

Federal Health Update

JAN. 9, 2014

Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

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EXECUTIVE AND CONGRESSIONAL NEWS

- **Speaker John Boehner was narrowly re-elected Speaker of the U.S. House of Representatives on Jan. 6, 2015.**
- **The White House announced that Debra “Deb” Eschmeyer will be joining the staff as executive director of *Let’s Move!* and senior policy advisor for Nutrition Policy.**

As executive director of *Let’s Move!*, Eschmeyer will lead the First Lady’s work to help America raise a healthier generation of kids and ensure that all kids have the opportunity for the long, healthy lives they deserve. As senior policy advisor for Nutrition Policy, she will also advise on food and nutrition issues beyond *Let’s Move!*.

Eschmeyer created public-private partnerships to collaborate with diverse stakeholders to combat the epidemic of childhood obesity and food insecurity. Eschmeyer co-founded FoodCorps, a national AmeriCorps service program that places emerging leaders into schools in limited-resource communities for a year of public service. In her role as vice president of external affairs, Eschmeyer helped build FoodCorps into a 182 member corps serving in 16 states and DC that supports the National School Lunch Program’s healthier guidelines ensuring kids eat the healthy school food on their trays, and lays the essential groundwork for children to build lasting relationships with healthy food.

Prior to FoodCorps, she served as a W.K. Kellogg Food and Community Fellow and as communications and outreach director of the National Farm to School Network where she created One Tray, a national campaign to improve federal child nutrition programs.

- **Senate Republicans took control of the Senate at the start of the 114th Congress.** The

following senators have been tapped to lead committees relevant to federal health care:

- Senator John McCain was named chair of the Senate Armed Services Committee;
- Senator Thad Cochran was named chair of the Senate Appropriations Committee; and
- Senator Johnny Isakson was named chair of the Senate Committee on Veterans Affairs.

MILITARY HEALTH CARE NEWS

- **The Department of Defense announced base closures in Europe on Jan. 8, 2015, saving approximately \$500 million annually.**

These actions, taken as part of the European Infrastructure Consolidation (EIC) process, includes establishing the first F-35 basing in Europe at RAF Lakenheath, UK, which will bring new opportunities for collaboration between the U.S. and UK air forces.

The Air Force will permanently base the F-35 Joint Strike Fighter in Europe. The EIC and F-35 basing decisions will result in a net decrease of approximately 2,000 U.S. military and civilian personnel in the UK over the next several years. This loss is primarily due to the removal of about 3,200 U.S. personnel from RAF Mildenhall, which will be offset by the addition of about 1,200 U.S. military personnel who will be permanently stationed alongside the two F-35 squadrons going to RAF Lakenheath.

The presence of U.S. F-35s at RAF Lakenheath will deepen our already close partnership and offer new opportunities for collaboration between the U.S. and UK. In Germany, various U.S. units will come and go during the next several years, with a final anticipated increase of several hundred U.S. military personnel assigned there, as the DoD consolidate forces so they are best positioned for future needs. In Italy, the DoD will add approximately 200 military positions, after the 606th Air Control Squadron relocates there from Spangdahlem Air Base, Germany. In Portugal, there will be a decrease of approximately 500 U.S. military and civilian personnel at Lajes Field in the Azores, necessary for our consolidation efforts in Europe.

The 15 site returns are part of U.S. European Command's continued effort to remove non-enduring sites from its real-property inventory, and allow more resources to be focused on other U.S. European Command mission requirements. These infrastructure adjustments represent the culmination of the EIC review.

For a list of all of base closures and consolidations, please visit:
<http://www.defense.gov/Releases/Release.aspx?ReleaseID=17097>

- **The Defense Health Agency announced that the Military Health System has deployed electronic prescribing in military pharmacies across its system of clinics and hospitals in the United States (and in Guam and Puerto Rico).**

This capability will allow civilian providers to send prescriptions electronically to military pharmacies, reducing the need for handwritten prescriptions.

E-prescribing is a safe and efficient option already adopted by most civilian pharmacies and providers. It can help reduce prescription errors and has the potential to decrease wait times at military pharmacies. When a prescription comes into a pharmacy electronically, it allows the pharmacist to resolve issues before the patient arrives.

