

Federal Health Update

MARCH 2, 2018

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On March 1, the White House held a Opioid Summit to discuss the Administration-wide efforts to combat the opioid crisis.**

The White House touted the following measures taken by the Administration to provide more treatment and recovery options for those struggling with opioid addiction

- The President's Budget proposes \$3 billion in new funding in 2018 and \$10 billion in new funding in 2019 for the Department of Health and Human Services (HHS) to combat the opioid epidemic.
- The Substance Abuse and Mental Health Service Administration (SAMHSA) and the Federal Trade Commission (FTC) released consumer information that will help individuals seeking treatment for opioid dependence or withdrawal.
- SAMHSA awarded \$485 million State Targeted Response grants in FY 2017 to help States, territories and jurisdictions expand prevention, treatment and recovery support services for individuals with an opioid use disorder.
- The Centers for Medicare & Medicaid Services (CMS) announced a new policy that gives States more flexibility to enact demonstration projects that include coverage of inpatient or residential addiction treatment programs in facilities not typically covered by Medicaid.
- FDA approved a new buprenorphine medication-assisted treatment for opioid use

disorder that requires monthly treatment, compared to other treatments requiring daily medication.

- CDC's Enhanced State Opioid Overdose Surveillance grant program funding went to States to strengthen prevention efforts and better track opioid-related overdoses.
- CDC also funded Prescription Drug Overdose: Prevention for States grants, a program that provides state health departments with resources and support needed to advance interventions for preventing prescription drug overdoses.
- The Health Resources and Services Administration is expanding access to substance abuse treatment services through primary care providers in underserved communities.

MILITARY HEALTH CARE NEWS

- **On March 1, 2018, the Department of Defense named Brig. Gen. Lee E. Payne, who has been selected for the grade of major general, as director, Healthcare Operations, Defense Health Agency, Falls Church, Virginia.** Payne was command surgeon, Headquarters Air Mobility Command, Scott Air Force Base, Illinois.

- **On March 1, 2018, the Defense Advisory Committee on Women in the Services released its 2017 annual report on matters relating to women serving in the Armed Forces of the United States.**

DACOWITS provides the Department of Defense with advice and recommendations on matters and policies relating to women in the Armed Forces. The committee provides these recommendations to the Secretary of Defense via a comprehensive annual report, based on information gathered throughout the year.

For 2017, DACOWITS studied 13 topics. The committee gathered information from multiple sources including briefings and written responses from DoD, service-level military representatives, and subject matter experts; data collected from focus groups and interactions with service members during installation visits; and peer-reviewed literature. DACOWITS collected qualitative data during their visits to multiple installations representing the Air Force, Army, Marine Corps, Navy and Coast Guard.

The committee submitted 17 recommendations to the Secretary of Defense on the following topics: accession and marketing, recruiting strategies, propensity to serve, mid-career retention, dual-military co-location policies, gender integration, key opportunities and assignments, gender integrated boxing, physiological gender differences, parent leave policies, childcare resources, family care plan policies, and the impacts of social media and sexual harassment online.

Established in 1951, DACOWITS is one of the oldest DoD federal advisory committees. The committee was created following the signing of the 1948 Women's Armed Services Integration Act. The law enabled women to serve as permanent, regular members of the Armed Forces in the Army, Navy, Marine Corps, and Air Force. Over the years, DACOWITS has been instrumental to the DoD and has made significant contributions on topics including opening career fields, specialties, schooling and training to women; developing gender neutral occupational standards; improving to the health of deployed servicewomen; and increasing marketing, accessions and recruiting.

Electronic copies of the committee's annual reports and additional information about DACOWITS can be found at

<http://dacowits.defense.gov/Portals/48/Documents/Reports/2017/Annual%20Report/DACOWITS>

- **The Defense Health Agency acknowledged that there are backlogs, call wait times and limited provider choice for beneficiaries in the West Region, which Health Net Federal Services (HNFS) began managing on Jan. 1, 2018.**

Specifically:

Referral Backlog: HNFS is experiencing a large backlog processing referrals and authorizations. Medically urgent requests get priority in processing. This backlog was caused by many issues, including duplicate and incomplete submissions from providers.

- Between now through March 18, the Defense Health Agency (DHA) is allowing HNFS to [waive its usual authorization process](#) for TRICARE Prime referrals in the West Region. This means that if you get a referral from your provider, you can download a [referral and authorization waiver letter](#), then seek TRICARE outpatient covered service specialty care. Prior authorization is still required for inpatient, applied behavior analysis (ABA), laboratory developed test (LDT) and Extended Health Care Option (ECHO) services.
- West Region beneficiaries referred to a specialty care provider by their primary care manager (PCM) between now and March 18 should ensure their PCM provides them with a [TRICARE West Region Referral/Authorization Waiver Approval Letter](#).
- If you have received a referral on or after Jan. 1 from your PCM for specialty care but have not received an authorization from HNFS, you should present your referral for specialty care and [TRICARE West Region Referral/Authorization Waiver Approval Letter](#) to a TRICARE-authorized provider.
- Additionally, HNFS is working to process all requests within TRICARE standards by extending operating hours and adding additional staff. Simplified TRICARE urgent care guidelines allow most beneficiaries to seek urgent care without a referral or visit limits.

