

Federal Health Update

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ktheroux@federalhealthcarenews.com

Happy New Year!

EXECUTIVE AND CONGRESSIONAL NEWS

- **On Dec. 28, 2015, President Obama signed into law S. 2425, the “Patient Access and Medicare Protection Act.”** This legislation makes changes to Medicare payments for certain complex rehabilitation technology and radiation therapy services, provide flexibility in applying a hardship exception from meaningful use of electronic health records, and improve Medicare and Medicaid program integrity.
- **On Dec. 18, 2015, President Obama signed into law H.R. 2029, “Consolidated Appropriations Act, 2016.”** This legislation provides fiscal year 2016 full-year appropriations through September 30, 2016 for all agencies.

MILITARY HEALTH CARE NEWS

- **On Dec. 30, 2015, TRICARE announced that most copays for prescription drugs at Home Delivery and retail network pharmacies will increase slightly, effective Feb. 1, 2016.**

The 2016 National Defense Authorization Act (NDAA) requires TRICARE to change its prescription copays. All drugs at military pharmacies, and generic drugs through Home Delivery, are still available at no cost to beneficiaries. Copays for brand name drugs through Home Delivery increase from \$16 to \$20, for up to a 90-day supply. At retail pharmacies, generic drug copays go from \$8 to \$10, and brand name drug copays go from \$20 to \$24 dollars, for up to a 30-day supply. Copays for non-formulary drugs and for drugs at non-network pharmacies will also change.

Beneficiaries can save up to \$208 in 2016 for each brand name prescription drug they switch from retail pharmacy to Home Delivery. Home Delivery offers safe and convenient delivery of your prescription drugs right to your mailbox.

To see the new TRICARE pharmacy copays, learn more about the TRICARE Pharmacy benefit, or move your prescription to Home Delivery, visit www.tricare.mil/pharmacy.

- **On Dec. 29, 2015, TRICARE provided an overview of the benefit coverage for cataract removal.**

According to the press release, TRICARE covers the standard intraocular lens (IOL), a fixed lens designed to target vision at a single focal point. During cataract surgery, the natural clouded lens is removed and then replaced by an IOL to become a permanent part of your eye. This provides good distance vision but patients typically need glasses for near and intermediate tasks such as reading and computer use. TRICARE also covers one pair of eyeglasses or contact lenses as a prosthetic device after each medically necessary cataract surgery where an IOL is inserted.

Cataract removal is one of the most common operations performed in the United States. According to the National Eye Institute, it also is one of the safest and most effective types of surgery. In about 90 percent of cases, people who have cataract surgery have better vision afterward.

If a beneficiary would like a non-standard IOL instead of a standard monofocal IOL, the beneficiary will be responsible for the difference in the charges. For more information about covered vision services, contact a [regional contractor](#) or visit the [Eye Surgery and Treatment](#) page on the TRICARE website.

- **Delta Dental of California announced that enrollment in the TRICARE Retiree Dental Program (TRDP) surpassed 1.5 million lives in December.**

The TRDP is a combined fee-for-service/preferred provider program that offers enrollees access to comprehensive, affordable dental care in the United States and overseas. Enrollees may seek care from any licensed dentist; however, the best plan benefits — including no copayments for routine cleanings, exams and x-rays — are obtained by using a TRDP network dentist. Diagnostic and preventive services, basic restorative services, periodontics, endodontics, oral surgery, dental emergencies and a separate dental accident benefit are available immediately upon the enrollee's effective date of coverage.

The waiting period for an enhanced scope of benefits is 12 months, after which the maximum coverage for crowns, bridges, full/partial dentures and orthodontics goes into effect. New enrollees can qualify to waive the waiting period if they enroll within four months after retirement from active duty or transfer to Retired Reserve status. The TRDP also coordinates benefits with other dental plans, maximizing the enrollee's overall coverage under both plans.

In December 2012, the Department of Defense (DoD) awarded the TRDP contract to Delta Dental, continuing the company's prior 15 years of service to Uniformed Services retirees and their family members. The TRDP is the nation's largest voluntary, all-enrollee paid dental program.

