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

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ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- On Feb. 14, 2019, the Senate and House passed H.R. H.J. Res. 31, a joint resolution making further continuing appropriations for the Department of Homeland Security for fiscal year 2019, and for other purposes. This averts another partial government shutdown. The president is expected to sign this bill.

MILITARY HEALTH CARE NEWS

- The Defense Health Agency is hosting a webinar on Feb. 21, 2019 from 1 to 2 p.m. ET, to discuss the dental benefit for service members and their family members: TRICARE Dental Options for You and Your Family.

The webinar will host dental experts from the Active Duty Dental Program (ADDP) and TRICARE Dental Program (TDP) to provide detailed information on these programs.

United Concordia Companies, Inc. (United Concordia) administers the ADDP. The ADDP is available to service members in the U.S. and U.S. territories. For ADSMs in remote overseas locations, International SOS Government Services, Inc. coordinates your dental care.

To learn more about ADDP and TDP, as well as how to get dental care through these programs, don’t miss the Feb. 21 webinar. Register today. A Q&A led by the presenters will follow the presentation.

VETERANS AFFAIRS NEWS
The U.S. Department of Veterans Affairs (VA) announced it will discontinue the Rapid Appeals Modernization Program (RAMP), which provided eligible veterans with early resolutions to their appealed claims, ahead of full implementation of the Veterans Appeals Improvement and Modernization Act of 2017 that takes effect Feb. 19, 2019.

VA will not accept RAMP elections from veterans with a legacy appeal after Feb. 15, 2019; however, RAMP claims pending on or after Feb. 15 will continue to be processed until the inventory is complete.

Beginning Feb. 19, veterans who appeal a VA decision will have three decision review choices: Higher-Level Review, Supplemental Claim, and appeal to the Board of Veterans’ Appeals. VA will now offer veterans greater choice in how VA reviews their claim is committed to ensuring the claims process is accurate, timely and fair.

VA initiated RAMP in November 2017 to provide some of the benefits of the new law’s streamlined process before full implementation. Participation in RAMP is voluntary. However, processing times under the program have been faster than legacy appeal processing times. Under the legacy process, decisions currently average three to seven years. Veterans who have a legacy appeal after Feb. 15 will be able to opt in to the process when they receive a Statement of the Case or a Supplemental Statement of the Case after the new law is effective Feb. 19.

Veterans who participate in RAMP can choose to have their VA decision reviewed in either the Supplemental Claim or Higher-Level Review lanes. In the Higher-Level Review lanes, a more experienced adjudicator will conduct a new look at the previous decision based on the evidence considered in the previous decision. Participants who select the Supplemental Claim option may submit new and relevant evidence, and VA will assist in developing new evidence under its duty to assist. VA’s goal is to complete Supplemental Claims and Higher-Level Reviews in an average of 125 days.

The U.S. Department of Veterans Affairs (VA) announced that Fisher House Foundation plans to construct three new 16-suite Fisher Houses at VA campuses in Ann Arbor, Michigan; Aurora, Colorado; and Omaha, Nebraska.

Fisher Houses provide temporary accommodations for the families and caregivers of veterans and active-duty military receiving care at military and VA facilities. Construction for the new accommodations will begin within the next six months.

To date, Fisher House Foundation has built and donated 38 Fisher Houses to VA. Construction of a typical Fisher House takes approximately 12 to 15 months. Once the home is completed and ownership is transferred over to VA, the Fisher House becomes a federal building that is operated, maintained and staffed by the department. The VA Fisher Houses will support access to care for thousands of additional veterans traveling to VA facilities for treatment. In 2018, VA Fisher Houses accommodated over 28,000 families, saving guests more than $18 million in lodging expenses.

The Fisher House program currently has 80 homes at VA and Department of Defense hospitals. Over the next several years, it anticipates expanding from 38 to at least 64 VA Fisher Houses.

For more information, visit VA Fisher House Program or Fisher House Foundation.

GENERAL HEALTH CARE NEWS

The U.S. Department of Health and Human Services (HHS) and the Center for Medicare and Medicaid Innovation (Innovation Center) announced a new payment model for emergency ambulance services that aims to allow Medicare Fee-For-Service (FFS) beneficiaries to receive the most appropriate level of care at the right time and place with
the potential for lower out-of-pocket costs.

