

# Federal Health Update

NOV. 17, 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 Thanksgiving!*

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate is on recess until Nov. 28, 2017.**
- **On Nov. 14, 2017, the House passed the conference report for H.R. 2810, the *National Defense Authorization Act for Fiscal Year 2018*.**
- **On Nov. 15, 2017, the Senate confirmed Mark T. Esper, to be Secretary of the Army.** Esper most recently was vice president of government relations at Raytheon. Esper is a West Point graduate and Gulf War veteran, during which he served with the 101st Airborne Division's 3rd Brigade. He retired as a lieutenant colonel.

## MILITARY HEALTH CARE NEWS

- **Defense Secretary Jim Mattis announced that the president has made the following nominations:**

- Air Force Col. Paul A. Friedrichs to be appointed to the rank of brigadier general. Friedrichs is currently serving as the command surgeon, Headquarters U.S. Transportation Command, Scott Air Force Base, Illinois.
  - Air Force Col. Lee H. Harvis to be appointed to the rank of brigadier general. Harvis is currently serving as the command surgeon, Headquarters Pacific Air Forces, Joint Base Pearl Harbor-Hickam, Hawaii.
  - Air Force Col. Robert J. Marks to be appointed to the rank of brigadier general, and for assignment as chief of the Air Force Nurse Corps, Office of the Surgeon General of the Air Force, Headquarters U.S. Air Force, Falls Church, Virginia. Marks is currently serving as the command surgeon, Air Force Materiel Command, Wright-Patterson Air Force Base, Ohio.
  - Air Force Col. Sharon R. Bannister to be appointed to the rank of brigadier general, and for assignment as assistant surgeon general for dental services, Office of the Surgeon General of the Air Force, Headquarters U.S. Air Force, Falls Church, Virginia. Bannister is currently serving as the deputy program officer, Medical Department of Defense, Falls Church, Virginia.
- **TRICARE is hosting a webinar on Nov. 20, 2017, from 1 to 2 p.m. to help its beneficiaries understand and adapt to the upcoming changes to TRICARE.**

In this webinar, presenters will discuss key changes to the TRICARE benefit, including:

- **Reducing Three TRICARE Regions to Two:** The current three TRICARE regions in the U.S. (North, South and West) will become two regions (East and West) on Jan. 1, 2018. The North and South regions will combine to form the
- **Moving to TRICARE Select:** On Jan. 1, 2018, TRICARE Select will replace TRICARE Standard and TRICARE Extra, both stateside and overseas.
- **Enrollment Changes:** Enrollments will shift from fiscal year October 1 - September 30 (October – September) to calendar year (January – December)..
- **Updated Costs:** Starting on Jan. 1, 2018, beneficiaries will fall into one of two groups based on when you or your sponsor first joined the military. Each group will have different enrollment fees and out-of-pocket costs.

To register for the webinar, please visit

<https://attendee.gotowebinar.com/register/1395141003944419074>

## VETERANS AFFAIRS NEWS

- **A new VA Inspector General report finds that three VA facilities in Colorado — Denver, Golden and Colorado Springs — failed to follow proper protocol to track patients needing mental health services, according to the *Denver Post*.**

The OIG, examining care from Oct 2015 through September 2016, was unable to quantify the number of veterans affected. However, they did find there were 3,775 individual entries on the unofficial referral list for group therapy. OIG also noted that VA staff in Colorado Springs took too long to process requests for care for post-traumatic stress disorder.

As part of the inquiry, the OIG looked at whether VA officials in Colorado falsified records in the aftermath of a patient suicide, but determined there was “insufficient evidence” to support that claim. While there was a delay in scheduling treatment for post-traumatic stress, “the veteran was otherwise actively engaged in mental health care at the facility” in Colorado Springs.

Primary care appointments at the Denver VA Medical Center had grown to more than three times higher than those at the main VA facility in Phoenix – where a national scandal over wait times and secret wait lists erupted in 2014.

Local VA officials pegged part of the problem on a critical shortage of physicians and anesthesiologists, which they most recently said were approved for higher pay to solve the shortage.

## GENERAL HEALTH CARE NEWS

- **The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule in the Federal Register that will result in lower premiums and increased plan choices for Medicare beneficiaries.**

During this year’s Medicare Advantage Open Enrollment, which occurs Oct. 15 – Dec. 7, seniors enrolling in Medicare Advantage have seen average monthly premiums drop by 6 percent, and CMS is proposing changes to continue to drive affordable options for Medicare beneficiaries that meet their unique health needs.

Medicare Advantage remains a popular choice among beneficiaries and has high beneficiary satisfaction. Enrollment in Medicare Advantage is at an all-time high as approximately one-third of Medicare beneficiaries are in a Medicare Advantage plan. 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 Medicare beneficiaries will have access to 10 or more Medicare Advantage plan choices.

CMS is providing new flexibility for customized benefit designs that address the specific health needs of certain beneficiaries. This new flexibility will allow additional plan variety and options, reduced cost sharing for customized benefits and different cost-sharing for beneficiaries that meet specific medical criteria. CMS is also proposing to provide greater flexibility to encourage lower maximum out of pocket levels of beneficiary cost sharing.

