

US to require breast density information after mammograms

By Matthew Perrone
The Associated Press

All U.S. women getting mammograms would receive information about breast density, which can sometimes make cancer harder to spot, under a government proposal released Wednesday.

The Food and Drug Administration's proposed rules would standardize the information given to millions of women following scans to detect breast cancer. Some states already require the notices.

More than half of women over age 40 have dense breasts, with less fatty tissue and more connective and glandular tissue. That tissue appears white on X-rays, the same color as growths in the breast, making mammograms harder to read. Dense breast tissue is one of the factors that can increase a woman's chances of developing cancer.

Under the FDA's proposal, all women would receive a short summary about their breast density. For those with dense breasts, the letter would note that their tissue "makes it harder to find breast cancer," and could require additional testing. The letter would also recommend that they speak with a doctor about their "individual situation."



Thinkstock photo

Under a new government proposal, all U.S. women getting mammograms would receive information about breast density, which can sometimes make cancer harder to spot.

More than 35 states already require some kind of notification for dense breasts. But the FDA's proposal, if finalized, would apply

to all states and set minimum standards for the information disclosed.

"We set a particular bar — you

can't go below that bar — but states can impose more stringent requirements," said Dr. Jeffrey Shuren, the FDA's director for

medical devices.

Regulators will take public comments for three months before finalizing the proposal, a process that can take months or sometimes years.

Professional guidelines don't specify next steps for women identified with dense breasts, but some physicians may recommend additional forms of scanning, including ultrasound or MRI.

Mammogram reports to doctors have long included information about density. But it wasn't routinely shared with women until some cancer survivors began pushing for disclosure laws. Congress gave the FDA authority to regulate standards for mammograms in 1992 and recently directed the agency to develop standard summary language.

Regulators said it was the first proposed update to national mammography standards in more than 20 years.

Other proposed regulations would:

- Allow the FDA to contact patients directly if their mammography provider is not meeting quality standards or disclosing required information.
- Sanction mammography providers that don't adequately track patient records and information.

Debate over fate of the Affordable Care Act resumes

By Elana Schor and
Ricardo Alonso-Zaldívar
The Associated Press

President Donald Trump is calling on Republicans to revive the effort to quash the Affordable Care Act, handing Democrats an opportunity to unite in defense of the law as they try to move past the Russia investigation and win the White House in 2020.

Trump's administration is asking a federal appeals court to strike down the entire health care law. The president vowed on Tuesday to make the GOP the "party of health care" and told Senate Republicans to lean into their own agenda on the issue as they head into next year's election.

The moves could help Trump rally his conservative base as he celebrates Attorney General William Barr's summary of special counsel Robert Mueller's report that said there was no evidence that the president or his associates colluded with Russia in the 2016 campaign. But the push also poured political kerosene on an issue that many Democrats credit with powering their midterm election victories in November.

Top Democrats, including presidential candidates, said health care is an issue that resonates with voters

more than the Mueller investigation.

"This is something that Americans care deeply about," said Sen. Amy Klobuchar of Minnesota, a White House hopeful. "I may not have been asked about the Mueller report at town hall meetings, but I was sure asked about health care."

Other Democrats appeared to relish the chance to shift to health care. Asked if the Trump administration's court filing allowed Democrats to turn the page on Mueller, House Speaker Nancy Pelosi said she would have been talking about health care no matter what.

"We have been dealing with health care constantly," the California Democrat said. "The public attention has been on the Mueller report, but we have been focused on health care."

Another 2020 contender, Sen. Kirsten Gillibrand of New York, said if Trump "wants to have a fight on health care, it's a fight we're willing to have. And it's a fight he is going to lose."

That confidence is in part because health care was a big political winner for Democrats last year. According to AP VoteCast, a survey of more than 115,000 midterm voters

nationwide, nearly 4 in 10 Democratic voters identified health care as the most important among a list of key issues including immigration, the economy and the environment. A Quinnipiac University poll released Tuesday found 55 percent of Americans supporting the improvement and not the replacement of the nation's health care system.

The Supreme Court has twice upheld President Barack Obama's health care law, known as "Obamacare." Five justices — a majority — who upheld the law in 2012 are still on the bench.

