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 June 13, 2018, the House Appropriations Committee approved the subcommittee draft of the fiscal year 2019 Defense Appropriations bill on a vote of 48-4.

The legislation provides a total of $674.6 billion for the Department of Defense. This includes $606.5 billion in base discretionary funding – an increase of $17.1 billion above the fiscal year 2018 enacted level. The bill also provides $68.1 billion in Overseas Contingency Operations (OCO)/Global War on Terrorism (GWOT) funding.

The bill contains a total of $34.4 billion -- $34 for base requirements and $352 million for OCO/GWOT requirements -- $318 million above the request-- for the Defense Health Program to provide care for service members, military families and retirees.

Specifically, the bill provides $364 million for cancer research, $125 million for traumatic brain injury and psychological health research, and $318 million for sexual assault prevention and response. All of these funding levels represent increases above the President’s request.

- For the bill report, please visit: https://docs.house.gov/meetings/AP/AP00/20180613/108421/HRPT-115-HR_Defense.PDF
### MILITARY HEALTH CARE NEWS

- The *Military Times* reports the Senate included a provision in its Fiscal Year 2019 National Defense Authorization bill that would increase TRICARE fees for military retirees under age 65.

  Working-age retirees do not pay enrollment fees to join Tricare Select. The proposal creates a $450 annual enrollment fee for an individual and a $900 annual enrollment fee for a family.

  Retirees in Tricare Prime would see their enrollment fee increase to $350 per individual, from the current $289.08, or to $700 per family, from the current $578.16.

  The bill will go before the Senate for a vote, and the provision would then be considered in conference with House lawmakers. In its current form, if approved, the new cost structure would take effect Jan. 1, 2019.

  “This provision would correct an inequity in the TRICARE benefit among beneficiaries by establishing a single co-payment structure applicable to all TRICARE beneficiaries,” stated a report accompanying the bill text. Senate Armed Services Committee members stated they were aware that those who were already in Tricare before the reform took effect in January were paying higher co-payments than beneficiaries who entered the military after Jan. 1.

### VETERANS AFFAIRS NEWS

- The Department of Veterans Affairs (VA) released for the first time its annual nursing home ratings.

  The data show that, overall, VA’s nursing home system — composed of more than 130 community living centers — compares closely with private sector nursing homes, even though the department on average cares for sicker patients in its nursing homes than do private facilities.

  In fact, the overall star rating for VA’s nursing homes compared to the 15,487 private sector nursing homes rated by the Centers for Medicare and Medicaid Services (CMS) shows that VA has a significantly lower percentage (34.1 percent lower) of one-star, or lowest rated, facilities than the rest of the nation.

  The best comparison of VA nursing homes to the private sector is in the overall star rating. Using that overarching and most important metric, VA’s performance compares very closely with that of the private sector. See here for a comparison of quality ratings using CMS’ Nursing Home Compare Five Star Quality Rating System as of April 2018.

  Additionally, VA nursing homes have a higher staff-to-resident ratio than private sector facilities, meaning residents in VA facilities get more direct attention from nursing home staff than do residents in the private sector.

  To view the VA’s nursing home ratings, please visit:


- The U.S. Department of Veterans Affairs (VA) and PsychArmor Institute recently launched an online suicide-prevention training video, “SAVE,” designed to equip anyone who interacts with veterans to demonstrate care, support and compassion when talking with a Veteran who could be at risk for suicide.

  SAVE which stands for Signs, Ask, Validate, Encourage and Expedite, offers simple steps anyone — whether a treatment provider, clinician, friend or family member — can take when
talking with veterans at risk for suicide.

VA suicide prevention coordinators have led the SAVE course at VA facilities and community centers across the nation. VA officials said extending and promoting this important training outside VA is critical in helping everyone play a role in suicide prevention.

The 25-minute online training course covers three main topics:

- Suicide as a public health issue in the U.S.
- Signs that a veteran may be at risk for suicide
- Actions people can take if they identify a veteran at risk.

Veterans in crisis or having thoughts of suicide — and anyone who knows a veteran in crisis — should call the Veterans Crisis Line for confidential support 24 hours a day and 365 days a year. Call 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat or text to 838255.

To view the free training video, please visit: https://psycharmor.org/courses/s-a-v-e/.

- The Department of Veterans Affairs (VA) has opened its third Veterans Crisis Line (VCL) call center in Topeka, Kansas on the campus of the Colmery-O’Neil VA Medical Center.

VA opened the Topeka-based center to support increased demand. VA has two other call centers located in Canandaigua, New York, and Atlanta, Georgia.

Since VA launched the VCL in 2007, the crisis line responders have:

- Answered over 3.5 million calls
- Initiated the dispatch of emergency services to callers in imminent crisis nearly 93,000 times
- Engaged over 397,000 requests for chat services
- Answered nearly 92,000 requests for text services
- Forwarded more than 582,000 referrals to local VA Suicide Prevention Coordinators (SPCs) on behalf of Veterans to ensure continuity of care with Veterans local VA providers.

Veterans who are in crisis or having thoughts of suicide — and those who know a Veteran in crisis — can call the Veterans Crisis Line for confidential support 24 hours a day, 7 days a week, and 365 days a year. Call 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or text to 838255.

GENERAL HEALTH CARE NEWS

- A new study by the Center for Disease Control and Prevention finds adults living in rural counties are more likely to be obese than adults in urban counties.

The findings, based on 2016 Behavioral Risk Factor Surveillance Survey (BRFSS) data, are consistent with previous findings published in 2012 using 2005-2008 National Health and Nutrition Examination Survey (NHANES) data.

