RESOLVING NETTLESOME HEALTH POLICY DISPUTES

Controversies often are involved when initiatives are undertaken to arrive at the best approach to gaining wide acceptance of proposals involving contentious public policy issues, such as gene editing, euthanasia/assisted dying, and recreational use of marijuana products. A basic question pertains to deciding whom to involve in making decisions that enable these policies to move forward. Three possible groups are: elected public officials; health scientists and other experts in fields, such as ethics; and voters, along with other concerned members of the general public.

To note just one example, President William Clinton, along with British Prime Minister Tony Blair, announced at the White House on June 26, 2000 that the international Human Genome Project and Celera Genomics Corporation both had completed an initial sequencing of the human genome, the genetic blueprint for human beings. This landmark achievement was hailed as promising to bring exciting new approaches to prevent, diagnose, treat, and cure disease. Since that widely heralded occasion, germline gene editing provides a vivid illustration of a current topic that has emerged as a serious concern because of its potentially grave threat to the health of future generations.

Netflix offered a four-episode documentary series in October 2019 entitled “unnatural selection” as a means of furnishing an overview of genetic engineering, with an emphasis on the DNA-editing technology of CRISPR (clustered regularly interspaced short palindromic repeats) from the perspective of scientists, corporations, the public, and biohackers tinkering in garages. Apart from the goal of editing genes to eradicate certain diseases or even to produce so-called designer babies who will possess enhanced abilities (e.g., intellectual, artistic, and athletic), it should be obvious that there are great amounts of money to be made by entrepreneurs able to reach the finish line first with the most effective products.

The problem currently is that: some envisioned new gene therapies may not improve human lives, various species may be at risk of changing in unforeseen ways or perhaps even being eliminated, and assurance still is lacking on whether desired sought after improvements ever will materialize. The Netflix episodes feature discussions with (1) residents of Nantucket Island in Massachusetts who are apprised of a proposal to modify a species of mice that are affected by ticks that cause disease among humans, (2) inhabitants of New Zealand where rats are killing off many breeds of birds, and (3) villagers in Burkina Faso, Africa where mosquitos continue to cause children to die from malaria.

In all three settings, the notion of Gene Drive to change an entire species to achieve a purported social good encounters resistance. A major concern is that apart from positive outcomes that are touted by proponents of genetic interventions, it remains worrisome that no firm guarantees can be offered regarding possible unanticipated, dangerous outcomes that might occur. While members of the general public may lack the sophisticated knowledge of scientific experts, their basic instincts make them wary of approving proposals that are equivalent to attempting to play God.
Trends

Interprofessional Education and ASAHP – Fostering a Culture of Collaboration

The Association of Schools Advancing Health Professions (ASAHP) has a strong commitment to improving collaboration and outcomes in health care by supporting Interprofessional Education (IPE). Through the leadership of Immediate Past President Susan Hanrahan, ASAHP’s commitment to IPE in both the academic and clinical learning environments has grown significantly and gained clarity over the past two years.

ASAHP’s interprofessional identity comes from both its structure and its actions. We built off these strengths identifying that interprofessional collaboration threads throughout all aspects of ASAHP. The dedicated section on IPE in the Journal of Allied Health has grown in popularity and impact. ASAHP continued its engagement as members of the Interprofessional Education Collaborative (IPEC) Council, the National Academies of the Sciences, Engineering and Medicine Global Forum on Innovation in Health Professional Education, and the Health Professions Accreditors Collaborative (HPAC). ASAHP’s Annual Meeting has been recognized by the American Interprofessional Health Collaborative (AIHC) as an Affiliate Conference in 2018 and 2019.

ASAHP also engages academic institutions, governmental and industry partners to translate interprofessional education to improve society by addressing workforce readiness, health outcomes and social determinants of health. We sponsored the inaugural ASAHP Summit in 2018 to bring together a diverse group of key stakeholders in dialogue to address issues regarding IPE, collaborative practice and workforce readiness. The 2019 Summit teamed up with ASAHP’s Clinical Education Task Force to conduct an on-campus event at Saint Louis University where representatives from academia and industry engaged in conversation regarding the CETF’s recommendations and co-creating action steps moving forward.

