

Federal Health Update

DEC. 18, 2015

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

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ktheroux@federalhealthcarenews.com

Happy Holidays!

The *Update* won't publish on Dec. 25, 2015.

EXECUTIVE AND CONGRESSIONAL NEWS

- **On Dec. 16, 2016, the House and Senate passed H.J Res. (by voice vote) an extension of the Continuing Resolution to Dec. 22 (next Tuesday). President Obama signed the bill later that day.**
- **On Dec. 16, 2016, the House Appropriations Committee unveiled its \$1.149 trillion fiscal year 2016 Omnibus Appropriations bill, which the legislation that will provide discretionary funding for the federal government for the current fiscal year.**

The bill includes full appropriations legislation and funding for the 12 annual Appropriations bills through the end of the fiscal year, Sept. 30, 2016. This level reflects the increased domestic discretionary funding provided by the Bipartisan Budget Act of 2015, which was enacted on Nov.2. In addition, the legislation includes a myriad of important policy items to stop waste and abuse, increase transparency and accountability at federal agencies, and halt administrative overreach that hinders economic growth.

The package also contains emergency Global War on Terror (GWOT)/Overseas Contingency Operations (OCO) funding to combat the emerging real-world threat brought by the Islamic State of Iraq and the Levant (ISIL) and other U.S. enemies, to conduct successful military operations, and to maintain a well-equipped and prepared military force.

In addition to the 12 Appropriations bills, the package also includes other legislative language, including reforms to the Visa Waiver program, and a lifting of the ban on U.S. oil exports.

The legislation includes \$129.2 billion to provide pay for 1,308,915 active-duty troops and 811,000 reserves. This funding level is \$1.2 billion above the fiscal year 2015 enacted level. The bill fully funds the 1.3 percent pay raise for the military and provides \$300 million above the request to address the housing allowance shortfall – ensuring secure housing for all eligible troops and their families.

The bill contains \$32.3 billion for the Defense Health Program to provide care for our troops, military families, and retirees. This is \$260 million above the fiscal year 2015 enacted level, and includes a \$1.1 billion increase above the President's request for important research on traumatic brain injury and psychological health, cancer, and suicide prevention outreach programs, among others.

For the full text of the bill and accompanying reports, please visit: www.rules.house.gov.

MILITARY HEALTH CARE NEWS

- **The Department of Defense announced that the 2016 DoD Warrior Games will be hosted at the United States Military Academy in West Point, New York, on June 14-22.**

This is the first year the United States Army is hosting the Warrior Games, which is an annual sporting competition bringing together wounded, ill and injured service members and veterans from across the country.

DoD Warrior Games 2016 will feature eight sporting events: archery, cycling, shooting, volleyball, swimming, track and field, and wheelchair basketball in a paralympic-style competition. Approximately 200 athletes representing teams from the Army, Marine Corps, Navy, Air Force and U.S. Special Operations Command will compete. Each military service hosts trials in the months leading up to the games to determine their teams.

Adaptive sports and athletic reconditioning activities play a fundamental role in recovery, rehabilitation and reintegration of service members back to their units or as they transition into the civilian sector.

Follow the DoD Warrior Games Facebook page for up to date information:
www.facebook.com/warriorgames.

- **International SOS and WPS Military and Veterans Health, the TOP Claims Processor, have re-launched the secure claims portal for overseas TRICARE beneficiaries.**

The enhanced, secure claims portal is mobile-friendly and makes it easier and faster to access TOP claims and other information. The home page now features news, video tutorials, and a frequently asked questions section. There is also an "I Want To" link that provides quick links to the most used content and functions on the website.

Beneficiaries can manage their claims quickly and independently with the enhanced claim activity

section. They can see the status of all of your claims without doing a search and can also submit a claim via the secure message in-box and receive confirmation, including the new claim number.

For a more comprehensive review of the website and its functionality, watch these [short videos](#) explaining how to use each section. For more information about [TRICARE Overseas](#) programs, visit the TRICARE website.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that it plans to propose expanded disability compensation eligibility for Veterans exposed to contaminated drinking water while assigned to Marine Corps Base Camp Lejeune.**

From 1953 to 1987, water sources at the base were contaminated with industrial solvents that are correlated with certain health conditions. Secretary of Veterans Affairs Robert A. McDonald decided to propose presumptions of service connection for certain conditions associated with these chemical solvents following discussions between environmental health experts at the Veterans Health Administration and the Department of Health and Human Services Agency for Toxic Substances and Disease Registry (ATSDR).

