

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. 19, 2017, the Senate passed H.R.2810, the National Defense Authorization Act for Fiscal Year 2018.** This legislation authorizes \$700 billion for national defense discretionary spending, and for Overseas Contingency Operations.

The bill authorizes \$33.7 billion for the Defense Health Program. Specifically the bill:

- Increases pharmacy co-pays for all TRICARE users except active-duty troops. This legislation proposes costs to increase by 2026 to \$14 for a 30-day supply of a generic drug and \$45 for a 30-day supply of a brand-name drug at an in-network retail pharmacy, while 90-day supplies of generic and brand-name drugs from the mail-order system would be \$14 and \$45, respectively.
- Permanently extends the Special Survivor Indemnity Allowance under the Survivor Benefit Plan
- Provides for annual inflation adjustments
- Allows reservists who are eligible for the Federal Employee Health Benefit to purchase TRICARE Reserve Select.

The full summary of the markup is at <https://www.armed-services.senate.gov/imo/media/doc/FY18%20NDAA%20Summary6.pdf>.

MILITARY HEALTH CARE NEWS

- **The Department of Defense and the Veterans Administration launched a historic partnership as it opened the first joint VA-DoD clinic.**

The Major General William H. Gourley Clinic VA-DoD Outpatient Clinic opened its doors to military veterans of the Monterey peninsula military community, along with the family medicine and pediatrics TRICARE Prime patients of the Department of Defense.

The idea for this collaboration was largely credited to its namesake, Maj. Gen. William H. Gourley, a 36-year Army veteran. After retirement in 1989 Gourley chose to settle in Monterey, Calif., near his old posting of Fort Ord. His passion for serving soldiers led him to take a strong role in the restructuring of the fort after it was closed in 1994 and begin an intense campaign to convince the VA to open a clinic there.

He was a strong believer in the possible collaboration between the VA and the DoD and enlisted the help of Congressman Sam Farr on the House Appropriations committee. Together they pushed the effort into reality. Overcoming numerous logistic obstacles between the two medical systems, they convinced both sides of the wisdom in coming together.

The clinic design is collaboration between the VA's health care system and the Army's Patient Centered Medical Home model, which will put patients first and allow providers to influence them to make great decisions on their health and wellness.

The California Medical Detachment from the Presidio of Monterey, a subordinate unit of Madigan Army Medical Center, will begin pediatrics and family medicine care in the facility alongside their VA teammates. These Army clinics are targeting an enrolled population of 4200.

The pediatric clinic will provide care to the Presidio of Monterey pediatric population with primary needs ranging from acute visits to well visits such as sport physicals, immunizations and overseas screenings.

The family medicine clinic will provide care for all adult dependents from the main clinic on Presidio of Monterey. Each patient will partner with a team of healthcare providers to receive improved access, coordinated services, and better continuity of care.

The joint facility will also feature an on-site pharmacy, laboratory, x-ray capabilities and will leverage cutting edge technology to provide tele-health from specialists at Madigan.

The technology and merging of care models from two medical systems is leading the way forward for DoD healthcare and VA medicine.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced that it has fired former Washington, D.C., VA Medical Center Director Brian Hawkins for his failure to provide effective leadership to the D.C. Medical Center.**

The department undertook this action using authorities provided by the VA Accountability Act, which the president signed into law in June. Hawkins was notified in late August that he was being proposed for removal.

VA initiated the latest action after the VA Office of Inspector General issued a new report finding that Hawkins violated VA policy by sending sensitive VA information from his work email to unsecured private email accounts.

- **The Department of Veterans Affairs (VA) released findings from its analysis of Veteran suicide data for 50 states, Puerto Rico and the District of Columbia.**

The release is part of VA's comprehensive [examination](#) of more than 55 million records, from 1979 to 2014, which will be used to develop and evaluate suicide prevention programs across every state.

The new data include veteran suicide rates and overall suicide rates by state, age group, and gender and list the most common suicide methods. Analysis of this information will help VA's Office of Mental Health and Suicide Prevention gain insight into high-risk populations and share that information with community-based health care providers and partners, continuing to expand the network of support for Veterans.

Among VA findings:

- Overall, the veteran rates mirror those of the general population in the geographic region, with the highest rates in Western states. While we see higher rates of suicide in some states with smaller populations, most veteran suicides are still in the heaviest populated areas.
- The suicide rate among middle-aged and older adult veterans remains high. In 2014, approximately 65 percent of all veterans who died by suicide were age 50 or older.
- After adjusting for differences in age and sex, risk for suicide was 22 percent higher among Veterans when compared to U.S. non-veteran adults. After adjusting for differences in age, risk for suicide was 19 percent higher among male veterans when compared to U.S. non-veteran adult men. After adjusting for differences in age, risk for suicide was 2.5 times higher among female veterans when compared to U.S. non-veteran adult women.

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year. Call 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or text to 838255.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services has awarded an additional \$144.1 million in grants to prevent and treat opioid addiction in support of President Trump's commitment to combat the opioid crisis.**

The Substance Abuse and Mental Health Services Administration (SAMHSA) will administer the grants.

