

Customized Briefing for Kimberly Barry-Curley



February 19, 2013









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Leading the News

As Deadline Passes, Three States Signal Exchange Plan.

The [Washington Post](#)   (2/16, Somashekhar) reported that the Republican governors of Florida, New Jersey, and Tennessee said Friday that their states "will not partner with the federal government to create the online insurance marketplaces required" under the Affordable Care Act, "ending months of speculation and starting a new chapter in the implementation of the law." The exchanges "in those states - and others that have declined to set up their own exchanges or partner with the federal government - will be run by federal officials, at least through 2014."

Also reporting on last Friday's deadline are the [AP](#)   (2/16, Alonso-Zaldivar), [USA Today](#)   (2/16, Kennedy), the [Washington Times](#)   (2/16, Howell), and [Kaiser Health News](#)   (2/16, Galewitz, Tran).

Report: HHS Faces Challenges In Facilitating Federal Exchanges. [American Medical News](#)   (2/19, Lubell) reports, "Federally operated health insurance exchanges may find it more challenging than other exchange models to attract healthy patients and maintain stable insurance markets, said the author of a new policy [brief](#)   by Health Affairs and the Robert Wood Johnson Foundation." According to the brief, "In so-called federally facilitated exchanges, the federal government will operate the marketplaces, not just facilitate them." Based on this, "HHS faces specific challenges in forming these federal models."

From NAHU



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Legislation and Policy



ACA Supporters Worried About Impact Of Anticipated Premium Spike.

The [Los Angeles Times](#)   (2/18, Levey) reports that "less than a year before Americans will be required to have insurance under President Obama's healthcare law, many of its backers are growing increasingly anxious that premiums could jump, driven up by the legislation itself." According to the Times, "Higher premiums could undermine a core promise of the Affordable Care Act: to make basic health protections available to all Americans for the first time," although, according to the Times, "Administration officials have consistently downplayed the specter of rate increases," and "cite provisions in the law that they say will hold down premiums, including new competitive markets they believe will make insurers offer competitive rates." Noting that a "provision that will prevent insurance companies from charging older consumers more than three times what they charge young consumers" was "a top priority of the influential AARP," the Times says that "as rates come down for older people, they may increase for consumers in their 20s, regulators worry." Should that happen, young, healthy people could elect to forgo health insurance which as a result "would leave an older, sicker population in the insurance pool, a phenomenon that typically inflates premiums."

The [Washington Examiner](#)   (2/19) reports, "Starting Jan. 1, Obamacare will limit the premium prices of seniors relative to the rest of the population - in other words, younger, healthier people will pay a higher share of health care expenses to fill the void. It's not just critics of the president concerned about the early implications of Obamacare for the non-AARP crowd." Young Invincibles, "a nonprofit group that advocated for the president's health care blueprint, is calling for administration officials to consider defining adults at a later age and including student health insurance in the broader risk pool."

WPost Examines Possibility Of "Rate Shock" From ACA. The [Washington Post](#)   (2/16, Aizenman) reported that many "young, healthy Americans could soon see a jump in their health insurance costs, and insurance companies are saying: It's not our fault." Insurers say there are "several reasons that premiums will rise. They will soon be required to offer more-comprehensive coverage than many currently provide. Also, their costs will increase because they will be barred from rejecting the sick, and they will no longer be allowed to charge older customers sharply higher premiums than younger ones."



Officials Worry Some Companies Will Opt Out Of Health Insurance Market.

The [New York Times](#)   (2/18, A9, Pear, Subscription Publication) reports that there are concerns among Federal and state officials and consumer advocates that "companies with relatively young, healthy employees may opt out of the regular health insurance market to avoid the minimum coverage standards" in the Affordable Care Act, which "could drive up costs for workers at other companies." Because companies "can avoid many standards in the new law by insuring their own employees, rather than signing up with commercial insurers," insurance regulators "worry that commercial insurers - and the insurance exchanges being set up in every state to offer a range of plan options to consumers - will be left with disproportionate numbers of older, sicker people who are more expensive to insure. That, in turn, could drive up premiums for uninsured people seeking coverage in the exchanges. Since the federal government will subsidize that coverage, it, too, could face higher costs, as would some employees and employers in the traditional insurance market."



