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

- On Jan. 16, 2019, the President signed into law: S. 24, the Government Employee Fair Treatment Act of 2019.

  This legislation requires the compensation of government employees for wages lost, work performed, or leave used during a lapse in appropriations that begins on or after Dec. 22, 2018, and entitles excepted employees to use leave during a lapse in appropriations.

MILITARY HEALTH CARE NEWS

- The Congressional Budget Office (CBO) published “Options for Reducing the Deficit: 2019 to 2028,” in December 2018. In the report, the CBO proposed 121 opportunities for curtailing spending and raising revenue within the federal government.

  Among the proposals were raising TRICARE enrollment fees for military retirees, instituting enrollment fees for TRICARE for Life and reducing veterans benefits.

  According to CBO projections, doubling TRICARE Prime enrollment fees for working-age retirees and instituting fees for TRICARE Select could reduce the deficit by $12.6 billion. Adopting an enrollment fees for TRICARE for Life could save $12 billion between 2021 and 2028. CBO proposed introducing minimum out-of-pocket requirements for those using Tricare for Life. In this proposal, TFL would not cover any of the $750 of cost-sharing payments under Medicare and would cover just 50 percent of the next nearly $7,000.

  Regarding Department of Veterans Affairs, CBO proposed the following to reduce the deficit:
Narrowing eligibility for disability compensation for seven diseases the GAO says are not caused or aggravated by military service, including arteriosclerotic heart disease, chronic obstructive pulmonary disease, Crohn's disease, hemorrhoids, multiple sclerosis, osteoarthritis, and uterine fibroids. This option would save $33 billion over 10 years.

Ending the VA’s individual unemployability payments to disabled veterans when they turn 67, the retirement age for receiving full Social Security benefits, saving an estimated $48 billion.

Reducing disability benefits to veterans older than 67 who receive Social Security payments, saving the government $11 billion.

Eliminating disability compensation for 1.3 million veterans with disability rates below 30 percent, saving $38 billion over an eight-year period.

Ending enrollment for the two million veterans in Priority Groups 7 and 8 -- those who do not have service-connected disabilities and have income above the VA national threshold and below a geographically adjusted threshold (Group 7) or above both thresholds (Group 8). This could save the government up to $57 billion.

Making VA disability payments as taxable income. According to the CBO, if all disability payments were to be taxed, federal revenues during the time frame would increase by $93 billion.

To read the full report, please visit: https://www.cbo.gov/system/files?file=2018-12/54667-budgetoptions.pdf

The partial government shutdown that began Dec. 22, 2018, affected allotments used by some TRICARE patients to pay enrollment fees and dental premiums. TRICARE isn’t able to process these payments made through the U.S. Coast Guard pay center.

However, TRICARE will continue to cover patients. This affects TRICARE health plans and TRICARE Dental Program allotments made on or after Jan. 1, 2019 by:

- Retirees of the U.S. Coast Guard, U.S. Public Health Service, and commissioned corps of the National Oceanic and Atmospheric Agency
- Family members, survivors, and eligible former spouses of those listed above

If the above describes you, and you pay through allotment, you won’t be disenrolled for nonpayment. TRICARE will continue to process claims during the shutdown.

You don’t need to take action at this time. TRICARE will contact you with information on paying your bill directly if the shutdown continues for a long time.

If you choose, you may be able to change your method of payment from allotment to electronic funds transfer or credit/debit card. Any new enrollees served by the U.S. Coast Guard pay center won’t be able to pay by allotment until the pay center returns to normal operations. You can contact your regional contractor or the TRICARE Dental Plan contractor if you want to look at other payment options.

For information on how the shutdown affects the Federal Employees Dental and Vision Insurance Program (FEDVIP) dental and vision allotment payments, visit the FEDVIP website.

VETERANS AFFAIRS NEWS

The U.S. Department of Veterans Affairs (VA) announced several partnerships to bolster veteran suicide prevention initiatives.
U.S. Department of Homeland Security (DHS): The two agencies will work together to spread awareness of mental health and VA suicide prevention resources among DHS veteran employees and to explore innovative ways to enroll DHS-employed veterans in VA care. These opportunities include highlighting VA programs and resources in DHS newsletters or emails, or leveraging the nationwide network of VA Suicide Prevention Coordinators to encourage outreach to local and regional DHS offices.

