

Federal Health Update

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Happy Memorial Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House passed H.R. 1094, the Department of Veterans Affairs Accountability and Whistleblower Protection Act.**

This legislation will make it easier for the VA Secretary to fire department employees and boost protections for whistleblowers that report wrongdoing, and create an office within the VA to support whistleblower protections.

The Senate previously approved the bill on a unanimous voice vote. It will now be sent to the president to sign into law.

MILITARY HEALTH CARE NEWS

- **TRICARE and Military OneSource will host a webinar to discuss the TRICARE Extended Care Health Option (ECHO), June 27, at 1-2 p.m. ET.**

ECHO provides supplemental services to qualified beneficiaries with special needs. It offers

services beyond those offered by a regular TRICARE program option. To use ECHO, beneficiaries must have a qualifying condition. These may include:

- Moderate or severe mental disability
- Serious physical disability
- Autism spectrum disorder
- Extraordinary physical or psychological condition
- Neuromuscular developmental disorder in an infant or toddler
- Multiple disabilities affecting separate body systems

Webinar presenters will discuss ECHO eligibility, benefits, costs and coverage limits, and more.

- **Personnel at the Walter Reed Army Institute of Research (WRAIR), a Defense Department biomedical facility in Silver Spring, Md., are researching and developing vaccines that can save military and civilian lives.**

The military has a personal interest in disease prevention. U.S. service members deploy to areas rife with malaria, Zika and other dangerous pathogens. Troop infections happen, and when they do they require costly, time-consuming medical leave and hospitalizations. Effective new vaccines can consequently be the key to healthier troops and better-operating units.

Civilians receive these treatments, too. Both Glaxo-Smith-Kline and Sanaria are close to rolling out new vaccines for malaria, a disease responsible for 300,000 deaths worldwide every year. WRAIR is a research partner for both companies, and has been a proven research partner in the development of every existing malaria medication on the market today.

WRAIR, DoD's largest disease-research center, developed the first effective licensed vaccine against meningitis in the 1970s. And in recent years, WRAIR has tested several vaccines against Ebola. One of these vaccines was used in communities in Guinea during the West African Ebola outbreak of 2014, with highly positive results.

Today WRAIR has a program to develop a Zika vaccine. The program has made rapid progress, moving from an initial experimental vaccine in early 2016 to a preliminary human trial last November that is still screening new volunteers. The fast turnaround time is attributed to earlier work WRAIR researchers had done on vaccines for dengue and Japanese encephalitis, which are in the same family of viruses as Zika.

WRAIR is also finishing trials of a vaccine for Middle East respiratory syndrome, or MERS, and is planning another malaria vaccine trial that will start in the fall of this year. The institute is also partnering with Themis-GmbH, an Austrian-based biotech company, to test a vaccine for chikungunya, a mosquito-borne disease that has appeared in countries in Africa, Asia, Europe, the Indian and Pacific oceans, and islands in the Caribbean. Although rarely fatal, it can leave infected persons with long-lasting joint pain. And its vast geographic spread has caused military leaders significant concern for their troops.

As long as infectious diseases threaten the world, WRAIR will continue to support the rollout of effective safeguards against diseases, both for U.S. troops and for the civilians those troops protect.

VETERANS AFFAIRS NEWS

- There was no news from the Department of Veterans Affairs.

GENERAL HEALTH CARE NEWS

- **The number of middle and high school students who say they are current tobacco users dropped from 4.7 million in 2015 to 3.9 million in 2016, according to new data published by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration's (FDA) Center for Tobacco Products.**

The 2016 National Youth Tobacco Survey found the decline in use of tobacco products was primarily driven by a drop in e-cigarette use among middle and high school students from 3 million in 2015 to just under 2.2 million in 2016. In addition, declines were also seen during 2015-2016 among high school students who used two or more tobacco products, any combustible tobacco products, and hookah.

The study also found that many youth report using multiple tobacco products; 1.8 million middle and high school students reported using two or more tobacco products in the past 30 days. Among current tobacco users in 2016, 47.2 percent of high school students and 42.4 percent of middle school students used two or more tobacco products.

The report found that 20.2 percent of high school students and 7.2 percent of middle school students reported current use of any tobacco product. E-cigarettes remained the most commonly used tobacco product among youth for the third consecutive year, used by 11.3 percent of high school and 4.3 percent of middle school students. Although the data reflect a decline during 2015-2016, current use of any tobacco product did not change significantly during 2011-2016, because of the sharp increases in e-cigarettes and hookah during 2011-2014.

Key findings from this report on youth tobacco product use:

- Among all high school students in 2016, the most commonly used products after e-cigarettes were: cigarettes (8.0 percent), cigars (7.7 percent), smokeless tobacco (5.8 percent), hookah (4.8 percent), pipe tobacco (1.4 percent), and bidis (0.5 percent).
- Among all middle school students in 2016, the most commonly used products after e-cigarettes were: cigarettes (2.2 percent), cigars (2.2 percent), smokeless tobacco (2.2 percent), hookah (2.0 percent), pipe tobacco (0.7 percent), and bidis (0.3 percent).
- Among non-Hispanic white and Hispanic high school students, e-cigarettes were the most commonly used tobacco product. Among non-Hispanic black high school students, cigars were most commonly used.
- Cigarette use was higher among non-Hispanic whites than among non-Hispanic blacks; smokeless tobacco use was higher among non-Hispanic whites than other races.

