

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **Government Shutdown Concerns:** As of September, the House of Representatives had only passed six appropriations bills and the Senate had not passed one. It seems likely that a continuing resolution would be the only way Congress can fund the government after Oct. 1. With some in Congress threatening to hold up any bill that includes funding to Planned Parenthood, there is concern that there will be another federal government shutdown.

MILITARY HEALTH CARE NEWS

- **The Defense Health Agency (DHA) launched its 2015 Health Related Behaviors Survey (HRBS).**

The HRBS has been conducted approximately every three years since 1980 and is used to measure the health related behaviors and lifestyles of military personnel that have the potential to impact readiness. Service members are randomly chosen to provide their experiences. The survey, accessed online, takes about 40 minutes to complete.

Participation in the survey is entirely voluntary and can be completed using a government computer during duty hours or a home computer with Internet access. To protect privacy, participants' privacy the survey is anonymous.

“Through this survey and the service members’ candid responses, our experts are able to uncover those issues that may affect the health and well-being of our Service members,” said Dr. Jonathon Woodson, assistant secretary for Health Affairs and director, Defense Health Agency.

As in past years, a summary report with the survey results will be posted to a DoD website as soon as the final report is ready, in Summer-Fall 2016.

- **Starting Oct. 1, 2015, a new law requires all TRICARE beneficiaries, except active duty service members, to get select brand name maintenance drugs through either TRICARE Pharmacy Home Delivery or from a military pharmacy.**

Beneficiaries who keep using a retail pharmacy for these drugs will have to pay the full cost.

Maintenance drugs are those you take regularly for a long time, such as drugs to control blood pressure or cholesterol. The law does not apply to drugs you take for a short time, like antibiotics, or generic drugs. Beneficiaries living overseas, or with other prescription drug coverage, are not affected.

The TRICARE pharmacy contractor, Express Scripts, is sending a letter to beneficiaries taking an affected drug, explaining their options. Beneficiaries can contact Express Scripts at 1-877-363-1303 to see if they are affected.

After October 1, beneficiaries still filling an affected drug at a retail pharmacy will receive another letter informing them of the change to the benefit. After that, beneficiaries have one final “courtesy” fill at a retail pharmacy. If they fill at a retail pharmacy again, they have to pay 100 percent of the cost of their medication.

TRICARE Pharmacy Home Delivery is a safe, convenient and low cost option to get maintenance drugs. You can get up to a 90-day supply, as opposed to a 30-day supply from a retail pharmacy. You save up to \$176 a year for every brand name drug you switch to Home Delivery. Military pharmacies offer up to a 90-day supply of drugs at zero copay, but not all drugs are available. You can check with your [local military pharmacy](#) to see if they carry your prescription.

For more information about this change to TRICARE’s pharmacy benefit, visit www.tricare.mil/RxNewRules.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that the 2015 Summer of Service initiative, which launched in May, has exceeded the goals set for community volunteers serving veterans and the development of new partnerships to reach veterans and their family members.**

VA’s Summer of Service mobilized approximately 300,000 citizens across the country to honor the nation’s sacred commitment to caring for veterans.

The Summer of Service built upon the Department’s existing partnerships to grow the number of individuals and organizations serving veterans in their communities. VA facilities nationwide worked closely with their Congressional partners, veterans service organizations (vso), mayors and local communities, private sector and non-profit organizations, and VA employees in unprecedented ways to support VA’s commitment to care for those who “have borne the battle” and their families.

Through VA’s outstanding volunteer program, the Department engaged approximately 300,000 volunteers around the country, far exceeding our goal of 100,000 volunteer connections. Through the work of vso and other community/civic groups, supplemental services and programs were made available for America’s Veterans.

In May, VA committed to growing our partnerships with new MOUs and expanding current agreements to reach more than 15,000 veterans and family members. VA's new, reenergized, and expanded partnerships, with NASCAR, the United States Tennis Association, PsychArmor and many others, reached 40,683 Veterans and their family members, nearly tripling our goal.

As part of VA's Summer of Service, the Department committed to holding VA Open Houses in VA facilities across the country to spur increased local engagement and welcome members of the community interested in supporting the needs of veterans. Over the course of the summer, VA held more than 130 open houses across the system.

GENERAL HEALTH CARE NEWS

- **The United States Surgeon General issued a call to action to address major public health challenges such as heart disease and diabetes.**

Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities articulates the health benefits of walking while addressing the fact that many communities unacceptably lack safe and convenient places for individuals to walk or wheelchair roll.

Data consistently show there are safety and accessibility issues that make communities less walkable. A 2013 study by the U.S. Department of Transportation, for example, found that 3 out of every 10 Americans reported that no sidewalks existed along any streets in their neighborhood. In many communities violence – and the perception of violence – may prove a barrier to walking.

