

# Federal Health Update

OCT. 6, 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

- **The Senate is in recess Oct. 6-13; the House is in recess Oct. 16- 20, 2017.**

## MILITARY HEALTH CARE NEWS

- **The Navy deployed Navy hospital ship USNS Comfort on Sept. 29, 2017, to support of the U.S. military response to the hurricane relief efforts in Puerto Rico.**

Approximately 250 doctors, nurses, corpsmen and support personnel from across Navy Medicine East will be joined by an additional wave of personnel reaching 750 personnel in total. This will complete the medical manning needs to support the 250-bed ship capability specific to this mission as defined by the Department of Defense.

NME's ability to rapidly augment medical and support personnel needed for a hospital ship deployment within 96 hours underscores Navy Medicine's role as a medical readiness platform in support of the Navy and Marine Corps missions. Based on the nature of the medical mission,

NME relies on medical personnel across its region spanning the eastern hemisphere.

For this particular mission, the medical personnel are coming from 11 different facilities, from Pensacola to North Carolina – the bulk from Naval Medical Center Portsmouth. Along with key medical personnel, ranging from pediatricians and surgeons to nurse practitioners and surgical technicians, the mix of personnel critical to support this relief mission includes experts in areas such as culinary services, administration, materials management, medical equipment repair and information technology.

“We are a ready medical force,” said Navy Rear Adm. Anne Swap, NME commander. “The expeditionary nature of Navy Medicine uniquely positions us to deliver care on, above, below the sea and on battlefields, which includes responding when called upon to provide humanitarian assistance.”

NME is headquartered in Portsmouth, Va., and serves as Navy Medicine’s health care system in the eastern hemisphere, providing medical care to approximately 1 million patients throughout the eastern United States, Europe, Africa and the Middle East. NME also oversees the Tidewater Military Health System, which brings together McDonald Army Health Center, NMCP and U.S. Air Force Hospital Langley..

Navy Medicine is a global health care network of 63,000 personnel that provide health care support to the U.S. Navy, Marine Corps, their families and veterans in high operational tempo environments, at expeditionary medical facilities, medical treatment facilities, hospitals, clinics, hospital ships and research units around the world.

- **ASPiRA Labs, a Vermillion company, announced it has entered into an in-network contract agreement with HealthNet Federal Services, effective Jan. 1, 2018.**

This contract brings total TRICARE coverage for ASPiRA Labs to over 9.4 million lives.

As previously announced in March 2017, the company entered into an agreement with Humana Military for coverage of the TRICARE South Region. TRICARE is restructuring its three regions into two regions. On January 1, 2018, the former North and South Regions will become the new East Region, and the West Region will remain the same. Accordingly, as of January 1, 2018, ASPiRA Labs will be contracted in both TRICARE regions (West and East).

"We believe Vermillion is well positioned to continue to expand coverage and increase access to OVA1 (MIA) for women with a pelvic mass, helping to ensure optimal care for more patients," said Fred Ferrara, chief operating officer of Vermillion, Inc We continue to execute on our managed care strategy in 2017, gaining momentum and positively impacting access for women nationwide."

The mortality rate of ovarian cancer has not changed in 40 years, even following the introduction of the CA125 biomarker. Today, two thirds of women with ovarian cancer do not receive the appropriate treatment course.

OVA1 (MIA) demonstrates reduced false negative rates for earlier and improved detection of ovarian cancer. Links to multiple clinical studies showing OVA1 (MIA)'s strong performance over CA125 and ROMA with ovarian cancer can be found on our website:

[http://vermillion.com/providers/ova-1/clinical-validation-studies/.](http://vermillion.com/providers/ova-1/clinical-validation-studies/)

## VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced the formation of the Veterans’ Family, Caregiver, and Survivor Federal Advisory Committee as part of VA Secretary David Shulkin’s commitment to supporting our nation’s veterans and those who care for them.**

The new Committee will be chaired by former U.S. Senator Elizabeth Dole, a noted advocate for military caregivers, and the founder of the Elizabeth Dole Foundation and the Hidden Heroes Campaign, both of which regularly collaborate with the VA on issues related to military caregiving.

The Committee will advise the Secretary, through the chief veterans experience officer, on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran status. The committee will focus on gaining a better understanding of the use of VA care and benefits services, and factors that influence access, quality and accountability for those services. A key element of the committee's work will be to engage veteran family members, research experts, and family service providers as a way to better understand their needs and identify ways VA can continue to support them in the best possible way.

