

Federal Health Update

JAN. 6, 2017

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

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Happy New Year!

EXECUTIVE AND CONGRESSIONAL NEWS

- **The 115th Congress commenced Jan. 3, 2017. House Speaker Paul Ryan was re-elected.**

MILITARY HEALTH CARE NEWS

- **The Department of Defense (DoD) announced a renewed effort to ensure veterans are aware of the opportunity to have their discharges and military records reviewed.**

Through enhanced public outreach, engagement with Veterans Service Organizations (VSOs), Military Service Organizations (MSOs), and other outside groups, as well as direct outreach to individual veterans, the department encourages all veterans who believe they have experienced an error or injustice to request relief from their service's Board for Correction of Military/Naval Records (BCM/NR) or Discharge Review Board (DRB).

Veterans who desire a correction to their service record or who believe their discharge was unjust, erroneous, or warrants an upgrade, are encouraged to apply for review.

For discharge upgrades, if the discharge was less than 15 years ago, the veteran should complete DD Form 293 (<http://www.dtic.mil/whs/directives/forms/eforms/dd0293.pdf>) and send it to their service's DRB (the address is on the form). For discharges over 15 years ago, the veteran should complete the DD Form 149 (<http://www.dtic.mil/whs/directives/forms/eforms/dd0149.pdf>) and send it to their service's BCM/NR (the address is on the form).

For corrections of records other than discharges, veterans should complete the DD Form 149 and submit their request to their service's BCM/NR (the address is on the form). There are three keys to successful applications for upgrade or correction.

- First, it is very important to explain why the veteran's discharge or other record was unjust or erroneous—for example, how it is connected to, or resulted from unjust policies, a physical or mental health condition related to military service, or some other explainable or justifiable circumstance.
- Second, it is important to provide support, where applicable, for key facts. If a veteran has a relevant medical diagnosis, for example, it would be very helpful to include medical records that reflect that diagnosis.
- Third, it is helpful, but not always required, to submit copies of the veteran's applicable service records. The more information provided, the better the boards can understand the circumstances of the discharge.

BCM/NRs are also authorized to grant relief on the basis of clemency. Veterans who believe their post-service conduct and contributions to society support an upgrade or correction should describe their post-service activity and provide any appropriate letters or other documentation of support.

Personnel records for veterans who served after 1997 should be accessible online and are usually retrievable within hours of a request through the [Defense Personnel Records Information Retrieval System \(DPRIS\)](#). Those who served prior to 1997 or for whom electronic records are not available from DPRIS, can request their records from the National Personnel Records Center (NPRC) using the [eVetRecs website](#).

- **On Dec. 30, 2016, TRICARE highlighted its Speech Therapy benefit. TRICARE covers speech therapy to treat speech, language and voice dysfunctions resulting from birth defects, disease, injury, hearing loss and pervasive developmental disorders.**

Beneficiaries will need to have a referral or prescription to get speech therapy services. A referral from a primary care manager is necessary for beneficiaries using TRICARE Prime, Standard and Extra.

Speech therapy services are separate from any other services your child may be getting through the Extended Care Health Option, Autism Care Demonstration or any other special program. It requires a separate referral and authorization. If one gets speech therapy without a referral, it may result in more out-of-pocket costs.

TRICARE doesn't cover speech therapy services for disorders resulting from occupational or educational deficits, myofunctional or tongue thrust therapy, videofluoroscopy evaluation, maintenance therapy that doesn't require a skilled level after a therapy program has been designed or special education services from a public educational agency to beneficiaries age 3-21.

To learn more about TRICARE's speech therapy benefit, please visit the [TRICARE website](#).

VETERANS AFFAIRS NEWS

- **Four new members have been appointed to the Department of Veterans Affairs (VA) Advisory Committee on Women Veterans, an expert panel that advises VA's Secretary on issues and programs impacting women veterans.**

Established in 1983, the committee makes recommendations to the VA Secretary for policy and legislative changes.

New Members VA Advisory Committee on Women Veterans

- **Lisa Kirk Brown, Bellingham, Wa.** A retired Maryland Air National Guard Lieutenant Colonel; currently serves as a member of the Washington State Department of Veterans Affairs' Women Veterans Advisory Committee, a member of the Whatcom County Veterans Advisory Board, and a Disabled American Veterans service officer.
- **Kate Germano, Upper Marlboro, Md.** A retired U.S. Marine Corps Lieutenant Colonel; currently serves as chief operating officer for Service Women's Action Network (SWAN), a non-profit organization solely focused on supporting the needs of service women and women Veterans.
- **Karen O'Brien, University Place, Wa.** A retired U.S. Army Colonel, with deployments in support of Operation Enduring Freedom; currently serves as a compensation and pension physician for the Veterans Benefits Administration in American Lake, WA.
- **Betty Yarbrough, Springfield, Va.** A retired U. S. Army Colonel, with deployments in support of Operation Desert Shield/Desert Storm and Operation Iraqi Freedom; immediate past military director of the Defense Advisory Committee on Women in the Services, where she served as the primary advisor to the Secretary of Defense for Personnel and Readiness on all matters pertaining to women in the armed forces.