CaringBridge: CaringBridge, a global nonprofit social network, will provide free, secure, personal websites — as a dedicated platform — to assist family and friends in communicating with loved ones during any type of health journey.

Through this partnership, CaringBridge highlights a tailored destination page that focuses directly on the needs of service members, veterans and their families. Each customized website supports healing and connection in various ways, keeping families and friends informed and linked using interactive journals and providing access to resources on the site.

In addition to coordinating supportive tasks, CaringBridge has collaborated with VA medical centers and staff to offer training to help facilitate online outreach and support for veterans and their families. The organization’s customer care staff also have been trained on VA resources and how to make referrals to the Veterans Crisis Line.

For more information on how veterans and their loved ones can use CaringBridge throughout their health journeys, visit www.caringbridge.org/military-service/.

HHS’ Substance Abuse and Mental Health Services Administration (SAMHSA): The two agencies will convene for the inaugural Governor’s Challenge to Prevent Suicide among service members, veterans and their families (SMVF) on Feb. 6, in Washington, D.C.

Through data analysis and their current suicide prevention initiatives, 10 states were formally invited to participate in the Governor’s Challenge, of which seven accepted, to include, Arizona, Colorado, Kansas, Montana, New Hampshire, Texas and Virginia.

State leaders will meet to develop a plan to implement the National Strategy for Preventing Veteran Suicide, which provides a framework for identifying priorities, organizing efforts and contributing to a national focus on Veteran suicide prevention.

The collaboration between the agencies is an example of VA Secretary Wilkie’s aim to partner with organizations who share the same goal of preventing suicide among the nation’s Veteran population.

VA and HHS will leverage technical expertise from both agencies to ensure the work is codified, evaluated for effectiveness and shared with municipalities to optimize the collective efforts of all partners invested in preventing suicide across the SMVF demographic group.

For more information on VA’s suicide prevention campaign, visit http://www.veteranscrisisline.net/bethere.

GENERAL HEALTH CARE NEWS

- According to new data released by Centers for Disease Control and Prevention (CDC), so far during the 2018-2019 season between about 6 and 7 million people have been sick with flu, up to half of those people have sought medical care for their illness, and between 69,000 and 84,000 people have been hospitalized from flu.

This is the first time these estimates— which cover the period from Oct. 1, 2018 through Jan.5, 2019— are being provided during the flu season. CDC has estimated the burden of flu since 2010.

These data are derived using the same mathematical model used to generate previous end-of-season estimates. Calculations are based on adjusted rates of laboratory-confirmed, influenza-
associated hospitalizations collected through a surveillance network that covers approximately 8.5% of the U.S. population, or about 27 million people.

Based on this methodology, CDC estimates that as of Jan. 5:
- 6.2 to 7.3 million people have been sick with flu,
- 2.9 to 3.5 million people have been to the doctor because of flu, and
- 69,300 to 83,500 people have been hospitalized because of flu

These estimates are cumulative and will be updated over the course of the annual flu season on Fridays.

CDC’s weekly FluView reports when and where influenza activity is occurring, which influenza viruses are circulating and reports the impact influenza is having on hospitalizations and deaths in the United States based on data collected from eight different surveillance systems. Data presented in FluView allow CDC to track flu activity, but do not provide exact case counts, with the exception of flu-associated pediatric deaths and human infections with novel influenza A viruses, which are nationally notifiable.

Each year seasonal flu places a significant burden on the health of people in the United States. These new in-season estimates fill out the picture of the burden of flu in the United States.

CDC continues to recommend flu vaccination as the best way to reduce the risk of flu and its potentially serious complications, including death in children. People who are very sick or who are at high risk of serious flu complications and get flu symptoms should see a health care provider early in their illness for possible treatment with a flu antiviral drug.

