Federal Health Update

NOV. 30, 2018

Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

Sponsored by:

Additional Sponsorship Opportunities Available.

Please contact Kate Theroux if you are interested in supporting this service.
ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- On Nov. 28, 2018, Deputy Director of the White House Office of National Drug Control Policy (ONDCP) James Carroll announced $2.9 million in grants to help local programs counter the effects of the opioid epidemic in their communities.

  ONDCP, the University of Baltimore, and the Centers for Disease Control and Prevention (CDC) collaboratively selected 12 programs in areas of the United States that have experienced high levels of opioid and illicit drug abuse to receive “Combating Opioid Overdose through Community-Level Intervention” grants.

  The projects, which will be overseen by the University of Baltimore, will employ a range of approaches such as identifying individuals most at risk of overdosing, supporting medication-assisted treatment (MAT) in jails, collaborating with public safety agencies, and connecting high-risk pregnant and postpartum women and their children to opioid use disorder care coordination services. Funding will support 12 projects in 10 states – Connecticut, Maryland, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and West Virginia.

MILITARY HEALTH CARE NEWS

- The North Atlantic Treaty Organization (NATO) awarded its highest honor for medical support to the Uniformed Services University of the Health Sciences.

  The 2018 Dominique-Jean Larrey Award is presented each year by the NATO’s Committee of Chiefs of NATO Medical Services (COMEDS) to an individual or entity that has "demonstrated exceptional performance with regarding to the development of multi-nationality and/or interoperability or to improvements in the provision of health care in NATO missions within the areas of military medical support or military healthcare development," according to Royal Canadian Medical Service Major General Jean-Robert Bernier, COMEDS chair.
COMEDS is the senior committee for medical care within NATO. It acts as the central point for the development and coordination of military medical matters and for providing medical advice to the NATO Military Committee. COMEDS is composed of the Surgeons General of NATO and partner nations, along with the senior medical authorities of the NATO command structure and support medical organizations, including the Surgeon to the U.S. Joint Chiefs of Staff.

USU was nominated for the award based on its consistent and extensive contributions to the enhancement of NATO multi-nationality and interoperability through its support to COMEDS Working Groups and Panels and STO HFM activities. The University was also recognized for its contributions to improvements in health care for NATO forces and missions through research, innovation, analysis, education and training, knowledge translation, and support to operations. The nomination was unanimously supported by all allied surgeons general on the award advisory committee.

The Dominique-Jean Larrey Award is named after Napoleon’s famous surgeon general who introduced several medical and humanitarian innovations for battlefield health care, whose practice of treating all casualties with equal regard and without national distinction preceded the Geneva Conventions by many decades, and who was admired by Napoleon and by the leaders of the allied forces opposing him. The award consists of a certificate and a framed reproduction of Louis Lejeune’s painting of Baron Larrey tending the wounded at the Battle of Moscow on Sept. 7, 1812.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced it will accept public comments for 15 days on how to implement certain changes to the Program of Comprehensive Assistance for Family Caregivers (PCAFC) required by the VA MISSION Act of 2018.**

  Through PCAFC, VA provides family caregivers of eligible Veterans certain benefits, such as training; respite care; counseling; technical support; beneficiary travel (to attend required caregiver training and for an eligible Veteran’s medical appointments); a monthly stipend payment; and access to health care (if qualified) through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

  The VA MISSION Act of 2018 expands eligibility for PCAFC to family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty before Sept. 11, 2001 using a phased approach, establishes new benefits for designated primary family caregivers of eligible Veterans and makes other changes affecting program eligibility and VA’s evaluation of PCAFC applications.

  Submitted responses will be used to guide future regulatory modifications and implementation of the expanded PCAFC. More information about the VA Caregiver Support Program and a link to submit comments is available at [www.caregiver.va.gov](http://www.caregiver.va.gov).

- **Two research scientists with the U.S. Department of Veterans Affairs (VA) were recently named to TIME Magazine's list of the 50 most influential people in health care in 2018.**

  TIME Magazine honored VA’s Dr. Ann McKee and Dr. Tony Wyss-Coray among a roster of physicians, scientists, and business and political leaders whose works are transforming health care approach and delivery around the country.

  McKee is chief of Neuropathology at the VA Boston Healthcare System and director of the VA-BU-CLF Brain Bank, a joint endeavor between VA, Boston University and the Concussion Legacy Foundation. She is a pioneer in identifying and understanding the repercussions of chronic traumatic encephalopathy (CTE) — a degenerative condition caused by repeated traumatic blows to the head. CTE has been associated with repetitive, mild traumatic brain injury in military service members.
Her research has called widespread attention to the alarming prevalence of CTE in professional football players. After former New England Patriots tight end Aaron Hernandez died by suicide at age 27, McKee discovered CTE in his brain — the most severe case of CTE she had seen in someone his age. Her research has also demonstrated that adults are not the only ones at risk of brain injury from mild repetitive trauma. McKee has found evidence that children age 6 to 12 who play tackle football are also at risk for brain injury.

