

# Federal Health Update

SEPT. 8, 2017

*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. 5, 2017, President Trump came to an agreement with Senate Majority Leader Chuck Schumer and House Minority Leader Nancy Pelosi to extend the debt limit until Dec.15, 2017, and provide a relief aid for Hurricane Harvey victims.**

## MILITARY HEALTH CARE NEWS

- **Due to hurricanes and wildfires, TRICARE has special procedures in place in multiple states and territories.**
  - Sept. 7- 16, 2017: [State of Emergency in parts of California and Washington](#) for emergency prescription refills.
  - Sept. 7-15, 2017: [State of Emergency in Florida, the US Virgin Islands, and Puerto Rico](#) for emergency prescription refills and waivers for referrals.
  - Aug. 25- Sept. 15 2017: [State of Emergency in Louisiana and Texas](#) for emergency prescription refills and waivers for referrals.

Please check the links for details for each region.

- **September is Suicide Prevention Month. The Department of Defense wants to remind people of the resources available to service members.**

Interventions such as psychotherapy and prescription medication are critically important in helping to prevent suicide. But according to the [2015 Department of Defense Suicide Event Report](#), only about 30 percent of service members who died by suicide were previously seen by behavioral health providers. That's why preventing suicide requires a public health approach that includes the entire community.

One strategy is to use the Columbia Suicide Severity Rating Scale, or C-SSRS, to identify individuals at risk for suicide. Based on more than 20 years of scientific research, C-SSRS is a series of questions anyone can use to evaluate whether someone is at risk for death by suicide. The questions cover whether and when a person has thought about suicide, what actions he or she may have taken to prepare, and if a previous suicide attempt was considered but then aborted because of a last-minute change of heart or an intervention.

The answers to these questions help to identify individuals who are at risk for suicide. They also gauge the level of intervention and support an individual may require.

C-SSRS is being used throughout the Military Health System. Army Medicine has incorporated the tool as part of the Behavioral Health Data Portal, and five Air Force military treatment facilities are using the tool as part of the Zero Suicide initiative. Zero Suicide is a program that was founded on the belief that suicides are 100 percent preventable. The program focuses on hospital-based leadership support for strategies such as screening at multiple points, education of the entire hospital system (not just mental health providers), and the use and monitoring of evidence-based practices as well as intensive follow-up after individuals receive care.

C-SSRS can be used in a variety of settings, either on its own or in combination with other interventions. This tool can also be used by a host of people who may encounter individuals at risk, including Sexual Harassment/Assault Response and Prevention (SHARP) victim advocates, chaplains, peers, and family members.

C-SSRS is suitable for use in all ages and populations, and it's available in more than 100 languages. The scale and training are free when used in community and health care settings and in federally funded and nonprofit research.

The Defense Suicide Prevention office is also involved in research projects to prevent suicide. They include training military chaplains to help at-risk individuals, developing practices and policies centered on firearm safety, and teaching service members and peers to recognize and respond to the warning signs of suicide on social media.

If you or anyone you know is thinking about harming themselves, contact the National Suicide Prevention Lifeline at 1-800-273-8255 and press 1. Another resource – specifically intended for service members and their families – is the BeThere Peer Support Call and Outreach Center for those seeking help with everyday life challenges. Call 1-844-357-7337, or visit [www.betherepeersupport.org](http://www.betherepeersupport.org).

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs' (VA) unveiled the Decision Ready Claims (DRC) initiative, a disability claims submission option with accredited veterans service organizations (VSO) that promises to deliver faster claims decisions to veterans and their**

## **families.**

The DRC initiative is a collaborative effort between VA and VSOs to help veterans receive faster decisions on disability claims. The VA works closely with participating VSOs to make sure they are properly trained in this new process and given the tools they need to participate successfully in the program on behalf of the Veterans they serve.

Veterans who choose to submit their claim under DRC can expect to receive a decision within 30 days from the time VA receives the claim. VSOs will ensure all supporting evidence — such as medical exams, military service records, etc. — is included with the claim submission. This advance preparation by the VSOs allows claims to be assigned immediately to claims processors for a quick decision.

DRC was first implemented May 1, 2017, at the St. Paul (Minn.) Regional Office, and is now available at all VA regional offices. While DRC is currently limited to claims for increased compensation (commonly known as claims for increase), and requires Veterans to work with VSOs, VA's goal is to expand the types of claims accepted under the initiative and allow Veterans other ways to submit their claim under DRC.

DRC is another key step in aggressively modernizing VA's benefits delivery to veterans in a fully-digital operating environment. With electronic claims processing as a foundation, VA's innovation will improve service to Veterans, their families, and survivors.

