

# Federal Health Update

MAY 27, 2016

*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

- **On May 24, 2016, the House passed H.R. 897, the Zika Vector Control Act.** The legislation is designed to help reduce the regulatory burden on mosquito control and free up financial resources that would be better for public health initiatives. This bill was passed for the most part based on the need to counteract the Zika virus since there is no vaccine.

## MILITARY HEALTH CARE NEWS

- **The Defense Health Agency announced it released the third phase of the MHS transparency initiative on May 23, 2016.**

Patients can now see metrics the MHS uses to measure performance in the areas of patient satisfaction and access to care, health outcomes, patient safety, and quality of care by visiting [www.health.mil/transparency](http://www.health.mil/transparency).

The transparency initiative is designed to comply with the Fiscal Year 2016 National Defense Authorization Act and keep beneficiaries informed about the health care system. In 2014, the MHS Review identified a need for greater transparency across the domains of access, quality and safety. In response, the MHS put together the Transparency Initiatives Group (TIG) to help develop and execute the MHS transparency strategy. The TIG is comprised of membership from the uniformed services and the Defense Health Agency, and works toward executing a four-phase action plan.

- Phase one began October 2014 with the release of the Secretary of Defense's Action Plan and was completed in December 2014, when health information was consolidated on the [MHS website](#).
- Phase two involved listening sessions and the gathering of feedback from internal staff, subject matter experts and external stakeholders, with this information made available to the public on the [TRICARE website](#).
- Phase four will include continued engagement with the beneficiary community for feedback, additional measures and improvement in the visual display of data.

The goal is to make sure MHS leaders and medical staff understand the value and purpose of transparency and the performance measures, and can speak to the performance of their organizations.

- **Kaiser Permanente and TRICARE received the highest customer experience rankings of any health plan, according to the 2016 Temkin Experience Ratings, an annual customer experience ranking of companies based on a survey of 10,000 U.S. consumers.**

Of the 16 health plans examined, Kaiser Permanente earned the highest score with a rating of 57%, placing it 182<sup>nd</sup> overall out of 294 companies across 20 industries. TRICARE ranked second in the industry with a rating of 55% and an overall ranking of 199<sup>th</sup>. Kaiser Permanente and TRICARE have been jockeying for the highest health plan score since the *Ratings* began in 2011.

The only other health plans to receive ratings above "very poor" (above 50%) were Aetna, CIGNA, and United Healthcare. Meanwhile, Health Net received the lowest score of any health plan with a rating of 32%, putting it in 293<sup>rd</sup> place out of 294 companies.

Overall, the health plan industry averaged a 47% rating in the 2016 *Temkin Experience Ratings* and tied for last place out of 20 industries. The average rating of the industry decreased by seven percentage-points between 2015 and 2016, dropping from 54% to 47%.

Here are some additional findings from the health plan industry:

- The ratings of all health plans in the 2016 *Temkin Experience Ratings* are as follows: Kaiser Permanente (57%), TRICARE (55%), Aetna (51%), CIGNA (50%), United Healthcare (50%), Coventry Health Care (49%), Medicare (48%), Humana (48%), BCBS plan not listed (48%), Anthem (47%), Medicaid (40%), Blue Shield of California (40%), Empire (38%), Highmark (37%), CareFirst (37%), and Health Net (32%).
- Coventry Health Care (+10 points) was the only health plan to improve its rating between 2015 and 2016.
- Humana (-15 points), Health Net (-14 points), and TRICARE (-12 points) declined by the most percentage-points between 2015 and 2016.

Temkin Group asked consumers to evaluate their recent experiences across three dimensions: *success* (can you do what you want to do?), *effort* (how easy is it to work with the company?), and *emotion* (how do you feel about the interactions?). Temkin Group then averaged these three scores to produce each company's Temkin Experience Rating.

In these ratings, a score of 70% or above is considered "good," and a score of 80% or above is considered "excellent." In this year's *Temkin Experience Ratings*, 20% of companies earned a "good" or "excellent" score, while 44% received a "poor" or "very poor" score.

The 2016 *Temkin Experience Ratings*, along with other ratings, can be accessed at the Temkin Ratings website, [www.TemkinRatings.com](http://www.TemkinRatings.com).

