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

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The Update will not be published on Aug 24 and 31, 2018.

EXECUTIVE AND CONGRESSIONAL NEWS

- On Sept. 18, 2018, the Senate passed the final conference agreement reached on H.R. 6157, the second of three Fiscal Year 2019 minibus appropriations packages, which includes funding bills for the Department of Defense and Labor, Health and Human Services, Education, and Related Agencies subcommittees.

  The bill also contains a continuing resolution (CR) through December 7, 2018, for any appropriations bills not enacted before October 1, 2018. Following passage in the House, which is expected to vote on the legislation next week, the package will be sent to the President’s desk for his signature.

  The final conference report, which was passed by a vote of 93 - 7, provides $674.4 billion to continue rebuilding our nation’s military, an increase of $19.8 billion above the Fiscal Year 2018 level for Pentagon funding, and $178.1 billion for the Departments of Labor, Health and Human Services, and Education and Related Agencies for investments in critical medical research, opioid abuse prevention and treatment, and education.

  This includes $39.1 billion for the National Institutes of Health (NIH), and increase of $2 billion, and $3.8 billion to combat the opioid crisis, and increase of $206 million. The attached CR does not preclude enactment of other appropriations bills before or after October 1. Any appropriations bill enacted after the CR would supersede the provisions in the CR. The conference report and joint explanatory statement are available online.

  Last week, the Senate passed the final conference agreement reached on H.R. 5895, the first
Fiscal Year 2019 minibus appropriations package, which includes funding bills for Energy and Water Development, Military Construction and Veterans Affairs, and Legislative Branch. The measure was approved by a vote of 92 – 5.

- **On Sept. 18, 2018, the president signed into law H.R. 5385, the “Dr. Benjy Frances Brooks Children’s Hospital GME Support Reauthorization Act of 2018.”** This legislation extends and reauthorizes appropriations through fiscal year (FY) 2023 for payments to children’s hospitals associated with operating approved graduate medical residency training programs.

### MILITARY HEALTH CARE NEWS

- **The Office of the Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff announced Navy Command Master Chief Charles A. Collins, currently assigned as command master chief for the Office of the Chief of Naval Operations, Pentagon, has been selected to replace Army Command Sgt. Maj. Robert Luciano as the senior enlisted advisor for the Defense Health Agency, Falls Church, Virginia.**

- **The Defense Health Agency will hold a hearing TRICARE webinar on Sept. 27, from 1 to 2 p.m. ET, to learn share information about the new dental and vision plan options for TRICARE beneficiaries.**

  The current TRICARE Retiree Dental Program (TRDP) will end on Dec. 31, 2018. Starting Jan. 1, 2019, new dental plan options for those enrolled in TRDP will be available through the [Federal Employees Dental and Vision Insurance Program](https://www.health.mil/InsurancePrograms/DentalVisionInsurance) (FEDVIP). FEDVIP vision coverage will also be available for the first time.

  The “New Dental and Vision Coverage Options for TRICARE Beneficiaries” webinar will discuss who is eligible for FEDVIP, as well as how and when to enroll. If you want to enroll in TRDP, the last day to do so is Oct. 31, 2018. Your coverage will end Dec. 31, 2018.

  There’s no automatic transition into a new dental plan once TRDP ends. For 2019 dental coverage, retirees and their family members must take action to enroll in a FEDVIP plan. All beneficiaries eligible for TRDP are eligible for FEDVIP dental coverage. Visit the [FEDVIP website](https://www.health.mil/InsurancePrograms/DentalVisionInsurance) for dental plan options.


  Retirees, retiree families, and active duty families are eligible for FEDVIP vision coverage. This year’s FEDVIP open season is also your first chance to enroll in a FEDVIP vision plan. If you enroll during open season, your coverage will start Jan. 1, 2019. Visit the [FEDVIP website](https://www.health.mil/InsurancePrograms/DentalVisionInsurance) for vision plan options.

  To register, please visit: [https://register.gotowebinar.com/register/237791772824119810](https://register.gotowebinar.com/register/237791772824119810)

### VETERANS AFFAIRS NEWS

- **Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs (VA) recently**
released data that showed significant improvements at the majority of its health care facilities.

Compared with data from the same period a year ago, the July 2018 release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report showed 103 (71 percent) VA Medical Centers (VAMCs) have improved in overall quality — with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Seven (5 percent) VAMCs had a small decrease in quality.

Additionally, of the 15 medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist the facilities, 33 percent (five medical centers) are no longer considered high-risk and 73 percent (11 medical centers) show meaningful improvements since being placed under StAT in January 2018.

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help troubled facilities improve.

- On Sept. 14, two weeks ahead of schedule, the U.S. Department of Veterans Affairs (VA) exceeded its goal to deliver 81,000 appeals decisions of disability benefits and services to veterans in fiscal year 2018 — 28,000 more decisions than the previous year.

In doing so, VA’s Board of Veterans’ Appeals provided thousands of veterans with critical, life-changing decisions.

