

# Federal Health Update

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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 White House announced that President Barack Obama will present the Medal of Honor to Senior Chief Special Warfare Operator Edward Byers, U.S. Navy on Feb. 29, 2016.**

Senior Chief Byers will receive the Medal of Honor for his courageous actions while serving as part of a team that rescued an American civilian being held hostage in Afghanistan on December 8-9, 2012.

Senior Chief Byers will be the eleventh living service member to be awarded the Medal of Honor for actions in Afghanistan. He and his family will join the President at the White House to commemorate his example of selfless service.

To read more about his background, please visit: <https://www.whitehouse.gov/the-press-office/2016/02/02/president-obama-award-medal-honor>

## MILITARY HEALTH CARE NEWS

- **The Defense Health Agency announced that Defense Department civilian and military personnel will begin receiving Internal Revenue Service Form 1095 to help them complete health coverage questions on their 2015 federal tax returns.**

While taxpayers self-attested their health coverage to the IRS in 2015 as part of the Affordable Care Act, this is the first year DoD is responsible for notifying the IRS of its military and civilian employees' health care insurance participation through Form 1095.

DoD will make sure its military members and civilians receive physical forms beginning Jan. 31, and the form already is available via MyPay for those who receive their tax forms electronically.

Service members will receive an IRS Form 1095-B or 1095-C for their TRICARE coverage. Military retirees and annuitants will get Form 1095-B. DoD civilians will receive a Form 1095-C from their Pay Center and a 1095-B from their Federal Employee Health Benefit carrier if they purchased FEHBP coverage during 2015.

It's expected Continued Health Care Benefit Program enrollees will receive their 1095-B forms from Humana. Additionally, DoD employees who use their spouse's non-government health insurance coverage should check with their spouse's health insurance carrier about receiving their 1095.

Taxpayers should review their 1095 forms for accuracy before filing their federal taxes. Any incorrect information for filers and their family members, such as home addresses and Social Security numbers, should be reported to MyPay, the Defense Finance and Accounting Service, personnel offices and the Defense Enrollment Eligibility Reporting System. Taxpayers should not file 1095 forms with a federal tax return, but keep any 1095 forms with their personal federal tax records.

The Affordable Care Act mandates that all Americans must have access to basic health insurance. TRICARE and all plans offered by the FEHB program meet the ACA standards for minimum essential coverage. And because coverage compliance is reported to the IRS, noncompliance can result in IRS penalties.

In the upcoming year, people should keep in mind they can sign up for coverage any time they have life-changing event, such as a marriage, birth of a baby or a change in employment and other events. Service members who plan to separate from the military in the next year – but not retire – will be responsible for signing up for coverage, particularly if their new employer does not offer health care insurance.

- **The Defense Department has published a proposed rule in the Feb. 1 [Federal Register](#) will propose several changes to mental health services to better align the military health program with the Mental Health Parity and Addiction Equity Act of 2008 and the Patient Protection and Affordable Care Act.**

DoD is seeking public comment on the proposed changes, which include doing away with time limits on inpatient mental health stays and annual limits for stays at residential treatment centers.

The proposed rule also would eliminate a 60-day limit on partial hospitalization, annual and lifetime limits for substance use disorder treatment and presumed limitations on weekly psychotherapy and family therapy sessions. It also contains a provision that would require TRICARE to cover all "medically necessary and appropriate care for the treatment of gender dysphoria," with the exception of surgery, which would still not be covered. Under the rule, transgender service members, family members and retirees would no longer have to pay out of pocket for hormone replacement therapy.

## VETERANS AFFAIRS NEWS

- **There was no news released by the Department of Veterans Affairs.**

## GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services announced that at the end of 2016 Open Enrollment about 12.7 million consumers had selected plans or had been automatically re-enrolled across all states, either through the HealthCare.gov platform or a State-based Marketplace.**

This does not include about 400,000 people who signed up on the New York and Minnesota Marketplaces for coverage through the Basic Health Program during this Open Enrollment. (Basic Health Programs are state-based programs supported by the Affordable Care Act that provide health insurance coverage to low income individuals who would generally otherwise be eligible for qualified health plans.)

