Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House passed its version of the tax reform legislation and the Senate is working on passing its version of the tax reform legislation.**

MILITARY HEALTH CARE NEWS

- **On Nov. 29, 2017, Navy, Rear Adm. David Lane relinquished his position as director of the National Capital Region Medical Directorate (NCR-MD) to Army Maj. Gen. Ronald Place.**

  The ceremony was held during the 126th annual meeting of AMSUS, the Society of Federal Health Professionals.

  The ceremony combined the sea service's tradition of bells to mark arrivals – six for Lane and Place, and eight for Bono, corresponding to their ranks – and the land force's tradition of "passing colors," to ensure the continuation of leadership. Bono said the melding was particularly appropriate, given the joint nature of NCR-MD.

  The directorate was established in October 2013 to exercise authority, direction and control over Walter Reed National Military Medical Center in Bethesda, Maryland; Fort Belvoir Community Hospital in Virginia; and their subordinate clinics.

Board-certified in both general and colorectal surgery, Place deployed to Afghanistan with the 250th Forward Surgical Team (Airborne) in October 2001. For most of last year, Place has been a focal point in managing and coordinating the historic MHS reforms included in the 2017National Defense Authorization Act.

In his remarks, Place said change is never easy and that Lane is “a tough act to follow.”

“But readiness is our central mission, and that’s not going to change,” Place said. “We need to continue focusing on the health readiness of the force – fit to fight, ready to win – and a ready medical force that can perform the mission anytime, anywhere, at a moment’s notice.”

“Practice may never make perfect,” Place said, “but it’s our obligation to continuously learn.”

- **According to a survey by the Veterans of Foreign Wars (VFW), more than half (52 percent) of military retirees are unaware of the changes to the TRICARE program, scheduled to go into effect Jan. 1.**

Thirty percent of respondents were TRICARE Prime beneficiaries but only 12 percent said they were aware that their Prime copays will increase Jan. 1.

In addition, one-third of percent of the retirees who use the mail-order program said they were unaware of the changes to the program. Beginning Jan. 1, beneficiaries using the mail order program will be required to opt-in annually for each medication they want automatic refill.

The VFW survey also found that users prefer TRICARE's current cost-sharing payment system over a new flat-rate fee system that will start Jan. 1. Currently most fees for care are based on a "percentage of allowed cost" system, and the amount users pay out of pocket depends on location, type of doctor seen and type of appointment, among other factors.

The system set to roll out Jan. 1 shifts most care to flat rate system with one fee for appointments with specialists and one for primary care. Under that plan, retirees will pay $45 to see an in-network specialist and $35 for non-preventative primary care appointments.

TRICARE officials have shared these changes through letters, hand-outs, social media, newsletters, podcasts, blog posts and public appearances, among other methods.

VFW surveyed 11,800 military retirees between Oct. 26 and Nov. 8.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced that the White House VA Hotline is now fully staffed with live agents working to serve veterans 24-hours a day, 365 days a year.**

The hotline has already served more than 10,000 callers by a team consisting of 90 percent veterans or employees who have a veteran family member, and is in response to veterans’ requests to talk to agents who could relate to their experiences.

Hotline agents answer inquiries, provide directory assistance, document concerns about VA care, benefits and services, and expedite the referral and resolution of those concerns. Agents undergo regular updates and training on VA services based on hotline trends and are assisted by newly implemented tracking software to help VA capture and improve its response, referral and resolution processes to best support Veterans.

The hotline can be accessed at 855-948-2311 and is VA’s first non-clinical, non-emergency around-the-clock call center. It provides veterans a supplemental option to report issues if they

are not being addressed through VA's normal customer service channels.

The hotline's agents are located at a VA facility in Shepherdstown, West Virginia. Agents have access to a multitude of resources and contact information to help veterans. The hotline also generates real-time reports to VA experts who can help address the specific issues of veterans as well as make better-informed decisions on where program improvements are needed.

