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

- The partial federal government shutdown continues.

MILITARY HEALTH CARE NEWS

- U.S. Senators Steve Daines (R-Mont.) and Joe Manchin (D-W.Va) introduced the **TRICARE Reserve Improvement Act**, which extends TRICARE eligibility to all National Guardsmen and Reservists, regardless of their civilian occupation.

  Under current law, federal employees who serve in the National Guard or Armed Forces Reserve are prohibited from participating in TRICARE Reserve Select (TRS). This disparity creates a financial incentive for transitioning service members to take their skillset and credentials away from the federal government, and penalizes those who choose to serve their country in a civilian capacity. It also limits the effectiveness of TRS as a recruiting tool within the public sector.

  This legislation is also cosponsored by U.S. Senators Jacky Rosen (D-Nev.), Mike Crapo (R-Idaho), John Hoeven (R-N.D.), Doug Jones (D-Ala.), John Boozman (R-Ark.), Jon Tester (D-Mont.), Jerry Moran (R-Kan.) and Shelley Moore Capito (R-W.Va.).
TRICARE announced the partial government shutdown that began Dec. 22, 2018, affected allotments used by some TRICARE patients to pay enrollment fees and dental premiums.

TRICARE is not able to process these payments made through the U.S. Coast Guard pay center. However, TRICARE will continue to cover these patients. Affected beneficiaries do not need to take action at this time.

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; and
- Their family members, survivors, and eligible former spouses.

For information on how the shutdown affects dental and vision allotment payments, visit the FEDVIP website.

VETERANS AFFAIRS NEWS

A new study shows VA significantly reduced wait times for veteran patients in primary care and three specialty care services between 2014 and 2017.

The study, titled "Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers," compared wait times between VA and private-sector clinicians in 15 major metropolitan areas for appointments in primary care, dermatology, cardiology and orthopedics.

For all specialties except orthopedics, VA wait times were similar to private-sector wait times in 2014, and were shorter in 2017.

According to the JAMA study, average wait time in 2014 for a VA appointment in one of these specialties was 22.5 days, compared with 18.7 days for private-sector physicians. In 2017, the average VA wait time was 17.7 days, while the private-sector average was 29.8 days. That translates to a shorter average wait time of 12 days in VA, compared with the private sector.

Primary care, dermatology and cardiology wait times were all shorter than in the private sector in 2017. While orthopedic wait times were longer for VA in both 2014 and 2017, they did decrease during the study period.

According to the study, the number of patients seen yearly in VA increased slightly between 2014 and 2017, to around 5.1 million. VA patient satisfaction has also risen, according to patient surveys cited in the study.

For more information about VA access to health care, visit https://www.va.gov/health-care/about-va-health-benefits/.

The Department of Veterans Affairs (VA) announced that the National Disabled Veterans Winter Sports Clinic will take place March 31 to April 5 in Snowmass, Colorado.

The annual clinic, hosted by the Department of Veterans Affairs (VA) and DAV (Disabled American Veterans), serves as a world leader in adaptive winter sports instruction for injured Veterans, and promotes sports therapy and rehabilitation through adaptive Alpine and Nordic skiing, rock climbing, sled hockey, scuba diving and other adaptive sports and activities.

For many of the hundreds of Veterans who participate in the clinic, the adaptive sports journey is just beginning. For others, it becomes a way of life in Snowmass and is a passion they take back home. The hope is veterans will build upon this experience and continue to lead active, healthy

Interviews, b-roll, photos and other media opportunities are available leading up to and including the week of the event. For more information, contact: VA’s Jill Atwood at 801-330-1198, jill.atwood@va.gov; and DAV’s Todd Hunter at 321- 217-8255, thunter@dav.org.

GENERAL HEALTH CARE NEWS

- Of the 15.5 million antibiotic prescriptions filled in 2016 by a population of 19.2 million privately insured children and adults under age 65, nearly one quarter were unnecessary, according to a new study funded by the Agency for Healthcare Research and Quality (AHRQ).

