

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Sept 30, 2015, President Obama signed into law:**
 - H.R. 719, the "Continuing Appropriations Act, 2016" which provides fiscal year 2016 appropriations for continuing projects and activities of the Federal Government through, Friday, Dec. 11, 2015; requires the Transportation Security Administration to implement changes to come into compliance with existing Federal law concerning criminal investigator positions; and requires the Department of Homeland Security to provide a variety of security-related updates and reports to the Congress;
 - S. 2082, the "Department of Veterans Affairs Expiring Authorities Act of 2015," which extends certain expiring authorities affecting veterans and their families, including: health care; benefits; homelessness; and miscellaneous authorities; and amends various VA authorities related to medical facilities projects.

- **On Sept. 30, the House passed S. 2062, the Department of Veterans Affairs Expiring Authorities Act of 2015.** This legislation amends title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, and for other purposes. The health care provisions extended through fiscal year 2016 include:
 - Authority for collection of copayments for hospital care and nursing home care,

- Authorization of appropriations for assistance and support services for caregivers,
- Authority for recovery from third parties of the cost of care and services furnished to veterans with health-plan contracts for non-service-connected disability,
- Authority for the pilot program on assistance for child care for certain veterans receiving health care,
- Authority to make grants to veterans service organizations for transportation of highly rural veterans,
- Authority for Department of Defense (DOD)-VA Health Care Sharing Incentive Fund, and
- Authority for the pilot program on counseling in retreat settings for women veterans newly separated from service.

The legislation also extends through Dec. 31, 2016, the requirement to provide nursing home care to certain veterans with service-connected disabilities and extends through fiscal year 2017 authority for the Joint DOD-VA Demonstration Fund.

- **On Oct. 1, 2015, the House passed the House-Senate conference version of the H.R. 1735, the National Defense Authorization Act for fiscal year 2016.**

The legislation authorizes \$612 billion in spending for the military, with \$31 billion allotted for the defense health program. Among the provisions included for military benefits are an increase to pharmacy co-pays in the TRICARE for Life (TFL) beneficiaries, a pay raise for troops and an overhaul of the military retirement system.

To review the NDAA 2016 conference report, please visit:

<https://rules.house.gov/sites/republicans.rules.house.gov/files/114/PDF/114-CRHR1735-SxS.pdf>

MILITARY HEALTH CARE NEWS

- **The Department of Defense released the Quarterly Suicide Report (QSR) for the second quarter of calendar year 2015.**

The report summarizes confirmed suicide counts for all services and components during the months of April through July of 2015, and also includes total suicide counts for 2014, 2013 and 2012.

In the second quarter of 2015, there were 71 suicides among service members in the active component, 20 suicides among service members in the reserve component and 27 suicides among service members in the National Guard.

The QSR is intended to communicate the department's suicide data on a routine basis. The QSR is available at <http://www.dspo.mil/SuicideData/QuarterlyReports.aspx>. Additional information is available on the Defense Suicide Prevention Office website at <http://www.dspo.mil/>.

The Department of Defense has also partnered with the U.S. Department of Veterans Affairs to promote a confidential crisis line staffed by caring, qualified responders, many of who have served in uniform. The number is 1-800-273-8255, press 1 for anyone facing a crisis.

- **As of Oct.1, 2015, a new law requires all TRICARE beneficiaries, except active duty**

service members, to get select brand name maintenance drugs through either TRICARE Pharmacy Home Delivery or from a military pharmacy.

Beneficiaries who keep using a retail pharmacy for these drugs will have to pay the full cost.

Maintenance drugs are drugs you take regularly for a long time, such as to control blood pressure or cholesterol. The law does not apply to drugs you take for a short time, like antibiotics, or generic drugs. If you live overseas, or have other prescription drug coverage, you are not affected.

The TRICARE pharmacy contractor, Express Scripts, sent a letter to affected beneficiaries in September explaining their options. Beneficiaries can contact Express Scripts at 1-877-363-1303 if they have any questions.

Now, beneficiaries who fill an affected drug at a retail pharmacy will get another letter from Express Scripts. After that, beneficiaries have one final “courtesy” fill at a retail pharmacy. If they fill at a retail pharmacy again, they have to pay 100 percent of the cost of their medication.

TRICARE Pharmacy Home Delivery is a safe, convenient and low cost option to get maintenance drugs. You’ll save up to \$176 a year for each brand name drug you switch from retail to Home Delivery. If you want to use a [military pharmacy](#), make sure to check first to see if they carry your prescription. For more about this change to TRICARE’s pharmacy benefit, visit www.tricare.mil/RxNewRules.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced the expansion of a program aimed at increasing education and employment opportunities to America’s veterans to an additional to 25 new communities.**

The Veterans Economic Communities Initiative (VECI) brings together local and national partners to coordinate services for veterans, service members and military families.