Now in its sixth year of publication, the *2016 Temkin Experience Ratings* is the most comprehensive benchmark of customer experience in the industry, evaluating 294 companies across 20 industries: airlines, appliance makers, auto dealers, banks, car rental agencies, computer makers, credit card issuers, fast food chains, health plans, hotel chains, insurance carriers, Internet service providers, investment firms, parcel delivery services, retailers, software firms, supermarket chains, TV service providers, utilities, and wireless carriers.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) is proposing a rule to grant full practice authority to Advanced Practice Registered Nurses (APRN) when they are acting within the scope of their VA employment.**

Full practice authority will help optimize access to VA health care by permitting APRNs to assess, diagnose, prescribe medications and interpret diagnostic tests. This action proposes to expand the pool of qualified health care professionals authorized to provide primary health care and other related health care services to the full extent of their education, training, and certification to Veterans without the clinical supervision of a physician.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services. APRNs complete masters, post-master or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist and Certified Nurse Midwife. All VA APRNs are required to obtain and maintain current national certification.

The American Nurses Association (ANA) applauds VHA's leadership for proposing to grant full practice authority to the four types of Advanced Practice Registered Nurses. "VA will be able to more effectively meet the health care needs of our nation's Veterans," said ANA President Pamela Cipriano. "This proposal removes barriers that prevent APRNs from providing a full range of services and will assist VA in its ongoing efforts to address staff shortages and improve Veterans' access to care. APRNs are critical members of the health care workforce and an integral component of the health care delivery system with a proven track record of safe quality care and high patient satisfaction."

The proposed rule can be found for comment at [www.regulations.gov](http://www.regulations.gov).

- **At a Senate Veterans Affairs Committee, VA Deputy Secretary Sloan Gibson said the Department of Veterans Affairs opposes efforts to expand the Veterans Choice program and instead wants permission from Congress to roll several private care programs into the Choice benefit, according to the *Military Times*.**

"If veterans who currently do not use the VA health care system begin to seek community care through the Choice program, VA will have to divert resources from ... internal VA care, dramatically undercutting our ability to provide care tailored to the unique needs of veterans," Gibson said.

Arizona Senator John McCain has proposed a bill that would make the Choice program permanent, which is set to expire next year. It would allow any veteran who uses VA health services to use the program. The current program only lets veterans get care at a private health facility if they live more than 40 miles from a VA facility or have to wait more than a month for an appointment. It also would require VA to expand pharmacy hours and let veterans be seen at

commercial walk-in clinics without preauthorization or a co-payment.

McCain said the legislation is needed because some doctors are refusing to see veterans under the Choice program, knowing it has an expiration date.

"I've heard testimony from a number of veterans who have sat in the ER for 14 hours without being seen. Veterans would just like to see a provider on the same day. This legislation would do that," McCain said.

Veterans groups that testified, including the Veterans of Foreign Wars, Paralyzed Veterans of America, Disabled American Veterans and American Legion, also said they oppose McCain's bill, adding they believe issues must be fixed with the current program before it is expanded.

"The Choice Program ... has yet to achieve what Congress envisioned when it passed **the Veterans Access, Choice and Accountability Act**," said Carlos Fuentes, senior legislative associate with the VFW.

## GENERAL HEALTH CARE NEWS

- **On May 20, 2016, the Centers for Disease Control and Prevention (CDC) reported that as of May 12, 2016, there are 157 pregnant women in the U.S. states and 122 pregnant women in the U.S. territories with laboratory evidence of possible Zika virus infection.**

That is a total of 279 pregnant women in U.S. states and territories that are possibly infected with Zika virus.

These new numbers reflect a broader group of pregnant women—pregnant women who have any laboratory evidence of possible Zika virus infection, and whether or not they recalled symptoms—compared with numbers previously reported. This new way of reporting numbers aligns with recommendations for ongoing monitoring of pregnancies at risk for poor outcomes associated with Zika, based on scientists' current understanding of the effects of Zika virus infection during pregnancy.

CDC's top priority for the Zika response is to protect pregnant women and their fetuses. The range of health effects linked with Zika infection during pregnancy as well as how many and which pregnancies may be at risk of poor outcomes are essential pieces of information for the public health response to the Zika outbreak.