The new model, the Emergency Triage, Treat and Transport (ET3) model, will make it possible for participating ambulance suppliers and providers to partner with qualified health care practitioners to deliver treatment in place (either on-the-scene or through telehealth) and with alternative destination sites (such as primary care doctors’ offices or urgent-care clinics) to provide care for Medicare beneficiaries following a medical emergency for which they have accessed 911 services.

In doing so, the model seeks to engage health care providers across the care continuum to more appropriately and effectively meet beneficiaries’ needs. Additionally, the model will encourage development of medical triage lines for low-acuity 911 calls in regions where participating ambulance suppliers and providers operate. The ET3 model will have a five-year performance period, with an anticipated start date in early 2020.

Currently, Medicare primarily pays for unscheduled, emergency ground ambulance services when beneficiaries are transported to a hospital emergency department (ED), creating an incentive to transport all beneficiaries to the hospital even when an alternative treatment option may be more appropriate. To counter this incentive, the ET3 model will test two new ambulance payments, while continuing to pay for emergency transport for a Medicare beneficiary to a hospital ED or other destination covered under current regulations:

- Payment for treatment in place with a qualified health care practitioner, either on-the-scene or connected using telehealth; and
- Payment for unscheduled, emergency transport of Medicare beneficiaries to alternative destinations (such as 24-hour care clinics) other than destinations covered under current regulations (such as hospital EDs).

The ET3 model encourages high-quality provision of care by enabling participating ambulance suppliers and providers to earn up to a 5 percent payment adjustment in later years of the model based on their achievement of key quality measures.

The quality measurement strategy will aim to avoid adding more burden to participants, including minimizing any new reporting requirements.

The model will use a phased-approach through multiple application rounds to maximize participation in regions across the country. In an effort to ensure access to model interventions across all individuals in a region, CMS will encourage ET3 model participants to partner with other payers, including state Medicaid agencies.

For more information, please visit: https://innovation.cms.gov/initiatives/et3/.

- The U.S. Food and Drug Administration posted 12 warning letters and 5 online advisory letters issued to foreign and domestic companies that are illegally selling more than 58 products, many that are sold as dietary supplements, which are unapproved new drugs and/or misbranded drugs that claim to prevent, treat or cure Alzheimer’s disease and a number of other serious diseases and health conditions.

These products, which are often sold on websites and social media platforms, have not been reviewed by the FDA and are not proven safe and effective to treat the diseases and health conditions they claim to treat. These products may be ineffective, unsafe and could prevent a person from seeking an appropriate diagnosis and treatment.

In a statement issued today, FDA Commissioner Gottlieb also outlined several important new actions and policy priorities the agency will take in the coming months to improve the safety of dietary supplements and purported dietary supplements, including efforts to more rapidly communicate potential safety issues with dietary supplement products with the public, establishing a flexible regulatory framework that promotes innovation and upholds product safety and other, new steps the FDA could consider taking to better ensure product safety and integrity.
The products cited in the warning and online advisory letters posted are unapproved new drugs and/or misbranded drugs that claim to prevent, treat or cure Alzheimer’s disease and a number of other serious diseases and health conditions, and have been sold in violation of the Federal Food, Drug, and Cosmetic Act. The products include a variety of product types, such as tablets, capsules and oils. The companies have been asked to respond to the FDA within 15 days of receipt of the letters, stating how the violations outlined in the agency’s letters will be corrected. Failure to correct the violations promptly may result in legal action, including product seizure and/or injunction.

As part of the FDA’s effort to protect consumers from Alzheimer’s disease health fraud, the FDA has issued more than 40 warning letters in the past five years to companies illegally marketing over 80 products making Alzheimer’s disease claims on websites, social media and in stores. The FDA continues to encourage consumers to remain vigilant whether online or in a store in order to avoid purchasing products that claim to prevent, treat or cure diseases without any proof they will work. Health care professionals and consumers are also advised to report adverse reactions associated with these or similar products to the agency’s MedWatch program.