The Surgeon General calls on community planners and local leaders to create more areas for walking and wheelchair rolling and to prioritize the development of safe routes for children to get to and from schools. The call to action suggests that these designs should include sidewalks, curb cuts, crosswalks, safe crossings for the visually impaired and more green spaces. The Surgeon General further calls on city managers, law enforcement and community and public health leaders to address safety concerns by better maintaining public spaces, working with residents to promote a shared sense of community ownership, ensuring proper street lighting and fostering neighborhood watch programs.

The Surgeon General's report discusses the health benefits of walking and calls on individuals to make walking a priority in their lives. Fewer than half of all U.S. adults get enough physical activity to reduce their risk of chronic disease, and only a quarter of high school students get the recommended amount. Physical inactivity contributes to heart and lung disease, diabetes and cancer, which account for 86 percent of our nation's health care costs. Building walking into daily life can reduce disease and save money.

To read the Surgeon General's Call to Action and learn how to promote walking and walkable communities, please visit www.surgeongeneral.gov. And, if you'd like to add a little music to your walks, be sure to check out the Surgeon General's walking playlist on Pandora at www.surgeongeneral.gov (dropping on 9/9).

- **The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (CMS OMH) unveiled the first CMS plan to address health equity in Medicare.**

The CMS Equity Plan for Improving Quality in Medicare (*CMS Equity Plan for Medicare*) is an action-oriented plan that focuses on six priority areas and aims to reduce health disparities in four years.

The plan was released at a conference entitled: ***Medicare & Medicaid at 50: Their Past, Present, and Future Impact on Health Equity***, which was held in commemoration of the 50th anniversary of Medicare and Medicaid and the 30th anniversary of the 1985 [Report of the Secretary's Task Force on Black and Minority Health](#), also known as the *Heckler Report*.

The Equity Plan focuses on Medicare populations that experience disproportionately high burdens of disease, lower quality of care, and barriers accessing care. These include racial and ethnic minorities, sexual and gender minorities, people with disabilities, and those living in rural areas.

The priorities and activities described in the plan were developed during a rigorous year-long process in collaboration with NORC at the University of Chicago, which included examining evidence, identifying opportunities, and gathering input from a broad array of stakeholders across the country. Six priority areas and several high-yield activities serve as the plan's foundation. They include:

- **Priority 1:** Expand the Collection, Reporting, and Analysis of Standardized Data
- **Priority 2:** Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs
- **Priority 3:** Develop and Disseminate Promising Approaches to Reduce Health Disparities
- **Priority 4:** Increase the Ability of the Health Care Workforce to Meet the Needs of Vulnerable Populations
- **Priority 5:** Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities
- **Priority 6:** Increase Physical Accessibility of Health Care Facilities

To learn more about the six priorities and achieving health equity in Medicare visit: <https://www.cms.gov/About-CMS/Agency-Information/omh/index.html>.

- **The Centers for Disease Control and Prevention (CDC) announced the launch of *Prescription Drug Overdose: Prevention for States*, a new program to help states end the ongoing prescription drug overdose epidemic.**

The *Prevention for States* program, as part of the U.S. Department of Health and Human Services' Opioid Initiative, will make a strong investment in 16 states, giving them the resources and expertise they need to help prevent overdose deaths related to prescription opioids. The program builds upon the infrastructure of CDC's Prevention Boost and Core Violence and Injury Prevention programs.

Through a competitive application process, CDC selected 16 states to receive funds through the program: Arizona, California, Illinois, Kentucky, Nebraska, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, and Wisconsin.

In FY2015, CDC is committing \$20 million to launch this program in 16 states. Over the next four years, CDC plans to give the states annual awards between \$750,000 and \$1 million each year, subject to the availability of funds, to advance prevention, including in these areas:

- Enhancing prescription drug monitoring programs (PDMPs).

- Putting prevention into action in communities nationwide and encouraging education of providers and patients about the risk of prescription drug overdose.
- Working with health systems, insurers, and professional providers to help them make informed decisions about prescribing pain medication.
- Responding to new and emerging drug overdose issues through innovative projects, including developing new surveillance systems or communications campaigns.

States can also use the funding to:

- Better understand and respond to the increase in heroin overdose deaths.
- Investigate the connection between prescription opioid abuse and heroin use.

The President's Budget for 2016 includes a request from Secretary Burwell for the resources needed to expand CDC's state efforts to all 50 states and launch a national program that will focus on prevention and prescription drug overdose surveillance.

Since 1999, overdose deaths involving prescription opioids have quadrupled in the U.S. More than 16,000 people died from prescription opioid overdoses in 2013. Heroin deaths have also been on the rise, with more than 8,000 overdose deaths involving heroin in 2013—a nearly three-fold increase since 2010.

The amount of opioids prescribed and sold in the United States has increased four-fold since 1999, but there has not been an overall change in the amount of pain that Americans report.

