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**

- There were no health-related executive announcements this week.

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**MILITARY HEALTH CARE NEWS**

- The Defense Health Agency released the latest version of the Military Acute Concussion Evaluation, known as the MACE 2.

  The MACE 2 is for use by all medically trained personnel who treat service members with suspected traumatic brain injury (TBI). This includes medics, corpsmen, and other health care providers.

  The Defense and Veterans Brain Injury Center, the Defense Health Agency’s Research and Development Directorate’s traumatic brain injury center of excellence, developed the MACE 2 from the 2012 version of MACE. The MACE 2 combines state-of-the-science advances in concussion care and feedback from military end users. The result is a more thorough tool to evaluate and document concussions in service members and veterans.

  In addition to broadening the base of users, the MACE 2 includes other important updates. The most significant is the addition of the Vestibular Ocular Motor Screening (VOMS). The VOMS helps providers assess vestibular and oculomotor functions in patients with suspected concussion. Additionally, DVBIC expanded portions of the MACE 2 neurological exam to increase clarity and comprehensiveness, including speech and balance testing. The MACE 2 also includes new instructions, “Red Flags,” observable signs and symptoms, and updated...
questions on the patient’s injury and medical history.

DVBIC has developed training tools to support providers’ transition to MACE 2 from earlier tools. “To ensure providers are up to date on the changes in the MACE 2 it is recommended that all medics, corpsmen, and health care providers should receive MACE 2 training,” said Stout. As with the 2012 MACE, the MACE 2 remains a free concussion-screening tool intended for use by military, veteran, and civilian medical personnel and is available for order in hard copy or digital download on the DVBIC website.

**TRICARE announced emergency procedures for prescription refills in Iowa and Nebraska due to flooding.**

It is effective throughout Nebraska and select counties in Iowa (Butler, Cerro Gordo, Clayton, Hancock, Harrison, Humboldt, Ida, Iowa, Kossuth, Mills, Monona, Montgomery, O'Brien, Pottawattamie, Sioux, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright).

To get an emergency refill, take your prescription bottle to any TRICARE retail network pharmacy (If possible, visit the pharmacy where the prescription was filled). To find a network pharmacy:

Call Express Scripts at 1-877-363-1303

Search the network pharmacy locator

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**VETERANS AFFAIRS NEWS**

- **The U.S. Department of Veterans Affairs (VA) and the Department of Defense (DOD) announced that they will host a biannual conference, the 2019 VA/DoD Suicide Prevention Conference, which will address suicide within the military and veteran communities.**

  The conference is guided by the National Strategy for Preventing Veteran Suicide and the Department of Defense Strategy for Suicide Prevention, which apply the holistic public health approach to reducing suicide rates among service members and veterans. This year’s conference theme — Many Roles. One Mission. — emphasizes the impact that individuals and communities can have in preventing suicide. VA and the DoD invite researchers, clinicians and community, nonprofit and business leaders from multiple sectors to submit abstracts for inclusion in the conference program.

  The conference location will be announced at a future date.

  Ahead of the 2019 VA/DoD Suicide Prevention Conference, scheduled Aug. 26-29, the departments are seeking abstracts for presentations, which must be submitted by 11:59 p.m. (EST) on March 29, 2019, at [https://whova.com/web/vspc_201908/](https://whova.com/web/vspc_201908/).

  To learn more about the efforts of VA’s Office of Mental Health and Suicide Prevention, visit [https://www.mentalhealth.va.gov/suicide_prevention](https://www.mentalhealth.va.gov/suicide_prevention).

- **The U.S. Department of Veterans Affairs (VA) announced its health care providers will now be able to offer the newly approved Spravato nasal spray for treatment-resistant depression.**

  The treatment will be made available to veterans based on their individual medical needs combined with providers’ clinical assessments.
The move follows the March 5 Food and Drug Administration (FDA) approval of Spravato ( esketamine) nasal spray. Spravato was approved for use in conjunction with an oral antidepressant for the treatment of treatment-resistant depression in adults.

Spravato will be available through a restricted distribution system under an FDA-approved Risk Evaluation and Mitigation Strategy (REMS). The purpose of the REMS is to mitigate the risks of serious adverse outcomes and the potential abuse and misuse of Spravato.

VA health care providers will monitor veterans for serious adverse outcomes, such as sedation and difficulty with attention, judgment and thinking (dissociation), abuse and misuse, worsening of depression and suicidal thoughts and behaviors.

Veterans will self-administer Spravato nasal spray under the direct observation of a health care provider in a certified medical facility, and then must be monitored by a health care provider for at least two hours after receiving their dose. Spravato cannot be dispensed directly to Veterans for use at home.

For additional information on access to Mental Health Support for Veterans, visit VA Mental Health. Veterans in immediate crisis may call the Veterans Crisis Line at 800-273-8255 and press 1, text to 838255 or chat online at Veterans Crisis Line.

- The U.S. Department of Veterans Affairs (VA) announced it is on track to eliminate the hepatitis C virus (HCV) in as few as two months, in all veterans willing and able to be treated.

As of March 3, nearly 116,000 veterans started all-oral hepatitis C medications in VA, of which 96,654 veterans completed treatment and have been cured.

HCV infection can lead to advanced liver disease (ALD), liver cancer and death. Treatment of HCV can prevent development or progression of ALD, greatly improving survival. However, before 2014, HCV treatment required weekly interferon injections for up to a year, with low cure rates (35-55 percent) among Veterans and significant physical and psychiatric side effects leading to frequent early discontinuation.