Serving alongside Senator Dole on the committee will be Mr. Sherman Gillums (Vice Chair), Ms. Mary Buckler, Ms. Bonnie Carroll, Ms. Melissa Comeau, Ms. Harriet Dominique, Ms. Jennifer Dorn, Ms. Ellyn Dunford, Dr. Robert Koffman, Lt. Gen. (U.S. Army, Ret.) Mike Linnington, Mr. Joe Robinson, Ms. Elaine Rogers, Brig. Gen. (U.S. Army, Ret) Dr. Loree Sutton, Mr. Francisco Urena, Ms. Shirley White, Ms. Lee Woodruff, and Ms. Lolita Zinke.

- **CBS News reports that the Department of Veterans Affairs inspector general is reviewing VA Secretary David Shulkin's 10-day trip to Europe in July, during which Shulkin and his wife spent time shopping and sightseeing in Denmark and the U.K.**

While the overall purpose of the trip to Denmark and the United Kingdom was focused on veterans' issues, CBS reports Shulkin and his wife also visited Westminster Abbey and Wimbledon, devoting significant time to leisure activities paid for by U.S. government dollars.

Shulkin announced in a statement last week that the VA would be posting all official travel taken since January 20th on the VA website at <https://www.va.gov/opa/secvatravel/>.

The itinerary uploaded to the website details conferences on veterans' policy and meetings with various government officials but also time carved out of his schedule for extracurricular activities.

The website also notes that Shulkin has not used a private aircraft to date. Curt Cashour, VA Press Secretary told CBS News in a statement, "The Secretary welcomes the IG looking into his travel, and a good place to start would be VA's website where the VA posted his full foreign travel itineraries, along with any travel on government or private aircraft."

## GENERAL HEALTH CARE NEWS

- **On Oct. 5, 2017, Eric Hargan was sworn in as Deputy Secretary of the Department of Health and Human Services.**

Hargan is a shareholder of Greenberg Traurig, LLP in its Health & FDA Business practice, based in Chicago. He previously served the HHS from 2003-2007 as deputy general counsel, as principal associate deputy secretary and as acting deputy secretary. In 2014-2015, he served as co-chair and convener of the Healthcare and Human Services Transition Committee for Illinois Governor Bruce Rauner. In 2016-2017, he served on President Trump's transition team for HHS. He is a previous recipient of the HHS Secretary's Award for Distinguished Service. Hargan earned a BA cum laude in philosophy from Harvard University, and a JD from Columbia University Law School.

- **As part of the Trump Administration's government-wide response to Hurricane Maria, the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) activated its Emergency Prescription Assistance Program (EPAP) for Puerto Rico.**

This will give residents access to the critical prescription medications they need. The program pays for prescription medications for people without health insurance who are affected by disasters.

At no cost to uninsured patients, those needing certain drugs during an emergency can obtain a 30-day supply at any of the EPAP participating pharmacies. A list of the eligible drugs is available at <http://www.phe.gov/Preparedness/planning/epap/Pages/formulary.aspx>. Patients can renew their prescriptions every 30 days while the EPAP is active.

They can also use the program to replace maintenance prescription drugs, specific medical supplies, vaccines or medical equipment lost as a direct result of the declared emergency or as a secondary result of loss or damage caused while in transit from the emergency site to the designated shelter facility.

EPAP provides an efficient mechanism for enrolled pharmacies to process claims for prescription medication, specific medical supplies, vaccines and some forms of [durable medical equipment](#) for eligible individuals in a federally identified disaster area. More than 750 pharmacies in Puerto Rico [participate in EPAP](#).

Uninsured Puerto Rico residents affected by Hurricane Maria can call Express Scripts, 855-793-7470, to learn if their medication or specific durable medical equipment is covered by EPAP and to find a participating pharmacy.

President Donald Trump issued a major disaster declaration for Puerto Rico on Sept. 20, 2017, due to Hurricane Maria.

Information on health, safety and HHS actions are available at [www.phe.gov/emergency](http://www.phe.gov/emergency). Public Service Announcements with post-storm health tips are available at <https://www.cdc.gov/disasters/psa/index.html>. Residents in the continental United States are encouraged to provide these tips to family members and friends in Puerto Rico and the U.S. Virgin Islands.

