

# Federal Health Update

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

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***Happy Labor Day!***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until Sept. 5, 2016.**

## MILITARY HEALTH CARE NEWS

- **On Sept. 7, 2016, the Defense Department will host an event at the Pentagon to promote Suicide Prevention.**

In a media roundtable, [Keita Franklin](#), director of the [Defense Suicide Prevention Office](#), moderated an event with members of the media, the [U.S. Department of Veterans Affairs](#), the National Organization of Broadcasters and the Entertainment Industries Council in attendance. The roundtable was an effort to encourage people to seek help when they are in crisis, and call the Veterans Crisis Line 1-800-273-8255.

“September is Suicide Prevention Month,” Franklin said, “... but make no mistake; it’s an all-year, all-hands effort all the time. In September we will push off a year-long campaign in collaboration

with the VA ... with the theme, 'Be There.'"

She added: "It's being there for one another, for your fellow service member, your family, for yourself when you have a need. So reach out and get help."

The Suicide Prevention Month theme mirrors today's military culture, Franklin said, one in which service members rely on each other for help.

"We see that as a strength and hope that folks will continue to be there for one another," she said.

- **The Governors of Hawaii and Florida have declared states of emergency because of the incoming Hurricanes.**

For TRICARE beneficiaries who are affected, TRICARE has pulled together up-to-date, critical information that may affect their health benefits. Information included was gathered from a variety of sources, including other federal agencies and departments, state and local government and the news and media.

Information about the [Tropical Storms in Florida](#)

Information about the [Hurricanes in Hawaii](#)

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) is partnering with Women Veterans Interactive (WVI) to launch a State of Women Veterans' social media campaign.**

The goal of the campaign is to raise awareness of women Veterans' military and societal contributions and provide an avenue for informing women veterans about the VA benefits they have earned.

The campaign is a collaborative effort to establish partnerships with nonprofit organizations that advocate and provide assistance on behalf of women veterans.

The campaign will conclude over the Veterans Day weekend and will be recognized and featured during a WVI- sponsored event in November.

For more information or to join in the conversation, follow @DeptVetAffairs on Twitter, like the Department of Veterans Affairs Facebook page and use the hashtag State of #WomenVets.

- **September 1 marks the start of Suicide Prevention Month and the Department of Veterans Affairs (VA) is asking for the entire nation's help in reducing veteran suicide.**

VA is calling on community leaders, supervisors, colleagues, friends, and family members to [BeThere](#) for veterans and service members starting with a simple act, which can play a pivotal role in preventing suicide.

The campaign highlights VA resources that are available to support veterans and service members who are coping with mental health challenges or are at risk for suicide, and it encourages everyone to share these resources with someone in their life.

[Veteran suicide data](#) released by the VA Office of Suicide Prevention in early August 2016 serves as a foundation for informing and evaluating suicide prevention efforts inside the VA health care system and for developing lifesaving collaborations with community-based health care partners.

VA plans to host a series of roundtable discussions with key stakeholder groups in the coming

months as part of its plan to develop a public health strategy for preventing veteran suicide. In August, VA hosted its first roundtable discussion, "Suicide Prevention is Everyone's Business," with corporate sector partners. In September, VA will host the [Veterans Affairs Suicide Prevention Innovations](#) event, which will bring together a community of experts from business, industry, academia, and government agencies to collaboratively identify solutions for reducing suicide rates among veterans and service members. In addition, new programs such as REACH VET are being launched nationwide in September to identify Veterans in VHA care who may be vulnerable, in order to provide the care they need before a crisis occurs.

**For more information about VA's suicide prevention efforts:**

- Suicide Prevention Month website: [VeteransCrisisLine.net/BeThere](http://VeteransCrisisLine.net/BeThere)
- Suicide Prevention Month toolkit: [VeteransCrisisLine.net/SpreadTheWord](http://VeteransCrisisLine.net/SpreadTheWord)
- [Suicide Prevention Fact Sheet](#)
- VA's Veterans Crisis Line: Call **1-800-273-8255 and Press 1**; chat online at [VeteransCrisisLine.net/Chat](http://VeteransCrisisLine.net/Chat) or text to **838255** — even if a Veteran is not registered with VA or enrolled in VA health care.
- Make the Connection website: <http://maketheconnection.net>
- VA Mental Health website: <http://www.mentalhealth.va.gov>

## GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) will provide an initial \$19.8 million over the next 18 months to Takeda Vaccines, Inc. of Deerfield, Illinois, a subsidiary of the Takeda Group headquartered in Japan, to develop a [Zika](#) vaccine for use in the United States.**

Under the contract, ASPR's Biomedical Advanced Research and Development Authority ([BARDA](#)) will provide funding to complete studies that should enable the company to file an Investigational New Drug application with the U.S. Food and Drug Administration. If the application is approved, the first clinical (human) trials of the vaccine could begin next year.