Up to that time, of the approximately 180,000 veterans in VA care who had been diagnosed with chronic HCV infection, only 12,000 had been treated and cured, while over 30,000 had developed ALD.

In early 2014, highly effective, less toxic, all-oral, direct-acting antivirals became available, revolutionizing the treatment of HCV. With the support of Congress and other stakeholders, VA implemented an aggressive program to find all undiagnosed veterans in VA care with HCV — including those who did not know they carried the infection — link them to HCV care, and offer them treatment with these new medications.

At the peak of this effort to rapidly deploy all-oral direct-acting antivirals, VA began treating close to 2,000 veterans with HCV every week; nearly one treatment started every minute of every work day.

As a result of this historic effort, the overall death rate one year after treatment reduced to 80 percent among veterans in VA care with HCV. Veterans cured of HCV with these medications were also 84 percent less likely to develop liver cancer.

The announcement cements VA’s position as a national leader in diagnosis and treatment of HCV and marks a major milestone in the nation’s fight against viral hepatitis. VA is on track to treat more than 125,000 Veterans with these lifesaving medications by October. Currently, fewer than 27,000 veterans in VA care remain to be treated.

All marketed hepatitis C medications are on the VA National Formulary Hepatitis C medications used today have few side effects and can be administered as a once a day treatment for as little
as eight weeks.
For more information, visit https://www.hepatitis.va.gov/

GENERAL HEALTH CARE NEWS

- The U.S. Department of Health and Human Services (HHS) released an additional $487 million to supplement first-year funding through its State Opioid Response (SOR) grant program.

  This funding will expand access to treatment that works, especially to medication-assisted treatment (MAT) with appropriate social supports.

  The State Opioid Response grants administered by HHS’s Substance Abuse and Mental Health Services Administration (SAMHSA) aim to address the opioid crisis by increasing access to MAT using the three Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.

  Last summer, SAMHSA announced the first year of SOR funding. States and territories received funding based on a formula, with a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths.

  Other funding, including $50 million for tribal communities under the Tribal Opioid Response (TOR) grant program, has been awarded separately. These programs are built from the foundations laid in the $1 billion provided to states and territories through SAMHSA’s Opioid State Targeted Response (STR) program. SAMHSA has complemented the work of the STR program with a national center of excellence that provides technical assistance and training to leverage local subject matter experts at the community level to sharpen treatment access and delivery.

  SAMHSA also operates a 24/7, national Helpline that people can call to find treatment referral resources for mental health or substance use disorders: 800-662-HELP (4357). People can visit https://findtreatment.samhsa.gov/ to locate those resources, as well.

  To learn more about SAMHSA-supported resources, please visit SAMHSA’s Prescription Drug Misuse and Abuse page.

REPORTS/POLICIES

- The GAO published “Private Health Insurance: Enrollment Remains Concentrated among Few Issuers, including in Exchanges,” (GAO-19-306) on March 21, 2019. This is report describes changes in the concentration of enrollment among issuers in overall individual, small group, and large group markets, and individual and small group exchanges. https://www.gao.gov/assets/700/697746.pdf

- The Academies of Science Engineering and Medicine published “Medications for Opioid Use Disorder Save Lives” on March 21, 2019. This report examines the evidence base for medications to treat opioid use disorder to identify barriers that prevent people from accessing safe, effective, medication-based treatment. http://www.nationalacademies.org/hmd/Reports/2019/medications-for-opioid-use-disorder-save-
HILL HEARINGS

- The House Armed Services Committee will hold a hearing on **March 26, 2019**, to examine the Fiscal Year 2020 National Defense Authorization Budget Request from the Department of Defense.
- The House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies on **March 26, 2019**, to examine the Military Installations and BRAC Overview Budget.
- The Senate Armed Services Committee will hold a hearing on **March 26, 2019**, to examine the posture of the Department of the Army in review of the Defense Authorization Request for fiscal year 2020 and the Future Years Defense Program.
- The Senate Committee on Health, Education, Labor and Pensions will hold a hearing on **March 26, 2019**, to examine implementing the 21st Century Cures Act, focusing on making electronic health information available to patients and providers.
- The Senate Veterans Affairs Committee will hold a hearing on **March 26, 2019**, to examine the budget request for fiscal year 2020 and advanced appropriations requests for fiscal year 2021 for the Department of Veterans Affairs.
- The House Committee on The Budget will hold a hearing on **March 27, 2019**, to examine the Department of Defense Fiscal Year 2020 Budget Request.
- The House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies on **March 27, 2019**, to examine on Veterans Affairs FY 2020 Budget

LEGISLATION

- **H.R.1812** (introduced March 18, 2019): A bill to amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to certain individuals was referred to the House Committee on Veterans’ Affairs. Sponsor: Representative David P. Roe, David P. [R-TN-1]
- **H.R.1801** (introduced March 14, 2019): A bill to direct the Secretary of Defense to develop a strategy to recruit and retain mental health providers, to direct the Secretaries of the military departments to develop medication monitoring programs, and for other purposes was referred to the House Committee on Armed Services. Sponsor: Representative Lloyd Smucker [R-PA-11]

MEETINGS

- 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 katheroux@federalhealthcarenews.com.