ATSDR determined that the drinking water at Camp Lejeune was contaminated with perchloroethylene, trichloroethylene, vinyl chloride, benzene and other petroleum contaminants from leaking storage tanks from 1953 to 1987. ATSDR also determined that prolonged exposure to these chemicals increases the risk of certain health conditions.

Based upon VA's review of current medical science and ATSDR's findings, Secretary McDonald intends to propose creation of a presumption of service connection for the following conditions:

- Kidney Cancer
- Liver Cancer
- Non-Hodgkin Lymphoma
- Leukemia
- Multiple Myeloma
- Scleroderma
- Parkinson's Disease
- Aplastic Anemia / Myelodysplastic Syndromes

The Secretary's proposal would also expand benefits eligibility to Reserve and National Guard personnel who served at Camp Lejeune for any length of time from August 1, 1953, through Dec. 31, 1987. These personnel would be presumed to have been exposed to the contaminated water during their Reserve or National Guard service and, in appropriate circumstances, to have been disabled by such exposure during service, thus allowing them to qualify for VA benefits under the statutory definition of "Veteran."

This would make them eligible for VA disability compensation and medical care for any of the presumptive conditions, and their surviving dependents would be eligible for dependency and indemnity compensation and burial benefits.

VA is working on regulations that would establish these presumptions, making it easier for affected Veterans to receive VA disability compensation for these conditions. While VA cannot grant any benefit claims based on the proposed presumption of service connection for these conditions until it issues its final regulations, it encourages Veterans who have a record of service at Camp Lejeune between August 1, 1953, and December 31, 1987, and develop a condition that they believe is related to exposure to the drinking water at the base, to file a

disability compensation claim with VA.

VA will continue to grant claims for disabilities claimed to be associated with exposure to the contaminants that can be granted under current regulations and review of the evidence in each case. If a claim for service connection for one of the proposed presumptive conditions would be denied under current regulations, the denial will be stayed until VA issues its final regulations. VA will announce when the regulations are final and presumptive benefits can begin to be awarded. For more information on applying for these benefits, visit:

http://benefits.va.gov/compensation/claims-postservice-exposures-camp_lejeune_water.asp.

Veterans who served at Camp Lejeune for 30 days or more between Aug. 1, 1953, and Dec. 31, 1987, are already eligible to receive VA healthcare for up to 15 health conditions. More information, including a full list of covered conditions, can be found online at:

<http://www.publichealth.va.gov/PUBLICHEALTH/exposures/camp-lejeune/index.asp>.

Veterans can establish eligibility for healthcare benefits by submitting VA Form 10-10EZ online at www.1010ez.med.va.gov/, downloading it at www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf and returning it to any VA Medical Center or Clinic, or by calling 1-877-222-VETS (8387), Monday through Friday, between the hours of 8:00 AM and 8:00 PM (Eastern Time).

VA is reimbursing certain veterans' family members for eligible out-of-pocket medical expenses related to the 15 covered conditions. More information can be found at:

<https://www.clfamilymembers.fsc.va.gov>

- **NBC News reports that the Department of Veterans Affairs (VA) has agreed to pay for robotic legs, allowing some paralyzed veterans with spinal cord injuries to walk again.**

A Dec. 10 VA memorandum announced its plans to train VA staff to provide a newly FDA approved device, called ReWalk, for use at home. The device costs \$77,000, which is too expensive for some veterans.

The ReWalk was invented by Israeli entrepreneur Amit Goffer, who was paralyzed in an accident in 1997. Several competing products that use similar technology — nicknamed "electronic legs" — are also being tested in U.S. rehab hospitals.

About 42,000 veterans are paralyzed. Of them, a fraction would meet the requirement for an exoskeleton. The apparatus requires specific height and weight requirements and works for paraplegics but not for quadriplegics.

A supportive belt around the patient's waist keeps the suit in place, and a backpack holds the computer and rechargeable battery. Crutches are used for stability, and the FDA requires an assistant be nearby.

ReWalk Robotics CEO Larry Jasinski said a dozen VA centers are expected to start training staff to provide the system. The program will likely be expanded in the future.

GENERAL HEALTH CARE NEWS

- **On Dec. 14, 2015, the Department of Health and Human Services (HHS) announced a collaboration with national grocery and retail stores, connecting millions of consumers to affordable health coverage.**

H-E-B, Kroger, Meijer, Southeastern Grocers and Walmart will play an important role in helping individuals across the country find a health insurance plan to meet their health care and budget needs.