Some Employers Opting Not To Offer Health Insurance Due To ACA Costs. The [Financial Times](#)   (2/19, Jopson, Rappeport, Subscription Publication), in an article titled, "US Business Hits Out At

'Obamacare' Costs," reports many large US employers, including several restaurant and supermarkets chains, have concluded that they will be better off paying a fine for not offering health insurance to their employees rather than pay for the coverage. The Times says the cost of health insurance is increasing as a result of the passage of the Affordable Care Act. Other employers are said to be considering reducing workers hours to less than thirty a week so that they are not classified as "full-time," and therefore offering them health insurance is not mandatory. Companies cited by the Times include Darden, Kroger and Dunkin' Brands.



Sebelius Touts Affordable Care Act.



HHS Secretary Kathleen Sebelius, in an opinion piece for the [Huffington Post](#)   (2/15), wrote that HHS is committed to supporting President Obama's "vision for a growing American economy driven by a rising, thriving middle class" by "making healthcare affordable for working families so that all Americans have a fair shot at living full, productive lives." She explained how the Affordable Care Act will put "money back in the pockets of working families...protecting them from the worst insurance abuses." She also discussed jobs and early childhood education, noting that "food safety inspections and mental health services" are endangered by sequestration.





CMS Calls On Pharmacies To Require Patient Approval For Refills.





The [Los Angeles Times](#)   (2/16, Lazarus) reported that the Centers for Medicare and Medicaid Services has called on Medicare Part D administrators "to ensure that drugstores refill prescriptions only after receiving patient approval. The move follows a series of columns in the Los Angeles Times revealing how CVS and other drugstore chains were routinely refilling prescriptions and billing insurers, including Medicare, without authorization."

CMS Proposes Rule To Cap Profit Markets For Insurers, Drug Programs.



[The Hill](#)   (2/16, Goad) "Regwatch" blog reported that a proposed Centers for Medicare and Medicaid Services rule "to cap profit margins for certain health insurance plans and prescription drug benefit programs is now available for review." The proposed rule "is considered economically significant, meaning it carries an economic impact of more than \$100 million."

[Modern Healthcare](#)   (2/16, Barr, Subscription Publication) reported, "The CMS issued proposed terms for insurers participating in the Medicare Advantage Part C insurance program-including a growth percentage benchmark of negative 2.2% that will be used to help determine 2014 capitation rates." The agency also "issued proposed beneficiary deductible levels, out-of-pocket thresholds, and coverage limits for Medicare Part D drug insurance program for 2014, as part of what the agency calls an advance notice and draft call letter."



[CQ HealthBeat](#)   (2/16, Reichard, Subscription Publication) reported that in a news release, the CMS "indicated that other factors could come into play before a final payment level is set." [Bloomberg News](#)   (2/16, Wayne) also covered the story.

House Expected To Veto Bill For Preventing Healthcare Cuts. [Modern Healthcare](#)   (2/16, Daly, Subscription Publication) reported, "Senate Democrats floated a new plan to avoid cuts to Medicare and other health programs." The Senate Democratic leaders introduced the American Family Economic Protection [Act](#)   (pdf) on "Feb. 14 to replace the 2% Medicare provider and insurer cuts scheduled to begin March 1 along with a series of tax increases and cuts to agricultural and defense programs." The bill, which would "delay the start of all scheduled sequester cuts-including those to Medicare-until Jan. 2, 2014," was immediately backed by the Obama Administration but it was seen "as dead on arrival in the Republican-led House...because of its tax increases."



Sequester Fights In Congress May Derail SGR Overhaul.

