

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Nov. 16, 2016, Senator Charles E. Schumer (D-N.Y.) was elected as Senate Minority Leader for the 115th Congress.**

Senator Richard J. Durbin (D-Ill.) will serve as party whip and Schumer's chief deputy, maintaining a role he held under outgoing Senate Minority Leader Harry M. Reid (D-Nev.).

Also added to the Senate Democrats' leadership team is Senator Patty Murray (D-Wash.). She will serve as the third-ranking Democrat, assuming a new title of assistant Democratic leader. Schumer expanded his team to include Senator Bernie Sanders (I-Vt.), Senator Joe Manchin III (D-W.Va.), Senator Tammy Baldwin (D-Wis.) and Senator Elizabeth Warren (D-Mass.).

Changes to the committee leadership include:

Senator Jon Tester (D-Mont.) will take over as ranking member of the Senate Veterans Affairs Committee in the 115th Congress. Tester replaces Sen. Richard Blumenthal (D-Conn.), who served in the role for the past two years.

Senator Patrick Leahy (D-Vt.) will become the ranking member for the Senate Appropriations Committee in the 115th Congress, following Senator Barbara Mikulski (D-Md.) retirement.

- **Senate Republicans re-elect Mitch McConnell to be Senate Majority Leader.**

MILITARY HEALTH CARE NEWS

- **The Departments of Defense (DoD), Health and Human Services (HHS), and Veterans Affairs (VA) released the [2016 Annual Report of the Interagency Task Force on Military and Veterans Mental Health](#).**

The report addresses several key areas in care, including how to improve the transition from military health care to the VA. In addition, it looks at how to better share information between the HHS and its state and community-level partners and how to improve training for community providers who deliver services to veterans, service members and their families.

The report details progress across eight key policy areas. Some of these include: suicide prevention, joint clinical and outcome measures, and partnerships with local communities. It also highlights recent accomplishments and ongoing initiatives, including:

- Providing a single, national toll-free phone number (1-800-273-TALK) to have anytime telephone support to individuals in crisis.
- Enhancing access to mental health care by building partnerships between VA and community providers. This included establishing a one-stop, web-based repository of DoD, VA and HHS tools to provide community organizations and clinicians with information and resources to support their work with veterans.
- Updating TRICARE coverage to eliminate mental health treatment limitations and excess out of pocket costs. This ensures parity between the mental health and medical/surgical benefit for service members, retirees and their families.

The three organizations are collectively advancing mental health and substance use care across the federal enterprise utilizing joint resources and best practices.

- **On Nov. 11, 2016, the Government Accountability Office (GAO) announced the results of its review of the protests filed against the TRICARE 2017 Managed Care Support Contracts awards, upholding the Defense Health Agency contract awards to Humana Government Business Inc., to provide managed care support to the East Region, and Health Net Federal Services LLC in the West Region.**

In the newly created East Region, the total potential contract value, including all option periods, is estimated at \$40.5 billion. For the West Region, the total potential contract value, including all option periods, is approximately \$17.7 billion. Both contracts are cost-plus-fixed-fee contracts with a nine-month base period (transition-in) and five one-year option periods for health care delivery, plus a transition-out period.

“In designing the T2017 contracts, we retained the best parts of prior contracts and incorporated new best practices to improve access, quality and safety,” said Dr. Karen S. Guice, acting assistant secretary of Defense for Health Affairs. “We’ve added new controls to provide a more seamless transition to the new contracts. We’ll work very closely with our new partners to test their systems and ensure a smooth handoff of care for all of our beneficiaries.”

- **On Nov. 15, 2016, Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), announced new strategic priorities for Navy Medicine.**

Faison presented the new mission, vision, principles and priorities for Navy Medicine, with rapid change being the driving force.

"My vision for the Navy and Marine Corps family is to have the best readiness and health in the world and that we provide the best care our nation can offer, whenever and wherever needed,"

Faison said.

Faison's strategy introduces new principles to guide Navy Medicine personnel as they work to accomplish the new mission and vision.

"Each principle requires active engagement of everyone in Navy Medicine, from the most junior Corpsmen, to our most senior flag officers," said Faison.

The strategy commits Navy Medicine to the following principles: honor the trust to care for America's sons and daughters, honor the uniform we wear and honor the privilege of leadership.

"The tradition of caring, compassion, hope and resolve is a Navy Medicine hallmark that our team will continue to carry on," said Faison. Readiness, health and partnerships are the new Navy Medicine priorities.

"These three pillars are the foundation to the changes to come within the enterprise," Faison said.

