

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Sept. 29, 2016, President Obama signed into law: H.R. 5325, An Act making continuing appropriations for fiscal year 2017, and for other purposes.** The 10-week stopgap spending bill avoids a government shutdown. The bill funds the federal government until Dec. 9, 2016.

President Obama also signed into law H.R. 5985, the “Department of Veterans Affairs Expiring Authorities Act of 2016,” which extends certain expiring authorities affecting veterans and their families, including: (1) health care; (2) benefits; (3) homelessness; and (4) miscellaneous authorities, and authorizes a new authority related to payment of education benefits.
- **The House passed H.R. 5392, No Veterans Crisis Line Call Should Go Unanswered Act, on Sept. 27, 2016.** This legislation directs the Department of Veterans Affairs to develop a quality assurance document for carrying out the toll-free Veterans Crisis Line (VCL), including at backup call centers; and a plan to ensure that each telephone call, text message, and other communications received by the VCL, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology.

MILITARY HEALTH CARE NEWS

- **TRICARE announced it is improving its mental health and substance use disorder (SUD)**

benefits to provide beneficiaries greater access to the full range of available mental health and SUD treatments.

Beginning Oct. 3, 2016, non-active duty dependent beneficiaries, retirees, their family members and survivors will generally pay lower co-payments and cost-shares for mental health care, such as \$12 for outpatient mental health and SUD visits rather than the current rate of \$25 per mental health visit. Co-pays and cost-shares for inpatient mental health services will also be the same as for inpatient medical/surgical care. A full list of all mental health co-pay and cost-share changes will be posted on Oct. 3 on the [TRICARE website](#).

Although the new copayment rules are effective Oct. 3, there is a chance that some providers may not be aware of these changes. Should beneficiaries be charged incorrect cost-shares or co-pays, TRICARE will correct claims retroactive to Oct. 3, 2016.

TRICARE already eliminated several restrictions relating to the lengths of stay allowed for inpatient mental health treatment and psychiatric Residential Treatment Center care for children and adolescents. Additional day limits for services such as partial hospitalization, residential substance use disorder care, smoking cessation counseling, and other mental health treatment will also be removed effective Oct. 3, 2016.

The removal of these limits altogether will further de-stigmatize mental health treatment and hopefully provide a greater incentive for beneficiaries to seek the care they need.

For example, a person struggling with alcoholism has a limit of three outpatient treatments in his lifetime under TRICARE's current benefits. However, substance use can be a lifelong struggle. The changes will allow people to seek help as many times as they need it.

TRICARE will expand its coverage of treatment options for substance use disorders, including opioid use disorder, which can range from addiction to heroin to prescription drugs. This change will provide more treatment options, such as outpatient counseling and intensive outpatient programs. Office visits with a qualified TRICARE authorized physician may include coverage of medication-assisted treatment (e.g., buprenorphine, or "suboxone") for opioid addiction if the physician is certified to prescribe these medications.

Once additional changes are put into effect early next year, the process for facilities to become TRICARE-authorized will become easier and faster as TRICARE seeks to make its regulations consistent with industry standards. "These revisions will make mental health care and SUD treatment more community based," said Moseley.

Gender dysphoria – a condition in which a person experiences distress over the fact that their gender identity conflicts with their sex assigned at birth – may be treated non-surgically by TRICARE-authorized providers effective Oct. 3. Non-surgical treatment includes psychotherapy, pharmacotherapy and hormone treatment. Surgical care continues to be prohibited for all non-active duty beneficiaries.

The reduction in cost-shares and co-pays will be effective Oct. 3, along with authorization of office-based substance use disorder treatment and non-surgical treatment of gender dysphoria. Changes that require new or more detailed revision of TRICARE policy manuals, such as TRICARE authorization criteria for institutional mental health providers, will be rolled out early 2017.

Updates will be posted as changes are implemented. For more information, please visit the [TRICARE website](#).

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced several new and expanded partnerships to support the [VA Caregiver Support Program](#).**

The VA Caregiver Support Program supports the-often unsung heroes of wounded or ill veterans

– the ones who take care of them.