[Modern Healthcare](#)   (2/16, Zigmond, Subscription Publication) reported, "Momentum is building among House leaders to draft and introduce legislation this year that would repeal Medicare's troublesome sustainable growth-rate formula used to pay physicians, but upcoming budget battles could thwart those efforts." This month, the CBO "estimated that the new cost to repeal the SGR and freeze physician payments for the next 10 years is \$138 billion, a more than 40% drop from its August 2012 prediction of \$245 billion," and shortly after, "House Energy and Commerce Committee Chairman Fred Upton (R-Mich.) and House Ways and Means Committee Chairman Dave Camp (R-Mich.) together released a framework that outlines three phases to reform the way Medicare reimburses physicians." Still, many experts point out that if Congress can't work out a way to head off the sequester, it's unlikely SGR will be overhauled.



Physician Urges Fellow Doctors To Accept Provisions Of ACA.



Peter Anderson, a former primary care physician and founder of Team Care Medicine, a physician training organization, urged physicians to accept and act on the reforms brought by the Affordable Care Act in an op-ed for [USA Today](#)   (2/18). He wrote, "We can provide better care for our patients and ensure the long-term viability of our industry by embracing the reforms that have been put in place rather than fighting them. They may not be ideal, but if we respond correctly, we can make the US health care system work for everyone."

Government Agency In Kentucky Working On Setting Up Exchange.

In a piece on Kentucky's insurance exchange set up under the Affordable Care Act, the [AP](#)   (2/19, Alford) reports, "Federal health care reforms have led to the creation of a government agency in Kentucky that will be comparable in staffing to the secretary of state's office with 30 employees but that has scores of contract workers and an annual budget more than 10 times larger at \$39.5 million." The Office of the Kentucky Health Benefits Exchange "will help more than 600,000 uninsured Kentuckians arrange coverage under the Affordable Care Act."



Indiana Enters Latest Battle With Obama Administration Over ACA.

The [AP](#)   (2/18, LoBianco) reported on Indiana's continuing battles with the Obama Administration over its efforts to overhaul the healthcare system, which "have landed the state in court on more than one occasion and pose a dilemma for Republican leaders as they determine when to fight and when to play along." For now, Governor Mike Pence "doesn't appear inclined to work together on Obama's health care law," refusing to set up a state-based exchange under the law, and then writing a "fiery letter to US Health and Human Services Secretary Kathleen Sebelius last week." In the letter, Pence requested a waiver for Medicaid expansion using the state's Healthy Indiana Plan, telling Sebelius that "Medicaid is broken."

Indiana Medicaid Expansion Bill Fails In State House. On its website, [WTIU-TV](#)   Bloomington, IN (2/19, Smith) carried an IPBS piece, which reported, "An amendment offered by Representative Ed DeLaney (D-Indianapolis) that would create a backup plan for implementation of the health care program failed Monday along party lines." Still, "even its opponents welcomed the debate, as some lawmakers call the issue one of the most critical of its time." As the article noted, "Republicans in the legislature and Governor Mike Pence have made their opinions clear on the subject of expanding Medicaid: It will only be acceptable if the federal government allows the state to use the Healthy Indiana Plan, or HIP, the state's health care program for low-income Hoosiers, as its

vehicle for expansion."

Policy Experts Push States For Flexibility, Acceptance Of ACA.

Peter Nelson, director of public policy at the Center of the American Experiment and Josh Archambault, director of healthcare policy at the Pioneer Institute, urged states to work with President Obama to improve the Affordable Care Act in an op-ed for [USA Today](#)   (2/18, Nelson, Archambault). They wrote of governors in opposition to the law: "These leaders don't need to act just as a phalanx of opposition; if they work with President Obama and Obama works with them, they can change the law's future for the better." Nelson and Archambault concluded, "If states are willing to step forward and articulate a better way, the law might become a genuine partnership that can work for America."