Call Center Wait Times: HNFS is experiencing extremely high call volumes. They are currently working to meet the increased demand by hiring additional temporary staff and cross-training. In the meantime, self-service options are available at www.tricare-west.com.

Enrollment Backlog: During the system-wide, three-week enrollment freeze in December 2017, enrollments were received but couldn't be processed. HNFS is now processing the backlogged enrollments in addition to the January enrollments. Beneficiaries may check their current status on milConnect or register at www.tricare-west.com for additional self-service options.

Expanded Provider Network and Delivery: HNFS is working to improve the completeness and accuracy of the HNFS provider directory. While TRICARE contractors consistently update their information, the provider directories are dependent upon network providers and facilities to provide accurate information and to update that information whenever there are changes.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) and the Cohen Veterans Network, Inc., (CVN) announced a new partnership to increase veterans' access to mental health resources to reduce veteran suicides.**

The partnership will allow VA and CVN to work together to advance and improve veterans' mental health and well-being and expand and promote community collaboration to increase veterans' access to mental health resources.

As part of the collaboration, VA and CVN will:

- Work together on potential mental health education initiatives, consumer marketing and public health messaging
- Discuss potential locations for Cohen Clinics in regions believed to have underserved Veterans in need of mental health care services
- Collaborate to share publicly available, VA-developed educational resources for health care providers, such as military culture training and suicide prevention training with CVN staff and clinic employees.

For more information about VA mental health services, visit www.mentalhealth.va.gov. For information about the Cohen Veterans Network, please visit <https://www.cohenveteransnetwork.org>.

Veterans in crisis or having thoughts of suicide — and those who know a Veteran in crisis — should call the Veterans Crisis Line for confidential support 24 hours a day and 365 days a year. Call 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or text to 838255.

- **The U.S. Department of Veterans Affairs (VA) has modernized its leasing program to better align the agency's major lease procurements with other federal agencies and the private sector, with an emphasis on increased competition, cost savings and speed to market.**

VA will use a new set of bidding and contractual documents that simplifies and streamlines the lease-procurement process in order to encourage more competition and innovation from the market.

The bidding and contractual documents coincide with a move to the use of local codes and private sector healthcare facility best practices, in lieu of relying on standards unique to VA. VA will adopt the [Interagency Security Committee](#) standards for physical security, which allow for a customized, risk-based security approach that is right for each facility, instead of a one-size-fits-all approach.

VA anticipates that this new approach will allow for greater competition from existing buildings, and represent a process that affords private-sector developers the ability to innovate solutions at the most competitive pricing possible.

VA remains committed to providing high-quality care and an improved patient experience to our nation's Veterans. VA invites offerors and interested parties to view its major lease procurements on the Federal Business Opportunities website at www.fbo.gov.

GENERAL HEALTH CARE NEWS

- **The U.S. Food and Drug Administration released several guidance documents related to the Nutrition Facts label final rule.**

The final guidance explaining how the FDA evaluates the scientific evidence supporting citizen petitions to add certain isolated or synthetic non-digestible carbohydrates to the regulatory definition of dietary fiber.

The FDA published the Nutrition and Supplement Facts Label Final Rule on May 27, 2016. In the rule, it established a definition for the term "dietary fiber" to ensure that only fibers with a beneficial physiological effect on human health could be declared as dietary fiber on the food

label. That definition includes naturally occurring fibers like those found in fruits, vegetables, and whole grains, and seven isolated (i.e., extracted from plant sources) or synthetic non-digestible carbohydrates (NDCs), each having a physiological health benefit.

A manufacturer may submit a citizen petition for FDA's consideration to add a given isolated or synthetic NDC to the FDA's regulatory definition of "dietary fiber." The citizen petition should provide scientific evidence that shows the NDC has a beneficial physiological effect on human health.

This final science review guidance will help petitioners understand the level and type of evidence needed to demonstrate whether an NDC has a physiological effect that is beneficial to human health. Such data should be submitted as part of any citizen petition seeking to add a NDC to the definition for dietary fiber.

Reducing the rise in blood sugar or glucose levels after people consume a food or beverage would be an example of a physiological effect that is beneficial to human health. In the final guidance, the FDA clarifies that in order for a study to assess whether an NDC reduces blood glucose and/or insulin levels, the NDC should be added to a food or beverage containing sugar or starch and should not replace any sugars or starches since those refined carbohydrates cause the rise in blood glucose levels. It is also important that the NDC is added to a food or beverage with the same amount of sugar or refined carbohydrate as in the food or beverage that is provided to the study's control group.

