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EXECUTIVE AND CONGRESSIONAL NEWS

- On May 16, 2018, the House passed S. 2372, the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act. This bill streamlines the department's duplicative community care programs into one cohesive program; creates a non-partisan process for reviewing VA's assets to ensure veterans can access the care they have earned and expands the Department of Veterans Affairs' Post-9/11 Caregiver Program to all eras.

MILITARY HEALTH CARE NEWS

- The Military Update reports the new electronic health record system (EHR), MHS Genesis, has negatively affected beneficiaries trying to fill prescription at one of the four sites piloting the EHR system.

Beneficiaries report pharmacy operations have slowed at Madigan Army Medical Center, Naval Hospital Bremerton, Fairchild Air Force Base hospital and Naval Health Clinic Oak Harbor. In addition, Politico reported on April 30 that Robert F. Behler, DoD director of operational test and evaluation, found the new EHR system not “operationally effective nor operationally suitable” to replace the military’s current health record systems.

The Defense Health Agency was aware of the challenges identified by the report and noted that the new system has made improvements since it was tested in late 2017. The plan is to deploy the program to other western states in 2019.
The software used for the new system required brick and mortar pharmacies on base to change their workflows, which increased the work for pharmacists to ensure the patient safety. Under the new system, physicians prescribe from a wider array of drugs, so base pharmacists now must take the extra step of ensuring that the medicine prescribed, or an appropriate substitute, is in stock, in the right dosage, before accepting the prescription.

Another reason for the longer wait times was the increase in co-pays that went into effect on February 1. Prescriptions filled at military treatment facilities are free so more beneficiaries chose to fill their prescriptions on base to save money.

- The U.S. Army Medical Command’s Army Public Health Center has launched a survey for military caregivers - those family members and friends who provide assistance to a wounded, ill or injured soldier, sailor, airman or Marine – at Fort Bragg, North Carolina, Fort Sill, Oklahoma, Joint Base Lewis-McChord, Washington, and Joint Base San Antonio, Texas.

  The survey is open to any family member or friend over the age of 18, regardless of their beneficiary status. The service member receiving caregiver support may be in a Warrior Transition Battalion or going through the Disability Evaluation System or may be suffering invisible wounds and not seeking care at all.

  The goal of the survey is to get a better idea of the impact of caregiving to military caregivers. According to the 2014 RAND Hidden Heroes Report, post 9/11 caregivers suffer worse health outcomes, greater relationship strain and more workplace problems than pre 9/11 or civilian caregivers. The anonymous, 15-minute survey aims to supplement what was learned in the RAND report to understand the social, economic and health impact of caregiving and identify gaps in services. Surveys can be completed from a cell phone, tablet or desktop. 

  http://militarycaregiver.health.mil/survey

VETERANS AFFAIRS NEWS

- The Department of Veterans Affairs announced several new appointments:

  Paul R. Lawrence has assumed the role of under secretary for benefits. A former Army captain and airborne school graduate, Laurence was a public sector vice president with Kaiser Associates. Previously, he held leadership positions with Ernst & Young, Accenture, the MITRE Corporation, IBM Business Consulting Services, and PricewaterhouseCoopers. Lawrence has a Master of Arts and Ph.D. in Economics from Virginia Tech, as well as a Bachelor of Arts degree in Economics from the University of Massachusetts, Amherst.

  Thomas J. Murphy, currently the executive in charge of the Veterans Benefits Administration (VBA), will become the new VBA Midwest Area Director, in St. Louis, Mo. Prior to serving in the temporary position of Executive in Charge, Murphy was principal deputy under secretary for benefits in VBA.

  Additionally, Margarita Devlin will become principal deputy under secretary for benefits in VBA. Until recently, she served as the executive director of VA’s Benefits Assistance Service (BAS). Devlin has served as executive director of Navigation, Advocacy and Community Engagement, executive director of Interagency Care and Benefits Coordination, and other positions in VA since 2003. She holds a master’s degree from the University of South Florida.

- Effective May 13, the U.S. Department of Veterans Affairs (VA) will update portions of the VA Schedule for Rating Disabilities (VASRD, or rating schedule) that evaluates the organs of special sense eye conditions, as well as gynecological conditions and disorders of the
The VASRD is the collection of federal regulations used by Veterans Benefits Administration claims processors to evaluate the severity of disabilities and assign disability ratings. VA is in the process of updating all 15 body systems of the VASRD to more accurately reflect modern medicine and provide clearer rating decisions.