Other facts released include:

- 4 million *new* people enrolled in coverage in HealthCare.gov states. Of the 9.6 million consumers who got coverage through HealthCare.gov, about 42 percent were new to the Marketplace in 2016. It's clear that Marketplace coverage is a product people want and need.
- About 7 in 10 consumers with 2015 coverage came back to HealthCare.gov and actively selected a plan for 2016. Last year, about half of returning consumers actively selected a plan.
- More than 3.6 million people used the total cost calculator, provider or drug look up tools
- This year, 2.7 million people ages 18 to 34 are signed up for coverage in HealthCare.gov states, and the percentage of new customers in that age range is higher than last year. The overall percentage of plan selections for those ages remains stable.

- **An estimated 3.3 million women between the ages of 15 and 44 years are at risk of exposing their developing baby to alcohol because they are drinking, sexually active, and not using birth control to prevent pregnancy, according to the Centers for Disease Control and Prevention (CDC).**

The report also found that 3 in 4 women who want to get pregnant as soon as possible do not stop drinking alcohol when they stop using birth control.

Alcohol use during pregnancy, even within the first few weeks and before a woman knows she is pregnant, can cause lasting physical, behavioral, and intellectual disabilities that can last for a child's lifetime. These disabilities are known as fetal alcohol spectrum disorders (FASDs). There is no known safe amount of alcohol – even beer or wine – that is safe for a woman to drink at any stage of pregnancy.

Healthcare providers should advise women who want to become pregnant to stop drinking alcohol as soon as they stop using birth control. Most women don't know they are pregnant until they are four to six weeks into the pregnancy and could unknowingly be exposing their developing baby to alcohol. FASDs are completely preventable if a woman does not drink alcohol during pregnancy.

For this report, scientists from CDC's National Center on Birth Defects and Developmental Disabilities analyzed data from the 2011–2013 [National Survey of Family Growth](#), which gathers information on family life, marriage, divorce, pregnancy, infertility, use of birth control, and men's and women's health.

Overall, 3.3 million US women (7.3 percent of women ages 15–44 who were having sex, who were non-pregnant and non-sterile) were at risk of exposing their developing baby to

alcohol if they were to become pregnant.

For more information about alcohol use during pregnancy and FASDs, please visit [www.cdc.gov/fasd](http://www.cdc.gov/fasd).

## REPORTS/POLICIES

- **The Institute of Medicine published “Meeting the Dietary Needs of Older Adults: Workshop in Brief,” on Feb. 1, 2016.** This report focused on the following areas: providing context by describing the rapid increase in older adult populations worldwide and the need for new paradigms to meet their needs and by examining new understandings of the meaning of “healthy aging,” describing emerging insights into the changing physiology of aging and how that affects nutrient needs, describing ecological insights about factors that influence the food choices and nutritional status of older adults, reviewing national programs designed to address dietary and nutrition needs of older adults, exploring how community, retail, and nonprofit organizations are instituting programs and projects to meet older adults’ nutrition needs, and examining research priorities and gaps. <http://iom.nationalacademies.org/reports/2016/meeting-the-dietary-needs-of-older-adults-wib.aspx#sthash.nuxvxjD5.dpuf>

## HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **Feb. 10, 2016**, to examine the Department of Veterans Affairs budget request for fiscal year 2017.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **Feb. 11, 2016**, to examine improving VA community care billing and reimbursement.

## LEGISLATION

- **H.R.4435** (introduced Feb. 2, 2016): To improve access to mental health and substance use disorder prevention, treatment, crisis, and recovery services was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, Education and the Workforce, and Natural Resources.  
Sponsor: Representative Gene Green [TX-29]
- **H.R.4447** (introduced Feb. 3, 2016): Opioid and Heroin Epidemic Emergency Supplemental Appropriations Act was referred to the Committee on Appropriations, and in addition to the Committee on the Budget.  
Sponsor: Representative Joe Courtney [CT-2]
- **S.2479** (introduced Feb. 2, 2016): A bill to amend Public Health Service Act to expand access to prescription drug monitoring programs was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Richard Blumenthal [CT]
- **S.2487** (introduced Feb. 3, 2016): A bill to direct the Secretary of Veterans Affairs to identify

mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Barbara Boxer [CA]

## MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 5, 2016**, in Washington D.C. <http://www.hjfc3.org/heroes-dinner>

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**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](mailto:katetheroux@federalhealthcarenews.com).**