Reporting the total number of pregnant women with any laboratory evidence of possible Zika virus infection from the US Zika Pregnancy Registry and the Puerto Rico Zika Active Pregnancy Surveillance System will provide a more comprehensive picture of the effects of Zika in U.S. states and territories. This information will help healthcare providers as they counsel pregnant women affected by Zika and is essential for planning at the federal, state, and local levels for clinical, public health, and other services needed to support pregnant women and families affected

- **Today, the U.S. Food and Drug Administration took a major step in making sure consumers have updated nutritional information for most packaged foods sold in the United States, that will help people make informed decisions about the foods they eat and feed their families.**

The new Nutrition Facts label will include the following.

- An updated design to highlight "calories" and "servings," two important elements in making

informed food choices.

- Requirements for serving sizes that more closely reflect the amounts of food that people currently eat. What and how much people eat and drink has changed since the last serving size requirements were published in 1993. By law, the Nutrition Labeling and Education Act, requires that serving sizes be based on what people actually eat.
- Declaration of grams and a percent daily value (%DV) for “added sugars” to help consumers know how much sugar has been added to the product. It is difficult to meet nutrient needs while staying within calorie limits if you consume more than 10 percent of your total daily calories from added sugars, and this is consistent with the scientific evidence supporting the 2015-2020 Dietary Guidelines for Americans.
- “Dual column” labels to indicate both “per serving” and “per package” calorie and nutrition information for certain multi-serving food products that could be consumed in one sitting or multiple sittings. Examples include a pint of ice cream and a 3-ounce bag of chips. With dual-column labels available, people will be able to easily understand how many calories and nutrients they are getting if they eat or drink the entire package/unit at one time.
- For packages that are between one and two servings, such as a 20 ounce soda, the calories and other nutrients will be required to be labeled as one serving because people typically consume it in one sitting.
- Updated daily values for nutrients like sodium, dietary fiber and vitamin D, consistent with Institute of Medicine recommendations and the 2015-2020 Dietary Guidelines for Americans. Daily values are reference amounts of nutrients to consume or not to exceed and are used to calculate the %DV that manufacturers include on the label.
- Declaration of Vitamin D and potassium that will include the actual gram amount, in addition to the %DV. These are nutrients that some people are not getting enough of, which puts them at higher risk for chronic disease. The %DV for calcium and iron will continue to be required, along with the actual gram amount. Vitamins A and C will no longer be required because deficiencies of these vitamins are rare, but these nutrients can be included on a voluntary basis.
- “Calories from Fat” will be removed because research shows the type of fat is more important than the amount. “Total Fat,” “Saturated Fat,” and “Trans Fat” will continue to be required.
- An abbreviated footnote to better explain the %DV.

The FDA is also making minor changes to the Supplement Facts label found on dietary supplements to make it consistent with the Nutrition Facts label.

Most food manufacturers will be required to use the new label by July 26, 2018. Manufacturers with less than \$10 million in annual food sales will have an additional year to comply with the new rules. The FDA plans to conduct outreach and education efforts on the new requirements.

The iconic Nutrition Facts label was introduced more than 20 years ago to help consumers make informed food choices and maintain healthy dietary practices. In March 2014, the FDA proposed two rules to update the label, and in July 2015, issued a supplemental proposed rule.

- **Department of Defense researchers reported the first U.S. case of a person infected with anti-biotic-resistant strain of bacteria. This could signal "the end of the road" for antibiotics.**

Researchers found a strain of E. coli resistant to the antibiotic colistin in a Pennsylvania woman,

which they said was “the emergence of a truly pan-drug resistant bacteria.”

Colistin is one of the strongest antibiotics, used for the most dangerous types of superbugs, including a family of bacteria known as CRE. These bacteria have been known to kill up to half of infected patients. .

In November, Chinese and British researchers reported finding the colistin-resistant strain in pigs, raw pork meat and in a small number of people in China. The deadly strain was later discovered in Europe, Africa, South America and Canada.

Researchers at the Departments of Agriculture and the Health and Human Services found the same colistin-resistant bacteria in a sample from a pig intestine in the United States.

CDC officials are working with Pennsylvania health authorities to interview the patient and family to identify how she may have contracted the bacteria, including reviewing recent hospitalizations and other health-care exposures. CDC hopes to screen the woman and her contacts to see if others might be carrying the organism. Local and state health departments also will be collecting cultures as part of the investigation.

