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Health Policy Briefing

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Biden Issues Cancer Moonshot Report

Last week, Vice President Biden **released** the administration's plans and objectives for the Cancer Moonshot Initiative. The report is a product of the Cancer Moonshot Task Force, a federal panel with representation from the U.S. Department of Health and Human Services (HHS), the National Institutes of Health (NIH), and the Food and Drug Administration (FDA). In order to reach the program's goal of achieving 10 years of cancer research in the span of only five years, the report recommends a greater emphasis be placed on widespread data sharing. The report explains that a more robust workforce with the expertise necessary to subsequently analyze these large volumes of data is needed. The task force recommends the use of dedicated funding for undergraduate and graduate education programs to help ensure that clinical investigators are able to share and analyze data. The report also highlights the goal of accelerating the development of cures through faster research and approval timelines for treatments. The Task Force recommends improvement in collaboration between scientific disciplines, federal cancer detection and prevention, and access to high-quality health care. Ultimately, the report explains that the "Cancer Moonshot is about the entire cancer ecosystem working together to use our resources and tools intelligently and aggressively to catalyze improvements in care and our understanding of cancer." The Task Force reiterates the White House request for $1 billion to be appropriated in fiscal year (FY) 2017 for the Moonshot, and Vice President Biden urged lawmakers to approve this additional funding. In their remarks, both the President and the Vice President indicated that that they will continue to be involved in the initiative after the end of the Obama administration.

Administration Explains Zika Spending Details

The Administration has offered new details about how it will spend the $1.1 billion in emergency supplemental funding to combat the Zika virus included in the continuing resolution (CR) passed by Congress last month. The $387 million allocated to the Public Health and Social Services Emergency Fund will be used for preparedness and response efforts across the U.S. Department of Health and Human Services (HHS). This includes $75 million for the reimbursement of health care providers caring for the uninsured in areas with active Zika transmission,

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and $46 million to expand health services in Puerto Rico and other U.S. territories. The Centers for Disease Control and Prevention (CDC) will award $50 million for the establishment of regional centers researching mosquito-borne diseases, plus an additional $25 million in state and local funding. The CDC will also award up to $120 million to support local disease tracking and diagnostic infrastructure. The emergency supplemental funding also helped to restore the $44 million that had previously been diverted from the CDC's general emergency preparedness funds.

Pelosi Hopeful on Cures Passage

During a press conference last week, House Minority Leader Nancy Pelosi (D-Calif.) predicted that the latest version of the 21st Century Cures Act would pass before the end of the year. A revised 21st Century Cures bill is expected to be released during the lame-duck session of Congress, and Pelosi said she plans to help build consensus around the legislation – while noting that support for the revised bill is not universal among Democrats. This is likely due to the changes in offsets compared to the initial H.R. 6, which passed the House almost unanimously last summer. Democrats are also waiting to see whether the new bill will include funding for the Cancer Moonshot Initiative.

State Officials Propose Policies to Lower Drug Costs

The National Academy for State Health Policy (NASHP) has released a **report** including a set of recommendations for states seeking to address rising pharmaceutical prices. The group of state health policymakers developed the following 11 recommendations intended to serve as a toolbox of options for states to consider in order to control drug spending:

- Increase price transparency to create public visibility and accountability;
- Create a public utility model to oversee in-state drug prices;
- Bulk purchase and distribution of high-priced, broadly-indicated drugs that protect public health;
- Utilize state unfair trade and consumer protection laws to address high drug prices;
- Seek the ability to re-import drugs from Canada and on a state-by-state basis;
- Pursue Medicaid waivers and legislative changes to promote greater purchasing flexibility;
- Enable states to operate as pharmacy benefit managers to broaden their purchasing and negotiating powers;
- Pursue return on investment pricing and forward financing approaches to allow flexible financing based on long-term, avoided costs;
- Ensure state participation in Medicare Part D through Employer Group Waiver Plans;
- Protect consumers against misleading marketing; and
- Use shareholder activism through state pension funds to influence pharmaceutical company actions.

NASHP will discuss their recommendations with the Pharmaceutical Research and Manufacturers of America (PhRMA) next month.

Committee Releases Report on Improper Payments

Republicans on the House Oversight and Government Reform Committee have released a report highlighting nearly $600 billion in improper payments issued by the federal government. The U.S. Department of Health and Human Services (HHS) had the highest level of improper payments amounting to $363 billion in fiscal year (FY) 2015. HHS is also one of nine agencies that has failed to meet requirements for reporting improper payments of the past five years. The report recommends that agencies resolve outstanding inspector general recommendations related to improper payments, identify the root causes of their failure and work with the Office of Management and Budget (OMB) to improve on the problem.