Several revisions were made to the general rating formula for diseases of the eye, including a new definition of incapacitating episodes that more clearly measures level of disability. Additionally, three diagnostic codes — diabetic retinopathy, retinal dystrophy and post-chiasmal disorders — were added. No conditions were removed from either portion of the rating schedule.

Several diagnostic codes were added to the schedule for gynecological conditions and disorders of the breast, including malignant neoplasms, benign neoplasms and other injuries of the breast. Several more diagnostic codes were restructured and revised.

Updates to dental and oral conditions and conditions related to the endocrine system were completed in 2017.

By updating these portions of the rating schedule, VA allows claims processors to make more consistent decisions with greater ease and ensure veterans understand these decisions. VA remains committed to improving its service to Veterans continuously and staying at the forefront of modern medicine.

GENERAL HEALTH CARE NEWS

- **A new rabies test developed at the Centers for Disease Control and Prevention (CDC) could mean people exposed to potentially rabid animals could forego the weeks-long regimen of shots to prevent the deadly disease.**

  The new test, designed for use in animals, can more easily and precisely diagnose rabies infection, according to a study published today in PLOS One. The new LN34 test is simpler and easier to use than current tests. During the pilot study, it produced no false negatives, fewer false positive, and fewer inconclusive results. It could allow doctors and patients to make better informed decisions about who needs treatment for rabies, which is nearly always fatal once symptoms start.

  The LN34 test can also be run on testing platforms already widely used in the U.S. and worldwide, without any extra training. It yields results even from decomposing animal brain tissue. The current gold-standard for rabies testing in animals is the direct fluorescent antibody (DFA) test, which can only be interpreted by laboratory workers with special skills, extensive training, and a specific type of microscope.

  The new test could help improve rabies testing in the United States and in resource-poor countries. Currently, testing facilities in many countries in Africa and Asia most affected by rabies are not able to easily rule out the disease in animals that have bitten someone. In these countries, equipment for testing and rabies vaccine supplies are often held in centralized urban areas, several days’ travel from where someone is bitten – and rabies vaccine can cost several months’ salary. So knowing if an animal that bit someone is rabid is valuable information.

  LN34 testing uses PCR, a testing platform that labs worldwide already use to test for flu, HIV, and tuberculosis. The new test can detect infection in old tissue in contrast with the old system, which relied on new or refrigerated tissue. The new test is less expensive.

  Rabies kills about 60,000 people annually, mostly in Africa and Asia. The disease can take months to develop following a person's contact with a rabid animal. Once symptoms appear,
rabies is nearly always fatal, so identifying cases and starting treatment early is critical to a
patient’s survival. Having a quick, easy-to-run and accurate test to tell if an animal that bit
someone is rabid could help doctors decide whether someone needs preventive treatment.

For more information, visit www.cdc.gov/rabies.

- The Centers for Medicare & Medicaid Services (CMS) released a redesigned version of the
  Drug Spending Dashboards. For the first time, the dashboards include year-over-year
  information on drug pricing and highlight which manufacturers have been increasing their
  prices.

  The dashboards are interactive online tools that allow patients, clinicians, researchers, and the
  public to understand trends in drug spending. Data is reported for both Medicare and Medicaid.
  The new version of the dashboard reports the percentage change in spending on drugs per
  dosage unit and includes an expanded list of drugs.

  Some of the most commonly used drugs across Medicare Part B, Medicare Part D, and Medicaid
  saw double-digit annual increases over the last few years.

  In 2012, Medicare spent 17 percent of its total budget, or $109 billion, on prescription drugs. Four
  years later in 2016, spending had increased to 23 percent, or $174 billion.

  As part of CMS’s commitment to transparency and data release, CMS is updating the Part D
  Prescriber Public Use File (PUF) with data for 2016. This file includes summarized information
  on the more than one million distinct health care providers who prescribed drugs under the Part
  D program in 2016. This information enables a range of analyses to be performed on prescribing
  trends in Part D.

  The Part D Prescriber PUF is available at: https://www.cms.gov/Research-Statistics-Data-and-

  To view the dashboards, please visit: https://www.cms.gov/Research-Statistics-Data-and-

- The U.S. Food and Drug Administration approved Lucemyra (lofexidine hydrochloride) for
  the mitigation of withdrawal symptoms to facilitate abrupt discontinuation of opioids in
  adults.

  While Lucemyra may lessen the severity of withdrawal symptoms, it may not completely prevent
  them and is only approved for treatment for up to 14 days. Lucemyra is not a treatment for opioid
  use disorder (OUD), but can be used as part of a broader, long-term treatment plan for managing
  OUD.