The following partnerships were announced:

- Amazon: Together with the Elizabeth Dole Foundation, Amazon has curated a bookshelf of titles recommended by experts and caregivers. Titles reflect the most current and useful information to support military and veteran caregivers and their families. Amazon also provided free Kindles to military and veteran caregivers in attendance. Titles are available for preview [here](#). Caregivers and consumers can [download Kindle software](#) to enjoy these books on any mobile device.
- Coursera: In 2014, Coursera, an online education platform, teamed up with VA to provide one free education certification to every veteran and transitioning service member. In 2015, that offer was extended to spouses, and this year, they are expanding the eligibility further to caregivers.
- PsychArmor Institute: A longstanding collaborator with VA, PsychArmor Institute works with nationally recognized subject matter experts to create and deliver online courses tailored to issues related to military and veteran communities. In conjunction with today's event, PsychArmor released a suite of new free training resources for caregivers of veterans. (www.PsychArmor.org)
- VetTix: VA has partnered with Veteran Tickets Foundation (Vet Tix), a nonprofit organization that provides free tickets to events for current serving military, veterans and Gold Star families. Vet Tix has provided more than 2.3 million tickets for current serving military, veterans and Gold Star families to attend nearly 40,000 events valued at over \$87 million since 2008. They currently serve approximately 450,000 Vet Tixers and their families. Through these events, VA and VetTix are exploring ways to encourage service members, families, and friends stay engaged with local communities and reduce stress by attending fun events that everyone can enjoy for a very low delivery fee.
- National Domestic Violence Hotline (NDVH): VA's Domestic Violence/Intimate Partner Violence Assistance program has formed a partnership with The Hotline to provide cross-training resources to veterans. The Hotline provides 24/7/365 support and referrals for people impacted by domestic violence/intimate partner violence. Through this partnership NDVH will also provide the VA with veteran-specific usage data from the hotline that will be used to inform VA programs and policies.

VA's Caregiver Support Program began in 2007 and expanded in 2010 to offer a variety of local and national programs including, Building Better Caregivers™; Peer Support Mentoring; Caregiver Self-Care Courses; a national Caregiver Support Line; targeted programs for dementia, stroke and spinal cord injury; Respite; and Home and Community Based Care programs.

For more information about VA Caregiver support programs, visit: <http://www.caregiver.va.gov>.

GENERAL HEALTH CARE NEWS

- **On Sept. 29, 2016, the Department of Health and Human Services released new research analyzing gains in health insurance coverage from 2010-2015 across key demographic categories of Americans: income, age, geography, race and ethnicity.**

The report finds that ACA coverage gains have been widely shared across groups. For example, the uninsured rate fell by around 40 percent for Americans in all income groups for 2010 through 2015, including individuals with incomes above 400 percent of the federal poverty level (FPL).

The new report shows how different provisions of the ACA have worked in concert to reduce uninsured rates. The near-equal percent drops in uninsured rates across groups indicate that the

ACA is reducing the uninsured rate most in absolute terms among groups that had the highest uninsured rates before the law.

One of the few groups seeing a notably smaller decline in uninsured rates was Americans living in poverty in states that chose not to expand Medicaid. This group falls into the coverage gap, unable to access Medicaid coverage or Marketplace financial assistance. If the 19 remaining states adopted the ACA's expansion of Medicaid, an additional 4.1 million residents would gain coverage, according to [Urban Institute estimates - PDF](#).

Gains in health coverage across the income distribution indicate the success of a range of different ACA provisions. While Medicaid expansion has been especially crucial for low-income Americans, moderate- and middle-income families have benefited from consumer protections that prevent insurers from discriminating or denying coverage based on pre-existing conditions, from provisions allowing young adults to stay on their parents' plans, and from financial assistance that helps families without access to affordable coverage (e.g. employer sponsored insurance). Overall, all groups have seen percentage reductions in their uninsured rates of around 40 percent.

- Less than 100 percent FPL: 39 percent reduction
- 100-125 percent FPL: 48 percent reduction
- 125-250 percent FPL: 41 percent reduction
- 250-400 percent FPL: 37 percent reduction
- 400 percent FPL and higher: 42 percent reduction

Since 2010, non-elderly adults of all ages have seen substantial decreases in the uninsured rate. But the most dramatic decline has been among 18-25 year olds, who experienced a 52 percent reduction in the uninsured rate thanks in large part to the ACA provision that allows young adults to remain on their parents' plan until age 26.

- 18-25 year olds: 52 percent reduction
- 26-34 year olds: 36 percent reduction
- 35-54 year olds: 39 percent reduction
- 55-64 year olds: 40 percent reduction

The uninsured rate has decreased significantly and similarly among in both urban and rural areas since 2010. The similar overall coverage gains for rural individuals are particularly striking in light of the fact that uninsured rural individuals are disproportionately concentrated in states that have not expanded

- Medicaid. If all states had expanded Medicaid, rural individuals would likely have seen a larger decline in the uninsured rate.
- Metropolitan (urban) areas: 42 percent reduction
- Non-metropolitan (rural) areas: 39 percent reduction

Coverage gains have also been broadly shared across racial and ethnic groups of non-elderly adults.

