

# 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 Nov. 2, 2017, the House passed H.R. 849 Protecting Seniors Access to Medicare Act.** This legislation amends the Patient Protection and Affordable Care Act (PPACA) to terminate the Independent Payment Advisory Board (IPAB). Under the PPACA, the IPAB is tasked with developing proposals to reduce the per capital rate of growth in Medicare spending.
  
- **On Nov. 2, 2017, President Trump signed into law:**
  - **H.R. 1329**, the "Veterans' Compensation Cost-of-Living Adjustment Act of 2017," which Provides for a cost-of-living adjustment (COLA) for the beneficiaries of veterans' disability compensation and dependency and indemnity compensation equal to the Social Security COLA;
  - **S. 920**, the "National Clinical Care Commission Act," which establishes a National Clinical Care Commission within the Department of Health and Human Services to evaluate and make recommendations on the use of Federal resources in combating complex metabolic or autoimmune insulin-related diseases.

## MILITARY HEALTH CARE NEWS

- **The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) began realignment under the Defense Health Agency on October 1, as part of the ongoing Military Health System transformation.**

The change is one example of the progress DHA is making to meet the current health care needs of the military community. This realignment supports the DHA four goals: to provide better health, better care, lower costs, and improved military readiness.

DCoE has provided the MHS with the latest psychological health and traumatic brain injury clinical and educational information since 2007. DCoE consists of a headquarters, two congressionally designated centers of excellence: Defense and Veterans Brain Injury Center (DVBIC) and Deployment Health Clinical Center (DHCC), plus the National Center for Telehealth and Technology (T2).

Changes that stakeholders and public audiences can expect include:

1. **The sunset of the DCoE brand.** DHA will retire the DCoE brand, but the staff will continue its work on valued programs and initiatives across the agency. DCoE website and social media content will transition to health.mil and MHS social media.
2. **A center name change.** Deployment Health Clinical Center has been renamed Psychological Health Center of Excellence (PHCoE) and will undergo a branding change.
3. **The sunset of the T2 brand.** DHA will retire the T2 brand, but staff will continue their unique mission and will merge with other agency staff elements.

The mobile health program, telehealth program and training program will comprise the new Connected Health Branch under the DHA Clinical Support Division, Operations Directorate.

Technology efforts will transition to the Web and Mobile Technology Program Management Office in the DHA Solution Delivery Division, Health Information Technology Directorate.

PHCoE will take responsibility of the Department of Defense Suicide Event Report program office.

Some operational and logistical changes won't be as apparent to beneficiaries and the public, including:

- PHCoE and DVBIC will join the DHA J-9 (Research and Development Directorate).
- PHCoE will oversee the Department of Defense Suicide Event Report, inTransition program, and the 24/7 Outreach Center.

Moving the two centers under the research directorate will help the agency meet a strategic goal to improve readiness, health, and experience of care. Integrating technology experts across the agency supports the goal to deploy solutions to the 21st century battlespace.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that it will launch the Rapid Appeals Modernization Program, or "RAMP," with the goal of providing veterans with the earliest possible resolution of their disagreement with VA's decision on their benefit claims.**

RAMP will provide expanded opportunities for veterans to enter the new, more efficient claims review process outlined in the Veterans Appeals Improvement and Modernization Act of 2017, which was signed into law by President Donald J. Trump on Aug. 23.

VA began its 18-month implementation of the new process immediately after the bill became law.

By February 2019, all requests for review of VA decisions will be processed under the new, multi-lane process. VA's legacy appeals process was slow and complex. The new law streamlines the process and includes safeguards ensuring claimants receive the earliest effective date possible for their claims.

Participation in RAMP is voluntary; however, veterans can expect to receive a review of VA's initial decision on their claim faster in RAMP than in the legacy appeals process. The initiative allows participants to have their decisions reviewed in the Higher-Level or Supplemental Claim review lanes outlined in the law.

The reviewer can overturn previous decisions based on a difference of opinion, or return it for correction. Participants who select the Supplemental Claim Lane may submit new evidence and may receive VA's assistance in developing evidence in support of their claim.

Veterans who disagree with the decisions they receive in RAMP can appeal to the Board of Veterans' Appeals in the new process and have their appeal decided by the Board when the new law becomes effective in February 2019. Veterans who participate in RAMP will not be able to return to the legacy appeals process.

VA encourages eligible veterans with pending appeals to participate in RAMP and the benefits of the new review process. VA will begin sending eligible veterans an invitation to participate in early November and continue the program until February 2019.

VA will continue working with Congress, veterans service organizations and other veteran advocates to implement the new appeals process over the next several months as VA continues to make bold, positive change on behalf of Veterans, their families and survivors.

- **The U.S. Secretary of Veterans Affairs Dr. David J. Shulkin announced that he is considering possible new presumptive conditions that may qualify for disability compensation related to Agent Orange exposure.**

"After thoroughly reviewing the National Academy of Medicine (NAM)'s latest report regarding Veterans and Agent Orange, and associated data and recommendations from the NAM Task Force, I have made a decision to further explore new presumptive conditions for service connection that may ultimately qualify for disability compensation," Secretary Shulkin said. "I appreciate NAM's work and the commitment and expertise of VA's NAM Task Force, and look forward to working with the Administration on the next steps in the process."

