Times: Doctoring In A Family Way

New policies proposed in April by the Residency Review Committee for Family Medicine, or RRC, the group that outlines requirements for physician training programs nationwide, threaten to interfere with that comprehensive care and to decrease reproductive health access for women like Jennifer. The proposed RRC changes would eliminate the current requirement that family medicine residents learn full-scope reproductive healthcare. Instead, the decision to teach these skills would be up to the discretion of individual residency programs. Family doctors would no longer be required to learn how to prescribe birth control, place intrauterine devices or contraceptive implants, provide options counseling for women with unintended pregnancies or diagnose and manage miscarriages (Alison Block, 5/15).

USA Today: Angelina Jolie, Breast Cancer Fighter: Our View

While her message was brave and important, it's equally important to note that Jolie is among an extremely small percentage of women with an unusually high risk of breast cancer due to her family history and her gene mutation. Only about 1 percent of women test positive for mutations to the BRCA1 or BRCA2 genes that signal elevated risk for breast and ovarian cancer, and most women who develop breast cancer can be successfully treated with less radical treatment if the cancer is caught early (5/14).

Health Policy Solutions (a Colo. news service): The Ethically Slippery Slope Of Assisted Suicide

While New Mexico and other states are grappling with the question of whether to allow doctors to write prescriptions for drugs that terminally ill patients can take to commit suicide, countries such as Belgium and The Netherlands are pushing the envelope in distressing ways. For those who claim there is no evidence of a slippery slope in abuse of

physician-assisted suicide once implemented, I offer several problems presented by the Belgium and Netherlands experiments. In these countries, it is legal for physicians to directly euthanize patients (Dr. Anthony Vigil, 5/14).

Health Policy Solutions (a Colo. news service): Making Sense Of Variation In Health Care Pricing

Some have been outraged by the seemingly pointless variation in charges the Medicare data shows. However, some variation in the base charges for hospital services does make sense. Facilities and providers alike need to charge differently depending on how sick and complicated their patients are, whether they have additional overhead costs because they are a teaching facility, number of patients receiving charity care, etc. The more important task, though, is to figure out where variation is not adding value and to identify opportunities to get health care spending under control (Phil Kalin, 5/15).