

Federal Health Update

AUG. 18, 2017

Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

Sponsored by:

SPECTRUM[®]
HEALTHCARE RESOURCES
www.spectrumhealth.com
800-325-3982

Additional Sponsorship Opportunities Available.

Please contact Kate Theroux if you are interested in supporting this service.

ktheroux@federalhealthcarenews.com

The *Update* will not be published on Aug. 24, 2017.

EXECUTIVE AND CONGRESSIONAL NEWS

- **Congress went on summer recess until September 2017.**

MILITARY HEALTH CARE NEWS

- **The Army chief of staff announced the assignment of the following general officers:**
 - Maj. Gen. Michael C. O'Guinn, U.S. Army Reserve, to deputy surgeon general for mobilization and reserve affairs (Individual Mobilization Augmentee), Office of the Surgeon General, Falls Church, Virginia. He previously served as commanding general (Troop Program Unit), Medical Readiness and Training Command, San Antonio, Texas.
 - Col. (Promotable) George N. Appenzeller, command surgeon, U.S. Africa Command, Germany, to deputy commander, Regional Health Command-Pacific, Joint Base Lewis-McChord, Washington.
 - Col. (Promotable) William S. Lynn, U.S. Army Reserve, commander (Troop Program Unit), Southeast Medical Area Regional Support Group, Nashville, Tennessee, to deputy

commander (Troop Program Unit), 807th Medical Command (Deployment Support), Salt Lake City, Utah.

- Col. (Promotable) Joseph A. Marsiglia, U.S. Army Reserve, commander (Troop Program Unit), Central Medical Area Readiness Support Group, Fort Sheridan, Illinois, to mobilization and reserve affairs (Individual Mobilization Augmentee), Office of the Surgeon General, Falls Church, Virginia; and deputy commander (Individual Mobilization Augmentee), Army Reserve Medical Command, Pinellas Park, Florida.

▪ **On Aug. 3, 2017, the Defense Health Agency released an interim procedures memorandum, providing guidance for the 2017 seasonal influenza vaccination program.**

According to the policy, all active duty and reserve component personnel will be vaccinated against influenza. Individual Ready Reserve and Retired Reserve personnel are not subject to this policy.

In addition, the policy states that the director, Defense Health Agency (DHA), will track, collect, and analyze immunization data and all confirmed vaccine compromises in coordination with the DoD Components and the Service Surgeons General will monitor influenza immunization compliance data.

To read the full policy memorandum, please visit: <https://health.mil/Policies/2017/08/03/DHA-IIPM-17-005-2017-18-Seasonal-Influenza-Vaccination-Program>

▪ **Beginning Sept. 1, 2017, Express Scripts will need annual consent from patients who want to receive automatic refills of their maintenance medications enrolled in [TRICARE Pharmacy Home Delivery](#).**

Express Scripts will contact TRICARE beneficiaries before their prescription refills expire to determine whether they want their doctor to be contacted to renew the prescription and if they would like to continue in the [Automatic Refill program](#). If not, Express Scripts will not refill the prescription.

When the last refill of a medication enrolled in the Automatic Refill program ships, Express Scripts will reach out to the beneficiary by telephone and/or email (depending on the preference you indicated) and ask the following:

- Would you like Express Scripts to reach out to your doctor for a new prescription?
- Do you want to keep your medication enrolled in the Auto Refill program?

How to Respond

- Express Scripts will not re-enroll your medication unless they hear from you. You have several ways to respond:
- Online at Express-Scripts.com/TRICARE
- Via the automated phone call from Express Scripts
- By calling an Express Scripts Patient Care Advocate (PCA) at 1-877-363-1303

If Express Scripts does not receive consent within 10 days of reaching out to the beneficiary, they will remove the medication from the Auto Refill program.

For more information, please visit [Express Scripts website](#) or call Express Scripts at 1-877-363-1303 to speak with a PCA.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced it will hire highly qualified veterans to staff the VA's 24hr-hotline instead of contracting the service to a third-party vendor, and is hiring additional VA personnel to complete the planned move to a 24-hour operation.**

The VA conducted a two-month pilot phase of the new White House VA Hotline in June. The results demonstrated that veterans calling the hotline respond best when their calls are answered by fellow veterans and others with first-hand experience on their issues.

Until that time, the hotline's current pilot program service is available to receive calls from veterans from 8:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services (HHS) announced the appointment of national experts to guide a new initiative to better serve Americans with serious mental illness.**

The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) was established by the 21st Century Cures Act to improve federal coordination of efforts that address the pressing needs of adults with serious mental illness and children and youth with serious emotional disturbance. Individuals with these conditions too often lack access to evidence-based treatment and supports and experience high rates of suicide, unemployment, homelessness, criminal justice involvement and other negative outcomes.

The ISMICC is composed of senior leaders from ten federal agencies including HHS, the Departments of Justice, Labor, Veteran Affairs, Defense, Housing and Urban Development, Education, Labor and the Social Security Administration along with 14 non-federal public members.