To view the CDC data on flu [https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm](https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm)

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The Centers for Medicare & Medicaid Services (CMS) recently completed a large-scale effort to provide new Medicare cards without Social Security numbers to people with Medicare.

The new cards support the agency’s work to protect personal identity and reduce fraud and abuse. Over the past nine months, CMS sent new cards to more than 61 million people with Medicare across all U.S. states and territories, completing the mailing ahead of schedule.

In April 2018, CMS began mailing the new Medicare cards, each of which features a unique, randomly assigned Medicare number known as a Medicare Beneficiary Identifier (MBI). The MBI is a combination of letters and numbers that helps protect against personal identity theft and fraud. CMS mailed the new cards on a rolling schedule to all people with Medicare, completing the task three months before the April 2019 deadline for replacing old Medicare cards set by Congress as part of the legislation passed under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

Medicare patients are successfully using their new cards in doctor’s offices and other healthcare facilities. More than half of healthcare claims CMS is processing now include the new MBI, demonstrating a smooth transition to the new cards. Healthcare providers submitted 58% of all Medicare fee-for-service (FFS) claims with an MBI for the week ending January 11th.

- **Assistance Available**
  For anyone with Medicare who has not received a new card by now, CMS offers these tips:
  - **Call 1-800-MEDICARE** for assistance. They will verify your identity, check your address on record, and help you get your new card.
Log into your MyMedicare.gov account to get your new Medicare number or print your official card. The new Medicare number is now available in your account, even if you didn’t receive your card in the mail. Accounts are password-protected and secure. To access or create an account, visit MyMedicare.gov.

Ask your healthcare provider. Providers may be able to look up your Medicare number through a secure portal when you come in for healthcare services.

**REPORTS/POLICIES**


**HILL HEARINGS**

- There are no health-related hearings scheduled next week.

**LEGISLATION**

- **H.R.613** (introduced Jan. 16, 2019): A bill to amend title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under chapter 89 of title 5, United States Code was referred to the House Committee on Armed Services.
  
  Sponsor: Representative Trent Kelly [R-MS-1]

- **H.R.603** (introduced Jan. 16, 2019): To amend the Internal Revenue Code of 1986 to expand the permissible use of health savings accounts to include health insurance payments and to increase the dollar limitation for contributions to health savings accounts, and for other purposes was referred to the House Committee on Ways and Means. Sponsor: Representative Mike Gallagher [R-WI-8]

- **H.R.601** (introduced Jan. 16, 2019): To increase the number of manufacturers registered under the Controlled Substances Act to manufacture cannabis for legitimate research purposes, to authorize health care providers of the Department of Veterans Affairs to provide recommendations to veterans regarding participation in federally-approved cannabis clinical trials, and for other purposes was referred to the Committees on Energy and Commerce, Judiciary, and Veterans’ Affairs. Sponsor: Representative Matt Gaetz [R-FL-1] (Introduced

- **S.172** (introduced Jan. 16, 2019): A bill to delay the reimposition of the annual fee on health insurance providers until after 2021 was and referred to the Committee on Finance. Sponsor: Senator Cory Gardner [R-CO]

- **S.164** (introduced Jan. 16, 2019): A bill to amend title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under chapter 89 of title 5, United States Code was referred to the Committee on Armed Services. Sponsor: Senator Steve Daines [R-MT]

- **S.123** (introduced Jan. 15, 2019): A bill to require the Secretary of Veterans Affairs to enter into a contract or other agreement with a third party to review appointees in the Veterans Health Administration who had a license terminated for cause by a State licensing board for care or services rendered at a non-Veterans Health Administration facility and to
provide individuals treated by such an appointee with notice if it is determined that an episode of
care or services to which they received was below the standard of care, and for other purposes
was referred to the Committee on Veterans’ Affairs. Sponsor: Senator Joni. Ernst [R-IA]

MEETINGS

- The 9th Annual Heroes of Military Medicine Awards Dinner will be held on **May 9, 2019**, in Washington DC. [https://www.hjfcp3.org/heroes-dinner/](https://www.hjfcp3.org/heroes-dinner/)

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.