

Federal Health Update

DEC 23, 2016

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The Federal Health Update will not be published on Dec. 30, 2016.

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until 2017.**
- **President-elect Trump has selected retired Vincent Viola, a West Point graduate (1977) and executive chairman of Virtu Financial Inc., to be the next Secretary of the Army.** Viola was an officer in the 101st Airborne until 1982 and served in the Army Reserves until 1993. He helped found the Combating Terrorism Center at West Point and is on West Point's Army Cyber Institute Advisory Board.
- **The following are the Senate Democrat committee assignments for the 115th Congress:**

Appropriations:

Senator Patrick Leahy, Ranking Member
Senator Patty Murray
Senator Dianne Feinstein
Senator Dick Durbin
Senator Jack Reed
Senator Jon Tester

Senator Tom Udall
Senator Jeanne Shaheen
Senator Jeff Merkley
Senator Christopher Coons
Senator Brian Schatz
Senator Tammy Baldwin
Senator Chris Murphy • Senator Joe Manchin
Senator Chris Van Hollen

Armed Services:

Senator Jack Reed, Ranking Member
Senator Bill Nelson
Senator Claire McCaskill
Senator Jeanne Shaheen
Senator Kirsten Gillibrand
Senator Richard Blumenthal
Senator Joe Donnelly
Senator Mazie Hirono
Senator Tim Kaine
Senator Angus King
Senator Martin Heinrich
Senator Elizabeth Warren
Senator Gary Peter

HELP:

Senator Patty Murray, Ranking Member
Senator Bernie Sanders
Senator Bob Casey
Senator Al Franken
Senator Michael Bennet
Senator Sheldon Whitehouse
Senator Tammy Baldwin
Senator Chris Murphy
Senator Elizabeth Warren
Senator Tim Kaine
Senator Maggie Hassan

Veterans' Affairs:

Senator Jon Tester, Ranking Member
Senator Patty Murray
Senator Bernie Sanders
Senator Sherrod Brown
Senator Richard Blumenthal

MILITARY HEALTH CARE NEWS

- **On Dec. 20, 2016, Defense Health Agency Director Navy Vice Adm. Raquel Bono posted her review of 2016 – her first year as director of the DHA - and goals for 2017.**

In her statement, she discussed the reorganization of the agency in 2016, the new approach to supporting combat medicine and outlined the areas of focus for 2017: deploying MHS Genesis in the Pacific Northwest, as well as implementing the TRICARE 2017 contracts, and NDAA 2017.

To read the full statement, please visit: <http://www.health.mil/News/Articles/2016/12/20/Defense-Health-Agency-Year-in-Review>

- **TRICARE announced that the extension for Applied Behavior Analysis (ABA) providers to get necessary certifications is ending.**

Effective January 1, 2017, claims submitted for services by providers who are not certified in Basic Life Support (BLS) or Behavior Technician Provides applied behavior analysis to beneficiaries with autism spectrum disorder (BT) will be denied.

As part of TRICARE's ongoing commitment to patient safety, the Defense Health Agency requires providers who deliver ABA services under the TRICARE Autism Care Demonstration (ACD) be certified and have BLS certification before they see TRICARE patients. Although many providers have complied with these requirements, there are still others who have not.

Some ABA providers in the local area have been identified by the TRICARE network contractor as not having met their goal for BT certification, BLS certification or both, despite DHA's extra effort to provide them the opportunity and means to meet their certification obligations to patient safety. BT certification ensures these providers are consistently well-trained in ABA services. Basic Life Support training helps keep victims who experience life-threatening events alive until they can get medical care from ambulance personnel or at a hospital.

The DHA is very concerned that continued and uninterrupted care be provided to children receiving ABA services to the degree that we extended these deadlines to allow more than ample time for providers to meet these basic standards. Providers who have chosen not to meet the requirements may no longer be able to provide therapy to TRICARE beneficiaries until they satisfy the minimum training and safety requirements.