This year, CMS received numerous ideas on how to improve Medicare Advantage from beneficiaries, Medicare Advantage plans, advocacy groups, and other stakeholders. The policies in the proposed rule are responsive to this feedback.

The proposed rule also furthers CMS’ Patients Over Paperwork initiative, which is an effort that aims to remove regulatory obstacles in order to empower patients and providers to make healthcare decisions; to develop innovative approaches to improving quality, accessibility, and affordability; and to improve Medicare beneficiaries’ customer experience. Specifically, the proposed rule would reduce regulatory burdens by:

- Allowing CMS to permit electronic delivery of more materials to beneficiaries;
- Improving transparency of the Medicare Advantage Star Ratings to that give patients information about each plan’s quality rating.
- Streamlining government review and approval of materials that Medicare Advantage plans use to communicate with beneficiaries; and
- Eliminating burdensome enrollment requirements for providers that bring value to Medicare Advantage beneficiaries.

For a fact sheet on the proposed rule, please visit:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet->

[items/2017-11-16.html](#).

- **Just 1 in 10 adults meet the federal fruit or vegetable recommendations, according to a new study published by the Center for Disease Control and Prevention (CDC).**

Depending on their age and gender, federal guidelines recommend that adults eat at least [1½ to 2 cups per day of fruit](#) and [2 to 3 cups per day of vegetables](#) as part of a healthy eating pattern. Yet in 2015, just 9 percent of adults met the intake recommendations for vegetables, ranging from 6 percent in West Virginia to 12 percent in Alaska. Only 12 percent of adults met the recommendations for fruit, ranging from 7 percent in West Virginia to 16 percent in Washington, D.C. Results showed that consumption was lower among men, young adults, and adults living in poverty.

Seven of the top 10 leading causes of death in the United States are from chronic diseases. Eating a diet rich in fruits and vegetables daily can help reduce the risk of many leading causes of illness and death, including heart disease, type 2 diabetes, some cancers, and obesity.

The findings indicate a need to identify and address barriers to fruit and vegetable consumption. Previous studies have found that high cost, limited availability and access, and perceived lack of cooking/preparation time can be barriers to fruit and vegetable consumption.

The [CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables](#) suggests 10 strategies to increase access to fruits and vegetables, including these:

- Start or expand farm-to-institution programs in childcare, schools, hospitals, workplaces, and other institutions.
- Improve access to retail stores and markets that sell high quality fruits and vegetables.
- Ensure access to fruits and vegetables in cafeterias and other food service venues in worksites, hospitals, and universities.
- To address other barriers, families can save time and money by chopping extra fruit or vegetables at one time and freezing the extra or choosing frozen or canned fruits and vegetables at the store. For more tips on convenient and affordable ways to eat a healthy diet, please visit [www.choosemyplate.gov](http://www.choosemyplate.gov).

CDC researchers analyzed data from the 2015 Behavioral Risk Factor Surveillance System to estimate the percentage of each state's population meeting the intake recommendations by age, sex, race/ethnicity, and poverty-income ratio for the 50 states and District of Columbia (DC).

To learn more about how CDC works to make healthy eating and active living accessible for all Americans, visit the [Division of Nutrition, Physical Activity and Obesity](#).

## REPORTS/POLICIES

- **The GAO published “*Department of Defense: Telehealth Use in Fiscal Year 2016*,” (GAO-18-108R) on Nov. 14, 2017.** This report describes DoD's use of telehealth for active duty service members and other beneficiaries. GAO reviewed DoD telehealth data for fiscal year 2016, including data on the volume of synchronous and asynchronous encounters provided to beneficiaries through DOD's direct and purchased care components, the type of clinical service provided through telehealth, and the geographic location of providers. <http://www.gao.gov/assets/690/688345.pdf>

## HILL HEARINGS

- There are no hearings scheduled next week.

## LEGISLATION

- **S.1153** (introduced Nov. 17, 2017): Veterans Acquiring Community Care Expect Safe Services Act of 2017 was referred to the House Committee on Veterans' Affairs. Sponsor: Senator Tammy D. Baldwin [D-WI]
- **H.R.4394** (introduced Nov. 15, 2017): To direct the Secretary of Health and Human Services to make available a public option for health insurance coverage for individuals residing in an area without a qualified health plan available through an Exchange, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Dina Titus [D-NV-1]
- **S.2134** (introduced Nov. 15, 2017): A bill to require the Secretary of Veterans Affairs to establish processes to ensure that non-Department of Veterans Affairs health care providers are using safe practices in prescribing opioids to veterans under the laws administered by the Secretary, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Sponsor: Senator Tammy D. Baldwin [D-WI]
- **S.2119** (introduced Nov. 13, 2017): A bill to amend title 38, United States Code, to prohibit smoking in any facility of the Veterans Health Administration, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Richard J. Durbin [D-IL]
- **S.1266** (introduced Nov. 15, 2017): Enhancing Veteran Care Act was referred to the Committee on Veterans' Affairs Sponsor: Senator James M. Inhofe [R-OK]

## 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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