- Readiness: We save lives wherever our forces operate – at and from the sea. The skills and capabilities of our medical teams are vital to operation. Navy Medicine will ensure that its people are trained and prepared to save lives at sea, above the sea, below the sea and ashore.
- Health: We will provide the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready and on the job. Convenience, experience of care and technology drive the health care decisions of many patients today. Navy Medicine's main focus is on providing patients with the best possible care and in ways acceptable to them.
- Partnerships: We will expand and strengthen our partnerships to maximize readiness and health. Collaboration is critical in meeting the needs of the patient. Navy Medicine will strengthen its partnerships through incorporation of research, principles and practices of its operational colleagues.

"American families across the globe trust us with the health and well-being of their loved ones. This strategy is our guide as we chart the course ahead to better serve our Navy and Marine Corps team," said Faison.

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.

VETERANS AFFAIRS NEWS

- **Stars and Stripes reports that the Department of Veterans Affairs (VA) will not cover sex-reassignment surgeries for transgender veterans.**

In a statement, the VA cited budget constraints as the reason for dropping its plan to lift a ban prohibiting the surgeries.

In June, the Department of Defense [announced](#) it would allow transgender troops to serve openly. It also announced it would to provide gender-reassignment operations to qualifying, active-duty servicemembers, effective Oct. 1, 2016.

The VA proposed in June to lift the 17-year ban on the surgeries and provide medical procedures to treat gender dysphoria.

"VA has been and will continue to explore a regulatory change that would allow VA to perform gender-alteration surgery and a change in the medical benefits package, when appropriated

funding is available,” according to the statement.

Cost estimates of covering and performing the surgeries have not been made publicly available.

VA rules prohibit the department from providing medical procedures considered to be gender alterations – restrictions put in place because the surgeries were not deemed medically necessary. The department provides other services, such as hormone therapy and the long-term care following sex reassignment surgery, but not the actual surgeries.

GENERAL HEALTH CARE NEWS

- **A new Surgeon General’s report finds alcohol and drug misuse and severe substance use disorders, commonly called addiction, to be one of America’s most pressing public health concerns.**

Nearly 21 million Americans – more than the number of people who have all cancers combined – suffer from substance use disorders.

Today’s report, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*, marks the first time a U.S. Surgeon General has dedicated a report to substance misuse and related disorders. The report addresses alcohol, illicit drugs, and prescription drug misuse, with chapters dedicated to neurobiology, prevention, treatment, recovery, health systems integration and recommendations for the future. It provides an in-depth look at the science of substance use disorders and addiction, calls for a cultural shift in the way Americans talk about the issue, and recommends actions we can take to prevent and treat these conditions, and promote recovery.

One in seven people in the U.S. is expected to develop a substance use disorder at some point in their lives. Yet only 1 in 10 receives treatment. Among other things, the report shows that substance use disorders typically develop over time following repeated episodes of misuse that result in changes to the brain circuitry.

The *Report* makes clear that substance misuse – which includes use of a substance in any way that can cause harm to oneself or others – is an underappreciated but critical public health challenge that can lead to substance use disorders, such as addiction. In 2015, nearly 48 million Americans used an illicit drug or misused a prescription medication, approximately 67 million reported binge drinking in the past month, and nearly 28 million self-reported driving under the influence in the past year. This large, at-risk population of Americans can benefit from appropriate screening, prevention, and treatment services.

One of the findings of this report is that substance use disorder treatment in the United States remains largely separate from the rest of health care and serves only a fraction of those in need of treatment.

The Mental Health Parity and Addiction Equity Act of 2008 and the Affordable Care Act in 2010 have increased access to these services, making it possible for more people to get the treatment and support services they need to get and stay well. Yet for a variety of reasons, including stigma, a treatment gap remains. This treatment gap can also be attributed to factors, including lack of screening for use disorders, fear of shame and discrimination associated with addressing substance use disorders, lack of access to and costs of care, and fragmentation of services in our health care system. Additionally, many people seek or are referred to substance use disorder treatment only after a crisis, such as an overdose, or through involvement with the criminal justice system.

The report identifies substance use disorders as a public health problem that requires a public health solution. It recommends taking action by eradicating negative attitudes and changing the way people think about substance use disorders; recognizing substance misuse and intervening early; and expanding access to treatment.

For the full report and executive summary, visit <http://addiction.surgeongeneral.gov/>.

- **The U.S. Department of Health and Human Services (HHS) is taking additional steps to address the U.S. opioid epidemic by further expanding access to medication-assisted treatment (MAT) for opioid use disorders.**

MAT enables nurse practitioners (NPs) and physician assistants (PAs) to immediately begin taking the 24 hours of required training to prescribe the opioid use disorder treatment, buprenorphine.

NPs and PAs who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017. Previously, only physicians could prescribe buprenorphine. Once NPs and PAs receive their waiver they can begin prescribing buprenorphine immediately.