VETERANS AFFAIRS NEWS

- **A recent VA study points to a possible breakthrough in differentiating between post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), otherwise known as a concussion.**

The two disorders often carry similar symptoms, such as irritability, restlessness, hypersensitivity to stimulation, memory loss, fatigue and dizziness. Scientists have tried to distinguish between mTBI and PTSD in hopes of improving treatment options for veterans, but many symptom-based studies have been inconclusive because the chronic effects of the two conditions are so similar. If someone is rating high on an mTBI scale, for example, that person may also rate high for PTSD symptoms.

The researchers used electroencephalogram, or EEG, a test that measures electrical activity in the brain. The size and direction of the brain waves can signal abnormalities. Analyzing a large set of EEGs given to military personnel from the wars in Iraq and Afghanistan, the researchers saw patterns of activity at different locations on the scalp for mTBI and PTSD. They saw brain waves moving slowly in opposite directions, likely coming from separate places in the brain. The researchers emphasize that these effects don't pinpoint a region in the brain where the disorders differ. Rather, they show a pattern that distinguishes the disorders when the EEG results are averaged among a large group.

The study linked mTBI with increases in low-frequency waves, especially in the prefrontal and right temporal regions of the brain, and PTSD with decreases in low-frequency waves, notably in the right temporoparietal region. The differences in the levels of the waves may explain some of the symptoms of the two disorders, suggesting a decline in responsiveness for someone with mTBI, for example, and more anxiety for someone with PTSD. More low-frequency power has

also been linked to cognitive disorders such as Alzheimer's disease and less low-frequency power to problems such as drug addiction.

Additionally, spotting distinct patterns of mTBI and PTSD in separate parts of the brain is key for two reasons: the possibility these conditions can be confused with each other is reduced. That can help improve diagnosis and treatment and the patterns show that electrical activity appears to be affected long after combat-related mTBI, suggesting long-term changes in neural communication, the signaling between cells in the nervous system.

The study included 147 active-duty service members or veterans who had been exposed to blasts in Iraq and Afghanistan. Of those, 115 had mTBI, which accounts for nearly 80 percent of all traumatic brain injuries. Forty of the participants had PTSD, and 35 had both conditions. Despite the new findings, more work is needed to better explain the differences in the patterns of both conditions in the brain's electrical activity. Researchers need to analyze the differences in scans from larger numbers of patients.

For more information about VA research on PTSD and TBI, visit Posttraumatic Stress Disorder and Traumatic Brain Injury.

- **The Department of Veteran Affairs opened a new Veteran Crisis Line (VCL) satellite office in Atlanta, extending its capacity by nearly 600 veterans daily and doubling VA's ability to help veterans in need.**

As a part of the MyVA initiative, the largest restructuring in the Department's history, improvements of the VCL are a key priority, with the goal of providing 24/7, world-class suicide prevention and crisis intervention services to Veterans, servicemembers and their family members across the globe.

The VCL is critical to connecting veterans with facility-based Suicide Prevention Coordinators (SPCs). SPC teams within each Veterans Affairs Medical Center (VAMC) work to engage veterans and communities to raise awareness about VA's suicide prevention and behavioral health resources.

The VCL interfaces with various stakeholders, including the Veterans Health Administration (VHA) Suicide Prevention Program Office and the Substance Abuse and Mental Health Services Administration (SAMHSA), to provide critical services that ultimately provide a safe haven for Veterans and servicemembers.

Since VCL was launched in 2007, the crisis line counselors have:

- Answered nearly 2.6 million calls
- Dispatched emergency services to callers in imminent crisis more than 67,000 times
- Engaged nearly 314,000 veterans or concerned family members through the chat option launched in 2009
- Responded to nearly 62,000 requests since the launch of text services in November 2011
- Forwarded more than 416,000 referrals to local VA suicide prevention coordinators on behalf of Veterans to ensure continuity of care with Veterans' local VA providers

The VCL staff has grown over the years. Initially housed at Canandaigua VAMC in N.Y., it began with 14 responders and two health care technicians answering four phone lines. Today, the combined facilities employ more than 500 professionals, and VA is hiring more to handle the growing volume of calls. Atlanta offers 200 call responders and 25 social service assistants and support staff, while Canandaigua houses 310 and 43, respectively.