According to SAMHSA's National Survey on Drug Use and Health, in 2016 an estimated 11.8 million people misused opioids in the past year, including prescription pain relievers and heroin. Preliminary data from the Centers for Disease Control and Prevention for 2016 suggests the number of drug overdose deaths, most of them due to opioids will likely top 60,000.

The first four of the six grant programs listed below were authorized in the Comprehensive Addiction and Recovery Act (CARA) of 2016, (P.L. 114-198). CARA authorized funding to fight the opioid epidemic through prevention, treatment, recovery, overdose reversal, and other efforts. The fifth grant program listed, Medication Assisted Treatment (MAT), received an increase in funding for opioids in the fiscal year 2017 Omnibus Appropriations bill.

SAMHSA is issuing the funding through the six grant programs listed below in the following amounts:

- **First Responders – Comprehensive Addiction and Recovery Act - \$44.7 million.** The purpose of this program is to provide training and medication for emergency treatment of opioid overdose. <https://www.samhsa.gov/grants/awards/2017/SP-17-005>
- **State Pilot Grant for Treatment of Pregnant and Postpartum Women - Comprehensive Addiction and Recovery Act - \$9.8 million.** The purpose of the program is to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders. <https://www.samhsa.gov/grants/awards/2017/TI-17-016>
- **Building Communities of Recovery - Comprehensive Addiction and Recovery Act - \$4.6 million.** The purpose of this program is to increase the availability of long-term recovery support for substance abuse and addiction. <https://www.samhsa.gov/grants/awards/2017/TI-17-015>
- **Improving Access to Overdose Treatment - Comprehensive Addiction and Recovery Act - \$1 million.** The purpose of this program is to expand access to FDA-approved drugs or devices for emergency treatment of opioid overdose. <https://www.samhsa.gov/grants/awards/2017/SP-17-006>
- **Targeted Capacity Expansion: Medication Assisted Treatment (MAT) – Prescription Drug and Opioid Addiction - \$35 million.** The purpose of this program is to expand access to medication-assisted treatment for persons with an opioid use disorder seeking treatment. <https://www.samhsa.gov/grants/awards/2017/TI-17-017>
- **Services Grant Program for Residential Treatment for Pregnant and Postpartum Women - \$49 million.** The purpose of this program is to expand services for women and their children in residential substance abuse treatment facilities, among other services. <https://www.samhsa.gov/grants/awards/2017/TI-17-007>

The funding will be distributed to 58 recipients, including states, cities, healthcare providers and community organizations. The funds will be awarded for three to five years, subject to availability and depending on the program.

- **The Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma announced the efforts that are underway to support Puerto Rico and the U.S. Virgin Islands in the wake of Hurricane Maria.**

After Health and Human Services Secretary Tom Price, M.D., declared [new public health emergencies](#) in Puerto Rico and the U.S. Virgin Islands this week, CMS has waived or modified certain Medicare, Medicaid and Children’s Health Insurance Program (CHIP) requirements to provide immediate relief to those affected by the hurricane. CMS also helped patients being evacuated get access to critical life-saving services.

As part of ongoing efforts to support the federal response in hurricane-impacted areas, CMS worked with local governments, facilities and providers to help evacuated patients get needed access to dialysis treatment. CMS helped coordinate with facilities to make sure there were medical professionals on site and ready to provide immediate dialysis care and shelter for these patients. Access to care for people living with renal diseases and disorders is critical and often require life-sustaining dialysis treatments several times per week. CMS continues to work with Puerto Rico to prepare for additional evacuations as the need arises. CMS is also assisting the U.S. Virgin Islands with evacuation of dialysis patients and other patients from a hospital in St. Croix.

The agency continues to update its [emergency page \(www.cms.gov/emergency\)](http://www.cms.gov/emergency) with important information for state and local officials, providers, healthcare facilities, suppliers and the public.

To learn more about HHS resources related to Hurricanes Maria and Irma, please

visit www.phe.gov/emergency

REPORTS/POLICIES

- There were no relevant hearings published this week.

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- **H.R.3807** (introduced Sept. 18, 2017): To amend the Public Health Service Act to provide for activities to increase the awareness and knowledge of health care providers and women with respect to ovarian and cervical cancer, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Nydia M. Velazquez [D-NY-7]
- **S.1834** (introduced Sept. 18, 2017): A bill to amend title XXVIII of the Public Health Service Act to establish a National Advisory Committee on Seniors and Disasters was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Bill Nelson, Bill [D-FL]
- **S.1827** (introduced Sept. 18, 2017): A bill to extend funding for the Children's Health Insurance Program, and for other purposes was referred to the Committee on Finance. Sponsor: Senator Orrin G. Hatch [R-UT]
- **H.R.2810** (introduced Sept. 18, 2017): National Defense Authorization Act for Fiscal Year 2018 was agreed to in Senate by Unanimous Consent. Sponsor: Representative Mac Thornberry [R-TX-13]

MEETINGS

- The NCDMPH is hosting two symposiums this week:
 - Crisis Leadership in Disasters Symposium on **Sept. 6, 2017**, at USUHS starting at 1:00 pm ET.
 - Disaster Health Education Symposium on **Sept. 7, 2017**, at USUHS 08:00 at 5:00 pm ET
- 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/>

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