Trump's effort to repeal Obamacare narrowly failed in the Senate in 2017. Nearly two years later, it's unclear where the White House plans to focus its health care efforts. Trump's most recent budget backs one piece of the legislation that stalled in the Senate.

Republicans gained Senate seats last fall, but there's no indication GOP senators want another fight over repealing Obamacare — particularly not those up for re-election next year. The GOP also lost control of the House, which means any attempt to dismantle the law could not pass Congress.

As the debate plays out

on Capitol Hill, the White House made a surprising legal argument for eliminating the health care bill. In a Monday court filing, the administration said the entire health care law should be struck down as unconstitutional after Congress repealed fines on people who remain uninsured.

That's at odds with previous statements by leading congressional Republicans who said they didn't intend to repeal other parts of the law when they cut out its fines, effective this year. It's also a departure from the administration's earlier stance in a lower court, where it had argued that only federal safeguards for people with pre-existing medical conditions and limits on premiums charged to older, sicker people should be struck down.

Repeal of Obamacare in its entirety would risk making more than 20 million people uninsured. That includes some 12 million low-income people covered through its Medicaid expansion and some 11 million purchasing subsidized private health insurance through HealthCare.gov and state-run insurance markets.

Some Republicans say that wouldn't happen because the Trump ad-

ministration's "repeal and replace" plan would send grants to states for them to run their own health insurance programs. However, during the 2017 congressional debate over repealing the health law, the nonpartisan Congressional Budget Office estimated the GOP replacement plans would result in steep coverage losses.

Several GOP senators said Tuesday that Trump told them to ensure those with pre-existing conditions stayed protected as they work on an Obamacare replacement. Republicans appeared ready to back up the president on health care for now.

Trump is "thinking that's the issue that defines us as conservatives," Sen. Mike Braun, R-Ind., told reporters after the president addressed a closed-door meeting of GOP senators.

Rep. Steve Scalise, the House minority whip, said Democrats have "misled" voters about the benefits of Obamacare.

"They were misled about collusion with Russia," said Scalise, R-La. "The same people that have been mis-

leading on all those other issues want to try to mislead people on health care costs."

The sudden focus on the health care law comes as Democratic presidential candidates have embraced a move toward a single-payer health care system known as "Medicare for All." The momentum for that effort could wane if congressional Democrats instead have to focus on defending Obamacare.

House Democrats on Tuesday unveiled legislation to shore up the Affordable Care Act and expand enrollment to millions more people.

"For (Trump) to bring this back up is traumatic, and it shines a real light on what the contrast is going to be between him and whoever the Democratic nominee is," said Andrew Bates, a spokesman for the Democratic group American Bridge. The group's planned \$50 million investment in deterring swing-state voters from backing Trump in 2020 will focus in part on health care, as well as other economic issues, Bates said.

Report: Oregon Health Authority falls short on fixing Medicaid payment problems

The Associated Press

The secretary of state's office says the Oregon Health Authority still needs to strengthen its efforts to detect and avoid improper Medicaid payments.

The office's audit division on Wednesday released a follow-up report to a 2017 audit that found widespread problems in the Health Authority's payment system for Medicaid.

The Statesman Journal reports that auditors found that two of the eight recommendations in the audit have been put in place and six recommendations have been partially implemented.

OHA officials agreed with all the recommendations.

The original 44-page audit, released in November 2017, found problems such as poor management of payment and eligibility issues and a lack of an agency-wide process to detect improper payments.

At the time, auditors also found the agency had about \$88 million in avoidable expenses because of its backlog in determining eligibility for Medicaid recipients. Medicaid provided health insurance benefits to about one million low-income Oregonians in 2017.

In January, Health Authority officials reported they had recovered about \$42 million overpaid to organizations that coordinate Medicaid benefits.

Recommendations not yet fully put in

place vary.

The new report found that the authority has developed systemic controls for the Medicaid Management Information System, but still lacks an adequate understanding of how they work.

The agency is taking steps to hire a contractor to test the controls' effectiveness and report the results quarterly, the report said.

On another front, the agency hasn't yet clarified Oregon administrative rules to hold Medicaid providers accountable for improper payments. OHA has identified areas for improvements, but still needs to finish the rule-making process, the report said.

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