Eligible retirees and their family members can learn more about the program through the TRDP website at www.trdp.org.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced the appointment of four new members to the Advisory Committee on Minority Veterans.**

The committee was chartered on Nov. 2, 1994, and advises the Secretary of Veterans Affairs on the needs of the nation's 4.7 million minority veterans on compensation, health care, rehabilitation, outreach and other benefits and programs administered by the VA. The committee assesses the needs of Veterans who are minority group members and recommends program improvements designed to meet their needs. The committee members are appointed to two or three-year terms. Minority Veterans comprise nearly 21 percent of the total Veteran population in the United States and its territories.

The new committee members are:

Melissa Castillo: Navy veteran of San Antonio, Texas. She currently serves as the assistant veterans service officer at the Bexar County Veterans Service Office in San Antonio, Texas, and is an accredited veterans service officer. Castillo has served as the assistant regional director for San Antonio Region, Veterans County Service Officer Association of Texas; assistant women veterans coordinator; advisor to the US Army Survivor Outreach Services Program; and advisor to the Alamo Community College District Veterans Affairs Committee.

Benno Cleveland: Army veteran of Fairbanks, Alaska. He founded the Alaska Native Veterans Association and is currently serving as president. Cleveland served two tours in Dong Tam, Vietnam where he earned a Purple Heart. He also served as senior vice commander and department commander of the Military Order of the Purple Heart. In recognition of his distinguished military service, the Alaska Federation of Natives bestowed him with their "Veteran of the Year" honors in 2014 at their Annual Convention in Anchorage.

Ginger Miller: Navy veteran of Accokeek, Maryland, and former homeless disabled veteran. She founded and acted as CEO of two nonprofit organizations that serve veterans and their families: John 14:2, Inc. and Women Veterans Interactive. She also has served as chairwoman of the Prince George's County Veterans Commission; commissioner, Maryland Commission for Women; member of the Maryland Veterans Resilience Advisory Council; and a member of the Maryland Caregivers Support Coordinating Council. She is currently a member of Disabled American Veterans.

Xiomara Sosa: Army veteran of Summerville, South Carolina. Sosa is the founder and principal of XAS Consulting, LLC, an integrative mental healthcare and holistic wellness consulting firm. She has served on the Women Veteran Social Justice board of directors; Military Partners and Families Veteran Initiative; the Semper Fidelis Health and Wellness Advisory Board; and a current member of the Women in Military Service for America Memorial Foundation, Inc.

The new members join current members:

Marvin Trujillo, Jr., Committee Chairman, Marine Corps veteran

Many-Bears Grinder, Col. (USA-Ret)

Patricia Jackson-Kelley, Lt. Col. (USA-Ret)

Librado Rivas, Command Sgt. Maj. (USA-Ret)

Teresita Smith, Sgt. First Class (USA-Ret)

Rebecca Stone, Staff Sgt. (USA-Ret)

Cornell Wilson, Jr., Maj. Gen. (USMC-Ret)

Anthony Woods, Army veteran

GENERAL HEALTH CARE NEWS

- **From 2000 to 2014 nearly half a million Americans died from drug overdoses. Opioid overdose deaths, including both opioid pain relievers and heroin, hit record levels in 2014, with an alarming 14 percent increase in just one year, according to new data published by the Center of Disease Control and Prevention (CDC).**

The most commonly prescribed opioid pain relievers, those classified as natural or semi-synthetic opioids such as oxycodone and hydrocodone, continue to be involved in more overdose deaths than any other opioid type. These deaths increased by 9 percent (813 more deaths in 2014 than 2013).

Increases in prescription opioid pain reliever and heroin deaths are the biggest driver of the drug overdose epidemic. Deaths from heroin increased in 2014, continuing a sharp rise that has seen heroin overdoses triple since 2010. Deaths involving illicitly made fentanyl, a potent opioid often added to or sold as heroin, also are on the upswing.

Drug overdose deaths are up in both men and women, in non-Hispanic whites and blacks, and in adults of nearly all ages. Rates of drug overdose deaths were highest among five states: West Virginia, New Mexico, New Hampshire, Kentucky, and Ohio. A map of drug overdose deaths by state (2013 and 2014) is available at <http://www.cdc.gov/drugoverdose/data/statedeaths.html>.

The findings show that two distinct but intertwined trends are driving America's overdose epidemic: a 15-year increase in deaths from prescription opioid pain reliever overdoses as a result of misuse and abuse, and a recent surge in illicit drug overdoses driven mainly by heroin. Both of these trends worsened in 2014.