Secretary McDonald launched the VECI campaign in May 2015 to promote local collaboration, dialog and partnership among organizations that serve transitioning service members, veterans and their families. VECI is part of Secretary McDonald’s department-wide transformation called MyVA, which is dedicated to putting Veterans at the center of everything VA does and enhancing strategic partnerships to extend VA’s reach of services.

Campaign partners include the Departments of Defense and Labor, the Small Business Administration, and regional and national nonprofits, businesses and educators. All VECI communities were selected based on the size of transitioning service member and Post-9/11 veteran populations; unemployment, employment opportunity and job growth; and education spending.

Under the Veterans Economic Communities Initiative, communities will develop scalable, sustainable models in the next two years that will include:

- Developing ongoing public-private partnerships focused on employment and economic opportunities;
- Fostering employer networking and encouraging hiring commitments on the Veterans Employment Center™ (www.ebenefits.va.gov/jobs);
- Supporting events such as career fairs, job and employment summits, and roundtables to boost economic competitiveness for Veterans;
- Sharing best practices and training and supporting employers who are considering hiring Veterans; and

- Facilitating the development of learning or resource hubs to help connect Veterans to economic opportunities including entrepreneurship, credentialing and skills building.

The full list of VEI communities is can be found at <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2732>

GENERAL HEALTH CARE NEWS

- **Health and emergency preparedness professionals now have access to the nation's first and most comprehensive system of resources designed specifically to help communities better prepare for and manage the health impacts of disasters.**

The Technical Resources, Assistance Center, and Information Exchange ([TRACIE](#)) features resource materials, a help line, just-in-time suggestions and tools to share information gleaned from real-life experiences in preparing for, responding to and recovering from disasters.

TRACIE has a network of experts nationwide to address needs identified by stakeholders charged with preparing for public health and health care system emergencies. To support them, TRACIE provides technical resources and a technical assistance center, a comprehensive national knowledge center, and multiple ways to share information between federal, state and local officials.

TRACIE's [technical resources](#) include a living library of audience-tailored and subject matter expert-reviewed topic collections and materials highlighting real-life tools and experiences. TRACIE's resources include user rating and comments, which can be used to help choose the best resource for a particular need.

Through TRACIE's [assistance center](#), state, tribal, local and territorial officials can reach subject matter experts for technical assistance and consultations on a range of topics. Technical assistance could vary widely, including pediatric preparedness resources, crisis standards of care, tools to assess the readiness of hospitals and health care coalition for emergencies, lessons learned about delivering dialysis care during disasters, and more. Officials also can find training related to preparedness, response and recovery. The assistance center is available through a toll-free number, email, and online.

TRACIE also includes an [information exchange](#). Through this forum, health care emergency preparedness stakeholders can discuss, collaborate and share information about pending and actual health threats and promising practices. Users also can exchange templates, plans and other materials through this feature.

Users can get advice, including just-in-time advice, from hundreds of health care, disaster medicine, public health and public safety professionals, through ASPR TRACIE. TRACIE's [free registration](#) allows users to rate the usefulness of the resources and to access the information exchange.

To learn more about preparedness, response and recovery from the health impacts of disasters, visit the HHS public health and medical emergency website, www.phe.gov.

- **The Centers for Disease Control and Prevention has awarded a total of \$22,800,000 to 24 state health departments, as well as six universities, and one American Indian tribe to increase colorectal screening.**

The grants, awarded in a competitive process, are designed to increase colorectal (colon) cancer screening rates among men and women aged 50 to 75 years.

Colorectal cancer screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps reduce deaths due to colorectal cancer.

The U.S. Preventive Services Task Force [recommends](#) colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. CDC is requiring all grantee Colorectal Cancer Control Programs (CRCCP) to work with health systems partners to use a combination of evidence-based strategies to increase the number of people screened. These [evidence-based strategies](#) include patient and provider reminders, provider assessment and feedback as recommended by the [Task Force on Community Preventive Services](#). They will implement these strategies considering the unique needs and situations of their health systems partners.

Each grantee must target their services towards the following:

- Adults 50-75 years of age without symptoms;
- Low-income, under- or uninsured, racial and ethnic groups disproportionately affected and/or with geographic barriers to screening;
- At-risk populations.

Moreover, six of the 31 grantees have been awarded additional funds to provide direct colorectal cancer screening and follow-up services to people who meet specific criteria:

Since the program's inception in 2009, CRCCP has provided almost 55,000 colorectal cancer screening exams and diagnosed 165 colorectal cancers and 8,441 cases of precancerous polyps. In program year 2014, CRCCP screened 13,425 people for colorectal cancer.

For more information about CDC's Colorectal Cancer Control Program, visit [http://www.cdc.gov/cancer/crccp/\(http://www.cdc.gov/cancer/crccp/\)](http://www.cdc.gov/cancer/crccp/(http://www.cdc.gov/cancer/crccp/)).

