

Federal Health Update

NOV. 24, 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. 21, 2017, the president signed into law:**
 - H.R. 1545, the "VA Prescription Data Accountability Act of 2017," which require the Department of Veterans Affairs to disclose information about covered individuals to state-controlled substance monitoring programs to help to prevent misuse and diversion of prescription medications;
 - H.R. 3949, the "Veterans Apprenticeship and Labor Opportunity Reform (VALOR) Act of 2017," which provides for the designation of State approving agencies for multi-state apprenticeship programs for purposes of the educational assistance programs of the Department of Veterans Affairs.

MILITARY HEALTH CARE NEWS

- **On January 1, 2018, a new program will replace TRICARE Standard and Extra. TRICARE**

Select is a fee-for-service option in the United States that allows you to get care from any TRICARE-authorized provider.

TRICARE Select offers greater coverage for preventive services with TRICARE Select. Preventive care allows you to address health problems before they become life threatening. Examples of TRICARE-covered preventive services include cancer screenings and vaccines, in addition to well-woman and well-child exams.

If you currently use TRICARE Standard and TRICARE Extra, you don't pay anything for certain preventive services. But for all other preventive services, beneficiaries pay between 15–25 percent of the cost after their yearly deductible is met, depending on the plan and beneficiary category.

With TRICARE Select, beneficiaries won't pay anything out-of-pocket for covered preventive services if they are provided by a network provider. However, if a non-network provider is used TRICARE will cover fewer preventive services. Some of the benefits offered through TRICARE Select beginning in 2018, include:

- One Health Promotion and Disease Prevention (HP&DP) exam annually for beneficiaries age 6 and older. In 2018, this exam will no longer require the inclusion of a covered cancer screening or immunization if you see a network provider.
- One Lung cancer screening (low-dose computed tomography) annually for persons ages 55-80 with a 30 pack-per-year history of smoking who are currently smoking or have quit within the past 15 years. Screening should be discontinued once the individual has not smoked for 15 years or develops a health problem significantly limiting life expectancy or ability or willingness to undergo curative lung surgery.
- One Abdominal Aortic Aneurysm (AAA) screening, using ultrasonography for men ages 65-75 who have ever smoked.

In addition, a new preventive service added this year for both TRICARE Prime and TRICARE Select is aimed at adults with a Body Mass Index (BMI) of 30 kg/m² or higher and children or adolescents with a BMI value greater than the 95th percentile. Intensive, multi-component behavioral interventions to promote sustained weight loss (12 to 26 sessions per year) are covered when rendered by a TRICARE-authorized provider.

Types of behavioral management interventions include diet and physical activity guidance, strategies to promote and maintain lifestyle changes and more. This addition is a covered benefit regardless of whether the beneficiary uses a network or non-network provider, though costs are typically lower with a network provider.

Learn more about [upcoming changes](#) and [sign up for email alerts](#).

VETERANS AFFAIRS NEWS

- **Representative Doug Lamborn (R-Colo) introduced the Veterans Empowerment Act on Nov. 22, 2017, which would allow veterans to receive treatment from private-sector doctors (paid with VA funds) instead of using VA facilities.**

Lamborn defended his bill against claims that it would privatize the VA:

"This bill throws out the idea of acceptable patient wait times and eliminates the requirement of the veteran to ask for VA permission to use civilian medical providers," Lamborn said in a statement. "It gives veterans full authority to use the existing VA system or not."

Bills are already being considered in the House and Senate to overhaul the process veterans use to receive private-sector care.

- **ABC News is reporting that Veterans Affairs Secretary David Shulkin is exploring merging the VAs health care system with TRICARE.**

While it would cut cost,s it could also threaten the viability of VA hospitals and clinics.

Health care experts expressed surprise that VA would consider a TRICARE merger to provide private care for millions of active-duty troops, military retirees and veterans. The two departments generally serve very different patient groups —older, sicker veterans treated by VA and generally healthier service members, retirees and their families covered by TRICARE.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services appointed 14 members to the new Tick-Borne Disease Working Group.**

The 21st Century Cures Act established the Tick-Borne Disease Working Group improve federal coordination of efforts related to tick-borne diseases. Members will review all HHS efforts related to tick-borne diseases to provide expertise and help ensure interagency coordination and minimize overlap, examine research priorities and identify unmet needs. The Working Group expects to issue its first report to the HHS Secretary and Congress by December 2018.

Lyme disease accounts for the majority of tick-borne disease in the United States. The Centers for Disease Control and Prevention (CDC) estimates that more than 300,000 people are diagnosed with Lyme disease each year—but only about 30,000 of those cases are reported to local and state health departments and the CDC. While most cases of Lyme disease are treated successfully with short courses of antibiotics, some individuals who contract this illness may develop debilitating health problems.

The Working Group's members represent a diverse set of stakeholders, including physicians and other medical providers with experience in diagnosing and treating tick-borne diseases; scientists or researchers with expertise in this field; patients and family members; patient advocates; and federal experts who work in related areas.