To learn more about quitting and preventing youth from using tobacco products, visit www.BeTobaccoFree.gov.

- **The Centers for Medicare & Medicaid Services' (CMS) Office of the Actuary (OACT) released state-level health care spending data for the period 1991-2014.**

The data shows that while most states experienced faster growth in 2014 due to Medicaid expansion and enrollment in Exchange plans, per capita health spending in Medicaid expansion and non-expansion states grew at similar rates. The report also found that the most recent economic recession, which ended in 2009, and modest recovery since then, had a sustained impact on health spending and health insurance coverage. Every state experienced slower growth in per capita personal health care spending from 2010-2013 than experienced during the period 2004-2009.

The report finds recent economic and health sector factors have had clear impacts by state, both by payer and in the rates of overall per capita personal health care expenditure growth; however, during the 2009 to 2014 period, the variation in spending between the lowest and highest states was virtually unchanged.

The report offers vital context for understanding how health spending varies across states. The analysis updates previous estimates published in 2011 and examines personal health care spending (or the health care goods and services consumed) through a resident-based view. These estimates are also presented both by type of goods and services (such as hospital services and retail prescription drugs) and by major payer (including Medicare, Medicaid, and private health insurance) for the individuals who reside in a state.

The study found the state with the highest per enrollee Medicare spending in 2014 was New Jersey (\$12,614) with spending levels roughly 15 percent above the national average (\$10,986). In 2014, Montana was the state with the lowest per enrollee Medicare spending, at \$8,238 per enrollee (25 percent below the national average per enrollee).

Total Medicaid spending increased 12.3 percent from 2013 to 2014 for states that expanded Medicaid, compared with 6.2 percent for states that did not expand Medicaid. However, on a per enrollee basis Medicaid spending declined considerably for the expansion states (-5.1 percent) in 2014, because of the enrollment of relatively less expensive enrollees, whereas per enrollee Medicaid spending in the non-expansion states increased 5.1 percent.

Per enrollee private health insurance spending was \$4,551 in 2014, an average annual increase of 3.3 percent since 2009 (\$3,872). Total private health insurance spending grew more rapidly in states that did not expand Medicaid eligibility by 2014 than in states that did expand eligibility, at rates of 6.8 percent and 4.6 percent, respectively.

A majority of this difference reflects faster private health insurance enrollment growth in non-expansion states (3.2 percent) compared to that for expansion states (1.9 percent).

The OACT data and analysis will appear at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>
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REPORTS/POLICIES

- ***The GAO published “Information Technology: Pharmacy System Needs Additional Capabilities for Viewing, Exchanging, and Using Data to Better Serve Veterans,” (GAO-17-179) on June 14, 2017.*** In this report, GAO explored whether VA currently possesses a functioning pharmacy system and the extent to which VHA pharmacy locations can view, share, and transfer data. <http://www.gao.gov/assets/690/685260.pdf>

HILL HEARINGS

- The Senate Appropriations: Subcommittee on Military Construction and Veterans Affairs will hold a hearing on **June 21, 2017**, to examine proposed budget estimates and justification for fiscal year 2018 and 2019 for the Department of Veterans Affairs.
- The House Armed Services Subcommittee on Military Personnel will hold a hearing on **June 22, 2017**, to examine H.R. 2810 National Defense Authorization Act for Fiscal Year 2018.
- The Senate Armed Services Committee will hold a hearing on **June 22, 2017**, to examine the

nomination of Richard V. Spencer to be Secretary of the Navy, Department of Defense.

LEGISLATION

- **S.1351** (introduced June 9, 2017): A bill to amend the Public Health Service Act with respect to the designation of general surgery shortage areas, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Chuck Grassley [R-IA]
- **H.R.2900** (introduced June 9, 2017): To amend the Public Health Service Act with respect to the prevention and treatment of the use of synthetic recreational drugs, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Nydia M. Velazquez [D-NY-7]
- **H.R.2894** (introduced June 9, 2017): To amend the Public Health Service Act to provide for education and outreach with respect to the prevention and treatment of tick-borne illnesses was referred to the House Committee on Energy and Commerce. Sponsor: Representative William R. Keating [D-MA-9]

MEETINGS

- The AUSA 2017 Annual Meeting & Exposition will be held **Oct. 9-11, 2017**, in Washington DC. <http://ausameetings.org/2017annualmeeting/>
- The 2017 AMSUS Annual Continuing Education Meeting will be held on **Nov. 27- Dec. 1, 2017**, at the Gaylord National Harbor, Md. <http://www.amsus.org/annual-meeting/>

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