REPORTS/POLICIES

- There were no health-related reports published this week.

HILL HEARINGS

- The Senate Armed Services Subcommittee on Personnel will hold an oversight hearing on Feb. 27, 2019, to examine military personnel policies and military family readiness.

LEGISLATION

- **H.R.1191** (introduced Feb. 13, 2019): A bill to amend section 520E of the Public Health Service Act to require States and their designees receiving grants for development and implementation of statewide suicide early intervention and prevention strategies to collaborate with each federally recognized Indian tribe, tribal organization, urban Indian organization, and Native Hawaiian health care system in the state was referred to the House Committee on Energy and Commerce. Sponsor: Representative Raul M. Grijalva [D-AZ-3]:

- **H.R.1183** (introduced Feb. 13, 2019): A bill to amend title 10, United States Code, to ensure access to qualified acupuncturist services for military members and military dependents, to amend title 38, United States Code, to ensure access to acupuncturist services through the Department of Veterans Affairs, to amend title XVIII of the Social Security Act to provide for coverage of qualified acupuncturist services under the Medicare program; to amend the Public Health Service Act to authorize the appointment of qualified acupuncturists as officers in the commissioned Regular Corps and the Ready Reserve Corps of the Public Health Service, and for other purposes was referred to the Committees on Energy and Commerce, Armed Services, Veterans’ Affairs, and Ways and Means. Sponsor: Representative Judy Chu [D-CA-27]

- **H.R.1163** (introduced Feb. 13, 2019): A bill to amend title 38, United States Code, to provide for the non-applicability of non-Department of Veterans Affairs covenants not to compete to the appointment of certain Veterans Health Administration personnel, to permit the Veterans Health Administration to make contingent appointments, and to require certain Veterans Health Administration physicians to complete residency training was referred to the House Committee on Veterans’ Affairs. Sponsor: Representative Vicky Hartzler [R-MO-4]
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Introduced Date</th>
<th>Bill Title</th>
<th>Committee Referenced</th>
<th>Sponsor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.467</td>
<td>Feb. 13, 2019</td>
<td>A bill to amend section 520E of the Public Health Service Act to require States and their designees receiving grants for development and implementation of statewide suicide early intervention and prevention strategies to collaborate with each Federally recognized Indian tribe, tribal organization, urban Indian organization, and Native Hawaiian health care system in the state was referred to the Committee on Health, Education, Labor, and Pensions.</td>
<td>Senate Committee on Health, Education, Labor, and Pensions</td>
<td>Senator Elizabeth. Warren [D-MA]</td>
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<td>S.462</td>
<td>Feb. 13, 2019</td>
<td>A bill to amend title 38, United States Code, to modify authorities relating to the collective bargaining of employees in the Veterans Health Administration, and for other purposes was referred to the Committee on Veterans' Affairs.</td>
<td>Senate Committee on Veterans' Affairs</td>
<td>Senator Sherrod Brown [D-OH]</td>
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<tr>
<td>S.433</td>
<td>Feb. 12, 2019</td>
<td>A bill to amend title XVIII of the Social Security Act to improve home health payment reforms under the Medicare program was referred to the Committee on Finance.</td>
<td>Senate Committee on Finance</td>
<td>Senator Susan M. Collins [R-ME]</td>
</tr>
<tr>
<td>H.R.1133</td>
<td>Feb. 8, 2019</td>
<td>A bill to amend title 38, United States Code, to modify authorities relating to the collective bargaining of employees in the Veterans Health Administration referred to the House Committee on Veterans’ Affairs.</td>
<td>House Committee on Veterans' Affairs</td>
<td>Representative Mark Takano [D-CA-41]</td>
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<tr>
<td>H.R.1114</td>
<td>Feb. 8, 2019</td>
<td>To require the Surgeon General of the Public Health Service to submit to Congress an annual report on the effects of gun violence on public health was referred to the House Committee on Energy and Commerce.</td>
<td>House Committee on Energy and Commerce</td>
<td>Representative Robin L. Kelly [D-IL-2]</td>
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**MEETINGS A**

- 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.