The achievements come amid focused board efforts to prepare for the full implementation of the Veterans Appeals Improvement and Modernization Act of 2017, which is transforming a historically complex appeals process into a simple, timely and transparent process providing Veterans with increased choice and control. Veterans who disagree with the initial claim decision have three options under the Act:

- Higher Level Review at the office of original jurisdiction
- Supplemental Claim with the office of original jurisdiction
- Appeal to the Board

Once a veteran appeals to the Board, he or she remains in control of the process by choosing one of three dockets best suited to the appeal:

- Direct Review Docket
- Evidence Docket
- Hearing Docket

To support the various organizations preparing to help Veterans navigate the new appeals process, the chairman of the Board and her staff led numerous training sessions and panels held by national, state and local Veteran Service Organizations and private legal organizations.

To maintain its momentum, the Board hired 186 new attorneys this fiscal year, and plans to add 30 more to the team by Sept. 30. For more information about the Board and its progress on appeals modernization, visit https://www.bva.va.gov
On Sept. 20, 2018, the U.S. Surgeon General released *Facing Addiction in America: The Surgeon General’s Spotlight on Opioids*, which calls for a cultural shift in the way Americans talk about the opioid crisis and recommends actions that can prevent and treat opioid misuse and promote recovery.

The Spotlight – the Surgeon General’s newest update on opioid addiction – also provides the latest data on prevalence of substance misuse, opioid misuse, opioid use disorder and overdoses.

According to preliminary data from the Centers for Disease Control and Prevention, overdose deaths in 2017 increased by almost 10 percent – claiming the lives of more than 70,000 Americans. Nearly 48,000 of those were opioid overdose deaths, with the sharpest increase occurring among deaths related to illicitly made fentanyl and fentanyl analogs (synthetic opioids).

Despite the fact that effective treatment for opioid use disorder exists, only about one in four people with this disorder receive any type of specialty treatment. Yet for a variety of reasons, including stigma, inability to access or afford care, or refusal to stop misusing opioids, a treatment gap remains.

In addition, the existing healthcare workforce is understaffed, often lacks the necessary training, and has been slow to implement Medicated-Assisted Treatment, as well as prevention, early identification, and other evidenced-based recommendations.

The federal government has been working with key stakeholders to address this problem and is seeing real progress. This week, HHS disbursed more than $1 billion in opioid-specific funding for states, which includes State Opioid Response grant programs administered by SAMHSA to support a comprehensive array of prevention, treatment, and recovery services.

Additional funding went to community health centers to increase access to substance abuse disorder and mental health services, to increase the number of professionals and paraprofessionals who are trained to deliver integrated behavioral health and primary care services. There are signs that efforts to stem the opioid crisis are having success, with the use of medication-assisted treatment growing significantly and the number of Americans initiating heroin use dropping significantly from 2016 to 2017.

The science shows us that no area of the United States is exempt from the opioid crisis. Yet, only 53 percent of the public consider opioid addiction a major concern. As a result, the Surgeon General is calling on all individuals to do the following:

- Talk about opioid misuse. Have a conversation about preventing drug misuse and overdose.
- Be safe. Only take opioid medications as prescribed, make sure to store medication in a secure place, and dispose of unused medication properly.
- Understand pain and talk with your healthcare provider. Treatments other than opioids can be effective in managing pain.
- Understand that addiction is a chronic disease. With the right treatment and supports, people do recover.
- Be prepared. Get and learn how to use naloxone, an opioid overdose reversing drug.

For the full document and to view the digital postcard, visit [http://addiction.surgeongeneral.gov/](http://addiction.surgeongeneral.gov/).

The U.S. Department of Health and Human Services awarded over $1 billion in opioid-specific grants to help combat the crisis ravaging our country.
The awards support HHS's Five-Point Opioid Strategy, which was launched last year and enhanced this week. New data unveiled recently by HHS suggests that efforts are now yielding progress at the national level.

The 2017 National Survey on Drug Use and Health found that the number of Americans initiating heroin use dropped by around half from 2016 to 2017. The number of Americans misusing opioids also dropped for the second year in a row, and the number receiving specialty treatment for heroin use increased.

From January 2017 through August 2018, the amount of opioids prescribed in America has dropped by 21 percent. In the same time, the number of prescriptions filled for naloxone has increased 264 percent, while the number of prescriptions for buprenorphine, one form of medication-assisted treatment, has risen 16 percent (data from IQVIA's Total Patient Tracker).

- **SAMHSA awarded more than $930 million in State Opioid Response grants** to support a comprehensive response to the opioid epidemic and expand access to treatment and recovery support services.

  The grants aim to address the opioid crisis by increasing access to medication-assisted treatment using the three Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.

  States received funding based on a formula, with a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths. Other funding provided through this program, including $50 million for tribal communities, will be awarded separately.

  In addition, SAMHSA also awarded about $90 million to other programming for states and communities to expand access to medication-assisted treatment, increase distribution and use of overdose reversal drugs, and increase workforce development activities.

  To learn more about SAMHSA-supported resources, please visit SAMHSA's Prescription Drug Misuse and Abuse page.

- **HRSA awarded over $396 million to combat the opioid crisis.** The investments will enable HRSA-funded community health centers, academic institutions, and rural organizations to expand access to integrated substance use disorder and mental health services.