The FDA is moving forward now to respond to citizen petitions requesting that the agency include additional NDCs in the regulatory definition of "dietary fiber," to finalize the rule regarding the compliance dates for the Nutrition Facts label rules, and to issue several additional technical guidance documents related to nutrition labeling.

In addition to the final science review guidance, the FDA issued a draft guidance about the declaration of added sugars on honey, maple syrup, and certain cranberry products; a final guidance about the labeling of honey and honey products; a final guidance about reference amounts customarily consumed (RACCs); and a small entity compliance guide for the Serving Size final rule.

Resources include:

- [Statement from FDA Commissioner Scott Gottlieb, M.D. - FDA's New Efforts to Advance Implementation of the New Consumer Nutrition Facts Label for Foods](#)
- [Industry Resources on the Changes to the Nutrition Facts Label](#)
- [Questions and Answers for Industry on Dietary Fiber](#)
- [Guidance for Industry: Scientific Evaluation of the Evidence on the Beneficial Physiological Effects of Isolated or Synthetic Non-digestible Carbohydrates Submitted as a Citizen Petition \(21 CFR 10.30\)](#)
- [Draft Guidance for Industry: Declaration of Added Sugars on Honey, Maple Syrup, and Certain Cranberry Products](#)

REPORTS/POLICIES

- **The GAO published "*Military Personnel: Additional Actions Needed to Address Gaps in Military Physician Specialties*," (GAO-18-77) on Feb. 28, 2018.** In this report, GAO assessed the extent to which DoD has experienced gaps between its military physician authorizations and end strengths, and has an approach to address key gaps; has enrolled students who meet minimum qualifications, and tracked data to evaluate their performance; and knows the costs of educating scholarship and University medical students.

HILL HEARINGS

- The Senate and House Veterans Affairs Committees will hold a joint hearing on **March 6, 2018**, to examine testimony the legislative presentation of multiple veterans service organizations (PVA, AMVETS, VVA, AXPOW, IAVA, AUSN, WWP, NGAUS, NCOA).
- The Senate and House Veterans Affairs Committees will hold a joint hearing on **March 7, 2018**, to examine testimony the legislative presentation of the American Legion.

LEGISLATION

- **H.R.2422** (introduced Feb. 27, 2018): Action for Dental Health Act of 2017 was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Representative Robin L. Kelly [D-IL-2]
- **H.R.5124** (introduced Feb. 27, 2018): To require the Secretary of Health and Human Services to establish a community action opioid response grant program was referred to the House Committee on Education and the Workforce. Sponsor: Representative Betty McCollum [D-MN-4]
- **S.2469** (introduced Feb. 28, 2018): A bill to amend the Public Health Service Act to enhance efforts to address antibiotic resistance, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Sherrod Brown [D-OH]
- **H.R.5102** (introduced Feb. 27, 2018): To amend the Public Health Service Act to authorize a loan repayment program for substance use disorder treatment employees and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Katherine M. Clark [D-MA-5]
- **H.R.5128** (introduced Feb. 27, 2018): To authorize the Secretary of Agriculture to award grants to tribal health programs located on reservations impacted by uranium mining or milling, and for other purposes was referred to the House Committee on Agriculture. Sponsor: Representative Tom O'Halleran [D-AZ-1]
- **H.R.5115** (introduced Feb. 27, 2018): To expand and improve the programs and activities of the Department of Health and Human Services for awareness, education, research, surveillance, diagnosis, and treatment concerning rare diseases and conditions referred to the House Committee on Energy and Commerce. Sponsor: Representative Andre Carson [D-IN-7]
- **S.2465** (introduced Feb. 28, 2018): A bill to amend the Public Health Service Act to reauthorize a sickle cell disease prevention and treatment demonstration program and to provide for sickle cell disease research, surveillance, prevention, and treatment was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Tim Scott [R-SC]
- **S.2451** (introduced Feb. 26, 2018): A bill to require the Secretary of Health and Human Services to consider State analysis and sharing of prescription drug monitoring program data in determining prescription drug monitoring program grants to States was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Bill Cassidy [R-LA]
- **H.R.5121** (introduced Feb. 27, 2018): To amend title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under chapter 89 of title 5, United States Code was referred to the House Committee on Armed Services. Sponsor: Representative Trent Kelly [R-MS-1]:

- **H.R.1222** (introduced Feb. 27, 2018): Congenital Heart Futures Reauthorization Act of 2017 was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Representative Gus M. Bilirakis, [R-FL-12]
- **H.R.5097** (introduced Feb. 27, 2018): PAVE Act of 2018 was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Tom Rice [R-SC-7]

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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