HHS also is announcing its intent to initiate rulemaking to allow NPs and PAs who have prescribed at the 30 patient limit for one year, to apply for a waiver to prescribe buprenorphine for up to 100 patients.

All training will be available either at no cost through the SAMHSA-funded Provider's Clinical Support System - Medication Assisted Treatment program or through training programs that may be offered by the American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Medical Association, American Osteopathic Association, American Nurses Credentialing Center, American Psychiatric Association, American Association of Nurse Practitioners, and American Academy of Physician Assistants.

SAMHSA is working quickly with training providers to help them adapt curricula and obtain continuing education credits for this important training. Updates on training information and the waiver application will be available at <http://www.samhsa.gov/medication-assisted-treatment>.

SAMHSA [finalized a rule in July](#) that expanded access to MAT by allowing practitioners who had a waiver to prescribe buprenorphine for up to 100 patients for a year or more, to now obtain a waiver to treat up to 275 patients. Practitioners are eligible to obtain the waiver if they have additional credentialing in addiction medicine or addiction psychiatry from a specialty medical board and/or professional society, or practice in a qualified setting as described in the rule.

Since the rule was finalized, 2,477 practitioners have applied for and been granted a waiver to prescribe buprenorphine at the increased limit.

- **Obesity among low-income children (ages 2-4 years) enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) decreased from 15.9 percent in 2010 to 14.5 percent in 2014, according to a joint study by the Centers for Disease Control and Prevention (CDC) and the United States Department of Agriculture (USDA).**

In addition, 34 of 56 WIC State Agencies reported modest decreases in obesity among young children.

CDC and USDA researchers analyzed obesity trends from 2000 to 2014 among young children, ages 2-4 years, from low-income families enrolled in WIC. The children's weight and height were measured by WIC clinic-trained staff according to a standard protocol, and children's weight and height records during the most recent certification were included.

The CDC/USDA study found that:

- From 2000 to 2010, the percentage of obesity among 2- to 4-year-olds increased from 14.0 percent to 15.9 percent, then dropped to 14.5 percent from 2010 to 2014.

- Obesity prevalence varied by state, ranging from 8.2 percent in Utah to 20.0 percent in Virginia.
- From 2010 to 2014, obesity prevalence decreased overall among all major ethnic groups.
- From 2000 to 2014, obesity prevalence decreased significantly among Asians/Pacific Islanders, from 13.9 percent to 11.1 percent.
- In 2014, obesity was higher among Hispanic children (17.3 percent) and American Indian/Alaskan Natives (18.0 percent) than among children who were non-Hispanic white (12.2 percent), non-Hispanic black (11.9 percent), or Asian/Pacific Islander (11.1 percent).

The authors noted several factors that may have contributed to the drop in obesity among young children enrolled in the WIC program:

- In 2009, USDA redesigned WIC food packages to align with the updated U.S. [Dietary Guidelines for Americans](#). This change led to improved dietary quality of WIC food packages, better nutrition education, and more healthcare referrals.
- National, state, and local childhood obesity programs and reports helped raise awareness among various stakeholders, including parents, early care and education providers, community and business leaders, industry, health care providers, and public health officials.
- CDC's Division of Nutrition, Physical Activity, and Obesity provided funding, training, and guidance to states, local health agencies, and daycare providers to help promote successful childhood [obesity prevention strategies](#) in early child and education settings.

For more information about CDC's childhood obesity prevention efforts, visit www.cdc.gov/obesity/childhood.

REPORTS/POLICIES

- **The GAO published “Drug Compounding: FDA Has Taken Steps to Implement Compounding Law, but Some States and Stakeholders Reported Challenges,” on Nov. 17, 2016.** This report examines the settings in which drugs are compounded, and the extent of drug compounding; state laws and policies governing drug compounding, and how they are enforced; communication between states and FDA, as well as among states, regarding drug compounding, and the associated challenges; and steps FDA has taken to implement its responsibilities to oversee drug compounding, and challenges that have been reported with these efforts. <http://www.gao.gov/assets/690/681096.pdf>

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- There was no legislation introduced this week.

MEETINGS

- 2016 AMSUS Annual Continuing Education Meeting will be held on **Nov. 29- Dec. 2, 2016**, at the Gaylord National Harbor, Md. <http://www.amsusmeetings.org/>
 - The Society of Military Orthopaedic Surgeons 58th Annual Meeting 2016 will be held **Dec. 12-16, 2016**, in Olympic Valley, Calif. <http://www.somos.org/>
 - HIMSS 2017 Annual Conference will be held on **Feb. 19-23, 2017**, in Orlando, Fla. <http://www.himssconference.org/>
 - The 7th Annual Traumatic Brain Injury Conference will be held **May 24-25, 2017**, in Washington DC. <http://tbiconference.com/home/>
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