In 2018, ASAHP also started to recognize best practice in IPE through a new “ASAHP Excellence and Innovation in Interprofessional Education and Collaborative Health Care” award. This provided a mechanism for sharing model initiatives from our members by highlighting institutions for excellence in interprofessional collaboration. Texas Tech University Health Sciences Center and Indiana University Purdue University at Indianapolis were honored with the award in 2018 and 2019 respectively. Additionally, three ASAHP member institutions were recognized as “Programs of Merit” each year.

The upcoming ASAHP board strategic planning meeting will no doubt address how we advance IPE initiatives to leverage our identity and our commitment to quality improvement in health care through interprofessional collaboration. ASAHP has a unique combination of attributes that other organizations strive to achieve with our institutional and industry membership, leadership development/networking, international outreach, student engagement, well-regarded journal, and vibrant annual meeting. We look to accelerate our current momentum with a continued commitment to innovation, excellence and impact.

ASAHP is well-positioned to emerge as a leader nationally in IPE and collaborative practice.

Anthony Breitbach PhD, ATC, FASAHP
Professor/Director, Athletic Training
Saint Louis University

Phyllis King PhD, OT, FAOTA, FASAHP
President, ASAHP
LABOR-HHS FUNDS ALLOCATED FOR FY 2020

It is characteristic in any given year for Congress to be unable to complete work in the area of appropriations in time for necessary funds to be made available for the start of a new fiscal year each October 1. Instead, a series of short-term continuing resolutions (CRs) are implemented so that government functions can continue to operate. The year 2019 was no exception to this sequence of events. Even until late December when a CR was about to expire, there was no firm assurance that another one would not be necessary.

Nevertheless, the holiday season proved to be a happier one as agreement was reached on how much funding to provide for a wide range of entities that come under the umbrella of the Departments of Labor, Health and Human Services, Education, and Related Agencies, which commonly are referred to as Labor-HHS. That piece of legislation was one of eight large bills that made up one minibus package (four national security bills made up another minibus package). The Labor-HHS bill included $184.9 billion in discretionary funding, an increase of $4.9 billion over the 2019 enacted level and $43 billion over the President’s 2020 budget request.

The Department of Health & Human Services (HHS) was allocated $94.9 billion, an increase of $4.4 billion above the 2019 enacted level and $16.8 billion above the President’s budget request. The largest increase, $2.6 billion, went to the National Institutes of Health. HRSA (the Health Resources & Services Administration) obtained $7.04 billion, a $193 million increase over the FY 2019 level. Within HRSA, Title VII health professions programs received $424.5 million, a $32.3 million increase over the FY 2019 level, and the Health Careers Opportunity Program was funded at $15 million. The Department of Education was awarded a total of $72.8 billion in discretionary appropriations, which was $1.3 billion above the 2019 enacted level and $8.7 billion above the President’s budget request, with the maximum Pell grant increasing to $6,345.

Moving forward, it is unclear to what extent any meaningful legislation involving social determinants of health, surprise billing, drug pricing, and lowering health care costs will be approved by Congress in 2020. One possible impediment to meaningful action is the necessity of having a trial in the Senate now that House officials have transmitted two articles of impeachment. Once the trial begins, its length could depend on whether both impeachment supporters and opponents agree to allow witnesses to testify. Also, a national election next November will contribute to a compression of the legislative calendar. Apart from determining the outcome to elect a U.S. President, all House members and one-third of the Senate who wish to remain in office must face the voters. As the time of the election approaches, campaign activities necessarily must take precedence over legislative business.

A related consideration is that even in the best of times, the nature of certain pieces of legislation will preclude any rapid action. The Higher Education Act (HEA), to cite one key illustration, last was reauthorized in 2008. That authorization expired in 2013. Now that almost seven years have elapsed and several hearings have been conducted, apart from separate bills currently being championed by members of the House and Senate, the prospect of reaching agreement any time soon does not appear to be on the near horizon.