Thursday’s study did not disclose further details about the Pennsylvania woman or the outcome of her case, although it said that she had not reported any travel in the previous five months. The authors could not be reached for comment.

Infectious disease experts say the antibiotic-resistant gene, which can be transferred from bacteria to bacteria, has been found mostly in livestock but also in humans. It is likely leaping from livestock to humans through food.

Infectious disease experts called for speedier action to curb the overuse of antibiotics in livestock.

Public health officials fear if resistant bacteria continue to spread, treatment options could be seriously limited. Routine operations could become deadly. Minor infections could become life-threatening crises. Pneumonia could be more and more difficult to treat.

## REPORTS/POLICIES

- **The GAO published “*Medicare Program: Continued Action Required to Address Weaknesses in Provider and Supplier Enrollment Controls,*” (GAO-16-703T) on May 24, 2016.** This report discusses the extent to which selected enrollment-screening procedures are designed and implemented to prevent and detect the enrollment of ineligible or potentially fraudulent Medicare providers and suppliers into that CMS database.  
<http://www.gao.gov/assets/680/677395.pdf>

## HILL HEARINGS

- The Senate Appropriations Subcommittee on Military Construction and Veterans Affairs, and Related Agencies will hold a hearing on **June 8, 2016**, to examine review of the Department of Veterans Affairs' electronic health record (VistA), progress toward interoperability with the Department of Defense's electronic health record, and plans for the future.

## LEGISLATION

- **H.R.5304** (introduced May 23, 2016): Health Expansion Loss Prevention Veterans Act was referred to the House Committee on Armed Services  
Sponsor: Representative Marc. A Veasey [TX-33]
- **H.R.5314** (introduced May 24, 2016): To provide for the development and dissemination of programs and materials for training pharmacists, health care providers, and patients on the circumstances under which a pharmacist may decline to fill a prescription for a controlled substance because the pharmacist suspects the prescription is fraudulent, forged, or otherwise indicative of abuse or diversion, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Mark DeSaulnier [CA-11].
- **H.R.5317** (introduced May 24, 2016): To designate the Department of Veterans Affairs health care center in Center Township, Butler County, Pennsylvania, as the "Abie Abraham VA Clinic" was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Mike Kelly [PA-3]
- **H.R.5324** (introduced May 25, 2016): To amend the Internal Revenue Code of 1986 to expand the permissible use of health savings accounts to include health insurance payments and to increase the dollar limitation for contributions to health savings accounts, and for other purposes was referred to the House Committee on Ways and Means.  
Sponsor: Representative Dave Brat [VA-7]
- **H.R.5327** (introduced May 25, 2016): To reauthorize and improve programs related to mental health and substance use disorders was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Ann M. Kuster [NH-2]
- **H.R.5330** (introduced May 25, 2016): To provide for a report on best practices for peer-support specialist programs, to authorize grants for behavioral health paraprofessional training and education, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Ben Ray Lujan [NM-3]
- **H.R.5331** (introduced May 25, 2016): To amend title XIX of the Social Security Act to provide for behavioral health infrastructure improvements under the Medicaid program was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Ben Ray Lujan [NM-3]
- **S.2980** (introduced May 25, 2016): A bill to amend the Internal Revenue Code of 1986 to expand the permissible use of health savings accounts to include health insurance payments and to increase the dollar limitation for contributions to health savings accounts, and for other purposes was referred to the Committee on Finance.  
Sponsor: Senator Jeff Flake [AZ]
- **S.2985** (introduced May 25, 2016): A bill to eliminate the individual and employer health coverage mandates under the Patient Protection and Affordable Care Act, to expand beyond that Act the choices in obtaining and financing affordable health insurance coverage, and for other purposes was referred to the Committee on Finance.  
Sponsor: Senator Bill Cassidy [LA]

## MEETINGS

- The Disaster Health Education Symposium: Innovations for Tomorrow will be held on **Sept. 8, 2016**, at the Uniformed Services University in Bethesda, Md. <https://ncdmph.usuhs.edu>.
- The AUSA 2016 Annual Meeting & Exposition will be held **Oct. 3-5, 2015**, in Washington DC. <http://ausameetings.org/2016annualmeeting/>

- 2016 AMSUS Annual Continuing Education Meeting will be held on **Nov. 29- Dec. 2, 2016**, at the Gaylord National Harbor, Md. <http://www.amsusmeetings.org/>

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