- **The U.S. Department of Veterans Affairs (VA) announced that the application process for the national Veterans Identification Card (VIC) is now available for veterans.**

  This was mandated through legislation since 2015 to honor veterans. Only those veterans with honorable service will be able to apply for the ID card, which will provide proof of military service, and may be accepted by retailers in lieu of the standard DD-214 form to obtain promotional discounts and other services where offered to Veterans.

  The VIC provides a more portable and secure alternative for those who served the minimum obligated time in service, but did not meet the retirement or medical discharge threshold. veterans who served in the armed forces, including the reserve components, and who have a discharge of honorable or general (under honorable conditions) can request a VIC.

  To request a VIC, veterans must visit vets.gov, click on "Apply for Printed Veteran ID Card" on the bottom left of the page and sign in or create an account.

  Veterans who apply for a card should receive it within 60 days and can check delivery status of their cards at vets.gov. A digital version of the VIC will be available online by mid-December.

- **The U.S. Department of Veterans Affairs (VA) will offer Hyperbaric Oxygen Therapy (HBOT) as a treatment option for a small number of veterans with persistent post-traumatic stress disorder (PTSD) symptoms resistant to standard options.**

  Providers from the Eastern Oklahoma VA Health Care System and the VA Northern California Health Care System will partner with HBOT providers at the Tulsa Wound Care and Hyperbaric Center at Oklahoma State Medical Center in Tulsa, Oklahoma, and the David Grant Medical Center on Travis Air Force Base, California, respectively, to provide this care.

  HBOT is a procedure that increases oxygen in the body - under pressure - to encourage healing. Currently, HBOT is commonly used to treat carbon monoxide poisoning, divers' sickness, enhanced healing of some wound problems, skin grafts, heat burns, crush injuries and other acute health-care issues that involve too little blood flow to a part of the body.

  This use of HBOT for treatment of PTSD is considered an "off-label" use and will occur under the supervision of a trained physician. Separately, VA and the Department of Defense are planning a multi-site research study to examine more fully the use of HBOT for patients diagnosed with PTSD.

  As health-care leaders interested in innovative approaches to care, the VA Center for Compassionate Innovation (CCI) is facilitating use of HBOT for a subset of Veterans who have noticed no decrease of symptoms after receiving at least two evidenced-based treatments. CCI uses innovative approaches to treat conditions where traditional methods have been unsuccessful. VA will monitor the HBOT clinical demonstration project and the HBOT research study to help inform the potential for HBOT usage to treat a larger number of Veterans with PTSD.

  For more information about VA's Center for Compassionate Innovation, go to https://www.va.gov/healthpartnerships/.

GENERAL HEALTH CARE NEWS

- **A new CDC *Vital Signs* report finds that HIV is being diagnosed sooner after infection than was previously reported.**

  According to the report, the estimated median time from HIV infection to diagnosis was three years in 2015. CDC previously estimated that, in 2011, the median time from HIV infection to diagnosis was three years and seven months.

  The seven-month improvement is a considerable decrease over a four-year period and reinforces other recent signs that the nation's approach to HIV prevention is paying off. Overall, 85 percent of the estimated 1.1 million people living with HIV in 2014 knew their HIV status. CDC estimates about 40 percent of new HIV infections originate from people who don't know they have HIV.

  Getting an HIV test is the first step to learning how to reduce future risk for people who do not have HIV and to starting treatment and getting the virus under control for people living with HIV. Taking HIV medicine as prescribed allows people with the virus to live a long, healthy life and protect their partners from acquiring HIV.

  CDC recommends testing all people ages 13-64 for HIV at least once in their lifetime, and people at higher risk for HIV at least annually. Healthcare providers may find it beneficial to test some sexually active gay and bisexual men more frequently (e.g., every three to six months).