2020-2021 ASSOCIATION CALENDAR OF EVENTS

January 28-29, 2020—Strategic Planning Workshop in Clearwater Beach, FL
May 14-15, 2020—ASAHP Leadership Development Program Part I in Columbus, OH
October 26-27, 2020—ASAHP Leadership Development Program Part II in Long Beach, CA
October 28-30, 2020—ASAHP Annual Conference in Long Beach, CA
October 20-22, 2021—ASAHP Annual Conference in Long Beach, CA
HEALTH REFORM DEVELOPMENTS

Approximately 18% of the U.S. economy, the largest in the world, is represented by the health sector, which suggests that there always will be something occurring within that domain that will prove to be newsworthy. Typical stories in the media and relevant topics in policy discussions revolve around the central issues of cost, quality and access. The last item is guaranteed to continue to attract significant attention as long as there are any individuals in this country who lack health insurance coverage.

The Patient Protection and Affordable Care Act was signed into law by President Barack Obama on March 23, 2010. Usually referred to as either the ACA or Obamacare, this key piece of legislation has been in the news since its various provisions began to unfold. Its enactment was supported wholly in Congress by Democrats in both legislative chambers, without a single Republican vote. That outcome alone essentially assured that the years ahead would be marked by strenuous efforts to repeal and replace its most important features either in whole or in part. Republicans came close to repealing the ACA in 2017 when they were the majority in both the House and the Senate and President Donald Trump occupied the White House, but the attempt did not meet with success, albeit by a close margin. Failure in Congress did not mean that opposition fervor would be diminished, however, as repeal efforts then shifted to the judicial arena.

Repeal Of the Individual Mandate Penalty Set The Stage For Repeal Of The ACA
As part of a successful attempt to overhaul U.S. tax law aimed at energizing the economy, Republicans were able to zero out the individual mandate penalty in 2017. Once that happened, they insisted that a mandate stripped of its penalty for not purchasing health insurance meant the provision no longer was enforceable and could not be considered as being constitutional. Because the mandate is viewed as being such an essential component of the Affordable Care Act, eliminating it led to a claim that the entire law now should be struck down. A federal district court in Texas subsequently declared the ACA invalid in December 2018.

Twenty-one Democratic attorneys general and the House of Representatives then appealed this ruling to the Fifth Circuit. That court partially affirmed the district court in 2019 in a 2–1 decision, agreeing that the mandate absent a penalty is unconstitutional. Significantly, this narrow majority ruling did not include what should be done with the ACA as a whole. Instead, the case was remanded back to the Texas district court for a more complete severability analysis. A main issue awaiting resolution is whether the mandate can be severed from the ACA, leaving the rest of the law to continue to be constitutional. Meanwhile, the Democratic attorneys general have appealed the ruling by the Fifth Circuit to the U.S. Supreme Court. Whether it will accept the case and deal with it in 2020 is unknown at this juncture.

PCORI Remains In Effect While Some ACA Taxes Are Repealed
The Patient-Centered Outcomes Research Institute (PCORI) was established by the ACA to promote comparative effectiveness research to assist patients, clinicians, purchasers, and policymakers in making informed health decisions. Although it enjoyed widespread support from the time of inception, detractors viewed it as a politically-driven program with attendant dangers associated with central planning. During 2019, there was some opposition to reauthorizing PCORI. Instead, the Institute enjoyed bipartisan support and its funding was reauthorized for 10 years as part of appropriations legislation described on page three of this issue of the newsletter.

That same appropriations package affected the ACA in other important ways. Members of Congress fully repealed the health insurance tax beginning in 2021, along with the so-called Cadillac tax on beneficiaries who have expensive insurance policies, and the medical device tax beginning in 2020. Repeal of the medical device tax always enjoyed bipartisan support because many states have companies affected by it. A potential downside is that these taxes were intended to cover the costs of expanding health insurance coverage under the law. It is estimated that repealing them will result in the loss of approximately $400 billion in revenue over the next ten years.
Supplementing the information provided on page three of this issue of the newsletter, it is worth noting that the appropriations portion of the bill for higher education programs provides $2.5 billion, an increase of $163 million above the 2019 enacted level and $941 million above the President’s budget request. For federal student aid programs, the bill provides $24.5 billion, which is $75 million above the 2019 enacted level and $1.5 billion above the President’s budget request. Within this amount, the bill furnishes $865 million for the Supplemental Educational Opportunity Grant (SEOG) program, $1.2 billion for Federal Work Study, and an increase to the maximum Pell grant to $6,345.

