

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- The House and Senate are in recess next week.
- **President Trump nominated Navy Rear Adm. (lower half) Ronny L. Jackson for appointment to the rank of rear admiral on March 23, 2018. On March 27, President Trump announced his intent to nominate Jackson to be the next Veterans Affairs Secretary, replacing Dr. David Shulkin.**

He is currently serving as attending physician to the president, and deputy assistant to the president.

Jackson graduated from Texas A&M University in 1991 with a Bachelor of Science in marine biology. He attended medical school at the University of Texas Medical Branch, graduating in 1995 with his Doctor of Medicine. He began his active duty naval service in 1995 at the Portsmouth Naval Medical Center in Virginia, where he completed his internship in transitional medicine.

In 2005 he joined the 2nd Marines, Combat Logistics Regiment 25, in Camp Lejeune, North Carolina. From there he deployed in support of Operation Iraqi Freedom as the emergency medicine physician in charge of resuscitative medicine for a forward deployed Surgical Shock Trauma Platoon in Taqaddum, Iraq.

In 2006, while still in Iraq, Jackson was selected as a White House physician, and has served the

past three administrations.

MILITARY HEALTH CARE NEWS

- **The Defense Health Agency is recommending its healthy beneficiaries ages 50+ get the new shingles vaccine.**

The vaccine, Shingrix, is recommended for healthy adults 50 and older to prevent shingles, a painful skin rash that can have debilitating long-term effects for older people. People who have had the chickenpox are at risk for getting shingles.

Anywhere from 90 to 99 percent of people now over the age of 40 had chickenpox, before there was a chickenpox vaccine. About one-third will get shingles at some point in their lives, if they're not protected.

An earlier shingles vaccine was introduced in 2006. But that vaccine was for people 60 and older when it first came out, and only about 70 percent effective in offering full protection against the virus. People who had the old vaccine will benefit from getting the new one. Even those who have had shingles should get the new vaccine because shingles can recur.

A virus called varicella zoster causes shingles. It's the same virus that causes chickenpox. After chickenpox clears, the virus stays dormant in the body. Health care experts don't know why, but the virus may erupt many years later as shingles.

Shingles usually develops as a stripe across one side of the body or face, according to the Centers for Disease Control and Prevention. People may feel pain, itching, or tingling in the area where the rash occurs a few days before it actually appears, the CDC said. Other symptoms may include fever, headaches, and chills.

A few days after the rash appears, it turns into fluid-filled blisters. They usually scab over after a week or 10 days, and then the scabs clear up a couple of weeks. The pain may persist even after the rash clears. Some people develop postherpetic neuralgia, or PHN.

The new vaccine is a two-dose series, with the second dose administered anywhere from two to six months after the first. A majority of patients have reported side effects for two or three days after vaccination, including headaches, fatigue, and nausea.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) and the U.S Digital Service announced their launch of an improved [Appeals Status](#) tool to increase transparency and enable veterans to track the progress of their benefits claims appeals.**

The tool, which went live March 21 on VA's [Vets.gov website](#), will allow veterans to access detailed information about the status of their benefits appeals and will include alerts about needed actions, as well as estimates of how long each step of the process takes.

Some veterans who have previewed the new tool said it had given them hope and helped them understand that the process might take longer than expected.

- **The U.S. Department of Veterans Affairs (VA) will begin accepting applications on April 2 from veterans interested in competing in the 2018 National Veterans Golden Age Games in Albuquerque, New Mexico, Aug. 3-8.**

Veterans ages 55 and older who are eligible for VA health care benefits may complete

applications online through May 2 at www.veteransgoldenagegames.va.gov.

Nearly 800 athletes are expected to compete in the national multi-sport competition for senior veterans. The event encourages participants to make physical activity a central part of their lives, and supports VA's comprehensive recreation and rehabilitation therapy programs.

Competitive events include air rifle, badminton, basketball, boccia, bowling, cycling, blind disc golf, golf, horseshoes, nine ball, pickleball, powerwalk, shuffleboard, swimming, table tennis and track and field. Exhibition events include air pistol, archery and floorball.

The games encourage participants to continue in local senior events in their home communities, and every other year serve as a qualifying event for competition in the National Senior Games. [The New Mexico VA Health Care System](#), which provides care for more than 59,000 veterans throughout New Mexico and Southern Colorado, will host this year's games.

For more information, visit www.veteransgoldenagegames.va.gov. Follow [VA Adaptive Sports](#) on Twitter, Facebook and Instagram @Sports4Vets.

GENERAL HEALTH CARE NEWS

- **HHS Secretary Alex Azar announced the appointment of two individuals:**

Daniel M. Best will be senior advisor to the Secretary for Drug Pricing Reform. Best will lead the initiative to lower the high price of prescription drugs. Best is an expert on both the pharmaceutical landscape and the largest single payer for prescription drugs, the Medicare Part D program. Best recently served as the corporate vice president of Industry Relations for CVSHealth's Medicare Part D business. Prior to working at CVS, Best spent 12 years at Pfizer Pharmaceuticals.