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In continuing coverage, the [Washington Post](#)   (2/16, Aizenman) reported that "tens of thousands of Americans who cannot get health insurance because of preexisting medical problems will be blocked from a program designed to help them because funding is running low." The Obama Administration said the state-based Pre-Existing Condition Insurance Plan "will be closed to new applicants as soon as Saturday and no later than March 2, depending on the state." The plan was conceived as a temporary solution until the Affordable Care Act provision on insuring people with pre-existing conditions becomes effective, for the 2014 plan year. The Post noted that "from the start, analysts questioned whether the \$5 billion that Congress appropriated" for the short-term plan "was sufficient." Also covering the story were [Reuters](#)   (2/15, Morgan) and the [AP](#)   (2/19).

Texas Democrats Make Some Headway In Push For Medicaid Expansion.


The [Austin \(TX\) American Statesman](#)   (2/18, Lindell) reported, "Adamantly opposed to expanding Medicaid coverage under President Barack Obama's signature health care law, Gov. Rick Perry and Lt. Gov. David Dewhurst had seemingly squelched efforts this legislative session to insure an additional 1.1 million low-income Texans under the Affordable Care Act." Still, "in a determined campaign, targeting legislators with public pressure and private persuasion, has kept the issue alive by framing Medicaid expansion as an economic bonanza and tax-relief opportunity that would bring \$79 billion in much-needed federal money over 10 years." According to the article, "the arguments, pitched to Republican ears, have carved out a small space in which lawmakers can work toward an agreement that once appeared impossible."



The [Dallas Morning News](#)   (2/19, Garrett) "Trail Blazers" blog reports, "A new study says accepting big federal money to expand the Medicaid program for the poor would do much for what ails Texas' health care system, such as providing relief for local taxpayers who support hospital districts such as the one in Dallas County."

However the report, from former Texas deputy comptroller Billy Hamilton, "soon drew fire Monday from a free market-oriented think tank, which predicted that the Medicaid expansion's much-ballyhooed benefits for Texas' public hospitals won't materialize because there aren't enough front-line doctors to treat the newly covered Texans and keep them out of the emergency rooms."



The [Houston Chronicle](#)   (2/17, Fraser) reported, "Health care providers in Harris County could recoup most, if not all, of the uncompensated care costs incurred by the uninsured and paid by local taxpayers and charitable organizations if the state Legislature expands Medicaid under the federal Affordable Care Act, according to an analysis released by Methodist Healthcare Ministries of South Texas and the nonprofit Texas Impact."

California Hospitals Participating In ACA Cost-Saving Programs.



The [Marin \(CA\) Independent Journal](#)   (2/17, Halstead) reported, "Changes wrought by the Affordable Care Act...are coming soon to Medicare patients at two Marin County hospitals." Marin General Hospital and Novato Community Hospital "are participating in new programs designed to provide higher quality care for Medicare patients while reducing costs. If the hospitals are successful, they and the doctors who practice there stand to reap increased revenue by sharing in the cost savings."

The [North Bay \(CA\) Business Journal](#)   (2/19) reports that "the program ties hospital performance on a number of key metrics, both clinical and on patient satisfaction, directly to reimbursement rates on Medicare patients, which could have significant impact in either direction, hospital experts in the North Bay said."



Brewer Facing "Tough Fight" To Expand Medicaid In Arizona.

The [AP](#)   (2/19) reports, "Republican Gov. Jan Brewer faces one of the toughest fights of her political career as she bucks her own party in an effort to expand Medicaid to about 300,000 more poor people in her state under President Barack Obama's health care overhaul." According to the article, "Brewer had been one of the most hard-line opponents of the federal law, and her decision to comply - and raise what critics say amounts to new tax to pay for it - has turned allies into foes. There is even talk of lawsuits to stop her."



In South Carolina, Medicaid Expansion Debate Continues.



