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

- American Legion National Commander Brett Reistad testified before the joint hearing of the House and Senate Veterans Affairs Committees on Feb. 27, 2019.

  In his remarks, Reistad highlighted the plight of suicide in the veteran community and the increasing rates of suicide in post-9/11 veterans. He also focused on concerns of privatization of VA as well as implementation of the VA Mission Act, noting the Mission Act must live up to its mission to serve veterans rather than serving private-sector health-care providers.

  “The American Legion does not oppose Choice,” Reistad said, “but, we adamantly oppose any plan that would gut the best health-care system in the country. The central fact remains that nobody understands the unique health care needs of the veteran population better than the professionals at the VA.”

MILITARY HEALTH CARE NEWS

- On Feb. 22, a Sailor assigned to Naval Hospital Pensacola was awarded the Purple Heart for wounds received in action during a 2011 deployment.

  In October 2011, Hospital Corpsman 2nd Class Steven Martin was a young hospital man who had been deployed for only two weeks to Afghanistan when he suffered two concussions within 72 hours from separate improvised explosive device (IED) attacks during patrols while assigned to the 1st Marine Division.

  The first IED occurred while returning from night observation post with his squad. While maneuvering from a cornfield into an irrigation ditch that was approximately two feet deep, the
squad leader stepped on an IED. Martin was directly behind the squad leader when the IED detonated.

After suffering a concussion, a mandatory 24-hour observation period had to be completed prior to conducting another patrol. Following his observation period, Martin’s next mission was to conduct a night patrol. A sudden moment of familiar disorientation occurred when another IED detonated.

After the two IED explosions, Martin received the Bronze Star of Valor for his efforts as a corpsman and was approached by his leadership about the Purple Heart.

“I was 20 [years old] and I didn’t feel like I deserved the same award as my friends who had lost their limbs,” said Martin. “In my mind, it didn’t equate as the same thing for me.”

However, more than seven years later, Martin has developed a better understanding of how the injuries he sustained have impacted his life.

“I’m experiencing first-hand how a traumatic brain injury actually gets worse over time,” said Martin. “At the time, I was just having occasional prolonged headaches or tinnitus. However, now I go to neurology for Botox [injections] because I have constant migraines. It was a slow development, but now I understand I actually have long term issues from [the concussions].”

Martin is still in contact with the Marines he served with and rendered aid to after the IED detonations. For him it was important to get their approval before accepting the Purple Heart.

The Purple Heart is the oldest military award still being given in the name of the President of the United States. Historical notes show that after the end of the American War of Independence, no medals were awarded until 1932, when the Purple Heart was revived on the bicentennial anniversary of George Washington's birthday. According to a circular dated February 22, 1932, Purple Heart Medals were to be awarded to those wounded or killed while serving in the United States Armed Forces as a result of enemy action on or after April 5, 1917.

VETERANS AFFAIRS NEWS

While testifying before the House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, VA Secretary Robert Wilkie announced that effective in April, it will provide priority disability benefits claims processing for the initial claims from discharged combat Veterans who have been awarded the Purple Heart Medal.

“Those who hold the Purple Heart, the recognition of wounds taken in battle, will now receive priority consideration when it comes to claims before the Department of Veterans Affairs,” said Secretary Wilkie.

The Veterans Benefits Administration will amend its priority processing categories to include initial claims received from Purple Heart recipients on or after April 1, 2019.

Purple Heart recipients are already treated on a priority basis at VA hospitals and are exempt from co-payments for their medical care.

The Purple Heart award is the oldest U.S. military decoration and is awarded to U.S. service members for wounds suffered at the hands of the enemy. General George Washington awarded the first purple-colored heart-shaped badges to soldiers who fought in the Continental Army during the American Revolution. In 1932, it was revived to commemorate Washington’s 200th birthday.

GENERAL HEALTH CARE NEWS

The Centers for Medicare & Medicaid Services (CMS) released an expanded version of the Opioid Prescribing Mapping Tool, ensuring that CMS and our partners have the most
complete and current data needed to effectively address the opioid epidemic across the country.

This update includes data for opioid prescribing in the Medicaid program. Additionally, users can now make geographic comparisons of Medicare Part D opioid prescribing rates over time for urban and rural communities.

Last year, CMS published the Roadmap to Address the Opioid Crisis, which highlighted the role of data in supporting all of CMS’ activities to promote prevention and treatment of opioid use disorder. CMS has made fighting the opioid epidemic a priority, and data is a critical tool to help the agency develop targeted policies and track progress on key indicators of success. For example, CMS used data to identify Medicare physicians who were prescribing higher levels of opioids than their peers, sending over 24,000 letters in 2017 and 2018 to those physicians to incentivize safe prescribing practices.