▪ **The total cost of injuries and violence in the United States was \$671 billion in 2013, according to the Centers for Disease Control and Prevention (CDC).**

The cost associated with fatal injuries was \$214 billion; nonfatal injuries was \$457 billion. Each year, more than three million people are hospitalized, 27 million people are treated in emergency departments and released, and more than 192,000 die as a result of unintentional and violence related injuries.

The two studies include lifetime medical and work loss costs for injury-related deaths and injuries treated in hospitals and emergency departments and break down costs by age, gender, and injury intent. Other key findings include:

Males accounted for a majority (78 percent) of costs for injury deaths (\$166.7 billion) and nonfatal injury costs (63 percent; \$287.5 billion);

More than half of the total medical and work-loss costs of injury deaths were from unintentional injuries (\$129.7 billion), followed by suicide (\$50.8 billion) and homicide (\$26.4 billion);

Drug poisonings, which includes prescription drug overdoses, accounted for the largest share of fatal injury costs (27 percent), followed by transportation-related deaths (23 percent) and firearm-related deaths (22 percent);

The cost for hospitalized injuries was \$289.7 billion in 2013; the cost for injuries treated and released in hospitals and emergency departments was \$167.1 billion; and

Falls (37 percent) and transportation-related injuries (21 percent) accounted for a majority of the

costs associated with emergency department treated non-fatal injuries.

To review the full report and the study details, visit <http://www.cdc.gov/mmwr>.

REPORTS/POLICIES

- **The GAO published “Tricare Pharmacy Pilot: Improved Monitoring Needed with Expansion of Pilot Requirements,” (GAO-15-768) was published Oct. 1, 2015.** This report examines the extent to which the Defense Department has monitored whether covered brand maintenance medications were available, and prescriptions were filled on time and accurately; monitored the satisfaction of participating beneficiaries; achieved expected cost savings; and prepared for the expansion. <http://www.gao.gov/assets/680/672818.pdf>
- **The GAO published “Medicare: Considerations for Expansion of the Appropriate Use Criteria Program,” (GAO-15-816) was published Sept. 30, 2015.** In this report, GAO describes CMS's plans for implementing the imaging AUC program; and examples of questionable- or low-value non-imaging services where provider-led entities have developed AUC, among other objectives. <http://www.gao.gov/assets/680/672856.pdf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **Oct. 7, 2015**, to examine an independent assessment of the Veterans Health Administration.
- The House Armed Services Subcommittee on Military Personnel will hold a hearing on **Oct. 8, 2015**, to examine military suicide prevention programs.
- The House Veterans Affairs will hold a hearing on **Oct. 21, 2015**, to examine VA Office of Inspector General's final report on the inappropriate use of position and the misuse of the relocation program and incentives.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **Oct. 22, 2015**, to evaluate VA primary care delivery, workload and cost.

LEGISLATION

- **H.R.3637** (introduced Sept.29, 2015): HIV Clinical Services Improvement Act was referred to the Committee on Oversight and Government Reform, and in addition to the Committee on Energy and Commerce
Sponsor: Representative Mark Pocan [WI-2]
- **H.R.3639** (introduced Sept.29, 2015): Veterans Access to Care Act was referred to the Committee on Oversight and Government Reform, and in addition to the Committee on Energy and Commerce
Sponsor: Representative Ron Kind [WI-3]
- **H.R.3641** (introduced Sept.29, 2015): Health Insurance for Former Foster Youth Act was referred to the House Committee on Energy and Commerce
Sponsor: Representative Karen Bass [CA-37]
- **H.R.3652** (introduced Sept.30, 2015): To expand programs with respect to women's health was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Suzanne Bonamici [OR-1]

- **S.2096** (introduced Sept.29, 2015): A bill to ensure that claims for benefits under the Black Lung Benefits Act are processed in a fair and timely manner, to better protect miners from pneumoconiosis (commonly known as "black lung disease"), and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Robert P. Casey Jr. [PA]

- **S.2107** (introduced Sept.30, 2015): A bill to amend the Public Health Service Act to help build a stronger health care workforce was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Jack Reed [RI]

MEETINGS

- The 2015 AHRQ Research Conference, "Producing Evidence and Engaging Partners to Improve Health Care", will be held **Oct. 4–6, 2015**, in Crystal City, Va. <http://www.ahrq.gov/news/events/conference/index.html>
- The AUSA 2015 Annual Meeting & Exposition will be held **Oct. 12-14, 2015**, in Washington DC. <http://ausameetings.org/2015annualmeeting/>
- The 31st Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.5-7, 2015**, in New Orleans, La. <http://www.istss.org/am15/home.aspx>
- The AMIA 2015 Annual Symposium will be held on **Nov. 14-16, 2015**, in San Francisco, Calif. <https://www.amia.org/amia2015>
- 2015 AMSUS Annual Continuing Education Meeting will be held **Dec. 1-4, 2015**, in San Antonio, Texas <http://amsusmeetings.org>

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