Federal Health Update

APRIL 20, 2018

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EXECUTIVE AND CONGRESSIONAL NEWS

- The American Academy of Ophthalmology is honoring nine members of Congress whose legislative efforts are helping to preserve patient access to quality medical and surgical eye care.

  The Academy is presenting its 2018 Visionary Awards to Senator Tom Carper (D-Del.), Senator Lisa Murkowski (R-Alaska), Senator Pat Roberts (R-Kan.), Rep. Buddy Carter, R-Ga., Rep. George Holding (R-N.C.), Representative Leonard Lance (R-N.J.), Representative Erik Paulsen (R-Minn.), Representative Bobby Rush (D-Ill.), and Representative Chris Stewart (R-Utah).

  The Academy presents its Visionary Award each year in conjunction with its annual legislative visit to Capitol Hill. This honor recognizes federal legislators for important efforts to advocate for issues that benefit the more than 50 million Americans who experience significant eye disease.

    - Senator Murkowski led an important effort to expand underserved Native American populations’ access to diabetic retinopathy screenings. Native Americans’ rates of this blinding ailment are higher than that of the broader U.S. Sen. Murkowski helped secure $1 million to upgrade retinal cameras used by an important Indian Health Service teleophthalmology program. The cameras are used to reach patients in the most rural areas.

    - Representatives Carter and Stewart are ardent defenders of the need for physicians to access compounded and repackaged medications on which many patients rely.
Ophthalmologists use these drugs to treat patients who suffer from wet age-related macular degeneration and other sight-threatening diseases.

- **Senators Carper and Roberts** and **Representative Paulsen** were instrumental in preserving access to specialty medical eye care for every patient, including retina treatments. They led requests that the Centers for Medicare & Medicaid Services forgo a planned application of quality-program penalties to reimbursements for in-office, physician-administered treatments. Such a policy could have made it too expensive for many retina specialists to practice in their chosen community. This might have forced some ophthalmologists to relocate to more sustainable markets.

- **Representative Holding** is at the forefront of efforts to reform the Medicare Advantage prior authorization process. This is to ensure that Medicare Advantage beneficiaries’ medically necessary care is not delayed beyond what is reasonable. For example, some plans require prior authorization for each visit for age-related macular degeneration, a sight-threatening disease that requires regular, injected treatments. This administrative step can cause delays that are unnecessary barriers to care.

- **Representatives Lance and Rush** are leading a congressional effort to protect the safety of millions of patients who require contact lens prescriptions. They are working with the Federal Trade Commission on behalf of physicians and patients who want to combine strong patient health protections with assurances that consumers continue to receive their contact lenses in a timely manner.

The Academy takes an active role in working with Congress and government agencies on policy issues that affect how medical and surgical care is provided in the United States.

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**MILITARY HEALTH CARE NEWS**

- **TRICARE** is hosting a webinar on April 30 at 1:00-2:00 pm ET on “**TRICARE Program Options for Maternity and Newborn Care Coverage**” webinar. This webinar will cover TRICARE health care coverage options.

TRICARE covers medically-necessary maternity care. This includes prenatal care, labor and delivery, post-partum care, and treatment of any complications. Guidelines for getting care vary based on the beneficiary’s **TRICARE program** and the beneficiary’s location. This webinar will highlight how to get maternity care through the **TRICARE Prime** option, the **TRICARE Select** option, or premium-based TRICARE program option, like **TRICARE Young Adult**.

This webinar will also cover how to **get TRICARE coverage for a new child** and **well-child care**. To ensure TRICARE coverage, it’s important to register the child in the Defense Enrollment Eligibility Reporting System (DEERS), a database of information on uniformed services members (sponsors), U.S.-sponsored foreign military, DoD and uniformed services civilians, other personnel as directed by the DoD, and their family members. All newborn and adopted children must be registered in DEERS within 90 days if stateside, or 120 days if overseas.

Visit "**Having a Baby or Adopting**" to learn more about your coverage, getting TRICARE for your child, and more. Also, check out the **"TRICARE Maternity Care"** brochure.