The study, published today in BMJ, concluded that an additional 36 percent of antibiotic prescriptions in 2016 were only "potentially appropriate." The analysis provides the most comprehensive estimates to date of inappropriate prescribing of antibiotics among people with private, employer-sponsored insurance. Appropriate antibiotic prescribing means that the medication is recommended for the patient's condition.

The AHRQ-funded study was conducted by researchers at Northwestern University Feinberg School of Medicine, the University of Michigan Medical School, and Brigham and Women's Hospital/Harvard Medical School. Their findings were based on a combined analysis of a U.S. medical claims database and the 2016 version of an international system for categorizing diseases (ICD-10-CM). Researchers studied whether antibiotic prescriptions listed in the claims database were appropriate using over 90,000 diagnosis codes in ICD-10-CM.

Researchers’ analysis of the data showed that of the 15.5 million filled antibiotic prescriptions:

- 3.6 million, or 23 percent, were prescribed for conditions for which an antibiotic is almost never recommended, such as acute upper respiratory conditions.
- 5.5 million, or 36 percent, were prescribed for conditions for which an antibiotic is only sometimes recommended, such as acute sinusitis or acute suppurative otitis media (bacterial infection of the middle ear).
- 2.0 million, or 13 percent, were prescribed for conditions for which an antibiotic is nearly always recommended, like bacterial pneumonia or urinary tract infections.

The remaining 28 percent of the antibiotic prescriptions were not associated with a recent diagnosis code, researchers found. Some may have been sent to pharmacies after telephone or online consultations that do not result in claims, for example. Others could have been prescribed during visits that were paid out of pocket and not captured in the medical claims database, such as retail clinic and dental visits. Many of these antibiotic prescriptions may have been inappropriate as well.

Among the inappropriate prescriptions, 71 percent were written in office settings, 6 percent in urgent care centers, and 5 percent in emergency departments, researchers found. Among the 7.6 million unique enrollees who accounted for the 15.5 million antibiotic prescriptions filled in 2016, 52 percent filled one antibiotic prescription; 24 percent filled two; 11 percent filled three; and 13 percent filled four or more. Researchers estimated that 14 percent of the enrollees filled at least one inappropriate antibiotic prescription during 2016.

Given the importance of combating antibiotic resistance, researchers note that their classification scheme could facilitate future efforts to measure comprehensively outpatient antibiotic appropriateness in the U.S., and could be adapted for use in other countries that are using ICD-
4 codes.

**REPORTS/POLICIES**

- The GAO published “Medicare: Voluntary and Mandatory Episode-Based Payment Models and Their Participants,” (GAO-19-156) on Jan. 22, 2018. This report describes the characteristics of the providers that participated in these models; and compares the relative advantages of voluntary versus mandatory episode-based payment models, as identified by stakeholders. [https://www.gao.gov/assets/700/696264.pdf](https://www.gao.gov/assets/700/696264.pdf)

**HILL HEARINGS**

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

**LEGISLATION**

- **H.R.712** (introduced Jan. 23, 2019): A bill to direct the Secretary of Veterans Affairs to carry out a clinical trial of the effects of cannabis on certain health outcomes of adults with chronic pain and post-traumatic stress disorder, and for other purposes was referred to the House Committee on Veterans’ Affairs. Sponsor: Representative J. Luis [D-CA-46]

- **H.R.692** (introduced Jan. 18, 2019): A bill to amend the Public Health Service Act to prohibit application of pre-existing condition exclusions and to guarantee availability of health insurance coverage in the individual and group market, contingent on the enactment of legislation repealing the Patient Protection and Affordable Care Act, and for other purposes was referred to the Committees on Energy, Education and Labor, and Ways and Means. Sponsor: Representative Greg Walden [R-OR-2]

**MEETINGS**

- HIMSS 2019 Annual Conference will be held on Feb. 11-15, 2019, in Orlando, Fla. [http://www.himssconference.org/](http://www.himssconference.org/)

- 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/)


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