A report issued on December 10, 2019 by the Pew Charitable Trusts on how the U.S. has changed in key ways in the past decade indicates that nonwhites now account for the majority of the nation’s newborns, as well as the majority of K-12 students in public schools. More than half of newborn babies in the U.S. are racial or ethnic minorities, a threshold first crossed in 2013. Nonwhite students also account for the majority of the nation’s K-12 public school students. As of fall 2018, children from racial and ethnic minority groups were projected to make up 52.9% of public K-12 students. With the passage of time, these facts will have an enormous impact on higher education in general and on the health professions in particular. Future issues of the ASAHP newsletter TRENDS will serve as a vehicle for discussing how the education sector will be affected by these kinds of societal changes.

**Costs Associated With Attending College**

Year-over-year increases in college expenses have grown steadily in the U.S. since 1981. Although the Pell Grant Program also has expanded at regular intervals, the maximum does not align well with much higher tuition costs. Consequently, students and their families increasingly find it necessary to take out various kinds of loans. Beyond the day when degrees are awarded, the amount of debt borne by recent college graduates may delay the attainment of milestones associated with adulthood later in life, such as buying a house, getting married, and having children. The situation is even more gloomy for students who have incurred substantial debt, but never ended up graduating from college.

A report made available on December 31, 2019 from the National Center for Education Statistics (NCES) describes four measures of the price of undergraduate education in the 2015–16 academic year: total price of attendance (tuition and living expenses), net price of attendance after all grants, out-of-pocket net price after all financial aid, and out-of-pocket net price after all aid excluding student loans. Estimates are based on the 2015–16 National Postsecondary Student Aid Study, a nationally representative survey of students enrolled in postsecondary institutions in the 50 states, the District of Columbia, and Puerto Rico. The total price of attendance consists of tuition and nontuition expenses (fees, books, supplies, transportation, and living expenses )., For example, full-time students at public two-year institutions had the lowest average total price of attendance at $16,100 in 2015-16. The average total price of attendance was higher at public four-year institutions ($26,900), higher still at for-profit institutions ($32,600), and highest at private non-profit four-year institutions ($48,000). The percentage of students with loans was greatest at private for-profit schools (74%) and lowest at public 2-year institutions (20%).

**Opposition To Student Loan Forgiveness Rule**

Congressional Democrats aim to prevent implementation of a Department of Education policy that would make it more difficult for federal student loan borrowers to cancel their debt based on misconduct by any college. Set to take effect on July 1 of this year, the Trump administration policy that was finalized last year establishes more stringent rules for when the government will wipe out the debt of students claiming they were misled or deceived by a higher education institution. Democrats are using the Congressional Review Act, a tool that allows Congress to stop recently enacted regulations with a simple majority in both chambers and the president's signature.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Adult Physical Inactivity Prevalence Maps By Race/Ethnicity
According to new state maps of adult physical inactivity made available by the Centers for Disease Control and Prevention (CDC) in January 2020, all states and territories had more than 15% of adults who were physically inactive and the estimate ranged from 17.3 to 47.7%. Inactivity levels vary among adults by race/ethnicity and location. The data come from the Behavioral Risk Factor Surveillance System (BRFSS), an ongoing state-based, telephone interview survey conducted by CDC and state health departments. Maps use combined data from 2015 through 2018 and show noticeable differences in the prevalence of physical inactivity by race/ethnicity. Hispanics (31.7%) had the highest prevalence of physical inactivity, followed by non-Hispanic blacks (30.3%) and non-Hispanic whites (23.4%). Non-Hispanic blacks and Hispanics had a significantly higher prevalence of inactivity than non-Hispanic whites in the majority of states.

Driving Under The Influence Of Marijuana And Illicit Drugs Among Persons Aged ≥16 Years—U.S.
Data from the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (NSDUH) indicate that in the United States during 2014, 12.4% of all persons aged 16–25 years reported driving under the influence of alcohol, and 3.2% reported driving under the influence of marijuana. This report provides the most recent national estimates of self-reported driving under the influence of marijuana and illicit drugs among persons aged ≥16 years, using 2018 public-use data from NSDUH. Prevalences of driving under the influence of marijuana and illicit drugs other than marijuana were assessed for persons aged ≥16 years by age group, sex, and race/ethnicity. During 2018, 12 million (4.7%) U.S. residents reported driving under the influence of marijuana in the past 12 months; and 2.3 million (0.9%) reported driving under the influence of illicit drugs other than marijuana. Driving under the influence was more prevalent among males and among individuals aged 16–34 years.

