

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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Best Wishes for a Happy Labor Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **On Sept. 12, 2017, the President signed into law: H.R. 3732, the "Emergency Aid to American Survivors of Hurricanes Irma and Jose Overseas Act,"** which increases, from \$1 million to \$25 million, the cap for Fiscal Years (FY) 2017 and 2018 on the amount that HHS may spend for the provision of assistance to repatriated U.S. citizens.

MILITARY HEALTH CARE NEWS

- **Due to hurricanes and wildfires, TRICARE has special procedures in place in multiple states and territories.**
 - Sept. 7-17, 2017: [State of Emergency in Georgia, Florida, the US Virgin Islands, and Puerto Rico](#) for emergency prescription refills and waivers for referrals.

Please check the link for details for each region.

- **TRICARE provided an overview of the upcoming changes on the TRICARE benefit:**

Region Consolidation: Currently, there are three TRICARE regions in the U.S. to include TRICARE North, South and West. The TRICARE North and South regions will combine to form TRICARE East, while TRICARE West will remain mostly unchanged. Two new contractors, Humana Military and Health Net Federal Services, will administer these regions. This change will allow better coordination between the military hospitals and clinics and the civilian health care providers in each region.

TRICARE Select: A new program, TRICARE Select will replace TRICARE Standard and TRICARE Extra both stateside and overseas. Stateside, TRICARE Select will be a self-managed, preferred provider network option. Beneficiaries will not be required to have a primary care manager (PCM) and therefore can visit any TRICARE-authorized provider.

An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE. There are two types of TRICARE-authorized provider: Network and Non-Network. for services covered by TRICARE without a referral. Overseas, TRICARE Overseas Select will be a preferred provider organization-styled plan that provides access to both network and non-network TRICARE authorized providers for medically necessary.

To be medically necessary means it is appropriate, reasonable, and adequate for your condition. TRICARE covered services. TRICARE Select adopts a number of improvements, including additional preventive care services previously only offered to TRICARE Prime beneficiaries.

TRICARE Prime: TRICARE Prime is a managed care program option. An assigned PCM provides most of your care. When you need specialty care, your PCM will refer you to a specialist. Active duty service members and their family members do not pay anything when referred to a network provider by their PCM. All others pay annual enrollment fees and network copayments.

Enrollment: All current TRICARE beneficiaries will be automatically enrolled into plans on Jan. 1, 2018 as long as they are eligible. TRICARE Prime enrollees will remain in TRICARE Prime. TRICARE Standard and Extra beneficiaries will be enrolled in TRICARE Select.

During 2018, you can choose to enroll in or change coverage plans. Enrollment will move to a calendar year open enrollment period beginning in the fall of 2018, during which active enrollment will be required for coverage for the following year. The open enrollment period is Nov. 13 – Dec. 11, 2017.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs announced that VA is making beds available where possible to non-veteran nursing home residents affected by Hurricane Irma.**

VA Secretary Shulkin has been working with Florida Gov. Rick Scott and Sen. Bill Nelson and their staffs on this issue beginning yesterday evening.

VA has the ability to make its facilities available to non-veterans as part of its [fourth mission](#) to support national, state and local emergency management, public health, safety and homeland security efforts, and through a mission assignment under the Stafford Act.

VA Secretary Shulkin agreed, where practical, to make beds that are not being used by Veterans available to non-Veteran nursing home residents as needed, while ensuring VA continues its primary mission of providing health care to Veterans.

The VA is also working closely with the U.S. Department of Health and Human Services and the

Federal Emergency Management Agency (FEMA) and state and local partners on the overall response to Irma, in addition to this specific issue.

More information on the VA's response to Hurricanes Irma and Harvey can be found at <https://www.va.gov/>.

- **The Department of Veterans Affairs (VA) is opening a Veterans Crisis Line (VCL) call center in Topeka, Kansas, the third such center nationwide, and expects to hire 100 employees to staff the center, located on the campus of VA Eastern Kansas Health Care System.**

VCL currently operates two centers in Canandaigua, New York, and Atlanta, Georgia.