The contract initially provides funding and technical assistance for process development, preclinical studies, toxicology testing, and a Phase 1 clinical trial to demonstrate safety and determine whether the experimental vaccine stimulates an immune response in people.

If this work is successful and additional funds are made available, ASPR's BARDA also could sponsor Phase 2 and 3 clinical trials as well as large-scale manufacturing work needed for the company to apply to the FDA to license the vaccine. With this additional work, BARDA would have provided up to a total of \$311 million through 2022.

The vaccine is made from an inactivated (killed) whole Zika virus formulated with an adjuvant, a substance that enhances the body's immune response. Using adjuvants in vaccine can reduce the amount of vaccine antigen needed to stimulate an immune response. Antigen is the component of the vaccine that stimulates the person's immune system to protect against a virus. Needing less antigen in each dose of vaccine means more doses of vaccine could be made available.

The selection of an inactivated vaccine is based on years of research that have led to several effective inactivated vaccines for related flaviviruses, including Japanese encephalitis and tick-borne encephalitis. Inactivated vaccines are more stable than live vaccines and can be given to special populations including people with immunocompromised conditions.

Takeda is the largest pharmaceutical company in Japan and Asia and is one of the top 20

pharmaceutical companies in the world. The company has vaccine programs for dengue, Chikungunya, norovirus, polio and pandemic influenza. Manufacturing of the Zika vaccine will occur at Takeda's facilities in Hikari, Japan. The company also is developing its Zika vaccine for use outside of the United States.

To learn more about ASPR and preparedness, response and recovery from the health impacts of disasters, visit the HHS public health and medical emergency website, [phe.gov](http://phe.gov).

- **The U.S. Department of Health and Human Services announced \$53 million in funding to 44 states, four tribes and the District of Columbia to improve access to treatment for opioid use disorders, reduce opioid related deaths, and strengthen drug misuse prevention efforts.**

In addition, funding will also support improved data collection and analysis around opioid misuse and overdose as well as better tracking of fatal and nonfatal opioid-involved overdoses.

Administered by SAMHSA and the Centers for Disease Control and Prevention (CDC), the funding supports six programs.

**The Medication-Assisted Treatment Prescription Drug Opioid Addiction Grants will provide up to \$11 million to 11 states** to expand access to medication-assisted treatment (MAT) services for persons with opioid use disorder. This program targets states identified as having the highest rates of primary treatment admissions for heroin and prescription opioids per capita, and prioritizes those states with the most dramatic recent increases for heroin and opioids. Awardees are Alaska, Arizona, Colorado, Connecticut, Illinois, Louisiana, New Hampshire, North Carolina, Oklahoma, Oregon, and Rhode Island. (SAMHSA)

**The Prescription Drug Opioid Overdose Prevention Grants will provide up to \$11 million to 12 states** to reduce opioid overdose-related deaths. Funding will support training on prevention of opioid overdose-related deaths as well as the purchase and distribution of naloxone to first responders. Awardees are Alaska, Arkansas, Illinois, Missouri, New Jersey, New Mexico, Oklahoma, South Carolina, Washington, West Virginia, Wisconsin, and Wyoming. (SAMHSA)

**The Strategic Prevention Framework Partnerships for Prescription Drugs Grants provide \$9.3 million to 21 states and four tribes** to strengthen drug misuse prevention efforts. The grant program provides an opportunity for states, U.S. territories, Pacific jurisdictions, and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant to target the priority issue of prescription drug misuse. The program is designed to raise awareness about the dangers of sharing medications and work to address the risks of overprescribing. The program also seeks to raise community awareness and bring prescription drug misuse prevention activities and education to schools, communities, parents, prescribers, and their patients. Awardees are Alabama, Connecticut, Delaware, Georgia, Iowa, Louisiana, Maine, Maryland, Minnesota, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Vermont, West Virginia, and Wisconsin as well as Little Traverse Bay Bands of Odawa Indians, Cherokee Nation, Southern Plains Tribal Health Board, and the Nooksack Indian Tribe. (SAMHSA)

**The Prescription Drug Overdose: Prevention for States program provides up to \$11.5 million in supplemental funding to 14 states.** This supplemental funding will support the ongoing work of awardees, allowing awardees to address issues such as high overdose death rates in tribal communities and improve toxicology and drug screening. States can use this funding to enhance prescription drug monitoring programs (PDMPs), further prevention efforts, and execute and evaluate strategies to improve safe prescribing practices. Awardees are California, Colorado, Indiana, Kentucky, New Mexico, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, and Wisconsin. (CDC)

**The Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI) will award \$6**

**million to 13 states and DC** to advance and evaluate state-level prevention activities to address opioid misuse and overdose.