- **A new Centers for Disease Control and Prevention report finds being overweight or obese is associated with increased risk for 13 types of cancer.**

These cancers account for about 40 percent of all cancers diagnosed in the United States in 2014. Overall, the rate of new cancer cases has decreased since the 1990s, but increases in overweight- and obesity-related cancers are likely slowing this progress.

About 630,000 people in the U.S. were diagnosed with a cancer associated with overweight and obesity in 2014. About 2 in 3 occurred in adults 50- to 74-years-old. The rates of obesity-related cancers, not including colorectal cancer, increased by 7 percent between 2005 and 2014. The rates of non-obesity related cancers declined during that time.

In 2013-2014, about 2 out of 3 adults in the U.S. were overweight (defined as having a body mass index of 25-29.9 kg/m<sup>2</sup>) or had obesity (having a body mass index of 30 kg/m<sup>2</sup> and higher). [The body mass index \(BMI\)](#) is a person's weight (in kilograms) divided by the square of the person's height (in meters).

Many people are not aware that being overweight and having obesity are associated with some cancers. The [International Agency for Research on Cancer \(IARC\)](#) has identified 13 cancers associated with overweight and obesity: meningioma, multiple myeloma, adenocarcinoma of the esophagus, and cancers of the thyroid, postmenopausal breast, gallbladder, stomach, liver, pancreas, kidney, ovaries, uterus, colon and rectum (colorectal). Screening for colorectal cancer

prevents new cases by finding abnormal growths in the colon and rectum before they turn into cancer.

The Vital Signs report, by CDC and National Cancer Institute (NCI) researchers, analyzed 2014 cancer incidence data from the [United States Cancer Statistics](#) report and reviewed data from 2005 to 2014 to determine trends for cancers associated with overweight and obesity.

**Key findings regarding cancer types associated with overweight and obesity:**

- Fifty-five percent of all cancers diagnosed in women and 24 percent of those diagnosed in men are associated with overweight and obesity.
  - Non-Hispanic blacks and non-Hispanic whites had higher incidence rates compared with other racial and ethnic groups. Black males and American Indian/Alaska Native males had higher incidence rates than white males.
  - Cancers associated with overweight and obesity, excluding colorectal cancer, increased 7 percent between 2005-2014. Colorectal cancer decreased 23 percent, due in large part to screening. Cancers not associated with overweight and obesity decreased 13 percent.
  - Cancers associated with overweight and obesity, excluding colorectal cancer, increased among adults younger than age 75.
- To read the entire *Vital Signs* report, visit: [www.cdc.gov/vitalsigns/obesity-cancer](http://www.cdc.gov/vitalsigns/obesity-cancer)

- **The Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma outlined broad agency efforts underway in support of Puerto Rico and the U.S. Virgin Islands in support of the Hurricane Maria recovery efforts.**

CMS has taken numerous actions to help those impacted by the storm and ensure hospitals and other facilities can continue operations and provide access to care. During the past few weeks, CMS has waived numerous Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements, created special enrollment opportunities for individuals to access healthcare immediately, and helped dialysis patients obtain critical life-saving services. CMS has also created a hotline for doctors assisting with hurricane Maria recovery efforts.

Below are a few of the administrative actions CMS has taken on behalf of Hurricane Maria recovery for Puerto Rico and the U.S. Virgin Islands:

- **Waivers for Hospitals and other Healthcare Facilities:** The U.S. Department of Health and Human Services declared public health emergencies Puerto Rico and the U.S. Virgin Islands. With the public health emergencies in effect, CMS has temporarily waived or modified certain Medicare, Medicaid, and CHIP requirements. CMS issued a number of blanket waivers, listed on the website below; and the Regional Office has granted other provider-specific requests for specific types of hospitals and other facilities in Puerto Rico and the U.S. Virgin Islands. These waivers work to provide continued access to care for beneficiaries. For more information on the waivers CMS granted, visit: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Hurricanes.html>
- **Special Enrollment Opportunities for Hurricane Victims:** CMS has made available special enrollment periods for all Medicare beneficiaries and certain individuals seeking health plans offered through the Federal Health Insurance Exchange. This gives individuals and families impacted by the hurricanes the opportunity to change their Medicare health and prescription drug plans and gain access to health coverage on the Exchange immediately if eligible for a special enrollment period. For more information on these special enrollment periods, visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press->

[releases-items/2017-09-28.html](https://www.cms.gov/press-releases-items/2017-09-28.html)

