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 Oct. 12, 2017, President Trump signed an Executive Order that directs the Departments of Labor, Health and Human Services and Treasury to rewrite federal rules for Association Health Plans (AHPs), to allow American employers to form groups across state lines and waive the coverage requirements of the Affordable Care Act.**

  The Executive Order also expands the availability of short-term insurance policies, which offer limited benefits as a bridge for people between jobs or young adults no longer eligible for their parents' health plans.

  State insurance commissioners, most of the health-insurance industry, consumer advocates and medical associations came out against the order, warning it could increase costs for consumers with serious medical conditions and prompting more insurers to flee the law's marketplaces.

  To read the order, please visit: https://www.whitehouse.gov/the-press-office/2017/10/12/president-donald-j-trump-taking-action-improve-access-increase-choices

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MILITARY HEALTH CARE NEWS

- **On Oct. 11, 2017, TRICARE announced changes to the TRICARE program.**

  Starting Jan. 1, 2018, cost changes for TRICARE benefits transition from a fiscal year October 1 - September 30 period to a calendar year period. Changing from fiscal year (Oct. 1 – Sept. 30) to calendar year (Jan. 1 – Dec. 31) makes the TRICARE benefit consistent with civilian health plans. The change will largely affect those plans, which have an enrollment fee and are currently billed by the fiscal year. This includes retirees and their family members in TRICARE Prime, TRICARE Retired Reserve, TRICARE Reserve Select and those in TRICARE Young Adult plans. This change is one of several changes that TRICARE is adopting in 2018.

  Enrollment Fees

  Enrollment fees apply to retirees and their family members enrolled in TRICARE Prime, those enrolled in

  During this transition period (Oct. 1- Dec. 31, 2017), enrollment fees will be prorated and billed accordingly for enrollees who pay on a monthly or quarterly basis. If a beneficiary pays enrollment fees on an annual basis, you'll be billed for the fees to cover the three-month period and sent a billing notice for the annual fee for calendar year 2018.

  Catastrophic Caps and Deductibles

  TRICARE will extend payments (for example, catastrophic caps and deductibles) that usually reset on Oct. 1 through the end of the calendar year. Any enrollment fees paid during the transition period will continue to count against the catastrophic cap until it resets on Jan. 1, 2018. This means that if the beneficiary reaches their fiscal year 2017 catastrophic cap, they will not have additional out-of-pocket costs for authorized TRICARE-covered services for the last three months of the year. On Jan. 1, 2018, new rules for deductibles and catastrophic caps will apply to some costs.

  Visit the TRICARE Changes page to learn more about the upcoming changes to your benefit. You can also stay in the know by signing up for our email updates.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) established a search commission to help identify candidates for the position of VA Under Secretary for Benefits.**

  The Under Secretary for Benefits is the senior official within the Veterans Benefits Administration (VBA) that oversees a variety of benefits and services to service members, veterans and their families.

  Search commission candidates will be selected based on criteria governed by law along with appropriate skills, knowledge and attributes as leaders, managers and educators. The commission is a prerequisite to the President's appointment of an Under Secretary candidate, subject to Senate confirmation.

  By law, the appointment is made without regard to political affiliation and solely on the basis of demonstrated ability both in fiscal management and in the administration of programs of VBA or of similar content and scope.

  VBA includes a network of 56 regional offices and more than 21,800 employees. Nearly four million veterans currently receive compensation for disabilities incurred in service or pensions for wartime veterans who become totally disabled in civilian life. In addition, more than half a million widows, children and parents of deceased veterans are paid survivor compensation or death pensions.

Other programs administered by the Under Secretary for Benefits include: education benefits, vocational rehabilitation and employment for veterans, and life insurance, as well as VA guaranteed home loans for both active-duty personnel and veterans.

The commission, once named, is expected to complete its work by December 1. To apply for this job, go to https://www.usajobs.gov/GetJob/ViewDetails/481447500

GENERAL HEALTH CARE NEWS

- **Rural counties consistently had higher suicide rates than metropolitan counties from 2001-2015, according to data released in the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report.**

Suicide is the tenth leading cause of death in the United States. There were more than half a million suicides during the 2001–2015 study period.

Mortality data from the National Vital Statistics System (NVSS) include demographic, geographic, and mechanism of death information derived from death certificates filed in the 50 states and the District of Columbia. T

The new report examined annual county level trends in suicide rates during 2001-2015 for rural counties, medium/small metropolitan counties, large metropolitan counties, as well as demographics and mechanism of death. Overall, suicide death rates for rural counties (17.32 per 100,000 people) were higher than medium/small metropolitan counties (14.86) and large metropolitan counties (11.92).

Additional findings from the CDC study:

- Across metropolitan and rural areas, suicide rates for males were four to five times higher than for females during the study period.
- Suicide rates for Black Non-Hispanics in rural areas were consistently lower than suicide rates for Black Non-Hispanics in urban areas.
- White Non-Hispanics have the highest suicide rates in metropolitan counties while American Indian/Alaska Native Non-Hispanics have the highest rates in rural counties.

Findings by age group revealed increases in suicide rates for all ages with the highest rates and greatest rate increases in rural counties.