Brett Giroir, M.D., will serve as senior advisor to the Secretary for Mental Health and Opioid Policy. Giroir will be responsible for coordinating HHS's efforts across the Administration to fight America's opioid crisis. Giroir also serves as assistant secretary for health. He is a four-star admiral in the U.S. Public Health Service Commissioned Corps. Giroir is the former director of the Defense Science Office at the Defense Advanced Research Projects Agency (DARPA). He has spent his career leading major projects for academic institutions and the U.S. Departments of Defense, Health and Human Services, and Veterans Affairs.

- **According to the Wall Street Journal, Walmart is in early talks to buy Humana. If concluded, this would be the Walmart's deal ever. Humana is valued at about \$37 billion.**

Health care spending represents 18 percent of the U.S. economy in 2017 and is expected to grow as the population ages. By 2030, 1 in 5 Americans will be over age 65. In recent months, there have been other mega-deal announcements: Cigna is acquiring Express Scripts for \$54 billion; and CVS Health Corp. is buying Aetna for \$68 billion.

The acquisition could drive more of Humana's customers to Walmart's pharmacies. Today, Walmart and Humana partner to offer prescription drug plans for Medicare-eligible patients.

Humana Military, a subsidiary of Humana Inc., is the managed care contractor for the TRICARE East Region.

- **A Centers for Disease Control and Prevention (CDC) in-depth analysis of 2016 U.S. drug overdose data shows that America's overdose epidemic is spreading geographically and**

increasing across demographic groups.

Drug overdoses killed 63,632 Americans in 2016. Nearly two-thirds of these deaths (66%) involved a prescription or illicit opioid. Overdose deaths increased in all categories of drugs examined for men and women, people ages 15 and older, all races and ethnicities, and across all levels of urbanization.

CDC's new analysis confirms that recent increases in drug overdose deaths are driven by continued sharp increases in deaths involving synthetic opioids other than methadone, such as illicitly manufactured fentanyl (IMF).

CDC's analysis, based on 2015-2016 data from 31 states and Washington, D.C., showed:

Across demographic categories, the largest increase in opioid overdose death rates was in males between the ages of 25-44.

Overall drug overdose death rates increased by 21.5 percent.

- The overdose death rate from synthetic opioids (other than methadone) more than doubled, likely driven by illicitly manufactured fentanyl (IMF).
- The prescription opioid-related overdose death rate increased by 10.6 percent.
- The heroin-related overdose death rate increased by 19.5 percent.
- The cocaine-related overdose death rate increased by 52.4 percent.
- The psychostimulant-related overdose death rate increased by 33.3 percent.

IMF is mixed into counterfeit opioid and benzodiazepine pills, heroin, and cocaine, likely contributing to increases in overdoses involving these other substances.

Overdose death rates differ by state

Opioid death rates differed across the states examined in this study:

Death rates from overdoses involving synthetic opioids increased in 21 states, with 10 states doubling their rates from 2015 to 2016.

- New Hampshire, West Virginia, and Massachusetts had the highest death rates from synthetic opioids.
- Fourteen states had significant increases in death rates involving heroin, with Washington D.C., West Virginia, and Ohio having the highest rates.
- Eight states had significant increases in death rates involving prescription opioids. West Virginia, Maryland, Maine, and Utah had the highest rates.
- Sixteen states had significant increases in death rates involving cocaine, with Washington D.C., Rhode Island, and Ohio having the highest rates.
- Fourteen states had significant increases in death rates involving psychostimulants; the highest death rates occurred primarily in the Midwest and Western regions.

[CDC's Overdose Prevention in States initiatives](#) include funding for state-level public health efforts in 45 states and Washington, D.C., to implement key prescription and illicit opioid surveillance and prevention activities. CDC equips states with resources to prevent opioid misuse and overdose by tracking and monitoring the epidemic, helping scale up effective programs, and equipping health care providers with tools and guidance needed to make informed clinical decisions.

- **The GAO published: “Defense Health Care: TRICARE Surveys Indicate Non-enrolled Beneficiaries' Access to Care Has Generally Improved,” (GAO-18-361) on March 29, 2018.** This report analyzed DOD's surveys to determine non-enrolled beneficiaries' access to care; non-enrolled beneficiaries' ratings of TRICARE; civilian providers' awareness and acceptance of TRICARE; and non-enrolled beneficiaries' access by individual geographic area.
<https://www.gao.gov/assets/700/690964.pdf>

HILL HEARINGS

- No hearings scheduled for next week.

LEGISLATION

- **H.R.5408** (introduced March 23, 2018): To amend the Public Health Service Act to provide for prevention and treatment of substance abuse grants to recovery community organizations, and for other purposes referred to the House Committee on Energy and Commerce.
Sponsor: Representative Dave Brat [R-VA-7]

MEETINGS

- 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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