More than 6 in 10 drug overdose deaths in 2014 involved opioids, including opioid pain relievers and heroin. The largest increase in opioid overdose deaths involved synthetic opioids (not including methadone), which were involved in 5,500 deaths in 2014, nearly twice as many as the year before. Many of these overdoses are believed to involve illicitly-made fentanyl, a short-acting opioid.

In addition, heroin-related death rates increased 26 percent from 2013–2014, totaling 10,574 deaths in 2014. Past misuse of prescription opioids is the strongest risk factor for heroin initiation and use—especially among people who became dependent upon or abused prescription opioids in the past year. The increased availability of heroin, its relatively low price (compared to prescription opioids), and high purity appear to be major drivers of the upward trend in heroin use, overdoses, and deaths.

To read the report, please visit:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm64e1218a1.htm?s_cid=mm64e1218a1_w

- **On Dec. 21, 2015, the U.S. Food and Drug Administration approved Upravi (selexipag) tablets to treat adults with pulmonary arterial hypertension (PAH), a chronic, progressive, and debilitating rare lung disease that can lead to death or the need for transplantation.**

PAH is high blood pressure that occurs in the arteries that connect the heart to the lungs. It causes the right side of the heart to work harder than normal, which can lead to limitations on exercise ability and shortness of breath, among other more serious complications.

Uptravi belongs to a class of drugs called oral IP prostacyclin receptor agonists. The drug acts by relaxing muscles in the walls of blood vessels to dilate (open) blood vessels and decrease the elevated pressure in the vessels supplying blood to the lungs.

Uptravi's safety and efficacy were established in a long-term clinical trial of 1,156 participants with PAH. Uptravi was shown to be effective in reducing hospitalization for PAH and reducing the risks of disease progression compared to placebo. Participants were exposed to Uptravi in this trial for a median duration of 1.4 years.

Uptravi was granted orphan drug designation. Orphan drug designation provides incentives such as tax credits, user fee waivers, and eligibility for exclusivity to assist and encourage the development of drugs for rare diseases.

Uptravi is marketed by San Francisco-based Actelion Pharmaceuticals US, Inc.

REPORTS/POLICIES

- **The GAO published “Defense Health Care: Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder,” (GAO-16-154) on Dec. 18, 2015.** This report identifies and describes published research on the use of HBO2 therapy for TBI and PTSD. <http://www.gao.gov/assets/680/674334.pdf>

HILL HEARINGS

- There are no hearings scheduled in the first week of 2016.

LEGISLATION

- **H.R.4299** (introduced Dec. 18, 2015): the *Patient Opportunity Protection Act of 2015* was referred to the House Committee on Energy and Commerce
Sponsor: Representative Rod Blum [IA-1]
- **S.2423** (introduced Dec. 18, 2015): A bill making appropriations to address the heroin and opioid drug abuse epidemic for the fiscal year ending September 30, 2016, and for other purposes was referred to the Committee on Appropriations.
Sponsor: Senator Jeanne Shaheen [NH]
- **S.2424** (introduced Dec. 18, 2015): Early Hearing Detection and Intervention Act of 2015
Sponsor: Senator Rob Portman [OH] (introduced 12/18/2015) Cosponsors (1)
Committees: Senate Health, Education, Labor, and Pensions
Latest Major Action: 12/18/2015 Referred to Senate committee. Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
- **S.2425** (introduced Dec. 18, 2015): Patient Access and Medicare Protection Act was signed by the President on Dec. 28, 2015
Sponsor: Senator Rob Portman [OH]
- **S.2427** (introduced Dec. 18, 2015): the Disability Integration Act of 2015 was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Charles E. Schumer [NY]

MEETINGS

- A National Center for Disaster Medicine and Public Health webinar “Public Health Incident Leadership,” will be held on **Jan. 28, 2016 at 1:00 pm ET**. Mickey Scullard, MPH, MEP and Deb Radi MBA, BSW, both of the Minnesota Department of Health Emergency Preparedness and Response Section, will present this webinar on how to apply everyday leadership skills to emergency response. To access the webinar, please visit: <http://ncdmph.adobeconnect.com/r29la7j8m1g/>. Call in: 1-888-537-7715, Participant Code: 39933371
- 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 katetheroux@federalhealthcarenews.com.