HEALTH TECHNOLOGY CORNER

Benefit To Patients Using Wearable Devices Such As Fitbit Or Health Apps On Mobiles
According to a study reported in the December 2019 issue of the American Journal of Medicine, wearable devices have become a standard health care intervention with emerging health care technologies. These devices are designed to promote healthy behaviors and decrease risk for chronic ailments, such as cardiovascular disease and diabetes. A systematic search of 550 articles revealed little indication that wearable devices provide a benefit for health outcomes. Only one study showed a significant reduction for weight loss among participants. No significant reduction was discovered in cholesterol or blood pressure. A conclusion reached is that current literature evaluating wearable devices indicates little benefit of these items on chronic disease health outcomes. Although wearable devices play a role as a facilitator in motivating and accelerating physical activity, current data do not suggest other consistent health benefits.

Light-Degradable Hydrogels As Dynamic Triggers For Gastrointestinal Applications
Different kinds of medical devices can be inserted into the gastrointestinal tract to treat, diagnose, or monitor GI disorders. Many of these items need to be removed by endoscopic surgery after their function has been performed. According to an article published on January 17, 2020 in the journal Science Advances, engineers at the Massachusetts Institute of Technology have developed a way to trigger such devices to break down inside the body when they are exposed to light from an ingestible light-emitting diode (LED). A potential advantage is that light can act at a distance and doesn't need to come into direct contact with the material being broken down. Also, light normally does not penetrate the GI tract, so there is no chance of accidental triggering. Light-triggerable hydrogels have the potential to be applied broadly throughout the GI tract and other anatomic areas. By demonstrating the first use of light-degradable hydrogels in vivo, biomedical engineers and clinicians are provided with a previously unavailable, safe, dynamically deliverable, and precise tool to design dynamically actuated implantable devices.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

U.S. Investments In Medical And Health Research And Development 2013 - 2018

A new report from the advocacy group Research!America finds that the total spending on health and medical research was more than $194 billion in 2018. Since 2013, medical and health R&D spending has increased by $51 billion. Industry and academia funding have increased by nearly 40% over this time. Industry was responsible for two-thirds of the 2018 R&D funding, while federal agencies invested about 22%. Academic institutions and foundations made up the rest. Spending on health care far outweighs spending on health research. In 2018, $3.6 trillion was spent on care, which means research funding accounts for only five cents of every health sector dollar. The report can be obtained at https://www.researchamerica.org/sites/default/files/Publications/InvestmentReport2019_Fnl.pdf?utm_source=STAT+Newsletters&utm_campaign=bf316e5518-MR_COPY_02&utm_medium=email&utm_term=0_8cab1d7961-bf316e5518-149940042.

More Americans Delaying Medical Treatment Due To Cost

Approximately one out of four Americans say the cost of treatment caused them to delay care for a serious medical condition, according to Gallup’s annual Health and Healthcare poll in 2019. An additional 8% of respondents indicated that costs played a factor in deciding to delay seeking care for less serious conditions. In 2018, 19% of Americans claimed that treatment costs led to a delay in treatment for a serious condition. The poll tracked a few trends within this data, including the following: On the basis of household income, 36% percent of adults with household income of less than $40,000 reported delaying treatment for a serious condition, a jump in 13 percentage points since last year. Rates stayed relatively flat for middle- and high-income households. Americans who reported having a pre-existing condition, or living with someone who has, were more likely to delay medical care for a serious condition this year compared to 2018. According to Gallup, these trends could have broad implications for both the health care system and the economy. The report can be obtained at https://news.gallup.com/poll/269138/americans-delaying-medical-treatment-due-cost.aspx.

Do Advanced Driver Assistance And Semi-Automated Vehicle Systems Lead To Improper Driving Behavior?