The new call center, expected to open this fall, will give VCL the additional capacity as VA expands the "automatic transfer" function, Press 7, to its Community Based Outpatient Clinics (CBOCs) and Vet Centers.

The Press 7 function is already available at VA Medical Centers and provides immediate access to the crisis line from a main phone tree. Currently, CBOC and Vet Center phone systems do not provide that option, forcing Veterans to take an added step by dialing 800-273-8255, and then pressing 1.

Since its launch in 2007, the VCL has answered more than 3 million calls and initiated the dispatch of emergency services to callers in imminent crisis more than 84,000 times. Since launching chat in 2009 and text services in November 2011, the VCL has answered nearly 359,000 and nearly 78,000 requests for chat and text services, respectively.

For more information or to apply for openings at the new call center, visit www.usajobs.gov/GetJob/ViewDetails/478700400 or www.usajobs.gov and search for announcement No. 10046052. The positions are open to applicants with prior comparable experience or a master's degree in a health science, such as mental health, social work or psychology.

Veterans in crisis can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at 800-273-8255 and Press 1, chat online at VeteransCrisisLine.net/Chat or text to 838255.

GENERAL HEALTH CARE NEWS

- **The Health Resources and Services Administration (HRSA) awarded more than \$200 million to 1,178 health centers and 13 rural health organizations in every U.S. state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin to increase access to substance abuse and mental health services.**

Approximately \$200 million will support 1,178 health centers to support expansion and integration of mental health services and substance abuse services. These services focus on the treatment, prevention, and awareness of opioid abuse in the primary care setting by increasing personnel, leveraging health information technology, and providing training.

The expanded funding is part of the Department of Health and Human Services' five-point strategy to fight the opioid epidemic by:

- Improving access to treatment and recovery services.
- Targeting use of overdose-reversing drugs.
- Strengthening our understanding of the epidemic through better public health surveillance.

- Providing support for cutting-edge research on pain and addiction.
- Advancing better practices for pain management.

Rural states are more likely to have higher rates of overdose death, particularly from prescription opioid overdose. To address their unique needs, 496 of the health centers that receive The Access Increases in Mental Health and Substance Abuse Services (AIMS) awards are located in rural communities.

An additional nearly \$3.3 million supports 13 rural health organizations to increase access to treatment and recovery services for opioid abuse under the Rural Health Opioid Program (RHOP) and the Substance Abuse Treatment Telehealth Network Grant Program (SAT -TNGP). The organizations will use these awards to advance evidence-based, opioid use disorder interventions to overcome challenges in rural communities, such as longer emergency response times and lack of access to substance abuse treatment providers.

The new RHOP provides approximately \$2.5 million for 10 rural health organizations in Arizona, Arkansas, Indiana, Kentucky, Maine, Maryland, Montana, Ohio, and Virginia to help community members struggling with opioid abuse find locally available treatment options and support services through partnerships with local health care providers and other community-based groups.

The SAT –TNGP provides approximately \$670,000 for three organizations to use evidence-based, telehealth programs and networks to improve access to substance abuse treatment in rural, frontier and underserved communities.

For more information about the impact of integrating mental health and substance abuse services at the community level, and a list of FY 2017 AIMS award recipients, visit:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/aims/fy2017awards/index.html>

To view a list of the RHOP and the SAT –TNGP award recipients, visit:

<https://www.hrsa.gov/about/news/press-releases/2017/fy17-rural-opioid-awards.html>

- **The Centers for Medicare and Medicaid Services posted an update to the Health Insurance Exchanges Issuer County Map.**

This map is of projected issuer participation on the Health Insurance Exchanges in 2018 based on the known issuer public announcements through September 13, 2017. Participation is expected to fluctuate and does not represent actual Exchange application submissions.