Nearly 3,000 retail store locations nationwide are supporting efforts to connect consumers with the information and resources they need to enroll in quality, affordable health coverage through the Health Insurance Marketplace.

Financial assistance is available for eligible consumers and more than 7 in 10 returning Marketplace customers will be able to buy a plan for \$75 or less a month in premiums after tax credits. Information about the Health Insurance Marketplaces is available at HealthCare.gov or by calling the Marketplace Call Center at 1-800-318-2596.

Activities across the country include:

H-E-B has provided background training on healthcare reform for employees in all 255 store pharmacy locations. It is holding customer education and enrollment efforts during the winter season in many of its stores/pharmacies and will provide educational materials and signage to customers to promote access. These stores are hosting insurance agents approximately two days per week in addition to ongoing patient interaction about the Affordable Care Act with their Pharmacy Teams. H-E-B is also active in administering immunizations and uses those opportunities to educate customers on the Affordable Care Act.

Kroger is in its third year of supporting the Marketplace. Kroger is partnering with CMS to provide Navigators in select locations in nine states to assist with questions about the Health Insurance Marketplace. The company is also working to provide kiosks with Marketplace information in six states. Kroger maintains a Health Insurance Marketplace landing page on its website to provide a destination for customers to review and enroll in Marketplace plans. The Kroger Family of Pharmacies associates also provide Marketplace materials and assist with customer questions.

Meijer is in its third year of partnering with patients. Meijer offers information about the Marketplace to its patients on its website (link below) and has a tri-fold brochure (attached) for its patients available at each of its 224 grocery and pharmacy locations in the mid-west (MI, OH, IN, IL, KY, WI). For more information visit [Meijer's website](#).

Southeastern Grocers, BI-LO, Harveys and Winn-Dixie have made all of their pharmacists aware of the Medicare.gov website on their pharmacy portal, as well as of the Healthcare.gov website. They share this information with patients who are looking for website information on the plans through their home computers, or in the stores. In addition, a number of the pharmacists at specific pharmacy sites have iPads which are being used to provide instant access of the plan options for interested patients. These sites were chosen based on patient age and economic demographics, as well as on the number of specific patient inquiries from this past enrollment year.

Walmart has staffed independent insurance agents in over 2,300 stores for over 20 hours per week from October 2015 through January 2016, assisting customers identify and enroll in the most suitable Medicare and Marketplace health plan options. In addition to providing information on walmart.com and www.directhealth.com, Walmart pharmacists will also provide assistance in verifying enrollment and will be available to help answer questions about the new insurance plans. Simple, easy to understand educational materials will be available for customers in English and Spanish languages at all pharmacies.

REPORTS/POLICIES

- **The Institute of Medicine (IOM) published “Considerations for Designing an Epidemiologic Study for Multiple Sclerosis and other Neurologic Disorders in Pre and Post 9/11 Gulf War Veterans,” on Dec. 11, 2015.** The Department of Veterans Affairs requested IOM to conduct a study to determine the incidence and prevalence, as well as the risk of developing multiple sclerosis, and other neurologic diseases as a result of service in the 1990-1991 Persian Gulf and post 9/11 Global Operations theaters.

<http://iom.nationalacademies.org/Reports/2015/Considerations-for-Designing-Epidemiologic-Study-for-Multiple-Sclerosis-and-other-Neurological-disorders-Veterans.aspx#sthash.QwZdSJa0.dpuf>

HILL HEARINGS

- There are no hearings scheduled for the rest of the year.

LEGISLATION

- **H.R.4251** (introduced Dec. 15, 2015): Guard and Reserve Equal Access to Health Act was referred to the House Committee on Armed Services.
Sponsor: Representative Mike Coffman [CO-6]
- **H.R.4266** (introduced Dec. 16, 2015): To direct the Secretary of Labor to issue an occupational safety and health standard to reduce injuries to patients, nurses, and all other health care workers by establishing a safe patient handling, mobility, and injury prevention standard, and for other purposes was referred to the Committee on Education and the Workforce, and in addition to the Committees on Energy and Commerce, and Ways and Means.
Sponsor: Representative John Conyers, Jr. [MI-13]
- **H.R.4276** (introduced Dec. 15, 2015): To strengthen parity in mental health and substance use disorder benefits was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Ways and Means.
Sponsor: Representative Joseph P. Kennedy, III [MA-4]

MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 5, 2016**, in Washington D.C.
<http://www.hjfc3.org/heroes-dinner>

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.