The Opioid Mapping Tool, first launched in 2015, originally provided a snapshot of Medicare Part D prescribing rates from 2013. Last year it was expanded to include opioid prescribing rates for 2016, as well as the change in opioid prescribing rates from 2013 to 2016. This latest version now includes new features that offer an expanded view of prescribing rates over time and across regions, allowing the chance to measure trends and make comparisons. These more interactive features allow healthcare professionals committed to combating the opioid crisis to better understand prescribing rate trends in their area.

Specifically, the latest additions to the mapping tool include:

- **Medicaid state opioid prescribing rates**
  The Medicaid Mapping Tool allows users to review Medicaid opioid prescribing rates at the state level and compare prescribing rates in fee-for-service and managed care.
  - In Medicaid, opioid prescribing rates at the state level in 2016 range from 2.9% to 9.4%, compared to the national average opioid prescribing rate of 5.4%. Opioid prescribing in Medicaid is slightly higher in managed care (5.4%) compared to fee-for-service (5.3%).
  - The data also shows the change in prescribing rates from 2013 to 2016.

- **Medicare Part D geographic opioid prescribing rates**
  The Medicare Part D Opioid Prescribing Mapping Tool has been updated with additional maps that allow users to quickly compare Part D opioid prescribing rates in urban and rural areas at the state, county and ZIP code levels.
  - In Medicare Part D, opioid prescribing rates at the state level in 2016 range from 2.9% to 7.4% compared to the national average opioid prescribing rate of 5.3%.
  - Opioid prescribing is slightly higher in rural areas (5.5%) compared to urban areas (5.3%).
  - There are 14 states that have higher opioid prescribing rates in rural areas compared to urban areas and there are 34 states that have slightly higher opioid prescribing rates in urban areas compared to rural areas.

By openly sharing this data in a secure, broad, and interactive way, CMS is increasing community awareness among local stakeholders, such as researchers, providers, and public health officials, to help us address this crisis, and continuing to demonstrate the agency’s commitment to combating the opioid epidemic.

The opioid prescribing mapping tools are available at: [https://go.cms.gov/opioidheatmap](https://go.cms.gov/opioidheatmap).
**REPORTS/POLICIES**

- *The GAP published “Veterans Health Administration: Greater Focus on Credentialing Needed to Prevent Disqualified Providers from Delivering Patient Care,” (GAO-19-6) on Feb. 28, 2019.* This report examines how officials at VHA facilities responded to adverse-action information received through NPDB; how VHA facilities adhered to policies regarding providers with adverse actions; and steps VHA has recently taken to ensure that providers meet licensure requirements. [https://www.gao.gov/assets/700/697173.pdf](https://www.gao.gov/assets/700/697173.pdf)

**HILL HEARINGS**

- The Senate and House Veterans Affairs Committees will hold a hearing on **March 6, 2019**, to receive the legislative presentation of Veterans of Foreign Wars of the United States.
- The Senate and House Veterans Affairs Committees will hold a hearing on **March 7, 2019**, to receive the legislative presentation of multiple veterans service (AMVETS, PVA, VVA, IAVA, SVA, AXPOW, WWP).
- The Senate and House Veterans Affairs Committees will hold a hearing on **March 12, 2019**, to receive the legislative presentation of multiple veterans service (NASDVA, FRA, GSW, BVA, JWV, MOPH, MOAA).

**LEGISLATION**

- **H.R.1409** (introduced Feb. 27, 2019): A bill to promote transparency in health care pricing, and for other purposes was referred to the Committees on Energy and Commerce, Ways and Means, and Oversight and Reform. Sponsor: Representative Ed Perlmutter [D-CO-7]
- **H.R.1398** (introduced Feb. 27, 2019): A bill to delay the reimposition of the annual fee on health insurance providers until after 2021 was referred to the Committees on Ways and Means, and Energy and Commerce. Sponsor: Representative Ami Bera [D-CA-7]
- **H.R.1394** (introduced Feb. 27, 2019): A bill to amend title XVIII of the Social Security Act to provide for certain reforms with respect to Medicare supplemental health insurance policies was referred to the Committees on Ways and Means, and Energy and Commerce. Sponsor: Representative Lloyd Doggett [D-TX-35]
- **H.R.1385** (introduced Feb. 27, 2019): A bill to amend the Patient Protection and Affordable Care Act to preserve the option of States to implement health care marketplaces, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Andy Kim [D-NJ-3]
- **H.R.1384** (introduced Feb. 27, 2019): A bill to establish an improved Medicare for All national health insurance program was referred to the Committees on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, Rules, Oversight and Reform, and Armed Services. Sponsor: Representative Pramila. Jayapal [D-WA-7]
- **H.R.1346** (introduced Feb. 25, 2019): To amend title XVIII of the Social Security Act to provide for an option for individuals who are ages 50 to 64 to buy into Medicare, to provide for health insurance market stabilization, and for other purposes was referred to the Committees on Energy and Commerce, and Ways and Means. Sponsor: Representative Brian Higgins [D-NY-26]

**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.