Beneficiaries can ask their doctor to look for their local military pharmacies in the e-prescribing

database/networks. Military hospitals and clinics will not be able to accept electronic prescriptions for controlled substances. Beneficiaries will still need a hand written prescription for these medications. To learn more about TRICARE's pharmacy benefits, visit the [TRICARE website](#).

- **The U.S. Department of Defense (DoD) published a final rule in the Dec, 31, 2014 [Federal Register](#) that will permit reserve members under the age of 60 who qualify for non-regular retirement to purchase insurance through U.S. military health care provider TRICARE.**

The final rule allows retired reserve members of the armed forces and certain beneficiaries and survivors to buy into the premium-based Tricare Retired Reserve plan before turning 60, as long as they are not enrolled in or eligible for other health care plans. TRR coverage permits access to military treatment facilities and pharmacies.

The new rule will take effect Jan. 30, 2015.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) made no announcements this week.**

GENERAL HEALTH CARE NEWS

- **In preparation for the 2015 tax filing season, the U.S. Department of Health and Human Services and the Treasury Department are putting in place resources to provide tax filers with the information and resources they need to get their questions answered regarding the Affordable Care Act.**

Starting this year, consumers will see some changes to their tax returns. While the vast majority of tax filers – over three quarters – will just need to check a box on their tax return indicating they had health coverage in 2014, people who have coverage through the Marketplaces, or decided not to enroll in coverage, should be aware of some additional steps that will be a part of the tax filing process starting this year.

While including health insurance information will become a routine step in filing taxes, this is the first time families will be asked to answer basic questions regarding their health insurance on their tax returns. Most consumers – over three quarters – just need to check a box to indicate they have coverage. Those with Marketplace coverage will receive a new form in the mail from the Marketplace – Form 1095-A – that they will use to reconcile their upfront financial assistance. While those who can afford to buy health insurance and choose not to will have to pay a fee, individuals who cannot afford coverage or meet other conditions can receive an exemption.

General resources can be found at www.IRS.gov/ACA or <https://www.healthcare.gov/taxes/>. A sampling of some of resources already available, include:

- **IRS:** [Health Care Law: What's New for Individuals & Families](#)
- **HHS:** [3 Tips About Marketplace Coverage and Your Taxes](#)
- **HHS:** [No Health Coverage? What That Means for Your Taxes](#)

- **More than 2,200 people die from alcohol poisoning each year in the United States – an average of six deaths each day – according to a new report from the Centers for Disease Control and Prevention.**

Three in four alcohol poisoning deaths involve adults ages 35-64 years, and most deaths occur among men and non-Hispanic whites. American Indians/Alaska Natives have the most alcohol poisoning deaths per million people.

Alcohol poisoning deaths are caused by drinking a large amount of alcohol in a short period of time. This can result in very high levels of alcohol in the body, which can shutdown critical areas of the brain that control breathing, heart rate, and body temperature - resulting in death.

More than 38 million U.S. adults report binge drinking an average of four times per month and consume an average of eight drinks per binge. Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men on an occasion. The more you drink, the greater your risk of death.

Alcohol poisoning death rates varied widely across states, from 46.5 deaths per million residents in Alaska to 5.3 per million residents in Alabama. The states with the highest death rates were in the Great Plains, western United States, and New England.

CDC scientists analyzed deaths from alcohol poisoning among people aged 15 years and older, using multiple cause-of-death data from the National Vital Statistics System for 2010-2012. Alcohol dependence (alcoholism) was identified as a contributing factor in 30 percent of these deaths, and other drugs were noted to have been a factor in about three percent of the deaths. While this study reveals that alcohol poisoning deaths are a bigger problem than previously thought, it is still likely to be an underestimate.