This map currently shows that nationwide 63 counties are projected to have no issuers, representing over 70,000 Americans in these counties that could be without coverage on the Exchanges in 2018. It is also projected that 1,472 counties - over 45 percent of counties nationwide - could have only one issuer in 2018. This could represent more than 2.6 million Exchange participants with only one health insurance option, which means they will not have any choices.

- **The U.S. Food and Drug Administration granted accelerated approval to Aliqopa (copanlisib) for the treatment of adults with relapsed follicular lymphoma who have received at least two prior treatments known as systemic therapies.**

Follicular lymphoma is a slow-growing type of non-Hodgkin lymphoma, a cancer of the lymph system. The lymph system is part of the body's immune system and is made up of lymph tissue, lymph nodes, the spleen, thymus, tonsils and bone marrow. The National Cancer Institute at the National Institutes of Health estimates that approximately 72,240 people in the United States will be diagnosed with some form of non-Hodgkin lymphoma this year; approximately 20,140 patients with non-Hodgkin lymphoma will die from the disease in 2017.

Aliqopa is a kinase inhibitor that works by blocking several enzymes that promote cell growth.

Aliqopa received an Accelerated Approval, which enables the FDA to approve drugs for serious conditions to fill an unmet medical need using clinical trial data that is thought to predict a clinical benefit to patients. Further clinical trials are required to confirm Aliqopa's clinical benefit and the sponsor is currently conducting these studies.

It was granted Priority Review designation, under which the FDA's goal is to take action on an application within six months where the agency determines that the drug, if approved, would significantly improve the safety or effectiveness of treating, diagnosing or preventing a serious condition.

Aliqopa also received Orphan Drug designation, which provides incentives to assist and encourage the development of drugs for rare diseases.

The FDA granted the approval of Aliqopa to Bayer Healthcare Pharmaceuticals, Inc.

REPORTS/POLICIES

- ***The GAO published “Veterans Benefits: GAO's Proposed Role in Reviewing Efforts to Protect Veterans from Financial Exploitation,” (GAO-17-804T) on Sept. 13, 2017.*** In this report, GAO discusses its prior work related to VA pension benefits, and its observations on certain provisions within the proposed legislation as currently drafted.
<http://www.gao.gov/assets/690/687116.pdf>
- ***The GAO published “Health Insurance Marketplaces: CMS Needs to Improve Its Oversight of State IT Systems' Sustainability and Performance,” (GAO-17-258) on Sept. 12, 2017.*** This report describes CMS's actions to assist states that have chosen to transition to a different marketplace IT platform and identify costs and challenges those states incurred in making this transition. It also assesses CMS's actions taken to assist selected states to ensure that the development and operations of marketplace IT systems can be financially self-sustained; and assesses CMS's steps to monitor the performance of the states' marketplace IT systems.
<http://www.gao.gov/assets/690/686569.pdf>

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- **H.R.3767** (introduced Sept. 13, 2017): To amend the Public Health Service Act to provide for the participation of pediatric subspecialists in the National Health Service Corps program, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Billy Long [R-MO-7]
- **H.R.3770** (introduced Sept. 13, 2017): To amend the Public Health Service Act to reauthorize and extend funding for community health centers was referred to the House Committee on Energy and Commerce. Sponsor: Representative Elise M. Stefanik [R-NY-21]
- **H.R.3754** (introduced Sept. 10, 2017): To amend title 38, United States Code, to improve the recruitment, hiring, and retention of health professionals by the Veterans Health Administration, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Vicky Hartzler [R-MO-4]

- **S.1804** (introduced Sept. 13, 2017): A bill to establish a Medicare-for-all health insurance program was referred to the Committee on Finance. Sponsor: Senator Bernard Sanders [I-VT]
- **H.R.2810** (introduced Sept. 13, 2017): National Defense Authorization Act for Fiscal Year 2018 was presented to the Senate. Sponsor: Representative Mac Thornberry [R-TX-13]

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.