The [Greenville \(SC\) News](#)   (2/18, Salter) reported on the debate in South Carolina over whether to expand Medicaid under the Affordable Care Act. The article explained the two sides: "Proponents of putting another 288,000 on Medicaid in Mississippi contend that Medicaid expansion would serve as long overdue relief to the state's large number of uninsured and provide a boost to the economy," but Republicans view it as a "budget-buster." As the debate wages on, "lawmakers will be whipsawed between justifiable concerns of the unknown long-term costs of Medicaid expansion and the state's hospitals and advocacy groups supporting expansion to offset the costs of delivering public health care through the state's emergency rooms."

Mississippi Republicans, Democrats At Odds Over Medicaid Expansion.

The [AP](#)   (2/19, Pettus) reports, "Mississippi House Democrats said Monday they're trying to bring pressure on Republicans to revive a Medicaid bill that's blocked in a committee." Republicans, "meanwhile, say Democrats are playing politics with a government health insurance program that covers about one in every five Mississippi residents." If the two sides cannot agree on a plan, the program will shut down July 1. Expanding Medicaid in Mississippi would raise the threshold for qualification from about \$5,500 to \$15,000 a year. Republican Governor



Phil Bryant "and other GOP leaders, including House Speaker Philip Gunn, oppose expansion."



The [Jackson \(MS\) Clarion Ledger](#)   (2/19, Pender) reports, "House Democrats on Monday were filing resolutions calling on the GOP leadership to allow a vote on the Senate Medicaid reauthorization bill Republicans killed late last week." The Legislature is "in a standoff over Medicaid, with each side accusing the other of threatening to shut the program down if it's not reauthorized by July 1."

The [Northeast Mississippi Daily Journal](#)   (2/19, Harrison) looks deeper into the Medicaid reauthorization bill, and why the state Senate Rules Committee killed it Monday, writing, "There is one distinct difference in the House and Senate bills. ... The House bill does not include that language so it could not be amended to expand Medicaid."



Branstad To Discuss Expanding Medicaid In Iowa With Sebelius.



The [Muscatine \(IA\) Journal](#)   (2/19, Wiser) reports that Iowa Governor Terry Branstad "said he'll talk about expanding health coverage in Iowa when he meets with US Secretary of Health and Human Services Kathleen Sebelius in Washington, DC, this weekend." Still, "the five-term Republican governor gave no indication that he plans on joining the states that have opted to expand Medicaid coverage as called for by the Patient Protection and Affordable Care Act." As the article explains, "Branstad has been opposed to the idea, which has put him at odds with the state hospital association and the Senate Democrats."

The [Mason City \(IA\) Globe Gazette](#)   (2/19) reports that rather than opting into the ACA's Medicaid expansion, "Branstad said the state should look at expanding the IowaCare program. It's a position that has brought him into conflict with Democrats in the Iowa Senate and the Iowa Hospital Association."

State Rep. Urges Iowa Not To "Rush In" To Medicaid Expansion. Iowa state Representative Chris Hagenow urges caution in opting into Medicaid expansion under the Affordable Care Act in an op-ed for the [Des Moines \(IA\) Register](#)   (2/17, Hagenow). He wrote, "With a deep federal budget deficit and exploding federal debt, it would be wise to consider that if all 50 states chose not to expand Medicaid, the federal government would save \$654 billion over the next 10 years." Rep. Hagenow concluded, "Over the past 12 years in Iowa, the Iowa Medicaid program has already grown 50 percent, so we should not take this enormous decision lightly. We should not rush into this decision before we have exhausted all of our options and looked for ways to improve our current Medicaid system."

IowaCare Enrollment Growing.



The [Mason City \(IA\) Globe Gazette](#)   (2/19) reports, "Participation in a state program that provides limited health coverage to low-income Iowans has jumped dramatically since the Legislature and former Gov. Tom Vilsack launched IowaCare in fiscal 2006, according to a state audit issued Friday." State Auditor David Vautt reported that "IowaCare enrollment was 60,703 as of last June 30 - an increase of 42,661, or 237 percent over the enrollment of 18,042 as of June 30, 2006. Initial projected expected about 14,000 Iowans would enroll in the program."