Secretary Burwell has made addressing opioid abuse, dependence, and overdose a priority and work is underway within HHS on this important issue. [The evidence-informed initiative](#) focuses on three promising areas: informing opioid prescribing practices, increasing the use of naloxone—a drug that reverses symptoms of a drug overdose—and using medication-assisted treatment to move people out of opioid addiction. Learn more about HHS activities at: [Opioid Abuse in the U.S. and HHS Actions to Address Opioid-Drug Related Overdoses and Deaths](#). The Obama Administration is also committed to tackling the prescription drug and heroin epidemic, proposing [significant investments](#) to intensify efforts to reduce opioid misuse and abuse.

- **The U.S. Food and Drug Administration approved Xuriden (uridine triacetate), the first FDA-approved treatment for patients with hereditary orotic aciduria.**

Hereditary orotic aciduria is a rare metabolic disorder, which has been reported in approximately 20 patients worldwide.

Hereditary orotic aciduria is inherited from a recessive gene. The disease is due to a defective or deficient enzyme, which results in the body being unable to normally synthesize uridine, a necessary component of ribonucleic acid (RNA). Signs and symptoms of the disease include blood abnormalities (anemia, decreased white blood cell count, decreased neutrophil count), urinary tract obstruction due to the formation of orotic acid crystals in the urinary tract, failure to thrive, and developmental delays.

The FDA granted Xuriden orphan drug designation because it treats a rare disease. Orphan drug designation provides financial incentives, like clinical trial tax credits, user fee waivers, and eligibility for market exclusivity to promote rare disease drug development. Xuriden is an orally administered product intended to replace uridine. Xuriden is approved as oral granules that can be mixed with food or in milk or infant formula, and is administered once daily.

Xuriden is marketed by Wellstat Therapeutics Corporation, based in Gaithersburg, Md.

REPORTS/POLICIES

- **The GAO published “Defense Health Care Reform: Actions Needed to Help Ensure Defense Health Agency Maintains Implementation Progress,” (GAO-15-759) on Sept. 10, 2015.** This report addresses the extent to which DoD has made progress in assessing the personnel requirements of the DHA and its effect on MHS personnel levels; developing an approach to achieving cost savings through shared services; and fully developing performance measures to assess its shared services. <http://www.gao.gov/assets/680/672391.pdf>
- **The GAO published “Military Compensation: DOD Needs More Complete and Consistent Data to Assess the Costs and Policies of Relocating Personnel,” (GAO-15-713) on Sept. 9, 2015.** This report evaluates the extent to which PCS per-move costs have changed since 2001, military personnel are meeting time-on-station requirements, and OSD’s September 2014 study on increasing time-on-station addressed the elements in Senate Report 112-196 and used approaches consistent with generally accepted research standards. <http://www.gao.gov/assets/680/672346.pdf>

HILL HEARINGS

- The Senate Veterans Affairs Committee will hold a hearing to examine legislation on **Sept. 16, 2015.**
- The House Veterans Affairs Committee will hold a hearing to mark-up legislation on **Sept. 17, 2015.**

LEGISLATION

- **H.R.3443** (introduced Sept. 8, 2015): Women’s Health Accountability Act was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Renee L. Ellmers [NC-2]
- **H.R.3463** (introduced Sept. 9, 2015): To amend title XXVII of the Public Health Service Act to clarify the treatment of pediatric dental coverage in the individual and group markets outside of Exchanges established under the Patient Protection and Affordable Care Act, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative H. Morgan Griffith [VA-9]
- **H.R.3467** (introduced Sept. 9, 2015): To establish a pilot program to train public housing residents as home health aides and in home-based health services to enable such residents to provide covered home-based health services to residents of public housing and residents of federally-assisted rental housing, who are elderly and disabled, and for other purposes was referred to the House Committee on Financial Services.
Sponsor: Representative Nydia M. Velazquez [NY-7]

MEETINGS

- The 2015 AHRQ Research Conference, “Producing Evidence and Engaging Partners to Improve Health Care”, will be held **Oct. 4–6, 2015**, in Crystal City, Va. <http://www.ahrq.gov/news/events/conference/index.html>
- The AUSA 2015 Annual Meeting & Exposition will be held **Oct. 12-14, 2015**, in Washington DC. <http://ausameetings.org/2015annualmeeting/>
- The 31st Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.5-7, 2015**, in New Orleans, La. <http://www.istss.org/am15/home.aspx>
- The AMIA 2015 Annual Symposium will be held on **Nov. 14-16, 2015**, in San Francisco, Calif. <https://www.amia.org/amia2015>
- 2015 AMSUS Annual Continuing Education Meeting will be held **Dec. 1-4, 2015**, in San Antonio, Texas <http://amsusmeetings.org>

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