Committee members Octavia Harris (Retired Command Master Chief Petty Officer) San Antonio, and Shannon McLaughlin, Esq. (Major, Massachusetts National Guard) Sharon, Mass. have been reappointed for an additional term.

For information about VA's benefits and services for women veterans, visit www.va.gov/womenvet.

- **On Jan. 3, 2017, *The Washington Examiner* reported that President-elect Donald Trump is considering Leo Mackay to lead the Department of Veterans Affairs.**

Mackay is senior vice president at Lockheed Martin and previously served as deputy VA secretary under President George W. Bush.

Separately, the *Wall Street Journal* reports that Trump transition officials say Trump is considering pushing the Department of Veterans Affairs toward what they said would be a public-private model.

According to the VA, nearly one-third of VA appointments are served by the private sector. In 2014, it was lower than 20 percent. In 2016, almost 17 percent of the VA's health care costs – totaling more than \$11 billion – was paid to the private sector.

GENERAL HEALTH CARE NEWS

- **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.**

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.

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

- **The U.S. Food and Drug Administration approved Spinraza (nusinersen), the first drug approved to treat children and adults with spinal muscular atrophy (SMA), a rare and often fatal genetic disease affecting muscle strength and movement.**

Spinraza is an injection administered into the fluid surrounding the spinal cord.

SMA is a hereditary disease that causes weakness and muscle wasting because of the loss of lower motor neurons controlling movement. There is wide variability in age of onset, symptoms and rate of progression. Spinraza is approved for use across the range of spinal muscular atrophy patients.

The FDA asked the sponsor to conduct an interim analysis as a way to evaluate the study results as early as possible; 82 of 121 patients were eligible for this analysis. Forty percent of patients treated with Spinraza achieved improvement in motor milestones as defined in the study, whereas none of the control patients did.

Additional open-label uncontrolled clinical studies were conducted in symptomatic patients who ranged in age from 30 days to 15 years at the time of the first dose, and in pre-symptomatic patients who ranged in age from 8 days to 42 days at the time of first dose. These studies lacked control groups and therefore were more difficult to interpret than the controlled study, but the findings appeared generally supportive of the clinical efficacy demonstrated in the controlled clinical trial in infantile-onset patients.

The most common side effects found in participants in the clinical trials on Spinraza were upper respiratory infection, lower respiratory infection and constipation. Warnings and precautions include low blood platelet count and toxicity to the kidneys (renal toxicity). Toxicity in the nervous system (neurotoxicity) was observed in animal studies.

The FDA granted this application [fast track designation](#) and [priority review](#). The drug also received [orphan drug designation](#), which provides incentives to assist and encourage the development of drugs for rare diseases.

The sponsor is receiving a [rare pediatric disease priority review voucher](#) under a program intended to encourage development of new drugs and biologics for the prevention and treatment of rare pediatric diseases. A voucher can be redeemed by a sponsor at a later date to receive priority review of a subsequent marketing application for a different product. This is the eighth rare pediatric disease priority review voucher issued by the FDA since the program began.

Spinraza is marketed by Biogen of Cambridge, Massachusetts and was developed by Ionis Pharmaceuticals of Carlsbad, Calif.

- **The American Cancer Society announced that the cancer death rates in the United States have dropped 25 percent since 1991.**

The report examines the latest cancer incidence and mortality estimates, which indicate that in

2017, close to 1.7 million Americans will be diagnosed with cancer and about 600,000 U.S. cancer patients will die. As a result, there are about 2 million fewer cancer deaths than would be expected if cancer death rates had remained at their peak.

Research shows that men are more likely to be diagnosed with and die from cancer compared to women. However, men's overall risk for developing a cancer has fallen, while the rate for women is unchanged.

The decrease in cancer death rates among men is because of large declines for the top three cancers - prostate, lung and colorectal - accounting for more than 40 percent of cancers diagnosed in men.

The two cancers that account for nearly 40 percent of all cases among women - breast and uterine (endometrial) cancer - remained steady. Additionally, thyroid cancer incidence among women rose almost five percent a year, while lung cancer dropped only half as fast in women as in men.

The report contains data compiled by the U.S. National Program of Cancer Registries, the North American Association of Central Cancer Registries, and the U.S. National Center for Health Statistics. It was published Jan. 5 in *CA: A Cancer Journal for Clinicians*.

To read the full report, visit: [Cancer Statistics, 2017](#).

REPORTS/POLICIES

- There were no relevant reports published this week.

HILL HEARINGS

- There are no health-related hearings scheduled next week.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- A National Center for Disaster Medicine and Public Health webinar: "Disaster Behavioral Health Education: Education Fact Sheets to Enhance Preparedness and Response," will be held on **Jan. 18, 2017**, at 11:00 am. <https://usuhs.adobeconnect.com/ncdmphdisasterbehavioralhealth/>; Call in: 1-888-537-7715; Participant Code: 39933371
- 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/>

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.