Callers dial the National Suicide Prevention Hotline number 1-800-273-TALK (8255) and veterans choose option 1 to reach a VHA VCL Responder. The text number is 838255 or

veterans may chat with our trained professionals online at Vets.gov. Calls, texts, and chats are immediately directed to a VA professional who is specially trained to handle emotional and mental health crises for veterans and servicemembers. VA is also streamlining and standardizing how crisis calls from other locations, such as VAMCs, reach the VCL, including full implementation of the automatic transfer function that directly connects Veterans who call their local VAMC to the VCL by pressing a single digit during the initial automated phone greeting.

For more information about the Veteran Crisis Line service expansion, see the [VCL expansion fact sheet](#) on VA's website.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services announced the selection of eight states for participation in a two-year Certified Community Behavioral Health Clinic (CCBHC) demonstration program.**

This demonstration is designed to improve behavioral health services in their communities. It is part of a comprehensive effort to integrate behavioral health with physical health care, increase consistent use of evidence-based practices, and improve access to high quality care for people with mental and substance use disorders.

The eight states HHS selected for this demonstration program include Minnesota, Missouri, New York, New Jersey, Nevada, Oklahoma, Oregon, and Pennsylvania. States have until July 1, 2017 to begin their two-year demonstration programs.

In 2015, HHS [awarded planning grants to 24 states](#) to support certification of community behavioral health clinics, solicit input from stakeholders, establish prospective payment systems for demonstration reimbursable services, and prepare an application to participate in the demonstration program.

Under the program, selected states will be reimbursed through Medicaid for behavioral health treatment, services and supports to Medicaid-eligible beneficiaries, using an approved prospective payment system. To qualify for certification, CCBHCs provide core services across the lifespan, utilize evidence-based practices and health information technology, report on quality measures, and coordinate care with primary care providers and hospitals in the community. Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders.

The selected states' demonstration programs will be evaluated based on data from 21 quality measures collected through sources such as program records, Medicaid claims, managed care encounter data, and clinic cost reports. Qualitative data also will be obtained from interviews with state officials and clinic staff. HHS will report on the access, quality and financial performance of the demonstration programs annually beginning December 2017, using data from the evaluation.

Authorized under Section 223 of the Protecting Access to Medicare Act of 2014, this demonstration program is a combined effort by several HHS agencies including SAMHSA, CMS, and the Office of the Assistant Secretary of Planning and Evaluation.

For more information on the Section 223 Demonstration Program for CCBHCs visit: <http://www.samhsa.gov/section-223>

- **The Centers for Disease Control and Prevention (CDC) is awarding nearly \$184 million in funding to states, territories, local jurisdictions, and universities to support efforts to protect Americans from Zika virus infection and associated adverse health outcomes, including microcephaly and other serious birth defects.**

These awards are part of the \$350 million in funding provided to CDC under the Zika Response and Preparedness Appropriations Act of 2016.

With remaining supplemental funds, CDC will continue important work, including sending emergency response teams to states with Zika outbreaks to partner with state and local public health officials; providing reference and surge laboratory capacity for the nation; providing a framework for tracking pregnancies and births affected by Zika; helping states deploy and target effective mosquito control; and supporting timely, accurate, and effective communication to the public and health care providers.

The \$184 million in CDC awards will fund the following Zika efforts:

Public Health Emergency Preparedness and Response Zika Activities: CDC is awarding \$25 million to 21 jurisdictions at greatest risk of Zika infections in their communities. Jurisdictions will use the funds to rapidly identify and investigate a possible outbreak of Zika virus in their communities; coordinate a comprehensive response across all levels of government and nongovernmental partners (including the healthcare sector); and identify and connect families affected by Zika to community services. Funding can also be used to purchase preparedness resources like insect repellent, screens and supplies for [Zika Prevention Kits](#). For more information on the breakdown of Zika supplemental funding by jurisdiction: www.cdc.gov/phpr/funding/zika-funding.htm.

