

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House will be in recess until March 16, 2015.**

MILITARY HEALTH CARE NEWS

- **The Department of Defense released the Quarterly Suicide Report (QSR) for the third quarter of calendar year 2014.**

The QSR is intended to communicate the department's suicide data on a routine basis. The report summarizes suicide counts for all services and components during the months of July through September of 2014. There were 56 suicides among service members in the active component, 20 suicides among service members in the reserves, and 26 suicides among service members in the National Guard.

The report also includes the annual suicide counts for calendar years 2012 and 2013. The QSR is available [here](#). Additional information is available on the Defense Suicide Prevention Office website at www.suicideoutreach.org.

Service members and their families who need support can reach out to the Military Crisis Line, which offers free and confidential support for those in crisis. Support is available through the crisis line phone number, online chat, and text-messaging services for all service members (active, National Guard and reserves) and veterans 24 hours a day, 7 days a week, 365 days a year by visiting the Military Crisis Line website at <http://www.veteranscrisisline.net/ActiveDuty.aspx>; Online Chat at:

<http://www.veteranscrisisline.net/ChatTermsOfService.aspx>; sending a text to: 838255 or calling toll free at: 1-800-273-8255, Press 1.

- **The United States Navy Reserves celebrates its 100th anniversary this year.** Defense Secretary Carter Ash recognized Navy reservists service in a statement, which can be found here: <http://www.defense.gov/Releases/Release.aspx?ReleaseID=17163>
- **The Department of Defense announced that Col. James. J. Burks has been selected for the grade of brigadier general, and assigned as director, manpower, personnel and resources, and chief, Medical Service Corps, Office of the Surgeon General, Headquarters U.S. Air Force in Falls Church, Virginia; and director, Air Force Medical Support Operations, and administrator, Air Force .** He previously served as medical Operations Agency, Joint Base San Antonio-Lackland-Kelly, Texas, to director, manpower, personnel and resources, and chief, Medical Service Corps, Office of the Surgeon General, Headquarters U.S. Air Force, Falls Church, Virginia
- **TRICARE and Kaiser Permanente deliver the best customer experience of any health plan, according to the 2015 Temkin Experience Ratings, an annual customer experience ranking of companies based on a survey of 10,000 U.S. consumers.**

Overall, health plans placed 18th out of 20 industries in the 2015 Temkin Experience Ratings, earning an average score of 54%, which falls into the studies "poor" range. The average decreased by 1.9 percentage-points from last year's Temkin Experience Ratings.

TRICARE took the top spot out of 15 health plans, with a rating of 67 percent, placing it 128th overall out of 293 companies across 20 industries. Kaiser Permanente came in second in the industry with a rating of 66% and an overall ranking of 136th. TRICARE and Kaiser Permanente have been jockeying for the highest health plan scores since the Ratings began in 2011.

Medicaid (+6 points) and TRICARE (+5 points) were the only health plans to improve their ratings between 2014 and 2015.

Now in its fifth year of publication, the *2015 Temkin Experience Ratings* is the most comprehensive benchmark of customer experience in the industry, evaluating 293 companies across 20 industries: airlines, appliance makers, auto dealers, banks, car rental agencies, computer makers, credit card issuers, fast food chains, health plans, hotel chains, insurance carriers, Internet service providers, investment firms, parcel delivery services, retailers, software firms, supermarket chains, TV service providers, utilities, and wireless carriers.

To generate these ratings, Temkin Group asked 10,000 U.S. consumers to evaluate their recent experiences with a company across three dimensions: *success* (can you do what you want to do?), *effort* (how easy is it to work with the company?), and *emotion* (how do you feel about the interactions?). Temkin Group then averaged these three scores to produce each company's Temkin Experience Rating.

In these ratings, a score of 70 percent or above is considered "good," and a score of 80 percent or above is considered "excellent." In this year's *Temkin Experience Ratings*, 37 percent of companies earned a "good" or "excellent" score, while 26 percent received a "poor" or "very poor" score.

The *2015 Temkin Experience Ratings*, along with other ratings, can be accessed at the Temkin Ratings website, www.TemkinRatings.com.

- **The Defense Health Agency (DHA) announced Express Scripts, the TRICARE pharmacy contractor, will screen all ingredients in compound drug claims to ensure they are safe and effective, and covered by TRICARE, effective May 1, 2015.**

This screening process is like the one TRICARE already uses for other prescription drugs, but it will now apply to the ingredients in compound drugs.

Compound drugs are a combination of drug ingredients prepared by a pharmacist for a patient's individual needs. TRICARE beneficiaries taking a compound drug likely to be impacted by the change will soon receive a letter explaining the new process for screening compound drugs, and what steps they should follow.