  - $352 million awarded to increase access to substance use disorder and mental health services through the [Expanding Access to Quality Substance Use Disorder and Mental Health Services](#) to 1,232 community health centers across the nation.
  
  - $18.5 million to support Behavioral Health Workforce Education and Training and Enhancing Behavioral Health Workforce awards.
  
  - $25.5 million to over 120 rural organizations to increase access to substance abuse prevention and treatment services serving rural populations across the country. This includes:
    
    - $19 million awarded to 95 organizations under the Federal Office of Rural Health Policy's [Rural Communities Opioid Response Program-Planning](#).
    
    - Nearly $6.5 million to 26 rural organizations to expand the reach of the [Rural Health Opioid Program](#).

  To learn about HRSA-supported resources, please visit [HRSA's Opioid Crisis page](#).
The CDC awarded $155.5 million to increase support for states and territories working to prevent opioid-related overdoses, deaths, and other outcomes. This funding will advance the understanding of the opioid overdose epidemic and scale-up prevention and response activities, including improving the timeliness and quality of surveillance data.

- In addition, CDC awarded $12 million in funds to support 11 Tribal Epidemiology Centers and 15 tribal entities. These funds will improve opioid overdose surveillance so that prevention strategies can be targeted to better address this threat to tribal communities.
- CDC is also distributing an additional $27 million to nine non-governmental organizations, which will support states and territories with staffing, procurement, and training to enhance local public health capacity.

To learn more about CDC-supported resources, please visit CDC’s Overdose page.

CDC’s National Center for Health Statistics today released Health, United States, 2017 – the 41st annual health of the nation report from the Secretary of Health and Human Services (HHS) to the President and Congress.

Health, United States, 2017 includes an in-depth special feature that spotlights mortality in America. It examines when, why, and where individuals are dying in the United States. Causes of death and mortality’s impact on changes in life expectancy at birth are key focuses of the special feature. Data on life expectancy at birth are presented by sex, followed by data on death rates by age group.

Leading causes of death for each age group describe mortality trends from infancy to old age. The special feature closely examines three causes of death that have contributed to life expectancy drops in recent years – drug overdoses, suicides, and chronic liver disease. Health, United States, 2017 focuses on mortality because of the significant rise in deaths from these three causes.

Special Feature highlights:

- Life expectancy at birth decreased for the first time since 1993 by 0.2 years between 2014 and 2015, and then decreased another 0.1 years between 2015 and 2016.
- The age-adjusted death rate for drug overdose in the U.S. increased 72 percent between 2006 and 2016 to 19.8 deaths per 100,000 population in 2016.
- Between 2006 and 2016, the age-adjusted suicide death rate increased 23 percent, from 11.0 to 13.5 deaths per 100,000 resident population.
- Among men ages 25–34, death rates for chronic liver disease and cirrhosis increased by an average of 7.9 percent per year during 2006–2016. Among women in the same age group, this increase averaged 11.4 percent per year.

In addition to the focus on mortality, the Health, United States, 2017 examines 10-year trends in a broad range of health measures, including:

- Between 2006 and 2016, the birth rate among teenagers ages 15–19 fell by half, from 41.1 to 20.3 live births per 1,000 females — a record low for the United States.
- The percentage of high school students who smoked cigarettes in the past 30 days decreased from 15.8 percent in 2011 to 8.0 percent in 2016. High school students’ use
of electronic cigarettes increased more than seven-fold, from 1.5 percent to 11.3 percent.

- In 2016, personal health care expenditures in the U.S. totaled $2.8 trillion — a 4.4 percentage increase from 2015.

More information on these and over 100 additional health indicators can be found in the full report at https://www.cdc.gov/nchs/hus/index.htm.

REPORTS/POLICIES


HILL HEARINGS

- The Senate Health, Education, Labor, and Pensions Subcommittee on Primary Health and Retirement Security will hold a hearing on Sept. 25, 2018, to examine health care in rural America, focusing on experiences and costs.

- The Senate Committee on Health, Education, Labor, and Pensions will hold a hearing on Sept. 27, 2018, to examine reducing health care costs, focusing on improving affordability through innovation.

LEGISLATION

- **S.3473** (introduced Sept. 18, 2018): A bill to amend the Internal Revenue Code of 1986 to expand permissible distributions from an employee's health flexible spending account or health reimbursement arrangement to their health savings account was referred to the Committee on Finance. Sponsor: Senator Ben Sasse [R-NE ]

- **S.3458** (introduced Sept. 18, 2018): A bill to amend title XVIII of the Social Security Act to improve home health payment reforms under the Medicare program was referred to the Committee on Finance. Sponsor: Senator John Kennedy [R-LA]

MEETINGS

- The AUSA 2018 Annual Meeting & Exposition will be held Oct. 8-10, 2018, in Washington DC. http://ausameetings.org/2018annualmeeting/

- The 2018 AMSUS Annual Continuing Education Meeting will be held on Nov. 26-30, 2018, at the Gaylord National Harbor, Md. http://www.amsusmeetings.org/home-2/
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.