- **Healthcare Provider Hotline:** CMS established a toll-free hotline servicing Medicare's Part B providers in Puerto Rico and the U.S. Virgin Islands. The hotline is intended to assist healthcare providers helping with recovery efforts enroll in federal health programs and receive temporary Medicare billing privileges. The toll-free hotline telephone number is 1-855-247-8428.
- **Dialysis Care:** CMS is helping patients evacuated get access to critical life-saving services. This includes ensuring the safe transfer of patients to qualified facilities in Florida and Georgia and coordinating wrap around services for those beneficiaries. CMS has also been working with the kidney response center to account for dialysis patients on the island and working with the major dialysis providers to get adequate water and fuel to those facilities as well as to ensure all patients are able to get to their treatments.

CMS will continue to work with all geographic areas impacted by recent hurricanes. We encourage people with federal benefits and providers of health care services that have been impacted by hurricanes Irma, Harvey, and Maria to seek help by visiting CMS' emergency webpage ([www.cms.gov/emergency](http://www.cms.gov/emergency)).

## REPORTS/POLICIES

- **The GAO published “Newborn Health: Federal Action Needed to Address Neonatal Abstinence Syndrome,” (GAO-18-32) on Oct. 4, 2017.** This report describes the hospital and non-hospital settings for treating infants with NAS and how Medicaid pays for services; describes recommended practices and challenges for addressing NAS; and examines HHS's strategy for addressing NAS. <http://www.gao.gov/assets/690/687580.pdf>
- **The GAO published “Defense Health Reform: Steps Taken to Plan the Transfer of the Administration of the Military Treatment Facilities to the Defense Health Agency, but Work Remains to Finalize the Plan,” (GAO-17-791R) on Sept. 29, 2017.** This report describes DoD's efforts in developing the draft implementation plan to address the requirements of how the DHA will take administrative responsibility of the MTFs, eliminating duplicative activities, maximizing efficiencies in the activities it carries out and reducing headquarters staff. <http://www.gao.gov/assets/690/687516.pdf>

## HILL HEARINGS

- The Senate Health, Education, Labor, and Pensions Committee will hold a hearing on **Oct. 17, 2017**, to examine the cost of prescription drugs, focusing on how the drug delivery system affects what patients pay.

## LEGISLATION

- **H.R.3928** (introduced Oct. 2, 2017): To ensure that patients receive accurate health care information by prohibiting misleading and deceptive advertising or representation in the provision of health care services, to require the identification of the license of health care professionals, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Larry Bucshon [R-IN-8]



- **H.R.3927** (introduced Oct. 3, 2017): To amend title XXI to allow for the blending of risk pools of children's health insurance buy-in programs with the risk pools of State child health plans under such title, and for other purposes was referred to the Committee on Energy and Commerce, and to the Committee on Ways and Means,. Sponsor: Representative Gus M. Bilirakis [R-FL-12]
- **H.R.3933** (introduced Oct. 3, 2017): To establish and reinstate certain reporting requirements regarding efforts to recruit, hire, and retain health care professionals for the Veterans Health Administration was 2017 referred to the House Committee on Veterans' Affairs. Sponsor: Representative James B. Renacci [R-OH-16]
- **S.1905** (introduced Oct. 2, 2017): A bill to increase the number of States that may conduct Medicaid demonstration programs to improve access to community mental health services was referred to the Committee on Finance. Sponsor: Senator Debbie Stabenow [D-MI]
- **H.R.3931** (introduced Oct. 3, 2017): Excellence in Mental Health and Addiction Treatment Expansion Act was referred to the House Committee on Energy and Commerce. Sponsor: Representative Leonard Lance [R-NJ-7]
- **H.R.3935** (introduced Oct. 3, 2017): To provide for an extension of funding for the National Health Service Corp was referred to the House Committee on Energy and Commerce. Sponsor: Representative John Shimkus, [R-IL-15]

## 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/>
- HIMSS 2018 Annual Conference will be held on **March 5-9, 2018**, in Las Vegas Nev. Orlando, Fla. <http://www.himssconference.org/>
- The 8th Annual Traumatic Brain Injury Conference will be held on **May 16-17, 2018**, in Washington DC. <http://tbiconference.com/home/>

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**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 [katheroux@federalhealthcarenews.com](mailto:katheroux@federalhealthcarenews.com).**