Register to learn more about the maternity and newborn care services covered by TRICARE by visiting: [https://attendee.gotowebinar.com/register/8164393195529554689](https://attendee.gotowebinar.com/register/8164393195529554689)

- **The waiver period for TRICARE Prime users in the West region to obtain pre-authorizations for specialty care referrals ended April 15.**
Because of backlogs and long wait times, the Defense Health Agency waived the need for TRICARE Prime beneficiaries in the West Region to obtain pre-authorization for specialty care. Starting this week, all TRICARE Prime beneficiaries must get written approval from their primary care provider and from Health Net Federal Services, the managed care contractor for the West Region.

However, the waiver system can be used for care through June 15, so long as it was ordered by a physician before April 15.

VETERANS AFFAIRS NEWS

- As part of the U.S. Department of Veterans Affairs (VA) ongoing efforts to help transitioning service members navigate and understand VA’s various benefits, the VA recently updated VA’s briefing portion of the Transition Assistance Program (TAP).

  TAP is an interagency initiative authorized as a voluntary program in 1991 under the National Defense Authorization Act and made mandatory under the VOW to Hire Heroes Act in 2011 to help service members adjust to civilian life.

  The new VA briefing is designed to be more collaborative and stimulating, helping service members make informed decisions about their health care, employment, housing and other benefits.

  Because no two transitions are the same, the updates deliver elements relevant to service members based on where they are in their career and life. The redesign will encourage whole-health support for service members and their family members, to include relevant information about Veterans Service Organizations (VSOs) and allow time to identify local VSO representatives.

  The updates, released this month, incorporated suggestions made by Veterans, VSOs and post-9/11 Veterans groups, including taking a more holistic view of a service member’s new life, as well as the psychosocial aspects of the transition to civilian life.

  VA will work to fully integrate TAP objectives into the military lifecycle, and as an added benefit, will begin implementing a post-transition Veteran survey. To view VA’s updated curriculum, visit https://www.benefits.va.gov/TAP/.

- The U.S. Department of Veterans Affairs (VA) announced actions it will take to address challenges and issues identified by the Government Accountability Office (GAO) when it placed VA on its High-Risk List.

  The move is designed to address lingering deficiencies in its health-care system once and for all.

  Every two years, GAO calls attention to agencies and program areas that are high risk because of vulnerabilities within the agency. VA is currently in the midst of a department-wide modernization that will build capacity for long-term management of GAO High-Risk List activities and strengthen VA’s foundational business practices.

  GAO identified five specific risk areas when it added VA health care to the federal government’s list of 32 high-risk agencies and programs in 2015:

  1. Ambiguous policies and inconsistent processes,
  2. Inadequate oversight and accountability,
  3. Information technology challenges,
4. Inadequate training for VA staff, and
5. Unclear resource needs and allocation priorities.

VA recently delivered a comprehensive action plan to GAO that includes these crucial steps the agency has taken to address these risk areas for VA health care, along with a number of others to improve business operations:

- **Reducing ambiguity and red tape.** Eliminated outdated policy documents. VA has already purged more than 235 expired directives and 85 percent of all outdated manuals.

- **Eliminating bureaucracy and streamlining decision making.** VA has reduced central office staff positions by 10 percent and consolidated its policy and operations functions in mental health, primary care, and geriatrics to improve support to field activities and Veteran-facing services. These restructuring actions allow VA to become more efficient by pushing decision rights to the lowest appropriate level.

- **Strengthening internal oversight and accountability.** The Veterans Health Administration (VHA) established the Office of Integrity to consolidate its compliance, ethics, and oversight programs under a single executive, and moved swiftly to establish an internal audit function and associated governance committee that provides the Under Secretary for Health with an independent and objective way to assess operations.

- **Modernizing information technology support.** VA’s Electronic Health Record (EHR) Modernization program will enable seamless care and full interoperability with the Department of Defense’s EHR modernization solution, and enhance the ability to exchange Veteran health data with community health partners.

- **Clarifying resource needs and priorities.** VA established a centralized manpower management office to integrate staffing processes, and transformed its financial management methods to improve resource planning and allocation.