Paper, Columnist Argue Against Branstad's Affinity For IowaCare. In an editorial, the [Quad-City \(IA\) Times](#)   (2/19) argues for expanding Medicaid in Iowa, rather than what Governor Terry Branstad wants to do, "dump more money into IowaCares, a program that offers coverage for some poor Iowans able to seek treatment at Broadlawns Hospital in Des Moines or University Hospitals in Iowa City." The paper writes, "That's a pale substitute for statewide, preventive coverage. And it will do little to make Iowa the healthiest state."

Similarly, in a piece for the [Des Moines \(IA\) Register](#)   (2/17, Dominick), columnist Andie Dominick wrote of



IowaCare, "Though the well-intentioned program is better than nothing, it is a mess." She concluded by asking, "And what will 60,000 low-income Iowans do next year if Washington refuses to grant this state another waiver and the bulk of the money to fund IowaCare?"

Missouri Democrats Introduce Bill To Expand Medicaid.



The [Columbia \(MO\) Missourian](#)   (2/19, Zarkhin) reports, "Less than a week after House Republicans outlined a spending plan that omitted Gov. Jay Nixon's proposed Medicaid expansion, House Democrats filed a bill that would do just that." Democratic legislators and the governor "have said Medicaid expansion is the single most important issue this legislative session. Republican legislators, however, oppose expansion because they aren't convinced the federal government will fulfill the commitment to pay its share of the cost."

The [Kansas City \(MO\) Star](#)   (2/18) reported, "The CEO of a rural Missouri hospital warned lawmakers Monday that failure to expand eligibility for Medicaid could put institutions like his at risk of failure." Kerry Noble, CEO of Pemiscot Memorial Hospital in Hayti, MO, "stood alongside House Minority Leader Jake Hummel to unveil legislation that would expand Missouri's Medicaid eligibility requirements to 138 percent of the federal poverty level, as called for by the federal health care law." If the program is not expanded, "Noble said his hospital would lose around \$1 million a year in federal payments to reimburse hospitals for treating uninsured patients."



Deal Reiterates Opposition To Medicaid Expansion.

On its website, [WSB-TV](#)   Atlanta (2/18, Parrish) reported, "Governor Nathan Deal is remaining firm that Georgia will not expand its Medicaid program despite the announcement by two more Republican governors says that their states will do so." As the article noted, six GOP governors, including Ohio's John Kasich and Michigan's Rick Snyder, will move forward with expansion. However, Deal explained his position, saying, "I think is a discussion that is obviously been ongoing with Republican governors over a period of several months now, and it appears that some are changing their minds now from what their original position had been. Every state obviously has the same obligations to fund their share of any expanded Medicaid program and the costs associated with it and that was the basis on which I made my decision."

Uncompensated Care At Utah Hospitals Lends To Medicaid Expansion Debate.



The [Salt Lake \(UT\) Tribune](#)   (2/19, Stewart) reports, "The economy appears to be on the mend, but Utah's hospitals are getting no relief from demand for free and discounted care." And, "as ranks of uninsured and underinsured swell, the state's four major health systems have seen their uncompensated care - charity care plus unpaid bills - more than triple in nine years, to \$698 million in 2012." Keeping this in mind, the piece attempts to answer at what point "hospitals insist that Utah expand Medicaid to cover more of the state's uninsured."

Chicago Tribune Urges Illinois To Use Caution In Expanding Medicaid.



