

# Federal Health Update

FEB. 9, 2018

*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

- **Early this morning, the Senate passed a spending bill (71-28), which provides \$400 billion in increased defense and domestic spending.** The bill will go to the House later this morning and is expected to pass.

At midnight, the federal government officially closed. The legislation would keep the federal government operating through March 23, allowing Congress time to write and pass an omnibus spending package to fund the government through the rest of the fiscal year.

## MILITARY HEALTH CARE NEWS

- **On Feb. 8, 2018, the Department of Defense released of Department of Defense Instruction 1020.03, “Harassment Prevention and Response in the Armed Forces,” effective immediately.**

The comprehensive policy for service members addresses harassment, including sexual harassment and harassment through social media. The policy strengthens and reaffirms the department’s position that it does not tolerate any kind of harassment by any service member, either in person or online.

The policy supersedes the DoD’s past policies on sexual harassment for service members and provides new procedures for all types of harassment prevention and response. Through a department-wide oversight framework, this policy increases leadership commitment and

accountability and provides additional resources and requirements to protect service members. Preventive measures in the policy are set in place to identify and address problematic behaviors early, in an effort to prevent these behaviors from escalating.

In accordance with this policy, each service secretary and DOD component head is required to provide an implementation plan outlining steps and milestones in order to comply with this instruction.

The Office of the Secretary of Defense will also realign under one office that will report directly to the undersecretary of personnel and readiness the organizations that oversee issues including sexual assault, harassment, discrimination, diversity and inclusion, drug demand reduction, and suicide prevention.

In collaboration with the service assistant secretaries of manpower and reserve affairs, the department will establish and convene the Defense Equal Opportunity Reform Group to assess and provide recommendations regarding the next steps to address the need for additional guidance.

The department's policy strives to provide an atmosphere of dignity and respect and an environment free from discrimination, harassment and assault, to increase the readiness and lethality of the armed forces.

On Feb. 7, 2018, DoD released its Annual Report on Sexual Harassment and Violence at the United States Military Service Academies for academic program year 2016 – 2017. This year's report contains the results of the department's on-site assessments of the Academies and outcomes of focus groups of cadets, midshipmen, faculty, and staff. To read the report, please visit: <http://sapr.mil/index.php/reports>.

- **On Feb. 12, 2018, TRICARE will host a webinar on changes to the TRICARE benefit. On Jan. 1, there were many changes to the TRICARE program.**

In this webinar, presenters will discuss the following changes or improvements to your TRICARE benefits this year, including:

- **Health Plans:** [TRICARE Select](#) replaced TRICARE Standard and TRICARE Extra. There are no changes to [TRICARE For Life](#).
- **Costs:** Many cost-shares (percentage of allowed amount) were replaced with copays (fixed amount). Beneficiaries may need to pay an enrollment fee for TRICARE Select, depending on the plan and when the beneficiary became eligible for TRICARE. See [plan's costs](#).
- **Enrollment:** Beneficiaries must now be [enrolled for most TRICARE plans](#) to get or change coverage.
- **Stateside Regions and Contractors:** The North and South Regions became the new East Region. This change will allow better coordination between the military hospitals and clinics, as well as the civilian health care providers in each region. Check to see if your [regional contractor](#) changed.
- **Accessing Care:** TRICARE has improved access to [urgent care](#).
- **What's Covered:** TRICARE increased coverage for medically necessary. To be medically necessary means it is appropriate, reasonable and adequate for your condition. Also TRICARE Select beneficiaries now have access to additional [preventive care services](#) without a copay when received from network providers.

To register, please visit: <https://attendee.gotowebinar.com/register/3058211716505092099>

- **Military.com reports that 50,000 TRICARE beneficiaries could lose coverage if they do not updated their payment information.**

The TRICARE Prime retiree, TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult plans require users to pay regular premiums or be dropped from coverage. All users on those plans can pay by electronic funds transfers or credit or debit card; retirees also have the option of using a paycheck allotment.

For those beneficiaries paying by electronic funds transfers or credit or debit card are required to re-register their payment information with the new West Region contractor Health Net by Dec. 20,

On Nov. 18, Health Net sent over 100,000 beneficiaries in the TRICARE West region letters reminding them of the change. Because there was a low response rate, Health net extended the deadline to March 23. Another notice will be sent later this month.

## VETERANS AFFAIRS NEWS

- There was no news published from the Department of Veterans Affairs.

## GENERAL HEALTH CARE NEWS

- **Children with asthma in the U.S. are having fewer asthma attacks, missed school days, and visits to the hospital, according to a new report from the U.S. Centers for Disease Control and Prevention.**

The report shows that the percentage of children with asthma who experienced one or more asthma attacks in the preceding 12 months declined from 2001 (61.7%) to 2016 (53.7%). Even so, approximately half of children with asthma had one or more asthma attacks in 2016.

Asthma is the most common chronic lung disease of childhood, affecting approximately 6 million children in the United States. Although asthma cannot be cured, asthma symptoms can usually be controlled by avoiding or reducing exposure to asthma triggers (allergens and irritants) and by following recommendations for appropriate medical care.

The report shows that some children are more likely to have asthma than others, including boys, children ages 5-17 years, non-Hispanic black children, children of Puerto Rican descent, and children from low-income families. In 2016, asthma attacks were most common among the youngest children, 4 years old and under.