Use of compound drugs has increased greatly in recent years. However, some compound drug ingredients have limited or no evidence that they are safe and effective. If a compound does not pass an initial screen, the pharmacist can switch a non-approved ingredient with an approved one, or request the doctor write a new prescription. If this is not possible, the doctor may ask Express Scripts to consider other evidence by requesting a prior authorization.

For more information about TRICARE coverage of compound drugs, visit the [TRICARE Compound Drugs page](#).

- **The Department of Defense published a notice to announce a Federal Advisory Committee meeting of the Uniform Formulary Beneficiary Advisory Panel will be held on March 26, 2015 at the Naval Heritage Center in Washington D.C.**

The Panel will review and comment on the following therapeutic classes:

- Pulmonary Artery Hypertension: Transmucosal Immediate Release
- Fentanyl Products
- Oral Oncology Agents—Prostate I & II
- Designated Newly Approved Drugs in Already-Reviewed Classes
- Pertinent Utilization Management Issues

For more information: <http://www.gpo.gov/fdsys/pkg/FR-2015-03-06/pdf/2015-05205.pdf>

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) released key findings and recommendations of its initial clinical review into opioid prescription practices at the Tomah VA Medical Center (VAMC).**

The study found unsafe clinical practices at the Tomah VAMC in areas such as pain management and psychiatric care. More specifically, 6 of 18 cases revealed that patient harm (examples of falls) that could be at least partially attributable to prescribing practices (multiple CNS depressants and/or high dose opioids); 9 of 18 lacked evidence of changing the treatment plan in the face of aberrant behaviors; and 12 of 18 demonstrated extensive use of opioids and benzodiazepines.

Researchers also found 11.5 percent of Tomah patients receive opioid medications as compared to 14.6% of patients VA wide. The team also found that Tomah patients were 2.5 times more likely than the national average to be prescribed opioids greater than 400 morphine equivalents per day (1.08 percent vs. 0.42 percent). They were also more likely than the national average to be prescribed opioid doses between 200-300 morphine equivalents per day (1.53 percent vs. 1.2

percent). With respect to the use of benzodiazepines and opioids concomitantly, which is discouraged due to risks of complications, the team found that Tomah VAMC was almost double the national average (20.4 percent vs. 11.7 percent).

Based on these preliminary findings, the team recommended that VA consider a more in-depth evaluation of the clinical and administrative practices at the Tomah VAMC. An administrative review team from VA's Office of Accountability Review (OAR) is continuing to look at allegations of retaliation against employees and other accountability issues related to Tomah VAMC leadership. Investigators from the independent VA Office of Inspector General and the Department of Justice's Drug Enforcement Administration have also been on site.

In January, Secretary of Veterans Affairs Robert A. McDonald directed Interim Under Secretary for Health Dr. Carolyn Clancy to lead a comprehensive review of medication prescription practices at the Tomah VA Medical Center. Dr. Clancy charged the Clinical Review Team to assess the practice patterns, controlled substance prescribing habits, and administrative interactions with subordinates and clinical leadership as related to prescribing practices.

Go to this highlighted link, [for a summary of Phase One Clinical Review Findings](#)

- **The Department of Veterans Affairs (VA) is accelerating the deployment of a state-of-the-art tool to help protect veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications.**

The tool, Opioid Therapy Risk Report, is being made available now to all staff in the Veterans Health Administration (VHA). Over the past week, VA's Interim Under Secretary for Health, Dr. Carolyn Clancy, has reached out to over 2,000 primary care providers in VHA clinics throughout the country to promote the use of this novel tool. It includes information about the dosages of narcotics and other sedative medications, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients.

The Opioid Therapy Risk Report allows VA providers to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive veteran-centered and more efficient level of management not previously available to primary care providers. VHA is actively deploying training aids to providers and facilities now and over the next several weeks to familiarize them with how to utilize this tool in their daily practice.

Overuse and abuse of prescription opioids is a significant public health issue, particularly since patients in pain are at risk for potential negative outcomes including unintended overdose, adverse medical reactions, and mental health complications. VA established the Opioid Safety Initiative (OSI) in 2012 to enhance safe and effective pain care for veterans. As a result, there are currently:

- 91,614 fewer patients receiving opioids;
- 29,281 fewer patients receiving opioids and benzodiazepines together;
- 71,255 more patients on opioids that have had a urine drug screen to help guide treatment decisions; and
- 67,466 fewer patients on long-term opioid therapy.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services announced that nearly 11.7 million consumers selected or were automatically re-enrolled in quality, affordable health insurance coverage through the Health Insurance Marketplace as of Feb. 22.**

The report found that of those, 8.84 million (76 percent) were in states using the HealthCare.gov platform and 2.85 million (24 percent) were in the 14 states (including Washington, D.C.) using their own Marketplace platforms. Nearly 7.7 million individuals with a plan selection in the states using HealthCare.gov qualified for an average tax credit of \$263 per month and more than half (55 percent) paid \$100 or less per month after tax credits.