  Opioid withdrawal includes symptoms — such as anxiety, agitation, sleep problems, muscle
  aches, runny nose, sweating, nausea, vomiting, diarrhea and drug craving — that occur after
  stopping or reducing the use of opioids in anyone with physical dependence on opioids. Physical
  dependence to opioids is an expected physiological response to opioid use. These symptoms of
  opioid withdrawal occur both in patients who have been using opioids appropriately as
  prescribed and in patients with OUD.

  Lucemyra is an oral, selective alpha 2-adrenergic receptor agonist that reduces the release of
  norepinephrine. The actions of norepinephrine in the autonomic nervous system are believed to
  play a role in many of the symptoms of opioid withdrawal.

  For each opioid withdrawal symptom, patients are asked to rate their symptom severity using
  four response options (none, mild, moderate and severe), with the SOWS-Gossop total score
ranging from 0 to 30, where a higher score indicates a greater withdrawal symptom severity. SOWS-Gossop scores were lower for patients treated with Lucemyra compared to placebo, and more patients completed the treatment period of the studies in the Lucemyra group compared to placebo.

The FDA is requiring 15 post-marketing studies, including both animal and human studies. Additional animal safety studies will be required to support longer-term use (such as during a gradual opioid taper in pain patients discontinuing opioid analgesics) and use in children. Clinical studies will be required to evaluate the safety of Lucemyra in clinical situations where use could be expected to exceed the maximum 14-day treatment period to gather additional safety data on the effects of lofexidine on the liver; and to further characterize the effects on blood pressure after lofexidine is stopped. Studies in pediatric patients will include studies of newborns with neonatal opioid withdrawal and studies of different age groups of children who have opioid withdrawal related to stopping medically-prescribed opioid drugs.

The FDA granted this application Priority Review and Fast Track designations, and an independent FDA advisory committee supported the approval of Lucemyra at a meeting held March.

The FDA granted the approval of Lucemyra to US WorldMeds LLC.

REPORTS/POLICIES


- The GAO published “Medical Records: Fees and Challenges Associated with Patients’ Access,” (GAO-18-386) on May 14, 2018. This report describes what is known about the fees for accessing patients’ medical records and challenges identified by patients and providers when patients request access to their medical records. https://www.gao.gov/assets/700/691742.pdf

HILL HEARINGS

- The Senate Armed Services: Subcommittee on Personnel will hold a hearing on May 22, 2018, to markup those provisions, which fall under the subcommittee’s jurisdiction of the proposed National Defense Authorization Act for fiscal year 2019.

- The Senate Armed Services Committee will hold a hearings on May 23-25, 2018, to markup those the proposed National Defense Authorization Act for fiscal year 2019.

LEGISLATION

- H.R.5832 (introduced May 15, 2018): A bill to amend the Public Health Service Act to authorize the Secretary of Health and Human Services to award grants to nursing homes, assisted living facilities, and other long-term care facilities to improve their preparedness for power outages was referred to the House Committee on Energy and Commerce. Sponsor: Representative Frederica S. Wilson [D-FL-24]
• **S.2851** (introduced May 15, 2018): A bill to improve regional health care emergency preparedness and response systems, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Robert P. Casey, Jr. [D-PA]

• **H.R.5795** (introduced May 15, 2018): A bill to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records was referred to the House Committee on Energy and Commerce. Sponsor: Representative Earl Blumenauer [D-OR-3]

• **H.R.5794** (introduced May 15, 2018): A bill to amend the Public Health Service Act to enhance the national strategy for combating and eliminating tuberculosis, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Gene Green [D-TX-29]

• **H.R.5806** (introduced May 15, 2018): A bill to require the Secretary of Health and Human Services to issue guidance with respect to the expedited approval of certain drugs, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Michael C. Burgess [R-TX-26]

• **H.R.5829** (introduced May 15, 2018): A bill to direct the Secretary of Veterans Affairs to inform each physician of the Veterans Health Administration of the opioid prescribing rate of the physician and to require pain management training for the physicians with the highest opioid prescribing rates was referred to the House Committee on Veterans’ Affairs. Sponsor: Representative Markwayne. Mullin [R-OK-2]

**MEETINGS**

• The AUSA 2018 Annual Meeting & Exposition will be held **Oct. 8-10, 2018**, in Washington DC. [http://ausameetings.org/2018annualmeeting/](http://ausameetings.org/2018annualmeeting/)

• The 2018 AMSUS Annual Continuing Education Meeting will be held on **Nov. 26-30, 2018**, at the Gaylord National Harbor, Md. [http://www.amsusmeetings.org/home-2/](http://www.amsusmeetings.org/home-2/)

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