Other study findings:

- Asthma hospitalizations for children with asthma declined from 9.6 percent in 2003 to only 4.7 percent in 2013.
- The percentage of children who reported asthma-related missed school days also was lower in 2013 than it was in 2003.
- More children with asthma are getting asthma action plans and being taught how to recognize the signs and symptoms of an asthma attack and how to respond quickly.
- Despite this progress, 1 in 6 children with asthma still ends up in the emergency department and about 1 in 20 is hospitalized each year.

CDC launched the [National Asthma Control Program](#) in 1999. Its mission: helping people with asthma breathe easier. The program currently funds partners in 24 states and 1 territory to use

data, science, communication, and evaluation to reach this goal.

In addition, CDC promotes proven medical management of asthma, based on CDC's [6/18 initiative](#). Such management includes proven actions such as trigger reduction, guidelines-based medical management, and self-management education.

To read the entire report, visit [www.cdc.gov/vitalsigns/childhood-asthma](http://www.cdc.gov/vitalsigns/childhood-asthma).

- **The U.S. Food and Drug Administration and the Nuclear Regulatory Commission (NRC) took steps to ensure a stable and secure supply of a critical radioactive imaging product used to detect potentially life-threatening diseases.**

The FDA approved the RadioGenix System, a unique system for producing Technetium-99m (Tc-99m), the most widely used radioisotope in medical imaging. The NRC is issuing guidance and will license the RadioGenix System to enable the Tc-99m it produces to be used for its medical purpose.

Tc-99m is a diagnostic agent that is used by health care professionals with FDA-approved imaging devices to detect potential diseases like coronary artery disease and cancer, as well as evaluating lung, liver, kidney and brain function. When used with the appropriate diagnostic scanner device, such as a SPECT imaging system, the Tc-99m emits signals that are captured and produces an image of internal organs to detect various medical problems and contribute to diagnosis and treatment decisions.

Tc-99m has been in use as a medical imaging diagnostic agent for decades and is used in more than 80 percent of nuclear medicine imaging procedures in the U.S. Before today, Molybdenum-99, or Mo-99, the parent of Tc-99m, could only be produced from enriched uranium by several facilities outside of the U.S.

This required a complicated supply chain that involved shipping enriched uranium from the U.S. This left the U.S. vulnerable to possible shortages and/or supply chain issues. To address these challenges, Congress enacted the [American Medical Isotopes Production Act of 2012](#), which contained provisions to eliminate the use of highly enriched uranium for medical isotope production and encouraged the development of U.S. domestic supplies of Mo-99 and associated isotopes.

As the regulatory authority responsible for overseeing the production, distribution, possession and use of radioactive materials and products containing radioactive materials, NRC is issuing guidance that will advise medical and commercial nuclear pharmacy users on the license amendments they will need to possess and use the RadioGenix System.

This approval did not require new clinical studies because it relied on safety and efficacy information and data from an already FDA-approved Tc-99m generator.

## REPORTS/POLICIES

- **The GAO published “*Medicare Fee-For-Service: Modernizing Cost-sharing Design Would Involve Trade-offs, the Results of Which Would Depend on Time Horizon,*” (GAO-18-100) on Jan. 8, 2018. The GAO reviewed how modernized cost-sharing designs would affect beneficiaries' costs over multiple years. This report describes implications of the current cost-sharing design; options for modernizing; and how modernized cost-sharing designs could directly and indirectly affect beneficiaries' costs. <https://www.gao.gov/assets/690/689329.pdf>**

## HILL HEARINGS

- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **Feb. 15, 2018**, to examine military and civilian personnel programs and military family readiness.

## LEGISLATION

- **H.R.4945** (introduced Feb. 7, 2018): To amend the Department of Agriculture Reorganization Act of 1994 to establish a Rural Health Liaison was referred to the House Committee on Agriculture. Sponsor: Representative Cheri Bustos [D-IL-17]
- **H.R.4973** (introduced Feb. 7, 2018): To require the Secretary of Defense to develop and implement a plan to provide chiropractic health care services and benefits for certain new beneficiaries as part of the TRICARE program was referred to the House Committee on Armed Services. Sponsor: Representative Mike D. Rogers, [R-AL-3]
- **H.R.4952** (introduced Feb. 7, 2018): A bill to direct the Secretary of Health and Human Services to conduct a study and submit a report on the effects of the inclusion of quality increases in the determination of blended benchmark amounts under part C of the Medicare program was referred to the Committee on Ways and Means, and the Committee on Energy and Commerce. Sponsor: Representative Mike Kelly [R-PA-3]
- **H.R.2372** (introduced Feb. 6, 2018): the VETERAN Act passed the House and placed on the Senate Legislative Calendar. Sponsor: Representative Sam Johnson [R-TX-3]

## MEETINGS

- HIMSS 2018 Annual Conference will be held on **March 5-9, 2018**, in Las Vegas Nev. <http://www.himssconference.org/>
- 2018 Heroes of Military Medicine Awards Dinner will be held on **May 3, 2018**, in Washington, DC. <http://www.hjfc3.org/heroes-dinner/>
- The 8th Annual Traumatic Brain Injury Conference will be held on **May 16-17, 2018**, in Washington DC. <http://tbiconference.com/home/>

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