Members of the public may attend the meeting in person or via webcast.

The Working Group members are:

PUBLIC MEMBERS

- Wendy Adams, M.B.A. research grant director, Bay Area Lyme Foundation
- John N. Aucott, M.D. - assistant professor, Division of Rheumatology, Johns Hopkins University School of Medicine - director, Johns Hopkins Lyme Disease Clinical Research Center
- Richard Horowitz, M.D. - member, World Health Organization's Ad Hoc Committee for Health Equity
- Lise E. Nigrovic, M.D., M.P.H. - director, Population Health Sciences and Health Services Research Center of the Institutional Centers for Clinical and Translational Research, Boston Children's Hospital; Chair, Pediatric Emergency Medicine Collaborative Research Committee, American Academy of Pediatrics
- Patricia V. Smith - president, Lyme Disease Association
- Karen Vanderhoof-Forschner, L.L.M., J.D., M.B.A. - co-founder, Lyme Disease Foundation
- Gary Wormser, M.D. - professor of Medicine, Microbiology and Immunology, and Pharmacology, and Vice Chairman, Department of Medicine, New York Medical College

FEDERAL MEMBERS

- Charles Benjamin Beard, Ph.D. - acting deputy director, Division of Vector-Borne Diseases, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; Associate Editor, Emerging Infectious Diseases
- Commander Scott J. Cooper, MMSc, PA-C, United States Public Health Service - senior technical advisor and lead officer for Medicare Hospital Health and Safety Regulations, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services
- Dennis M. Dixon, Ph.D.- chief, Bacteriology and Mycology Branch, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health, U.S. Department of Health and Human Services
- Kristen Honey, Ph.D., P.M.P. - senior policy analyst, Office of Management and Budget, Executive Office of the President; Senior Research Scholar, Stanford University; Member, Stanford University Lyme Disease Working Group
- Captain Estella Jones, D.V.M. - director, Medical Countermeasure Regulatory Science and Senior Regulatory Veterinarian, Office of Counterterrorism and Emerging Threats, Food and Drug Administration, U.S. Department of Health and Human Services
- Allen Richards, Ph.D. - director, Rickettsial Diseases Research Program, Naval Medical Research Center, U.S. Department of Defense
- Vanila M. Singh, M.D., M.A.C.M. - chief medical officer, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services

The Tick-Borne Working Group will hold its inaugural public meetings on Dec. 11-12, 2017, in the Great Hall of the Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. For more information, visit the [Tick-Borne Disease Working Group webpage](#).

- **The Centers for Medicare & Medicaid Services (CMS) announced the 2018 premiums, deductibles and coinsurance amounts for the Medicare Part A and Part B programs.**

Medicare Part B covers physician services, outpatient hospital services, certain home health services, durable medical equipment, and other items.

The standard monthly premium for Medicare Part B enrollees will be \$134 for 2018, the same amount as in 2017. Some beneficiaries who were held harmless against Part B premium increases in prior years will have a Part B premium increase in 2018, but the premium increase will be offset by the increase in their Social Security benefits next year.

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. 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.

CMS also announced that the annual deductible for all Medicare Part B beneficiaries will be \$183 in 2018, the same annual deductible in 2017. Premiums and deductibles for Medicare Advantage and Medicare Prescription Drug plans are already finalized and are unaffected by this announcement.

Medicare Part A covers inpatient hospital, skilled nursing facility, and some home health care services. About 99 percent of Medicare beneficiaries do not have a Part A premium since they have at least 40 quarters of Medicare-covered employment.

The Medicare Part A annual inpatient hospital deductible that beneficiaries pay when admitted to the hospital will be \$1,340 per benefit period in 2018, an increase of \$24 from \$1,316 in 2017.

For a fact sheet on the 2018 Medicare Parts A & B premiums and deductibles, please visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-11-17.html>.

REPORTS/POLICIES

- There were no relevant reports published this week.

HILL HEARINGS

- The Senate Health, Education, Labor, and Pensions Committee will hold a hearing on **Nov. 29, 2017**, to examine the nomination of Alex Michael Azar II, of Indiana, to be Secretary of Health and Human Services.

LEGISLATION

- **H.R.4457** (introduced Nov. 21, 2017): To amend title 38, United States Code, to establish the Veterans Accountable Care Organization and to provide veterans access to private health insurance plans, and for other purposes was referred to the Committees on Veterans' Affairs, Ways and Means, Oversight and Government Reform, Energy and Commerce and Armed Services. Sponsor: Representative Doug Lamborn [R-CO-5]
- **H.R.4456** (introduced Nov. 21, 2017): To amend the Internal Revenue Code of 1986 to allow a deduction for amounts paid for medical expenses to a health care sharing ministry, and for other purposes was referred to the House Committee on Ways and Means. Sponsor: Representative Brian Babin [R-TX-36]

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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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.