Wyss-Coray is a VA senior research scientist and associate director of the Center for Tissue Regeneration, Repair and Restoration at Palo Alto, California. He is also a professor of neurology and neurological sciences at Stanford University. His laboratory studies the effects of aging and immune responses on the brain and the role Alzheimer's disease plays in brain degeneration and memory loss.

Wyss-Coray is best-known for his groundbreaking research into the use of blood taken from young mice to combat the effects of aging and memory loss in older mice. The process originally involved surgically connecting young mice to older mice — so they would share blood circulation. Now, his team injects plasma from donor mice into older mice. He hopes, eventually, to perfect the technique for use in humans, with an eye toward treating Alzheimer's disease.

For more information on VA Research, visit www.research.va.gov.

- **Aimed at helping former service members process some of their military experiences, the U.S. Department of Veterans Affairs (VA) and the nonprofit Operation Song launched the first of a series of national music therapy retreats Nov. 14-17 in Nashville, Tennessee.**

  In collaboration with VA Voluntary Services and Veterans Canteen Service, the four-day songwriting retreat connected Veterans from around the country with professional songwriters and VA therapists, as they translated their service experiences into songs, which will be recorded in a music studio for the Veterans to keep.

  Founded by Grammy and Dove Award-nominated songwriter Bob Regan in 2012, Operation Song brings professional songwriters together with Veterans to help create music from often difficult experiences. To date, Nashville-based Operation Song has created more than 600 songs with Veterans of nearly every military conflict, to include World War II, Korea, Vietnam, the Gulf War, Iraq and Afghanistan.

  Veterans who wish to participate in the Operation Song retreat program must be referred by their VA health care provider. Operation Song officials said no musical background is necessary to participate in the program; Veterans only need a desire to tell their story.

  For more information about VA’s Recreation Therapy programs, visit https://www.prosthetics.va.gov/rectherapy/index.asp. For more information about Operation Song, visit http://www.operationsong.org/.

**GENERAL HEALTH CARE NEWS**

- **On Nov. 28, 2018, the U.S. Department of Health and Human Services (HHS) issued a draft strategy designed to help reduce administrative and regulatory burden on clinicians caused by the use of health information technology (health IT) such as electronic health records (EHRs).**

  The draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs was led by the HHS Office of the National Coordinator for Health Information Technology (ONC), in partnership with the Centers for Medicare & Medicaid Services (CMS), and was required in the 21st Century Cures Act.

  The draft strategy reflects the input and feedback received by ONC and CMS from stakeholders, including clinicians, expressing concerns that EHR burden negatively affects the end user and
ultimately the care delivery experience. This draft strategy includes recommendations that will allow physicians and other clinicians to provide effective care to their patients with a renewed sense of satisfaction for them and their patients.

Stakeholders have indicated to ONC and CMS that when they use their EHRs, clinicians have to rely on checkboxes, templates, cut-and-paste functions, and other workarounds that hinder the intended benefits of EHRs. Clinicians have reported they are spending more time entering data into the EHR, leaving less time to interact with their patients. Required documentation guidelines have led to “note bloat,” making it harder to find relevant patient information and effectively coordinate a patient’s care.

Based on the input received by ONC and CMS, the draft strategy outlines three overarching goals designed to reduce clinician burden:

- Reduce the effort and time required to record health information in EHRs for clinicians;
- Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations; and
- Improve the functionality and intuitiveness (ease of use) of EHRs.

The public comment period on the draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs ends on Monday January 28, 2019 at 11:59:59 PM ET.

The Centers for Medicare & Medicaid Services (CMS) proposed polices for 2020 to strengthen and modernize the Medicare Part C and D programs.

The proposal would ensure that Medicare Advantage and Part D plans have more tools to negotiate lower drug prices, and the agency is also considering a policy that would require pharmacy rebates to be passed on to seniors to lower their drug costs at the pharmacy counter.

In the twelve years since the Part D program was launched, many of the tools outlined in this proposal have been developed in the commercial health insurance marketplace, and the result has been lower costs for patients. Seniors in Medicare also deserve to benefit from these approaches to reducing costs, so today CMS is proposing to modernize the Medicare Advantage and Part D programs and remove barriers that keep plans from leveraging these tools.

Private plan options for receiving Medicare benefits are increasing in popularity, with almost 37 percent of Medicare beneficiaries expected to enroll in Medicare Advantage in 2019, and Part D enrollment increasing year-over-year as well. The programs are driven by market competition; plans compete for beneficiaries' business, and each enrollee chooses the plan that best meets his or her needs. Consumer choice puts pressure on plans to improve quality and lower costs. Premiums in both Medicare Advantage and Part D are projected to decline next year.