  The *Vital Signs* analysis found that the percentage of people at increased risk for HIV who reported getting an HIV test the previous year has increased. Despite that progress, too few are tested. A multi-city study found that people who reported that they did not get an HIV test in the last year included 29 percent of gay and bisexual men, 42 percent of people who inject drugs, and 59 percent of heterosexuals at increased risk for HIV. The same study also found that seven in 10 people at high risk who were not tested for HIV in the past year saw a healthcare provider during that time — signaling a missed opportunity to get high-risk individuals tested as frequently as needed.

  The *Vital Signs* analysis suggests that, without increased testing, many people living with undiagnosed HIV may not know they have HIV for many years. A quarter of people diagnosed with HIV in 2015 lived with HIV for seven or more years without knowing it.

  In 2015, estimated timing from HIV infection to diagnosis varied by risk group and by race/ethnicity.

  Estimated timing from HIV infection to diagnosis ranged from a median of five years for heterosexual males to two-and-a-half years for heterosexual females and females who inject drugs. The median was three years for gay and bisexual males.

  Estimated timing from HIV infection to diagnosis ranged from a median of four years for Asian Americans to two years for white Americans and about three years for African Americans and Latinos.

  CDC funding supports more than 3 million tests across the country each year that identify on average more than 12,000 people with HIV who were not previously diagnosed — accounting for one-third of all HIV diagnoses a year in the United States.

- **According to a new study published in the *New England Journal of Medicine* finds 57 percent of today's children will be obese by the time they are 35.**

  The study found only half of the kids will be obese when they are 20 years old, while the other half will become obese during their 20s or 30s.

The study results suggest that health experts have missed the big picture when it comes to childhood obesity.

"Our findings highlight the importance of promoting a healthy weight throughout childhood and adulthood," the researchers wrote. "A narrow focus solely on preventing childhood obesity will not avert potential future health damage that may be induced by the ongoing obesity epidemic."

The team at the Harvard T.H. Chan School of Public Health wanted to predict for children now at a certain weight and certain age, the probability that they will have obesity at the age of 35.

The study found that at any age, kids who are obese are more likely than their non-obese peers to be obese at age 35. They also found that older obese kids are more likely to be obese on their 35th birthday.

- For instance, a 2-year-old who is obese has a 75 percent chance of being obese at age 35, the researchers calculated. But a 19-year-old who is obese has an 88 percent chance of being obese at age 35.
- Compared to a 2-year old who is not obese, an obese 2-year-old is 30 percent more likely to be obese on her 35th birthday. By age 19, the risk of being obese at 35 is nearly twice as high for an obese teen as for her non-obese counterpart.
- Not surprisingly, the heaviest children face the greatest risk of being obese adults. A severely obese 2-year-old faces a 79 percent chance of being obese at age 35, while a severely obese 19-year-old has a 94 percent chance of being obese at 35.

Just as in the real population, the risk of obesity in the virtual population varies according to race and ethnicity. By age 2, African American and Latino children are more than twice as likely as white children to be obese. Those disparities follow them through adulthood.

The only kids who face better-than-even odds of ***not*** being obese by age 35 are those who currently have a healthy weight, according to the study.

REPORTS/POLICIES

- **The GAO published *"VA Health Care: Improved Oversight Needed for Reviewing and Reporting Providers for Quality and Safety Concerns,"* (GAO-18-260T) on Nov. 29, 2017.** In this report, the GAO examined the reviewing process of the clinical care delivered by privileged providers—physicians and dentists who are approved to independently perform specific services—after concerns are raised. http://www.gao.gov/assets/690/688624.pdf

HILL HEARINGS

- There are no relevant hearings scheduled next week.

LEGISLATION

- **H.R.2228** (introduced Nov. 29, 2017): the Law Enforcement Mental Health and Wellness Act of

2017 was referred to the Committee on the Judiciary**.** Sponsor: Representative Susan W. Brooks [R-IN-5]

- **S.2164** (introduced Nov. 29, 2017): A bill to amend the Congressional Budget Act of 1974 respecting the scoring of preventive health savings was referred to the Committee on the Budget. Sponsor: Senator Angus S.. King, Jr. [I-ME]

MEETINGS

- 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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