

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On March 24, 2017, House Speaker Paul Ryan canceled the expected vote to repeal and replace the ACA.**
- **The House Veterans Affairs Health Subcommittee held a hearing on March 29, to examine House Resolution 1662, which would repeal an existing law requiring smoking areas at VA health care facilities.**

In VA Deputy Undersecretary for Health Jennifer Lee testified that the agency supported this proposal. "We believe veteran patients have a right to be protected from secondhand smoke exposure when seeking health care."

The proposal would immediately ban smoking inside VA facilities and require the VA to close outdoor designated smoking areas by October 2022.

Citing VA estimates, the department would save about \$1.2 million each year spent on maintaining the areas, some of which are climate-controlled.

Military and veterans service groups warned of unintended consequences, such as forcing a lifestyle change and eliminating a form of stress relief and social interaction for veteran patients.

There are nearly 1,000 outdoor smoking areas at VA facilities nationwide, as well as 15 indoor smoking areas. About 20 percent of veterans enrolled in VA health care are smokers.

The law requiring VA to establish smoking areas was enacted in 1992, and, while smoking areas

at other federal facilities were closed in 2009, that law required VA to maintain them.

MILITARY HEALTH CARE NEWS

- **The Defense Health Agency (DHA) announced it is hosting an industry day on May 8, 2017, at the Falls Church Marriott Fairview Park, 3111 Fairview Park Drive, Falls Church, Virginia.**

The purpose of this Industry Day is to communicate remaining FY 2017 requirements and facilitate communications among DHA Program Offices and industry representatives. DHA encourages attendance from Small Businesses, Service-Disabled Veteran-Owned Small Businesses, Veteran-Owned Small Businesses, 8(a) Business Development Program participants, Women-Owned Small Businesses, Economically Disadvantaged Women Owned Small Businesses, Historically Underutilized Business Zones Small Businesses, and Large Businesses.

Visit the [FedBizOpps Website](#) to follow updates. Registration will open soon.

- **Military.com reports that dentists are threatening to drop out of the network for the new TRICARE dental contract because the reimbursement rates are too low.**

The new \$2.9 billion TRICARE Dental Plan (TDP) contract for the families of active-duty, Guard and reserve troops is set to move from MetLife to United Concordia on May 1.

The new contract includes expanded services to beneficiaries, including a higher yearly cap of costs and lower premiums. The contract also reduces the in-network rates paid to dentists for their services.

Dentists contend it will cost more to serve TRICARE beneficiaries than the rate they will receive. As a result, they will have to drop out of the network, forcing their patients to pay for the services out-of-pocket if they wish to stay with their provider.

Under the current contract, beneficiaries who choose both in and out of network dentists pay a set percentage out of pocket for each service, based on local maximum allowed prices set by the current contractor.

In-network dentists accept one set of rates, while out of network dentists are often reimbursed at higher rates than those in network. The higher costs for an out-of-network dentist are counted against beneficiaries' annual maximum, forcing them to reach their cap faster, and any difference between what MetLife will pay and the dentist's charge is paid out of pocket by the user.

Under the new contract, however, TRICARE has fixed that reimbursement disparity, and both in and out of network dentists will be paid up to the new -- in most cases lower -- United Concordia maximum allowed rate.

Beneficiaries who choose out-of-network dentists will still pay their cost share allowed by the plan, but will also be billed for the now higher overages not paid for by United Concordia.

According to contract documents, United Concordia must ensure that 95 percent of dental plan enrollees have an in-network general dentist within 35 driving miles of their place of residence and can obtain appointments with 21 days of requesting one.

Officials with United Concordia said they will meet their contract obligations by May 1. They declined to disclose how many dentists are in their TRICARE network, saying that, like the rate charts, the information is proprietary.

The access obligation, however, doesn't extend to pediatric dentists, which are considered "specialty providers." Instead of a ratio mandate like that for general dentists that can be enforced through penalties, the specialty dentist network has no benchmarks included in the contract documents.

If United Concordia fails to meet the general dentist access standard, the contract document says, TRICARE will designate the area as "non-compliant," and United Concordia will be forced to pay providers more, while also receiving a payment penalty from TRICARE.

United Concordia officials said TRICARE beneficiaries can visit the [United Concordia website](#) to check whether their current dentist will be in the network.

There are about 1.8 million beneficiaries are enrolled in the program.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) and Department of Defense (DoD) recently released findings of a new study, "Prospective Post-Traumatic Stress disorder Symptom Trajectories in Active Duty and Separated Military Personnel," which examines Post Traumatic Stress Disorder (PTSD) symptoms in veterans, compared with active-duty populations.**

This is the first known study comparing PTSD symptom trajectories of current service members with those of veterans, and is the product of a collaborative effort from VA and DoD researchers analyzing data from the [Millennium Cohort Study](#) (MCS), the largest prospective health study of military service members.

According to [VA's National Center for PTSD](#), the PTSD rate among Vietnam Veterans was 30.9 percent for men and 26.9 percent for women. For Gulf War Veterans, the PTSD rate was 12.1 percent. Operation Enduring Freedom/Operation Iraqi Freedom Veterans had a PTSD rate of 13.8 percent.

Officials involved with the project said they are hoping the collaboration will improve the understanding of Veterans' health needs, relative to their experiences in service.

The results of the joint VA-DoD study will appear in the [Journal of Psychiatric Research's](#) June 2017 issue. It is the first of many joint future publications expected to result from the collaboration between VA and MCS.

Learn more about the study here: <http://millenniumcohort.org/>.