The Department of Veterans Affairs will now begin work with the Administration to concurrently conduct a legal and regulatory review of these potential presumptive conditions for awarding disability compensation to eligible veterans.

## GENERAL HEALTH CARE NEWS

- **As part of the Trump Administration's government-wide response to Hurricanes Irma and Maria, the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) activated its Emergency Prescription Assistance Program (EPAP) for the U.S. Virgin Islands to 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. Thirteen pharmacies in the U.S. Virgin Islands [participate in EPAP](#).

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. Most pharmaceuticals listed in the [Express Scripts database](#) are available. For more information, please visit <http://www.phe.gov/Preparedness/planning/epap/Pages/formulary.aspx>.

Patients can renew their prescriptions every 30 days while the EPAP is active.

They also can 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.

Uninsured U.S. Virgin Islands residents affected by Hurricanes Irma and 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 the U.S. Virgin Islands on Sept. 21, 2017, due to Hurricane Maria.

- **The Centers for Medicare & Medicaid Services (CMS) issued a final rule for the 2018 Physician Fee Schedule and final rule with comment period for the Quality Payment Program (QPP).**

While part of CMS's broader strategy to relieve regulatory burdens for providers, these rules also reflect the agency's efforts to promote innovation in healthcare delivery aimed at lowering prices, increasing competition and strengthening the relationship between patients and their doctors.

Beginning in 2018, CMS will update payment for biosimilars, which are lower-cost alternatives to certain types of drugs known as "biologicals." This change promotes competition to ensure millions of patients will have access to new lower cost therapies.

To strengthen access to care, especially for those living in rural areas, CMS is transforming access to Medicare telehealth services by paying for more services and making it easier for providers to bill for these services. Improving access to telehealth services reflects CMS's work to modernize Medicare payments to promote patient-centered innovations.

Additionally, this rule includes a number of policies designed to provide clinicians with a smoother transition to the [Quality Payment Program](#) (QPP). The QPP final rule includes policies that reduce burden and support clinicians in small and rural practices to successfully participate in this program. CMS is decreasing the number of clinicians required to participate.

To further ease clinician burden, CMS is adding an option to help clinicians and small, rural practices join together and share the responsibility of participating in value-based payments. CMS is also adding a new hardship exception to assist small practices and clinicians impacted by hurricanes Harvey, Irma, and Maria. This change mitigates the absence of Electronic Health Records as a result of the natural disasters.

The final rule provides additional detail on clinician participation in Advanced Alternative Payment Models (APMs). Clinicians can receive credit for payment bonuses through participation in these APMs. In keeping with its theme of innovation in healthcare delivery, CMS intends to develop a demonstration project testing the effects of counting as credit participation prior to 2019 and through 2024 in Medicare Advantage plans that meet certain criteria.

For a fact sheet on the Physician Fee Schedule final rule, please

visit:<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-11-02.html>

For a fact sheet on the Quality Payment Program final rule with comment period, please visit:  
<https://www.cms.gov/Medicare/Quality-Payment-Program/resource-library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf>

## REPORTS/POLICIES

- **The GAO published “Opioid Use Disorders: HHS Needs Measures to Assess the Effectiveness of Efforts to Expand Access to Medication-Assisted Treatment,” (GAO-18-44) on Oct 31, 2017.** This report describes HHS's key efforts to expand access to MAT; examines HHS's evaluation, if any, of its efforts to expand access to MAT; and describes efforts by selected stakeholders (states, private health insurers, and national associations) to expand access to MAT. <http://www.gao.gov/assets/690/688047.pdf>

## HILL HEARINGS

- The Senate Health, Education, Labor, and Pensions Committee will hold a hearing on **Oct. 31, 2017**, to examine implementation of the 21st Century Cures Act, focusing on achieving the promise of health information technology.

## LEGISLATION

- **S.1015** (introduced Oct. 31, 2017): National Suicide Hotline Improvement Act of 2017 was placed on the Senate Legislative Calendar. Sponsor: Senator Orrin G. Hatch, [R-UT]
- **H.R.4191** (introduced Nov. 1, 2017): To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to designate an officer within the Department of Health and Human Services, as having primary responsibility for the information security (including cybersecurity) programs of the Department, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Billy. Long [R-MO-7] (Introduced 10/31/2017)
- **S.2052** (introduced Nov. 1, 2017): A bill to provide for temporary funding for health insurance cost-sharing reduction payments and provide targeted tax relief, and for other purposes was referred to the Committee on Finance. Sponsor: Sponsor: Senator Orrin G. Hatch, [R-UT]
- **S.2055** (introduced Nov. 1, 2017): A bill to amend the Public Health Service Act to better address substance use and substance use disorders among young people was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Gary C. Peters [D-MI]

## 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. <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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