The following national experts were selected to serve three-year terms:

- Linda S. Beeber, Ph.D., PMHCNS-BC, FAAN, distinguished professor, University of North Carolina-Chapel Hill, School of Nursing;
- Ron Bruno, founding board member and second vice president, CIT International;
- Clayton Chau, M.D., Ph.D., regional executive medical director, Institute for Mental Health and Wellness at St. Joseph-Hoag Health;
- David Covington, LPC, MBA, CEO and president, RI International;
- Maryann Davis, Ph.D., research associate professor, Department of Psychiatry, University of Massachusetts Medical Center;
- Pete Earley, author;
- Paul Emrich, Ph.D., under secretary of family and mental health, Chickasaw Nation;
- Mary Giliberti, J.D., CEO, National Alliance for Mental Illness, National Alliance on Mental Illness;
- Elena Kravitz, peer support provider and manager, Collaborative Support Programs of New Jersey;

- Kenneth Minkoff, M.D., Zia Partners;
- Elyn Saks, J.D., Ph.D., professor of law, legal scholar, University of Southern California Gould School of Law;
- John Snook, Esq., executive director and attorney, Treatment Advocacy Center;
- Rhathelia Stroud, J.D., presiding judge, DeKalb County Magistrate Court; and
- Conni Wells, owner and manager, Axis Group, LLC.

The ISMICC will report on advances in research on serious mental illness among adults and serious emotional disturbance among children and on federal outcomes related to measures of suicide, drug overdoses, emergency hospitalizations, criminal justice involvement, homelessness, unemployment, and other issues. The ISMICC also will recommend actions that federal agencies can take to better coordinate the administration of mental health services for adults with serious mental illness and children with serious emotional disturbance.

The ISMICC will hold its first meeting on August 31, 2017, at the Hubert H. Humphrey Building in Washington DC. Public access to the meeting will available by webcast (<http://www.hhs.gov/live>) and phone (see the link on the Substance Abuse and Mental Health Services Administration (SAMHSA) website below for instructions).

Notice of the meeting appears in the [Federal Register](#) and on the Substance Abuse and Mental Health Services Administration website: <http://www.samhsa.gov/about-us/advisory-councils/smi-committee>.

- **The U.S. Department of Health and Human Services awarded nearly \$105 million to 1,333 health centers in all U.S. states, territories and the District of Columbia as an investment in quality improvement, building upon their 2016 achievements.**

Health centers will use these funds to improve the quality, efficiency and effectiveness of the health care delivered to the communities they serve.

Health centers are receiving these funds to continue improving their services based upon high levels of performance in one or more of the following categories: Improving Quality of Care, Increasing Access to Care, Enhancing Delivery of High Value Health Care, Addressing Health Disparities, and Achieving Patient-Centered Medical Home (PCMH) Recognition.

HRSA also released new data compiled from health centers through its Uniform Data System (UDS) reporting, providing an update on the primary care services being provided to patients. In 2016, nearly 26 million people (approximately 1 in 12 U.S. residents) relied on a HRSA-funded health center for affordable, accessible primary health care including:

- One in three people living in poverty;
- One in ten U.S. children 17 years or younger;
- One in six U.S. rural residents; and
- More than 330,000 U.S. veterans.

For more than 50 years, health centers have delivered affordable, accessible, quality, and cost-effective primary health care services to patients. Today, nearly 1,400 health centers operate more than 10,400 service delivery sites nationwide.

For a list of FY 2017 Quality Improvement Awards recipients, visit:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/qualityimprovement/index.html>

To learn more about HRSA's Health Center Program, visit: <http://bphc.hrsa.gov/about>

To find a health center in your area, visit: <http://findahealthcenter.hrsa.gov>

- **The number of U.S. adults and children with epilepsy is increasing, with at least 3.4 million people living with the disorder, according to data released today in Center for Disease Control and Prevention.**

This is the first report to offer epilepsy estimates have been available for every state.

The data show the disorder is widespread. In 2015, about 3 million U.S. adults and 470,000 children had active epilepsy (under treatment or with recent seizures). The number of adults with active epilepsy rose from 2.3 million in 2010 to 3 million in 2015. The number of children with the condition increased from 450,000 in 2007 to 470,000 in 2015. These increases are likely due to population growth.

Epilepsy is a disorder of the brain that causes seizures. Different conditions can cause epilepsy, such as stroke, brain tumor, head injury, central nervous system infections, or genetic risks. Although epilepsy is widely recognized by the public, few people understand it, even among those who know someone with the disorder.

The CDC study provides national and state-specific estimates of epilepsy prevalence based on the [2015 National Health Interview Survey](#), and the National Survey of Children's Health, and the [2014 Current Population Survey](#).

- Overall, 1.2 percent of the U.S. population (3.4 million people) reported active epilepsy in 2015.
- The number of cases of active epilepsy among adults ranged from 5,100 in Wyoming to 367,900 in California.
- The number of epilepsy cases among children ranged from 800 in Wyoming to 59,800 in California.
- Eleven states had more than an estimated 92,000 people with epilepsy.
- Data from 2010-2015 indicate increases in the number of persons with active epilepsy, probably because of population growth.

[CDC's Epilepsy Program](#) collects data to monitor epilepsy trends, mortality, costs, and impact on families.

REPORTS/POLICIES

- **The Congressional Budget Office released “The Effects of Terminating Payments for Cost-Sharing Reductions,” on Aug. 15, 2017.** This CBO's analysis concludes that insurers in some states would withdraw from or not enter the non-group market. As a result, about 5 percent of people live in areas that would have no insurers in the non-group market in 2018. <https://www.cbo.gov/publication/53009>

HILL HEARINGS

- There are no relevant hearings scheduled until September.

LEGISLATION

- There was no legislation proposed while Congress is in recess.

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/>

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.