Key findings

- Obesity prevalence was significantly higher among adults living in rural counties (34.2
percent) than among those living in metropolitan counties (28.7 percent).

- The greatest differences in prevalence were in the South and Northeast regions.
- The findings held true for adults in most socio-demographic categories, including age, sex and household income.

The analysis compared obesity based on self-reported weight and height among adults living in metropolitan (e.g., urban) and nonmetropolitan (e.g., rural) counties in the United States in 2016.

The report identifies differences in obesity prevalence by metropolitan status within states, census regions and divisions, and sociodemographic characteristics (e.g., age, sex, race/ethnicity, and education).

Obesity is a risk factor for many chronic diseases including type 2 diabetes, coronary heart disease, some cancers and arthritis. Understanding regional variation in obesity prevalence by metropolitan residence status can help inform interventions and targeting of obesity prevention resources.

Numerous obesity-prevention strategies can be used in rural areas. These include increasing the availability of healthy food by working with schools, worksites, and the Cooperative Extension Service; opening public buildings (e.g., school facilities) after hours for physical activity purposes; and including bicycle paths, paved sidewalks, and outdoor public recreation facilities in community planning.

One way CDC addresses obesity is through its High Obesity Program (HOP). HOP funds land grant colleges and universities in states with counties that have more than 40 percent prevalence of adult obesity. Residents of these communities — mostly in rural areas — may have less access to healthy foods and fewer opportunities to be physically active.

Grantees work with existing county cooperative extension and outreach services in targeted areas. They use proven public health strategies to help people improve physical activity and nutrition, reduce obesity, and prevent or control diabetes, heart disease, and stroke. For more about the HOP program, please visit: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/high-obesity-program.html.

- The 2017 National Youth Risk Behavior Survey (YRBS) paints a promising picture about the drug and sexual behaviors U.S. high school students report, but the findings leave room for concern – especially among groups of young people who report multiple health risks.

Student sexual behavior

In 2017, there was another decline in the percentage of high school students who report that they have ever had sex and those who have had four or more sexual partners – the lowest levels since CDC began conducting the survey in 1991.

Unfortunately, a lower percentage of students who engage in sex report using condoms. The correct use of condoms helps to prevent the transmission of HIV and sexually transmitted diseases (STDs), and 15- to 24-year-olds account for half of all new STD infections in the U.S.

The self-reported data show that students who:

- Ever had sex: Declined from 47.8% in 2007 to 39.5% in 2017.
- Had four or more sexual partners: Declined from 14.9% in 2007 to 9.7% in 2017.
- Used a condom during last sex: Declined from 61.5% in 2007 to 53.8% in 2017.

Illicit drug use and new findings on prescription opioids
While the percentage of students who reported ever using select illicit drugs (defined here as cocaine, heroin, methamphetamines, inhalants, hallucinogens or ecstasy) was down, the survey found that 14 percent of U.S. high school students (1 in 7) reported misusing prescription opioids. The misuse of prescription opioids can lead to overdose as well as injection drug use, which increases the risk for HIV.

The percentage of students who:
- **Ever used select illicit drugs**: Declined from 22.6% in 2007 to **14% in 2017**.
- **Ever misused prescription opioids**: Was **14% in 2017** (first year for data).

**Substantial levels of violence and persistent feelings of sadness or hopelessness**

Nationally, 1 in 5 students reported being bullied at school, and 1 in 10 female students and 1 in 28 male students reported having been physically forced to have sex. Also in 2017, the proportion of students reporting persistent feelings of sadness or hopelessness increased to 1 in 3. The percentage of students who:
- **Were bullied at school**: Has not significantly decreased from 19.9% in 2009 to 19.0% in 2017.
- **Were forced to have sex**: Has not significantly improved from 7.8% in 2007 to 7.4% in 2017.
  - Females: Has not significantly decreased from 11.3% in 2007 to 11.3% in 2017.
  - Males: Has decreased from 4.5% in 2007 to 3.5% in 2017.
- **Felt sad or hopeless**: Has increased from 28.5% in 2007 to 31.5% in 2017.

The CDC and its partners work on multiple levels to address strategies that protect and improve young people’s lives – including funding, implementing, and evaluating programs that address many of these risks and protective factors.

*For more information, visit* [www.cdc.gov/nchhstp/newsroom](http://www.cdc.gov/nchhstp/newsroom).

**REPORTS/POLICIES**

- *The GAO published “VA Health Care: Independent Verification and Validation (IV&V) of Patient Self-Scheduling Systems Was Consistent with the Faster Care for Veterans Act of 2016,”* (GAO-18-442R) *was June 13, 2018*. This report determines if the IV&V included an evaluation of whether the systems provided the seven minimum capabilities specified in the act and was performed consistent with practices identified in IEEE’s Standard for System and Software Verification and Validation. [https://www.gao.gov/assets/700/692455.pdf](https://www.gao.gov/assets/700/692455.pdf)

**HILL HEARINGS**

- The Senate Committee on Health, Education, Labor, and Pensions will hold a hearing on **June 19, 2018**, to examine effective administration of the 340B Drug Pricing Program.
- The House Armed Services Subcommittee on Military Personnel will hold a hearing on **June 20, 2018**, to examine reforming the Military Health System’s Pain Management, Opioids Prescription Management and Reporting Transparency.
- The Senate Committee on Health, Education, Labor and Pensions will hold a hearing on **June 27, 2018**, to examine how to reduce health care costs, focusing on understanding the cost of health care in America.
LEGISLATION

- No health-related bills were proposed this week.

MEETINGS


- 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/)

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 katherineouxfederalhealthcarenews.com.