## **GENERAL HEALTH CARE NEWS**

- **In 2016, there were 11.8 million people aged 12 or older who misused opioids in the past year, according to a new Substance Abuse and Mental Health Services Administration's (SAMHSA) latest National Survey on Drug Use and Health (NSDUH) report.**

The study found the majority of people who misused opioids were misusing pain relievers rather than heroin use—there were 11.5 million pain reliever misusers and 948,000 heroin users.

Nationally, nearly a quarter (21 percent) of persons 12 years or older with an opioid use disorder received treatment for their illicit drug use at a specialty facility in the past year. Receipt of treatment for illicit drug use at a specialty facility was higher among people with a heroin use disorder (38 percent) than among those with a prescription pain reliever use disorder (17.5 percent).

The report also reveals that adolescents' and adults' (age 18-25) initiation of marijuana has remained steady. In contrast, adults aged 26 and older have higher rates of marijuana initiation than prior years. In 2016, an estimated 21 million people aged 12 or older needed substance use treatment and of these 21 million people, about 2.2 million people received substance use treatment at a specialty facility in the past year.

NSDUH is a scientific annual survey of approximately 67,500 people throughout the country, aged 12 and older. NSDUH is a primary source of information on the scope and nature of many substance use and mental health issues affecting the nation. SAMHSA is issuing its 2016 NSDUH report on key substance use and mental health indicators as part of the 28th annual observance of National Recovery Month. Recovery Month expands public awareness that behavioral health is essential to health, prevention works, treatment for substance use and mental disorders is effective, and people can and do recover from these disorders.

The complete findings for the NSDUH report issued are available on the SAMHSA web site at: <http://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>

- **As millions of students across the United States head back to school, Centers for Disease Control and Prevention (CDC) released new data confirming the close connection between student health and academic performance.**

The data published in the September 8 issue of [The Morbidity and Mortality Weekly Report](#) suggest that regardless of sex, race/ethnicity and grade-level, high school students reporting lower academic marks also reported greater health risk behaviors associated with substance use, violence, poor nutrition, lack of physical activity, and sex. They also reported fewer healthy behaviors than did students who made better grades.

The analysis uses information from CDC's 2015 [Youth Risk Behavior Survey](#). While the results do not address causality, they confirm that across nearly 30 health behaviors, students with lower grades reported higher levels of health risk behaviors or negative outcomes. On the other hand, students who reported positive academic outcomes were more likely to report healthy behaviors. Examples include:

- Students who reported receiving mostly Ds and Fs, were **nine times** more likely than students who received mostly As to report having ever injected any illegal drugs.
- Students who reported receiving mostly Ds and Fs, were **five times** more likely than students who received mostly As to report that they did not go to school at least one day in the past month because of safety concerns.
- Students who reported receiving mostly Ds and Fs were more than **four times** more likely than students who received mostly As to report that they had four or more sexual partners.
- Conversely, students who reported receiving mostly As were **twice as likely as** students who received mostly Ds and Fs to report eating breakfast every day in the past week.
- Similarly, students who reported receiving mostly As were almost **one and a half times** more likely than students who received mostly Ds and Fs to report being physically active at least 60 minutes per day on five or more days in the past week.

To support America's schools in improving the health of their students, CDC provides data, expertise and resources that can be helpful in developing and carrying out effective programs. This includes funding state and local education agencies that reach approximately 23 million American students to help them avoid risky health behaviors. In addition, CDC promotes the use of the [Whole School, Whole Community, Whole Child](#) model, which focuses on a child's cognitive, physical, social and emotional development.

For more information on CDC's school health efforts, visit [www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth) and [www.cdc.gov/healthyschools/](http://www.cdc.gov/healthyschools/).

## REPORTS/POLICIES

- **The GAO published “Centers for Disease Control and Prevention: Use of Special Interest Projects to Fund Prevention Research Centers,” (GAO-17-693) on Sept. 7, 2017.** This report describes what research CDC chooses to fund through the SIP mechanism, and what have been identified as advantages and disadvantages of SIP eligibility being limited to PRCs. <http://www.gao.gov/assets/690/686999.pdf>
- **The GAO published “Public Health Information Technology: HHS Has Made Little Progress toward Implementing Enhanced Situational Awareness Network Capabilities,”**

**(GAO-17-377) on Sept. 6, 2017.** PAHPRA required HHS to establish a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems. This report addresses what progress HHS has made toward establishing the network. <http://www.gao.gov/assets/690/686971.pdf>

## HILL HEARINGS

- The Senate Health, Education, Labor, and Pensions Committee will hold a hearing on **Sept. 14, 2017**, to examine stabilizing premiums and helping individuals in the individual insurance market for 2018, focusing on health care stakeholders.

## LEGISLATION

- There was no legislation proposed while Congress is in recess.

## 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/>

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