In addition to addressing the GAO high-risk areas, VA continually responds to GAO recommendations on VA operations throughout each year. At any given time, there are 80 to 100 open recommendations about VA health care. Overall, VA has succeeded in closing approximately 377 recommendations since 2009, and is committed to closing as quickly as possible all 22 recommendations that GAO has identified as high priority.

VA expects the next GAO report to be released in early 2019.

**GENERAL HEALTH CARE NEWS**

- **The Department of Health and Human Services (HHS) is releasing the second year of funding to 50 states, four U.S. territories, and the free associated states of Palau and Micronesia, totaling $485 million to continue the nation’s efforts to combat the opioid crisis.**

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the Opioid State Targeted Response (STR) grants, which was created by the 21st Century Cures.

Grantees have used first-year funding to implement effective medication-assisted treatment, promote the use of naloxone and key prevention strategies, and build sustainable systems of recovery support services across the country. Prevention efforts include communications campaigns along with use of proven community-based strategies. People in recovery, friends, and family members with personal experience are helping enhance recovery support.

Within the next few months, SAMHSA will release details of a separate $1 billion grant funding opportunity for states, territories, and tribes hardest hit by the crisis. This new funding is expected to be awarded in September 2018.

People grappling with substance use disorders can find treatment resources at SAMHSA’s site:
http://findtreatment.samhsa.gov or by calling SAMHSA’s National Helpline, 1-800-662-HELP.

More information on HHS work to combat the opioid crisis, please visit: https://www.hhs.gov/opioids/.

- **On April 18, 2018, Health and Human Services (HHS) Secretary Alex Azar announced that James Parker will serve as senior advisor to the Secretary for Health Reform and director of the Office of Health Reform at HHS.**

  In this capacity, Parker will lead the initiative to address the cost and availability of health insurance.

  Prior to accepting this position, Parker served as chief executive officer of MDwise, Inc., an Indiana Medicaid managed care organization with over 300,000 members and $1.4 billion in revenue. He also led the development of a provider-sponsored health plan and population health management capabilities within Indiana University Health. Parker also spent 20 years with Anthem, Inc. in a number of senior leadership roles advancing initiatives to improve the quality and affordability of health insurance.

**REPORTS/POLICIES**

- **The GAO published “Defense Health Care: TRICARE Select Implementation Plan Included Mandated Elements, but Access Standards Should Be Clarified,” (GAO-18-358) on April 13, 2018.** This report examines the extent to which DoD’s implementation plan addressed the mandated elements. GAO evaluated DOD’s implementation plan using leading planning practices identified in GAO’s prior work and standards for internal control.


**HILL HEARINGS**

- The House Armed Services Committee will hold a hearing on **April 19, 2018**, to examine Military Health System Reform: Pain Management, Opioids Prescription Management and Reporting Transparency.

- The House Veterans Affairs Committee will hold a hearing on **May 16, 2018**, to hear testimony and proposals from VA.

**LEGISLATION**

- **H.R.5518** (introduced April 13, 2018): To amend the Public Health Service Act to establish a preference, in the allocation of donated organs, for individuals who are lawfully present in the United States, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Bill Posey [R-FL-8]

- **S.2676** (introduced April 16, 2018): A bill to permit certain disclosures of health information during emergencies, including overdoses was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Bill Cassidy [R-LA]

- **H.R.5558** (introduced April 18, 2018): To require the Secretary of Health and Human Services to carry out under the Medicare program an alternatives to opioids in emergency departments
demonstration project was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. Sponsor: Representative Vern Buchanan [R-FL-16]

- **H.R.5562** (introduced April 18, 2018): To require the Secretary of Health and Human Services to develop a strategy implementing certain recommendations relating to the Protecting Our Infants Act of 2015, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Evan H. Jenkins. [R-WV-3]

### MEETINGS

- The 8th Annual Traumatic Brain Injury Conference will be held on **May 16-17, 2018**, in Washington DC. [http://tbiconference.com/home/](http://tbiconference.com/home/)

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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.