In an editorial, the [Chicago Tribune](#)   (2/17) argued that Illinois lawmakers should "see what options are available" before they approve a Medicaid expansion. The Tribune said both the state, which "is dead broke," and the Federal government, which "is groaning under \$16.5 trillion in debt," face risks of failure in a full Medicaid expansion in Illinois. It urged lawmakers to "explore alternatives," such as Ohio and Arkansas initiatives to ask the Obama Administration "to approve a partial Medicaid expansion that would cover people up to 100 percent of the

federal poverty level." At up to 138 percent of that level, residents "would choose whether to be covered by Medicaid or by federally subsidized insurance obtained through a state insurance exchange."



Florida Lawmakers Hearing Testimony On Medicaid Expansion.

The [Palm Beach \(FL\) Post](#)   (2/19, Kennedy) reports, "Florida hospital leaders urged state lawmakers Monday to endorse the Medicaid expansion allowed under the federal health care overhaul, saying the move will improve patient care and save both the industry and taxpayers millions of dollars." However, "a conservative policy analyst warned a House committee examining the Affordable Care Act to be wary of talk about savings." According to the article, "House and Senate committees have been taking testimony on implications of the federal overhaul, and expect to offer recommendations to the full Legislature by the time it convenes, March 5."

North Carolina Health Professionals Push For Medicaid Expansion.



The [Greensboro \(NC\) News & Record](#)   (2/19, McLaughlin) reports, "Health professionals gathered in front of the nonprofit Triad Adult and Pediatric Medicine community clinic on Eugene Street on Monday, urging Gov. Pat McCrory to expand Medicaid." State legislators have already opted out of expansion, despite the fact that "the federal government would pick up 100 percent of the cost of the expansion between 2014 and 2016, then 90 percent of the cost."


Health Scholars Weigh Medicaid Expansion In WSJ.

In a "Journal Reports" piece about the Affordable Care Act's optional Medicaid expansion, the [Wall Street Journal](#)   (2/19, R4, Subscription Publication) carries opinion pieces advocating for and against choosing to expand. Taking the position that states should opt out is Ed Haislmaier, senior research fellow at the Heritage Foundation in Washington, DC. Arguing for expansion is George Washington Public Health professor Sara Rosenbaum.

Also in the News

More Businesses Provide Means Of Self-Diagnosis, Health Tracking.

[USA Today](#)   (2/18, Appleby) reports on "a burgeoning consumer health industry" to help consumers track their own health. Products range from "SoloHealth's stations, set to be in 2,500 Walmarts and Sam's Clubs next month, to video consultations with doctors, to smartphone apps that track blood pressure and heart rate." Such products are "attracting big-name backers such as retailer Walmart, health insurers WellPoint and UnitedHealthcare and companies that make or distribute medical products, such as Johnson & Johnson and Cardinal Health." In response, "some doctors' groups and consumer advocates urge caution." In addition to SoloHealth's stations that "allow consumers not just to test their eyesight and learn if they are obese, but to get information on diet, vitamins and pain management," HealthSpot developed, "enclosed cubicles that allow patients to pay \$59 to \$79 for a video 'visit' with a doctor," and NowClinic online "provides 10-minute video chats with physicians for \$45."

Kentucky In-Store Health Clinics Report Growth. The [Lexington \(KY\) Herald-Leader](#)   (2/18, Truman) adds, "Two factors make in-store clinics a health care development to watch in the Bluegrass State. First, the Affordable Care Act will extend health insurance to millions of people who are not now covered. Second, according to the Kaiser Foundation, Kentucky is full of areas where primary care is scarce." The article notes that

18 Baptist Express Care clinics throughout Kentucky "showed year-over-year patient volume growth of 190 percent" and are looking to expand services.

Friday's Lead Stories

- [McDonnell Requests Regulatory Authority Over Virginia's Exchange.](#)
- [Cohen Vows Exchanges Will Be Ready October 1, But Senators Skeptical.](#)
- [Anthem Lowers California Rate Increase.](#)
- [Klobuchar: Bill Would Make Prescription Prices Affordable For Seniors.](#)
- [Medicaid Expansion Spotlights Coming Primary Care Physician Shortage.](#)

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