That includes enhancing their ability to:

- Improve data collection and analysis around opioid misuse and overdose;
- Develop strategies that impact behaviors driving prescription opioid misuse and dependence; and
- Work with communities to develop more comprehensive opioid overdose prevention programs.
- Awardees are Alabama, Alaska, Arkansas, Georgia, Hawaii, Idaho, Kansas, Louisiana, Michigan, Minnesota, Montana, New Jersey, South Dakota, and Washington, D.C. (CDC)

**The Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program is awarding \$4.27 million in funds to 12 states** to better track fatal and nonfatal opioid-involved overdoses.

States will use the funding to:

- Increase the timeliness of reporting nonfatal and fatal opioid overdose and associated risk factors;
- Disseminate surveillance findings to key stakeholders working to prevent opioid-involved overdoses; and
- Share data with CDC to support improved multi-state surveillance of and response to opioid-involved overdoses.
- Awardees are Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Rhode Island, West Virginia, and Wisconsin. (CDC)

These awards contribute to a total of \$52.5 million awarded by CDC for Prescription Drug Overdose and opioids activities in FY 2016.

More information about SAMHSA grants and the grantees is available at:

<http://www.samhsa.gov/grants/>.

More information about CDC grants and the grantees is available at:

<http://www.cdc.gov/drugoverdose/states/index.html>.

- **Two-thirds of American adults believe pharmacies should not be allowed to sell tobacco, while 14 percent strongly oppose such a policy, according to data from the Centers for Disease Control and Prevention (CDC) published in the American Journal of Preventive Medicine. Researchers also found nearly half of cigarette smokers, as well as nearly half of tobacco users who don't smoke cigarettes, support such a policy.**

A number of communities across the U.S. do not permit the sale of tobacco products in pharmacies. As of January 2016, 134 municipalities in California and Massachusetts have enacted tobacco-free pharmacy laws. Preliminary data suggest that eliminating tobacco product sales in pharmacies does not hurt business. In 2014, CVS Health became the first national retail pharmacy chain to stop selling tobacco products. After implementing the new policy, CVS Health reported that annual revenues increased in 2014 and 2015.

While pharmacies can provide evidence-based cessation support and FDA-approved medications, the selling and advertising of tobacco products might diminish the impact of these cessation resources by triggering cravings and stimulating impulse purchases that can hinder smokers' attempts to quit.

### Additional Findings

- Those who believe pharmacies should not sell tobacco include:
- 62 percent of men and 70 percent of women
- 65 percent of non-Hispanic blacks, 66 percent of non-Hispanic whites and 67 percent of Hispanics
- 67 percent of adults ages 18 to 24, 64 percent of adults ages 25 to 44, 65 percent of adults ages 45 to 64, and 72 percent of adults 65 and older
- 47 percent of current cigarette smokers, 66 percent of former cigarette smokers, and 72 percent of never cigarette smokers
- 48 percent of current non-cigarette tobacco users, 63 percent of former non-cigarette tobacco users, 71 percent of never non-cigarette tobacco users

The data came from Porter Novelli's Summer Styles, a nationally representative web-based survey of 4,269 U.S. adults age 18 and older. They were asked, "Do you favor or oppose banning the sale of all tobacco products in retail pharmacy stores?" More than 66 percent said they were strongly or somewhat in favor.

Cigarette smoking is the leading preventable cause of death and disease in the U.S., responsible for 480,000 deaths a year. Tobacco use is an established concern among pharmacists, whose professional obligation is to promote the health of their patients. More than 16 million Americans currently live with a smoking-related illness, and cigarette smoking can complicate chronic disease management. Smokers can call 1-800-QUIT-NOW (1-800-784-8669) or visit <http://www.smokefree.gov> for help to quit.

## REPORTS/POLICIES

- **The GAO published "*Physician-administered Drugs: Comparison of Payer Payment Methodologies*," (GAO-16-780R) on Aug 31, 2016.** This study compares Medicare's payments for Part B drugs with those of other payers. In this report GAO provides information on the payment methodologies, drug utilization management strategies, and cost-containment approaches for physician-administered drugs that are used by Medicare, Medicaid, VA, and private payers. <http://www.gao.gov/assets/680/678784.pdf>
- **The GAO published "*Medicare Part B: Data on Coupon Discounts Needed to Evaluate Methodology for Setting Drug Payment Rates*," (GAO-16-643) Aug. 26, 2016.** This report identifies coupon programs associated with high-expenditure Part B drugs and describes the extent to which privately insured patients use coupons and examines, for drugs with coupon programs, the suitability of the Part B drug payment rate methodology. <http://www.gao.gov/assets/680/678690.pdf>

## HILL HEARINGS

- The House Veteran Affairs Committee will hold a hearing on **Sept. 7, 2016**, to examine The Commission on Care and the Future of the VA Healthcare System.

## LEGISLATION

- There was no legislation introduced this week.

## 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, 2016**, 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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