- **The Department of Health and Human Services (HHS) announced that 87 percent of people who selected health insurance plans through HealthCare.gov for coverage beginning Jan. 1, 2015 were determined eligible for financial assistance to lower their monthly premiums, compared to 80 percent of enrollees who selected plans over a similar period last year.**

In addition, more than 4 million people in both the state and federal Marketplaces signed up for the first time or reenrolled in coverage for 2015 during the first month of open enrollment. That includes more than 3.4 million people who selected a plan in the 37 states that are using the HealthCare.gov platform for 2015, and more than 600,000 consumers who selected plans in the 14 states that are operating their own Marketplace platform for 2015.

The report includes data through Dec. 15 for the 37 states using HealthCare.gov, and through Dec. 13 for 12 states and the District of Columbia that are using their own Marketplace platforms. Data for California are through December 14. Data for automatic reenrollments are not yet available in the vast majority of states, so today's report does not fully capture the number of people who selected plans leading up to the deadline for Jan. 1, 2015 coverage. In particular, the automatic reenrollment process for the 37 states using the HealthCare.gov platform began on December 16 and was completed for the vast majority of consumers on December 18.

To read the monthly enrollment report visit:

http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Dec2014/ib_2014Dec_enrollment.pdf

- **The U.S. Food and Drug Administration approved the anti-clotting drug Savaysa (edoxaban tablets) to reduce the risk of stroke and dangerous blood clots (systemic embolism) in patients with atrial fibrillation that is not caused by a heart valve problem.**

Atrial fibrillation is one of the most common types of abnormal heart rhythm. This occurs when the heart's two upper chambers (atria) do not contract properly allowing blood clots to form, which can break off and travel to the brain or other parts of the body. Patients with atrial fibrillation experience an abnormal, irregular and rapid heartbeat.

Savaysa also has been approved to treat deep vein thrombosis (DVT) and pulmonary embolism (PE) in patients who have already been treated with an anti-clotting drug administered by injection or infusion (parenterally), for five to ten days.

DVT is a blood clot that forms in a vein deep in the body, usually in the lower leg or thigh. A potentially deadly condition called PE results when a blood clot in a deep vein breaks off and travels to an artery in the lungs and blocks blood flow.

Savaysa is made by Tokyo-based Daiichi Sankyo Co., Ltd.

REPORTS/POLICIES

- There are no reports published this week.

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- **H.R.35** (introduced Jan. 6, 2015): Low-Dose Radiation Research Act of 2015 was agreed to by Voice Vote.
Sponsor: Representative Randy Hultgren [IL-14]
- **H.R.99** (introduced Jan. 6, 2015): To prohibit anticompetitive activities and to provide that health insurance issuers and medical malpractice insurance issuers are subject to the antitrust laws of the United States, and for other purposes was referred to the House Committee on the Judiciary.
Sponsor: Representative John Conyers, Jr. [MI-13]
- **H.R.105** (introduced Jan. 6, 2015): To ensure and foster continued patient safety and quality of care by clarifying the application of the antitrust laws to negotiations between groups of health care professionals and health plans and health care insurance issuers was referred to the House Committee on the Judiciary.
Sponsor: Representative John Conyers, Jr. [MI-13]
- **H.R.117** (introduced Jan. 6, 2015): To amend the Internal Revenue Code of 1986 to repeal the mandate that individuals purchase health insurance was referred to the House Committee on Ways and Means.
Sponsor: Representative Scott Garrett [NJ-5]
- **H.R.132** (introduced Jan. 6, 2015): To repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, the Judiciary, Natural Resources, House

Administration, Rules, and Appropriations.

Sponsor: Representative Steve King, [IA-4]