- Asian (non-Hispanic): 59 percent reduction
- Black (non-Hispanic): 47 percent reduction
- White (non-Hispanic): 46 percent reduction
- Hispanic: 35 percent reduction

Medicaid expansion states experienced greater gains in coverage than non-expansion states.

Between 2010 and 2015, the overall uninsured rate decreased nearly 50 percent in expansion states, while declining by nearly 32 percent in states that chose not to expand.

To view charts from today's brief, visit: <https://aspe.hhs.gov/pdf-report/chartpack-affordable-care-act-has-led-historic-widespread-increase-health-insurance-coverage>

- **The Centers for Disease Control and Prevention (CDC) has awarded \$13 million to the Puerto Rico Science, Technology, and Research Trust (ST&R Trust) to establish the first Vector Control Unit (VCU) in Puerto Rico, which will oversee and implement comprehensive mosquito control activities to help prevent and manage diseases spread by mosquitoes.**

The best way to reduce spread of Zika and other viruses spread by *Aedes aegypti* mosquitoes throughout Puerto Rico is to rapidly implement a combination of mosquito control methods, or integrated vector management, to reduce the mosquito population.

The CDC funding will support the ST&R Trust as they set up the VCU, which will develop an integrated mosquito surveillance and control plan and carry out mosquito control activities throughout Puerto Rico. CDC and the government of Puerto Rico will assist the ST&R Trust as they begin the mosquito control program, starting in areas of greatest need. If additional funding becomes available, it may be provided for the VCU.

Integrated vector management uses several approaches to reduce mosquito populations, including elimination of standing water sources where mosquitoes lay eggs and use of adulticides, larvicides, and mosquito traps. Community engagement and education is also an integral part of this approach, so that members of the community understand the risks of diseases like Zika and how they can best protect themselves from mosquito bites.

The ongoing Zika outbreak and previous outbreaks of mosquito-borne diseases have highlighted the need for an integrated vector management approach to control *Aedes aegypti* mosquitoes in Puerto Rico.

As of September 23, CDC has obligated more than \$210 million of the \$222 million in repurposed funds available for domestic Zika preparedness, including more than \$110 million to support state, territorial, and local jurisdictions to fight Zika. As of September 23, HHS has obligated \$379 million in redirected funds for domestic Zika response.

The [ST&R Trust](#) is an independent, 501C3 non-profit corporation, whose mission is to combine cutting edge science with public health action. Established in 2004 by the Commonwealth of Puerto Rico government to promote innovative science and technology research, it has since developed a network of partnerships, including private, educational, and governmental organizations with subject matter experts required to assemble and manage a Vector Control Unit to provide services in Puerto Rico.

For more information about Zika: <http://www.cdc.gov/zika/>.

- **The Centers for Medicare & Medicaid Services (CMS) awarded \$347 million to 16 national, regional, or state hospital associations, Quality Improvement Organizations, and health system organizations to continue efforts in reducing hospital-acquired conditions and readmissions in the Medicare program.**

The *Hospital Improvement and Innovation Network* contracts awarded build upon the collective momentum of the Hospital Engagement Networks and Quality Improvement Organizations to reduce patient harm and readmissions. This announcement is part of a broader effort to transform our health care system into one that works better for the American people and for the Medicare program. The Administration has a vision of a system that delivers better care, spends

our dollars in a smarter way, and puts patients in the center of their care to keep them healthy.

Through 2019, these Hospital Improvement and Innovation Networks will work to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions as a population-based measure (readmissions per 1,000 people) from the 2014 baseline.

These goals are designed to improve patient safety in the acute care hospital setting. The newly identified goal of a 20 percent reduction in all-cause patient harm will continue the strong momentum in improving the quality of care delivered to Medicare patients. The goal for harm reduction set forth during the initial phases of Partnership for Patients periods was to decrease preventable patient harm by 40 percent. These efforts resulted in a 39 percent decrease in preventable all-cause harm compared to a 2010 baseline rate of 145/1000, which equated to a 17 percent reduction in overall harm.

Hospital Improvement and Innovation Networks will also work to expand and develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety in the Medicare program.

Efforts to address health equity for Medicare beneficiaries will be central to the Hospital Improvement and Innovation Networks efforts. CMS will monitor and evaluate the activities of the Hospital Improvement and Innovation Networks to ensure that they are generating results and improving patient safety.