According to the report, nationwide, more than 4.1 million consumers under the age of 35 are signed up for Marketplace coverage (35 percent of all plan selections compared to 34 percent of plan selections at the [end of 2014 Open Enrollment](#)). Almost 3.3 million consumers 18 to 34 years of age are signed up for Marketplace coverage. As in 2014, that's 28 percent of all plan selections.

The report includes data for individuals who selected or were automatically re-enrolled in coverage through Feb. 21 for 12 states and Washington, D.C. using their own Marketplace platforms and through Feb. 22 for the 37 states using the HealthCare.gov platform (including Oregon and Nevada), as well as California which is a state based Marketplace.

The report also includes detailed findings at the state-by-state level for the 37 states that use HealthCare.gov, and where reported for the state based Marketplaces. For example, almost 1.5 million Floridians—93 percent of all plan selections—qualified for an average tax credit of \$294. More than a million Texans qualified for an average tax credit of \$239. More than 500,000 residents of North Carolina qualified for an average tax credit of \$315.

Beginning March 15, CMS will offer a Special Enrollment Period to consumers in HealthCare.gov states who are subject to the fee for not having health care coverage in 2014, but who were unaware of or did not understand the implications of the new requirement. Visit HealthCare.gov to learn more. Find local help at: Localhelp.healthcare.gov/ or call the Federally-facilitated Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855- 889-4325. Translation services are available. The call is free.

To read the monthly enrollment report click [here](#).

- **Two out of 3 people diagnosed with cancer survive five years or more, according to a Centers for Disease Control and Prevention (CDC) report.**

The report found that the most common cancer sites continue to be cancers of the prostate (128 cases per 100,000 men), female breast (122 cases per 100,000 women), lung and bronchus (61 cases per 100,000 persons), and colon and rectum (40 cases per 100,000 persons). Among these common cancer sites, 5-year relative survival was 97 percent for prostate cancer, 88 percent for breast cancer, 63 percent for colorectal cancer, and 18 percent for lung cancer.

The cancer survivor estimates are from CDC's National Program of Cancer Registries. CDC scientists reviewed the most recent data on cases of invasive cancers reported during 2011. With the exception of urinary bladder cancer, invasive cancer is defined as cancer that has spread to surrounding normal tissue from where it began.

The authors noted that disparities in cancer incidence still persist, with greater rates among men than women and the highest rates among blacks. Additionally, 5-year relative survival after any cancer diagnosis was lower for blacks (60 percent) than for whites (65 percent).

Data by state show incidence rates for all cancer sites ranged from 374 cases per 100,000 persons in New Mexico to 509 cases per 100,000 persons in the District of Columbia.

The full report, "Invasive Cancer Incidence and Survival – United States, 2011," can be found at www.cdc.gov/mmwr.

- **With more than 86 million Americans living with pre-diabetes and nearly 90 percent of them unaware of it, the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC) announced that they have joined forces to take urgent action to [Prevent Diabetes STAT](#) and are urging others to join in this critical effort.**

Prevent Diabetes STAT: Screen, Test, Act - Today™, is a multi-year initiative that expands on the robust work each organization has already begun to reach more Americans with pre-diabetes and stop the progression to type 2 diabetes, one of the nation's most debilitating chronic diseases. Through this initiative, the AMA and CDC are sounding an alarm and shining a light on pre-diabetes as a critical and serious medical condition.

People with pre-diabetes have higher-than-normal blood glucose levels but not high enough yet to be considered type 2 diabetes. Research shows that 15 percent to 30 percent of overweight people with pre-diabetes will develop type 2 diabetes within five years unless they lose weight through healthy eating and increased physical activity.

As an immediate result of this partnership, the AMA and CDC have co-developed a [toolkit](#) to serve as a guide for physicians and other health care providers on the best methods to screen and refer high-risk patients to diabetes prevention programs in their communities. The toolkit along with additional information on how physicians and other key stakeholders can *Prevent Diabetes STAT* is available [online](#). There is also an online screening tool for patients at www.preventdiabetesstat.org to help them determine their risk for type 2 diabetes.