- **H.R.138** (introduced Jan. 6, 2015): To repeal the Patient Protection and Affordable Care Act and the health care-related provisions in the Health Care and Education Reconciliation Act of 2010 and to amend title 5, United States Code, to establish a national health program administered by the Office of Personnel Management to offer federal employee health benefits plans to individuals who are not Federal employees, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Oversight and Government Reform, Education and the Workforce, Natural Resources, the Judiciary, Rules, Appropriations, and House Administration.
Sponsor: Representative Darrell E. Issa, [CA-49]
- **H.R.143** (introduced Jan. 6, 2015): To amend the Internal Revenue Code of 1986 to repeal the individual health insurance mandate was referred to the House Committee on Ways and Means.
Sponsor: Representative David W. Jolly [FL-13]
- **H.R.203** (introduced Jan. 7, 2015): To direct the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Veterans Affairs, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Timothy J. Walz [MN-1]
- **S.12** (introduced Jan. 6, 2015): A bill to amend the Internal Revenue Code of 1986 to exempt employees with health coverage under TRICARE or the Veterans Administration from being taken into account for purposes of determining the employers to which the employer mandate applies under the Patient Protection and Affordable Care Act was referred to the Committee on Finance.
Sponsor: Senator Roy Blunt, Roy [MO]
- **S.31** (introduced Jan. 6, 2015): A bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries was referred to the Committee on Finance.
Sponsor: Senator Amy Klobuchar [MN]
- **S.38** (introduced Jan. 7, 2015): A bill to ensure that long-term unemployed individuals are not taken into account for purposes of the employer health care coverage mandate was referred to the Committee on Finance.
Sponsor: Senator John Thune [SD]
- **S.42** (introduced Jan. 7, 2015): A bill to require the Secretary of Health and Human Services to address certain inconsistencies between the self-attested information provided by an applicant in enrolling in a health plan on an Exchange and being determined eligible for premium tax credits and cost-sharing reductions or in being determined to be eligible for enrollment in a State Medicaid plan or a State child health plan under the State Children's Health Insurance Program and the data received through the Federal Data Services Hub or from other data sources was referred to the Committee on Finance.
Sponsor: Senator David Vitter [LA]
- **S.84** (introduced Jan. 7, 2015): A bill to provide grants to better understand and reduce gestational diabetes, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jeanne Shaheen, Jeanne [NH]
- **S.87** (introduced Jan. 7, 2015): A bill to require the disclosure of determinations with respect to which Congressional staff will be required to obtain health insurance coverage through an Exchange was referred to the Committee on Homeland Security and

Governmental Affairs.

Sponsor: Senator David Vitter [LA]

- **S.97** (introduced Jan. 7, 2015): A bill to clarify that the anti-kickback laws apply to qualified health plans, the federally-facilitated marketplaces, and other plans and programs under title I of the Patient Protection and Affordable Care Act was and referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator David Vitter [LA]
- **S.118** (introduced Jan. 7, 2015): A bill to require the Secretary of Health and Human Services to address certain inconsistencies between the self-at-tested information provided by an applicant in enrolling a health plan on an Exchange and being determined eligible for premium tax credits and cost-sharing reductions or in being determined to be eligible for enrollment in a State Medicaid plan or a State child health plan under the State Children's Health Insurance Program and the data received through the Federal Data Services Hub or from other data sources was and referred to the Committee on Finance.
Sponsor: Senator David Vitter [LA]

MEETINGS

- The AAMA 2015: The National Summit of Medical Administrators will be held on **Jan. 19-21, 2015**, in Clearwater, Fla. <http://aameda.org/p/cm/ld/fid=159>
- The ACHE Congress on Healthcare Leadership will be held on **March 16-19, 2015**, in Chicago, Ill. <http://www.ache.org/congress/>
- The 12th Annual World Health Care Congress will be held on **March 22-25, 2015**, in Washington DC. <http://www.worldcongress.com/events/HR15000/>
- The HIMSS Annual Conference and Exhibition will be held on **April 12-16, 2015**, in Chicago, Ill. <http://www.himssconference.org/>
- The 5th Annual Traumatic Brain Injury Conference will be held **April 15-16, 2015**, in Washington DC. <http://tbiconference.com/home/>
- The Heroes of Military Medicine Awards will be held on **May 7, 2015**, in Washington, DC. <http://www.hjfc3.org/heroes-dinner>
- 2015 AMSUS Annual Continuing Education Meeting - The Society Of The Federal Health Professionals will be held on **Dec. 1-4, 2015**, in San Antonio, Texas. <http://amsusmeetings.org/annual-meeting/>

If you need further information on any item in the *Federal Health Update*, please contact Kate Theroux at (703) 447-3257 or by e-mail at katetheroux@federalhealthcarenews.com.