Visit CDC's website to learn more about suicide prevention.

- **The Centers for Medicare & Medicaid Services (CMS) released the Star Ratings for the 2018 Medicare health and drug plans.**

With the release of the Star Ratings, people with Medicare will have improved access to high-quality health choices for their Medicare coverage in 2018.

In 2018, people with Medicare will have more choices and options for their Medicare coverage. The number of Medicare Advantage plans available to individuals to choose from across the country is increasing from about 2,700 to more than 3,100 – and more than 85 percent of people with Medicare will have access to 10 or more Medicare Advantage plans.

Most areas across the country have Medicare Advantage and Part D plans with four or more stars. In 2018, approximately 73 percent of Medicare Advantage enrollees with prescription drug

coverage will be in plans with four and five stars. Compared to 2017, approximately 69 percent of these enrollees were in four and five star plans. Approximately 44 percent of Medicare Advantage plans that offer prescription drug coverage will have an overall rating of four stars or higher in 2018.

Medicare Part D prescription drug plan enrollees are also benefiting from improved access to high-quality plans. In 2018, approximately 47 percent of enrollees in stand-alone prescription drug plans will be in plans with four and five stars. Compared to 2017, approximately 41 percent of enrollees were in four or five star plans. Approximately 52 percent of stand-alone prescription drug plans will have a rating of four stars or higher in 2018.

CMS estimates that the Medicare Advantage average monthly premium will decrease by $1.91 (about 6 percent) in 2018, from an average of $31.91 in 2017 to $30. More than three-fourths (77 percent) of Medicare Advantage enrollees remaining in their current plan will have the same or lower premium for 2018. CMS previously announced that the average basic premium for a Medicare prescription drug plan in 2018 is projected to decline to an estimated $33.50 per month. This represents a decrease of approximately $1.20 below the average basic premium of $34.70 in 2017. The Medicare prescription drug plan average basic premium is projected to decline for the first time since 2012.

The Star Ratings system helps people with Medicare, their families, and their caregivers compare the quality of health and drug plans being offered. Medicare health and drug plans are given a rating on a 1 to 5 star scale, with 1 star representing poor performance and 5 stars representing excellent performance. People with Medicare can compare health coverage choices and the Star Ratings through the online Medicare Plan Finder tool available at Medicare.gov (http://www.medicare.gov).

Medicare Open Enrollment for 2018 Medicare health and drug plans begins on October 15, 2017, and ends December 7, 2017.

Plan costs and covered benefits can change from year to year. People with Medicare should look at their coverage choices and decide the option that best fits their health needs. They can visit Medicare.gov (http://www.medicare.gov), call 1-800-MEDICARE, or contact their State Health Insurance Assistance Program (SHIP). Those people with Medicare who do not wish to change their current coverage do not need to re-enroll in order to keep their current coverage.

For more information on the 2018 Medicare Advantage and Part D Star Ratings, including a fact sheet, please visit: http://go.cms.gov/partcanddstarratings.

For more information on the premiums and costs of 2018 Medicare health and drug plans, please visit: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html.

For a fact sheet on Medicare Advantage and Part D in 2018, please visit: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-09-29.html.

- **The U.S. Food and Drug Administration cleared the first seven tesla (7T) magnetic resonance imaging (MRI) device, more than doubling the static magnetic field strength available for use in the United States.**

The Magnetom Terra is the first 7T MRI system cleared for clinical use in the United States.

MRI is a medical imaging procedure that creates images of the internal structures of the body. MRI scanners use strong magnetic fields and radio waves (radiofrequency energy) to generate images. The signal comes mainly from the protons in fat and water molecules in the body. When interpreted by a trained physician, images from an MRI scan provide information that may be useful in determining a diagnosis. MRI scanners come in different magnet field strengths

measured in tesla or “T.” Before today’s clearance, clinical MRI systems were available in field strengths of 3T and below.

The FDA reviewed the Magnetom Terra through the 510(k) premarket clearance pathway. A 510(k) is a premarket submission made to the FDA to demonstrate that a new device is substantially equivalent to a legally marketed predicate device.

The Magnetom Terra is for patients who weigh more than 66 pounds, and is limited to examinations of the head, arms and legs (extremities).

The FDA granted clearance of Magnetom Terra system to Siemens Medical Solutions Inc.

REPORTS/POLICIES

- **The GAO published *“Biodefense: Federal Efforts to Develop Biological Threat Awareness,”* (GAO-18-155) on Oct. 11, 2017.** This report describes: the types of actions that key federal agencies have taken to develop biological threat awareness, and how that information is used to support investment decisions; the extent to which these agencies have developed shared threat awareness; and how DHS's NBACC determines what additional threat characterization knowledge to pursue. http://www.gao.gov/assets/690/687675.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

- **S.652** (introduced Oct. 10, 2017): the Early Hearing Detection and Intervention Act of 2017was presented to the President. Sponsor: Senator Rob Portman [R-OH]
- **H.R.3992** (introduced Oct. 6, 2017): the Rural Home Health Extension and Regulatory Relief Act was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce. Sponsor: Representative Kristi L. Noem [R-SD-At Large]

MEETINGS

- 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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