REPORTS/POLICIES

- **The Institute of Medicine published “*Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products,*” on March 12, 2015.** In 2013, as requested by the U.S. Food and Drug Administration (FDA), the IOM convened a committee to conduct a study on the public health implications of raising the minimum age to purchase tobacco products. In the report, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, the committee of experts reviews existing literature on tobacco use initiation, developmental biology and psychology, and tobacco policy and predicts the likely public health outcomes of raising the MLA for tobacco products to 19 years, 21 years, and 25 years. The committee also uses mathematical modeling to quantify these predictions. <http://www.iom.edu/Reports/2015/TobaccoMinimumAgeReport.aspx>
- **The Institute of Medicine published “*Review of VA Clinical Guidance for the Health Conditions Identified by the Camp Lejeune Legislation,*” on March 11, 2015.** To ensure that the clinical guidance for the 15 covered medical conditions listed in Public Law 112-154 is “scientifically sound,” the U.S. Department of Veterans Affairs (VA) asked the IOM to convene an ad hoc committee to review the guidance for VA staff and make recommendations for its improvement. <http://www.iom.edu/Reports/2015/VA-Clinical-Guidance.aspx>

HILL HEARINGS

- The Senate Appropriations Subcommittee on Military Construction and Veterans Affairs, and Related Agencies will hold a hearing on **March 17, 2015**, to examine proposed budget estimates

and justification for fiscal year 2016 for the military services.

- The House Veterans Affairs Committee will hold a hearing on **March 18, 2015**, to receive legislative presentations from multiple military and veterans service organizations.
- The Senate Appropriations: Subcommittee on Department of Defense will hold a hearing on **March 25, 2015**, to examine proposed budget estimates and justification for fiscal year 2016 for the Defense Health Program.

LEGISLATION

- **H.R.1341** (introduced March 6, 2015): To amend the Internal Revenue Code of 1986 to adjust the phase-out of the health insurance tax credit for geographic variations in the cost-of-living was referred to the House Committee on Ways and Means.
Sponsor: Representative Mike Thompson [CA-5]
- **H.R.1342** (introduced March 6, 2015): To amend title XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare program, and for other purposes was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.
Sponsor: Representative Greg Walden [OR-2]
- **H.R.1344** (introduced March 6, 2015): To amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Brett Guthrie [KY-2]
- **H.R.1345** (introduced March 10, 2015): To amend title XIX of the Social Security Act to extend to physician assistants eligibility for Medicaid incentive payments for the adoption and use of certified electronic health records, whether or not such physician assistants practice at a rural health center or Federally qualified health center was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Karen Bass [CA-37]
- **H.R.1348** (introduced March 10, 2015): To amend the Patient Protection and Affordable Care Act to allow individuals to opt out of the minimum required health benefits by permitting health insurance issuers to offer qualified health plans that offer alternative benefits to the minimum essential health benefits otherwise required, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Renee L. Ellmers [NC-2]
- **S.709** (introduced March 11, 2014): A bill to amend the Internal Revenue Code of 1986 to repeal the amendments made by the Patient Protection and Affordable Care Act which disqualify expenses for over-the-counter drugs under health savings accounts and health flexible spending arrangements was referred to the Committee on Finance.
Sponsor: Senator Pat Roberts [KS]
- **S.711** (introduced March 11, 2015): A bill to amend section 520J of the Public Service Health Act to authorize grants for mental health first aid training programs was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Kelly Ayotte [NH]
- **S.715** (introduced March 11, 2015): A bill to improve the provision of mental health care to members of the Armed Forces and veterans from the Department of Defense and the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Joe Donnelly [IN]

- **S.717** (introduced March 11, 2015): A bill to designate certain non-Department mental health care providers who treat members of the Armed Forces and veterans as providers who have particular knowledge relating to the provision of mental health care to members of the Armed Forces and veterans, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Joe Donnelly [IN]

MEETINGS

- The ACHE Congress on Healthcare Leadership will be held on **March 16-19, 2015**, in Chicago, Ill. <http://www.ache.org/congress/>
- The 12th Annual World Health Care Congress will be held on **March 22-25, 2015**, in Washington DC. <http://www.worldcongress.com/events/HR15000/>
- The HIMSS Annual Conference and Exhibition will be held on **April 12-16, 2015**, in Chicago, Ill. <http://www.himssconference.org/>
- The 5th Annual Traumatic Brain Injury Conference will be held **April 15-16, 2015**, in Washington DC. <http://tbiconference.com/home/>
- The Heroes of Military Medicine Awards will be held on **May 7, 2015**, in Washington, DC. <http://www.hjfc3.org/heroes-dinner>
- 2015 AMSUS Annual Continuing Education Meeting - The Society Of The Federal Health Professionals will be held on **Dec. 1-4, 2015**, in San Antonio, Texas. <http://amsusmeetings.org/annual-meeting/>

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.