According to a report from the AAA Foundation for Traffic Safety, the ultimate goal of advanced driver assistance systems (ADAS) is to increase traffic safety and driving comfort. Despite their potential safety benefits, there are concerns about unintended consequences associated with intermediate levels of automation. In these scenarios, speed control and/or steering are automated, but the driver still is required to monitor traffic and be ready to resume control. A key concern is that drivers may become inattentive due to engagement in non-driving-related tasks or become drowsy while driving using these systems. As drivers gain experience using advanced driver assistance systems (ADAS), such as adaptive cruise control and lane-keeping assist, they also are more likely to drive distracted while using the systems, according to research from AAA Foundation for Traffic Safety. Conducted in collaboration with the Virginia Tech Transportation Institute, the study found that drivers with experience using ADAS were nearly twice as likely to engage in distracted driving while using the systems compared to when they were driving without the systems. Researchers noted the opposite effect in drivers with less familiarity using the technology. Those drivers were less likely to drive distracted with the systems engaged compared to when the systems were not in use. The report can be obtained at https://aaafoundation.org/wp-content/uploads/2019/12/19-0460_AAAFTS_VTTI-ADAS-Driver-Behavior-Report_Final-Report.pdf.
A CONCEPTUAL ANALYSIS OF DECISION FATIGUE

The Lovesong of J. Alfred Prufrock by T.S. Eliot contains the following verse:

Time for you and time for me,
And time yet for a hundred indecisions,
And for a hundred visions and revisions,
Before the taking of a toast and tea.

The memory of the TRENDS newsletter’s editor of this portion of the poem was triggered while perusing an article on the topic of decision fatigue that appeared in the January 2020 issue of the Journal of Health Psychology, in which it is estimated that an American adult makes 35,000 decisions each day. While some of them seemingly are benign, an emerging body of science indicates that making decisions may possess negative ramifications for controlling one’s behavior and the quality of subsequent decisions. The phenomenon is known as “decision fatigue,” an impaired ability to make decisions and control behavior as a consequence of repeated acts of decision-making that often lead to choices that seem impulsive or irrational. Decision-making is a central component of modern health care, with each decision possessing some level of influence on patient outcomes. With a substantial proportion of all adults possessing at least one chronic condition, decision-making may be considered a central facet of day-to-day chronic disease self-management.

Decision fatigue as a concept has been applied scantily to health care disciplines, despite its potential relevance to inform the decision-making behaviors of patients and clinicians. If health professionals are working to the point where they are in severe states of ego depletion (manifesting as decision fatigue) and are not in an ideal cognitive state to make logical and safe decisions for patients, an exploration of decision fatigue may serve as a highly relevant and necessary endeavor. Hence, decision fatigue analysis may possess significance to inform regulatory policies related to health care employee workload.

GEOGRAPHY DETERMINES WHEN A DEATH CAN BE DECLARED

Apart from decision fatigue, there is the issue of decision confusion. An example is that it is possible for an individual to be pronounced dead in one state, but not dead in a neighboring jurisdiction. As described in an article appearing on December 24, 2019 in the Annals of Internal Medicine, this situation exists because only 36 states have incorporated the complete language of the Uniform Determination of Death Act (UDDA) into their respective definitions of death. An original goal was for all states to adopt the UDDA as the legal standard for death by neurologic criteria (DNC). Instead, there is ongoing confusion about DNC since medical standards of determination vary, public acceptance is inconsistent, and responses to family objections have ranged from continuation of organ support indefinitely to unilateral discontinuation. Unresolved problems pertain to: (1) lack of uniformity in the medical standards used to determine DNC, (2) uncertainty about whether “all functions of the entire brain, including the brainstem” entail hormonal functions, (3) the UDDA does not address whether consent is needed before a determination of DNC, and (4) the UDDA does not address religious objections to discontinuation of organ support after DNC.

In a related vein, a debate is underway in the field of Alzheimer’s disease (AD) research over the definition of the disease itself. As described in the December 11, 2019 issue of the journal Science Translational Medicine, a problem is that the terms dementia and AD have become interchangeable. Arguments in favor of using a biological versus a clinical diagnosis for AD are that: the latter is not specific for any etiology; a biological definition of AD will lead to a better understanding of the sequence of events that leads to cognitive impairment and dementia; biological markers will improve efficiency of clinical trials; and a biological definition of AD enables study of the disease from the preclinical stage through all symptomatic stages and of all disease phenotypes, not only the memory loss phenotype.