The proposed changes include:

- Providing Part D plans with greater flexibility to negotiate discounts for drugs in “protected” therapeutic classes, so beneficiaries who need these drugs will see lower costs;
- Requiring Part D plans to increase transparency and provide enrollees and their doctors with a patient’s out-of-pocket cost obligations for prescription drugs when a prescription is written;
- Codifying a policy similar to the one implemented for 2019 to allow “step therapy” in Medicare Advantage for Part B drugs, encouraging access to high-value products including biosimilars; and
- Implementing a statutory requirement, recently signed by President Trump, that prohibits pharmacy gag clauses in Part D.
CMS is also considering for a future plan year, which may be as early as 2020, a policy that would ensure that enrollees pay the lowest cost for the prescription drugs they pick up at a pharmacy, after taking into account back-end payments from pharmacies to plans.

Medicare Advantage and Part D will continue to protect patient access, as both programs are embedded with robust beneficiary protections. These include CMS’s review of Part D plan formularies, an expedited appeals process, and a requirement for plans to cover two drugs in every therapeutic class.

CMS looks forward to receiving comments on these proposals and other policies under consideration.


The proposed rule (CMS-4180-P) can be downloaded from the Federal Register at: https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-25945.pdf

- The Centers for Medicare & Medicaid Services (CMS) launched a new online tool that allows consumers to compare Medicare payments and copayments for certain procedures that are performed in both hospital outpatient departments and ambulatory surgical centers.

The Procedure Price Lookup tool displays national averages for the amount Medicare pays the hospital or ambulatory surgical center and the national average copayment amount a beneficiary with no Medicare supplemental insurance would pay the provider.

The Procedure Price Lookup tool is launching as required by Congress in the 21st Century Cures Act. Medicare’s statutes require that CMS maintain separate payment systems for different types of healthcare providers, meaning both CMS and patients may pay different amounts for the same service, depending on the site of care.

Procedure Price Lookup, part of the agency’s eMedicare initiative, joins other patient-oriented transparency tools, including an overhauled version of the agency’s drug pricing and spending dashboards, which provide patients with Medicare and Medicaid spending information for thousands more drugs than ever before and, for the first time, list the prescription drug manufacturers that were responsible for price increases.

CMS recently launched the eMedicare initiative to empower beneficiaries with cost and quality information. This announcement included the launch of an enhanced interactive online decision support feature to help people better understand and evaluate their Medicare coverage options. eMedicare also offers a mobile-optimized out-of-pocket cost calculator to provide beneficiaries with information on overall plan costs and prescription drug costs.

The Procedure Price Lookup tool is available at: https://www.medicare.gov/procedure-price-lookup/

REPORTS/POLICIES

- The GAO published “Defense Health Care: Additional Assessments Needed to Better Ensure an Efficient Total Workforce,” (GAO-19-102) on Nov. 27, 2018. This report examines the military departments’ planning processes for determining operational medical personnel requirements, including an assessment of the mix of federal civilian, contractor and active and reserve medical personnel; and the most appropriate workforce mix at MTFs and any challenges in executing their desired workforce mix. https://www.gao.gov/assets/700/695667.pdf
• The National Academies of Science, Engineering and Medicine published “Gulf War and Health: Volume 11: Generational Health Effects of Serving in the Gulf War,” on Nov. 28, 2018. This report provides guidance to VA on future research and looks at potential ways researchers may determine if there are health effects in the children or grandchildren of veterans of any era related to their parents’ or grandparents’ deployment exposures. [http://nationalacademies.org/hmd/reports/2018/gulf-war-and-health-volume-11.aspx](http://nationalacademies.org/hmd/reports/2018/gulf-war-and-health-volume-11.aspx)

HILL HEARINGS

• The Senate Committee on Health Education, Labor and Pension will hold a hearing on Nov. 28, 2018, to examine reducing health care costs, focusing on improving affordability through innovation.

• The Senate Armed Services Committee will hold a hearing on Nov. 29, 2018, to examine the nomination of Thomas McCaffery be an assistant secretary of defense for health affairs.

LEGISLATION

• H.R.7177 (introduced Nov. 27, 2018): To amend title III of the Public Health Service Act and titles XI and XVIII of the Social Security Act to accelerate the adoption of value-based payment and delivery arrangements among health care stakeholders intended to coordinate care, improve patient outcomes, share accountability, or lower costs, and for other purposes was referred to the Committees on Energy and Commerce and Ways and Means. Sponsor: Representative Erik Paulsen [R-MN-3]

• S.3660 (introduced Nov. 27, 2018): A bill to improve the health of minority individuals, and for other purposes was referred to the Committee on Finance. Sponsor: Senator Mazie K. Hirono [D-HI]

MEETINGS

• The 2018 AMSUS Annual Continuing Education Meeting will be held on Nov. 26-30, 2018, at the Gaylord National Harbor, Md. [http://www.amsusmeetings.org/home-2/](http://www.amsusmeetings.org/home-2/)

• HIMSS 2019 Annual Conference will be held on Feb. 11-15, 2018, in Orlando, Fla. [http://www.himssconference.org/](http://www.himssconference.org/)

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 katetheroux@federalhealthcarenews.com.