Zika Epidemiology and Laboratory Capacity Activities: CDC is awarding nearly \$97 million to 58 state, territorial, city, and local public health departments through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement. This includes \$22 million in emergency funds ELC awarded to Florida and Texas earlier this fiscal year. These funds will strengthen epidemiologic surveillance and investigation, improve mosquito control and monitoring, and strengthen laboratory capacity. They will also support states participating in the US Zika Pregnancy Registry to monitor pregnant women with Zika and their infants, as well as Zika-related activities in US-Mexico border states. For more information on the breakdown of Zika supplemental funding by jurisdiction: www.cdc.gov/elc.

Zika Birth Defects Surveillance Activities: CDC is awarding more than \$8 million to 38 state, territorial, and local jurisdictions to establish, enhance, and maintain information-gathering systems to rapidly detect microcephaly—a serious birth defect of the brain—and other adverse outcomes potentially related to Zika virus infection during pregnancy. These funds will also help states and territories ensure that infants and their families are referred to appropriate health and social services. Finally, the awards will enable states and territories to monitor the health and developmental outcomes of children affected by Zika. For more information on the breakdown of Zika supplemental funding by jurisdiction: www.cdc.gov/zika/pdfs/surveillancefunding.pdf.

Vector-Borne Disease Regional Centers of Excellence: CDC is awarding nearly \$40 million to four universities to establish centers that can help effectively address emerging and exotic vector-borne diseases in the United States, like Zika. There are significant regional differences in vector ecology, disease transmission dynamics and resources across the United States. These centers will help generate the necessary research, knowledge and capacity to enable appropriate and timely local public health action for vector-borne diseases throughout the country. CDC is awarding nearly \$10 million each to the University of Florida, the University of Texas Medical Branch at Galveston, the University of Wisconsin in Madison, and Cornell University.

Vector Control Unit in Puerto Rico: CDC is awarding \$14 million to the Puerto Rico Science, Technology and Research Trust (ST&R Trust) to oversee the first vector control unit (VCU) in Puerto Rico, which CDC helped establish. The funding will support ST&R Trust as they continue to implement [comprehensive mosquito control activities](#) to help prevent and manage diseases

spread by mosquitos, like Zika, dengue and chikungunya.

Zika virus spreads to people primarily through the bite of an infected *Aedes* species mosquito (specifically, *Aedes aegypti* and *Aedes albopictus*). Zika infection can also be spread by people who are infected to their sex partners. There is no vaccine or treatment for Zika and many people infected with Zika have no symptoms. Of those who do have symptoms, the most common are fever, rash, joint pain, and conjunctivitis (red eyes). Zika infection during pregnancy can cause microcephaly and other severe brain abnormalities in the developing fetus.

CDC encourages everyone, especially pregnant women and women planning to become pregnant, to protect themselves from mosquito bites to avoid possible Zika virus infection. Additionally, pregnant women should not travel to areas with Zika virus, and should take steps to protect themselves during sex if their partner has traveled to an area with Zika.

For more information about Zika: www.cdc.gov/zika. For more information about previous Zika funding: www.cdc.gov/zika/specific-groups/funding.html.

REPORTS/POLICIES

- **The GAO published “Newborn Screening Timeliness: Most States Had Not Met Screening Goals, but Some Are Developing Strategies to Address Barriers,” (GAO-17-196) on Dec. 15, 2016.** This report examines what is known about the timeliness of newborn screening for heritable conditions; and barriers identified as contributing to screening delays, and strategies used to address them. <http://www.gao.gov/assets/690/681635.pdf>

HILL HEARINGS

- There are no hearings scheduled until 2017.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- HIMSS 2017 Annual Conference will be held on **Feb. 19-23, 2017**, in Orlando, Fla. <http://www.himssconference.org/>
 - The Heroes of Military Medicine Awards will be held on **May 4, 2017**, in Washington, DC. <http://www.hjfc3.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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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.