GENERAL HEALTH CARE NEWS

- **Depression is the leading cause of ill health and disability worldwide, according to the latest estimates from World Health Organization (WHO).**

The study finds that more than 300 million people are now living with depression, an increase of more than 18 percent between 2005 and 2015. Lack of support for people with mental disorders, coupled with a fear of stigma, prevent many from accessing the treatment they need to live healthy, productive lives.

Increased investment is needed. In many countries, there is no, or very little, support available for people with mental health disorders. Even in high-income countries, nearly 50 percent of people with depression do not get treatment. On average, just 3 percent of government health

budgets is invested in mental health, varying from less than 1 percent in low-income countries to 5 percent in high-income countries.

Investment in mental health makes economic sense. Every US\$ 1 invested in scaling up treatment for depression and anxiety leads to a return of US\$ 4 in better health and ability to work. Treatment usually involves either a talking therapy or antidepressant medication or a combination of the two. Both approaches can be provided by non-specialist health-workers, following a short course of training, and using WHO's mhGAP Intervention Guide. More than 90 countries, of all income levels, have introduced or scaled-up programmes that provide treatment for depression and other mental disorders using this Intervention Guide.

Failure to act is costly. According to a WHO-led study, which calculated treatment costs and health outcomes in 36 low-, middle- and high-income countries for the 15 years from 2016-2030, low levels of recognition and access to care for depression and another common mental disorder, anxiety, result in a global economic loss of a trillion US dollars every year. The losses are incurred by households, employers and governments. Households lose out financially when people cannot work. Employers suffer when employees become less productive and are unable to work. Governments have to pay higher health and welfare expenditures.

WHO has identified strong links between depression and other non-communicable disorders and diseases. Depression increases the risk of substance use disorders and diseases, such as diabetes and heart disease; the opposite is also true, meaning that people with these other conditions have a higher risk of depression. Depression is also an important risk factor for suicide, which claims hundreds of thousands of lives each year.

Depression is a common mental illness characterized by persistent sadness and a loss of interest in activities that people normally enjoy, accompanied by an inability to carry out daily activities, for 14 days or longer. In addition, people with depression normally have several of the following: a loss of energy; a change in appetite; sleeping more or less; anxiety; reduced concentration; indecisiveness; restlessness; feelings of worthlessness, guilt, or hopelessness; and thoughts of self-harm or suicide.

- **A new American Cancer Society study finds Millennials have double the risk of double the risk of colon cancer and quadruple the risk of rectal cancer than people born in 1950 at the same age.**

The study finds colorectal cancer (CRC) incidence rates are rising in young and middle-aged adults, including people in their early 50s, with rectal cancer rates increasing particularly fast. As a result, three in ten rectal cancer diagnoses are now in patients younger than age 55.

Overall, CRC incidence rates have been declining in the United States since the mid-1980s, with steeper drops in the most recent decade driven by screening. Recently though, studies have reported increasing CRC incidence in adults under 50, for whom screening is not recommended for those at average risk. However, these studies did not examine incidence rates by 5-year age group or year of birth, so the scope of the increasing trend had not been fully assessed.

The study found that after decreasing since 1974, colon cancer incidence rates increased by 1 percent to 2 percent per year from the mid-1980s through 2013 in adults ages 20 to 39. In adults 40 to 54, rates increased by 0.5 percent to 1 percent per year from the mid-1990s through 2013.

Rectal cancer incidence rates have been increasing even longer and faster than colon cancer, rising about 3 percent per year from 1974 to 2013 in adults ages 20 to 29 and from 1980 to 2013 in adults ages 30 to 39. In adults ages 40 to 54, rectal cancer rates increased by 2 percent per year from the 1990s to 2013. In contrast, rectal cancer rates in adults age 55 and older have generally been declining for at least 40 years, well before widespread screening.

Both colon and rectal cancer incidence rates in adults ages 50 to 54 were half those in adults ages 55 to 59 in the early 1990s, but in 2012 to 2013, they were just 12.4 percent lower for colon

and were equal for rectal cancer.

In addition, the authors suggest that the age to initiate screening people at average risk may need to be reconsidered. They point out that in 2013, 10,400 new cases of CRC were diagnosed in people in their 40s, with an additional 12,800 cases diagnosed in people in their early 50s.

REPORTS/POLICIES

- There was no relevant reports published this week.

HILL HEARINGS

- There are no relevant hearings scheduled next week.

LEGISLATION

- **H.R.1766** (introduced March 28, 2017): To prohibit conditioning health care provider licensure on participation in a health plan or the meaningful use of electronic health records was referred to the House Committee on Energy and Commerce. Sponsor: Representative David P. Roe [R-TN-1]
- **S.758** (introduced March 29, 2017): A bill to amend the Public Health Service Act with respect to the Agency for Toxic Substances and Disease Registry's review and publication of illness and conditions relating to veterans stationed at Camp Lejeune, North Carolina, and their family members, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Richard Burr [R-NC]
- **H.R.1771** (introduced March 29, 2017): To improve the organization of the Department of Veterans Affairs, to ensure the accuracy of health care data used by the Department, and for other purposes was referred to House Appropriations. Sponsor: Representative Gus M. Bilirakis [R-FL-12]
- **H.R.1797** (introduced March 27, 2017): To improve the provision of health care by the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Robert J. Wittman [R-VA-1]

MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 4, 2017**, in Washington, DC. <http://www.hjfc3.org>
 - The 7th Annual Traumatic Brain Injury Conference will be held **May 24-25, 2017**, in Washington DC. <http://tbiconference.com/home/>
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