The 16 organizations (listed in alphabetical order) receiving contracts in the Hospital Improvement and Innovation Networks are:

- Carolinas Healthcare System
- Dignity Health
- Healthcare Association of New York State
- HealthInsight
- The Health Research and Educational Trust of the American Hospital Association
- Health Research and Educational Trust of New Jersey
- Health Services Advisory Group
- The Hospital and Healthsystem Association of Pennsylvania
- Iowa Healthcare Collaborative
- Michigan Health & Hospital Association (MHA) Health Foundation
- Minnesota Hospital Association
- Ohio Children's Hospitals' Solutions for Patient Safety
- Ohio Hospital Association
- Premier, Inc.
- Vizient, Inc.
- Washington State Hospital Association

The Partnership for Patients model is one of the first models established in 2011 to be tested under the authority of section 1115A of the Social Security Act (the Act) with the goal of reducing program expenditures while preserving or enhancing the quality of care. For more information on this announcement, please visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-09-29-2.html>

REPORTS/POLICIES

- **The GAO published “NIH Biomedical Research: Agencies Involved in the Indirect Cost Rate-Setting Process Need to Improve Controls,” on Sept. 28, 2016.** This report reviews the internal controls for overseeing the validity of indirect cost rates for NIH's research organizations. This report examines the extent to which the three primary cognizant agencies (CAS, NIH-DFAS, and ONR) that set indirect cost rates on NIH's behalf have designed internal controls to mitigate the potential for fraud, waste, and abuse in the indirect cost rate-setting process.
<http://www.gao.gov/assets/680/679587.pdf>
- **The GAO published “Electronic Health Information: HHS Needs to Strengthen Security and Privacy Guidance and Oversight,” (GAO-16-771) on Sept. 26, 2016.** The report reviews the current health information cybersecurity infrastructure. The specific objectives were to describe expected benefits of and cyber threats to electronic health information; determine the extent to which HHS security and privacy guidance for EHRs are consistent with federal cybersecurity guidance; and assess the extent to which HHS oversees these requirements.
<http://www.gao.gov/assets/680/679260.pdf>

HILL HEARINGS

- There are no hearings related to health care scheduled next week.

LEGISLATION

- **H.R.6280** (introduced Sept. 28, 2016): To amend title V of the Social Security Act to direct the Secretary of Health and Human Services to give priority to eligible entities that partner with certain community partners was referred to House Energy and Commerce
Sponsor: Representative Raul Ruiz [D-CA-36]
- **H.R.6273** (introduced Sept. 28, 2016): To amend title 38, United States Code, to increase the maximum amount of education debt reduction available for health care professionals employed by the Veterans Health Administration, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Beto O'Rourke [D-TX-16]
- **H.R.6272** (introduced Sept. 28, 2016): To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to increase the maximum market pay of physicians and dentists in the Veterans Health Administration who work in health professional shortage areas, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Beto O'Rourke [D-TX-16]
- **H.R.6265** (introduced Sept. 28, 2016): To amend title XVIII of the Social Security Act to provide for certain reforms with respect to Medicare supplemental health insurance policies was referred to House Energy and Commerce.
Sponsor: Representative Jim McDermott, Jim [D-WA-7]

- **H.R.6262** (introduced Sept. 28, 2016): To amend the Internal Revenue Code of 1986 to expand the family members with respect to whom treatment for alcohol and drug addiction is treated as a qualified medical expense for purposes of health reimbursement arrangements, health flexible spending arrangements, and health savings accounts was referred to the House Committee on Ways and Means.
Sponsor: Representative Thomas MacArthur [R-NJ-3]
- **H.R.6229** (introduced Sept. 28, 2016): To amend the Public Health Service Act to facilitate assignment of military trauma care providers to civilian trauma centers in order to maintain military trauma readiness and to support such centers, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Michael C. Burgess [R-TX-26]
- **H.R.6226** (introduced Sept. 28, 2016): To delay the Medicare demonstration for pre-claim review of home health services, and for other purposes was referred to House Energy and Commerce.
Sponsor: Representative Tom. Price [R-GA-6]
- **H.R.6224** (introduced Sept. 28, 2016): To amend the Public Health Service Act to promote the inclusion of minorities and women in clinical research, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Joyce Beatty [D-OH-3]
- **H.R.6207** (introduced Sept. 28, 2016): To direct the Secretary of Veterans Affairs to make certain improvements in scheduling veterans for health care appointments was 2016 referred to the House Committee on Veterans' Affairs.
Sponsor: Representative David G. Valadao [R-CA-21]

MEETINGS

- 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/>

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.