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

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EXECUTIVE AND CONGRESSIONAL NEWS

- There were no health-related Executive or Congressional announcements this week.

MILITARY HEALTH CARE NEWS

- The Military Times reports the military services are proposing to eliminate more than 17,000 uniformed medical billets -- physicians, dentists, nurses, technicians, medics and support personnel. This represent about 13 percent of the military medical force.

  The proposal would allow the military services to move these billets to be combat positions. Defense officials also claims the move would increase the workload of the remaining medical staff, strengthening medical skills and also to improve quality of care for beneficiaries, defense officials explained.

  The proposal will have to be approved by the White House and Congress for fiscal year 2021. For more details, please visit: https://www.military.com/daily-news/2019/01/10/more-17000-uniformed-medical-jobs-eyed-elimination.html

VETERANS AFFAIRS NEWS

- On Jan. 4, 2019, the Senate confirmed James Gfrerer to head the IT department for the Department of Veterans Affairs.
Gfrerer, a graduate of the U.S. Naval Academy, served with the U.S. Marine Corps for more than 20 years. He also led various interagency efforts to promote cybersecurity and counterterrorism as a Defense Department detailee to the State Department.

At Ernest and Young, Gfrerer has worked with a team of information technology professionals to provide cyber architecture advisory services under the company’s cybersecurity practice.

**GENERAL HEALTH CARE NEWS**

- The American Cancer Society announced U.S. cancer deaths have consistently declined over the past 25 years.

The 27 percent decline translating to approximately 2.6 million fewer cancer deaths between 1991 and 2016. The data come from Cancer Statistics, 2019, the American Cancer Society’s widely-quoted annual report on cancer rates and trends.

The report estimates that in 2019, 1,762,450 new cancer cases and 606,880 cancer deaths will occur in the U.S. Since its peak of 215.1 deaths (per 100,000 population) in 1991, the cancer death rate has dropped steadily by approximately 1.5 percent per year to 156.0 in 2016, an overall decline of 27 percent. This translates to an estimated 2,629,200 fewer cancer deaths than would have occurred if mortality rates had remained at their peak.

The decline in cancer mortality over the past two decades is primarily the result of steady reductions in smoking and advances in early detection and treatment, which are reflected in the declines for the four major cancers: lung, breast, prostate, and colorectal.


In contrast to declines for the most common cancers, death rates rose from 2012 through 2016 for liver (1.2 percent per year in men; 2.6 percent per year in women), pancreatic (men only, by 0.3 percent per year), and uterine corpus (endometrial) cancers (2.1 percent per year), as well as for cancers of the brain and other nervous system, soft tissue (including heart), and sites within the oral cavity and pharynx associated with the human papillomavirus (HPV).

The cancer incidence rate was stable in women and declined by approximately 2 percent per year in men over the past decade of available data (2006-2015). In men, the drop reflects accelerated declines during the past 5 years of approximately 3 percent per year for lung and colorectal cancers, as well as a drop of 7 percent per year for prostate cancer, which is attributed to decreased PSA testing. For women, declines in incidence have continued for lung cancer, but have tapered in recent years for colorectal cancer, while rates for other common cancers are increasing or stable, e.g., an increase of 0.4 percent per year for breast cancer.

Although the racial gap in cancer mortality is slowly narrowing, socioeconomic inequalities are widening, with residents of the poorest counties experiencing an increasingly disproportionate burden of the most preventable cancers. For example, cervical cancer mortality among women in poor counties in the U.S. is twice that of women in affluent counties, while lung and liver cancer mortality is more than 40 percent higher in men living in poor counties compared to those in affluent ones. Meanwhile, socioeconomic inequalities in cancer mortality are small or non-existent for cancers that are less amenable to prevention and/or treatment, like pancreatic and ovarian cancers.

Prior to the 1980s, socioeconomic deprivation was associated with lower cancer mortality. The most striking socioeconomic shift occurred for colorectal cancer mortality; rates in men in the
poorest counties were approximately 20 percent lower than those in affluent counties in the early 1970s, but are now 35 percent higher. This reversal reflects changes in dietary and smoking patterns that influence CRC risk, as well as the slower dissemination of screening and treatment advances among disadvantaged populations.

Other statistics from the report include:

- In 2016, 22 percent of all deaths were from cancer, making it the second leading cause of death after heart disease in both men and women.
- Cancer is the leading cause of death in many states, as well as in Hispanic and Asian Americans and people under 80.
- Incidence has increased for melanoma and cancers of the liver, thyroid, uterine corpus, and pancreas.
- Survival rates have improved for most cancer types, but advances have been slow for lung and pancreatic cancers, partly because greater than one-half of cases are diagnosed at a distant stage.

REPORTS/POLICIES


HILL HEARINGS

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

LEGISLATION

- **H.R.383** (introduced January 9, 2019): A bill to amend the Patient Protection and Affordable Care Act to ensure that preexisting condition exclusions with respect to enrollment in health insurance coverage and group health plans continue to be prohibited was referred to the House Committee on Energy and Commerce. Sponsor: Representative David P. Joyce [R-OH-14]
- **S.62** (introduced January 9, 2019): A bill to amend title XVIII of the Social Security Act to allow the Secretary of Health and Human Services to negotiate fair prescription drug prices under part D of the Medicare program was referred to the Committee on Finance. Sponsor: Senator Amy Klobuchar [D-MN]
- **H.R.344** (introduced January 9, 2019): A bill to require the Secretary of Defense to develop and implement a plan to provide chiropractic health care services for certain covered beneficiaries as part of the TRICARE program was referred to the House Committee on Armed Services. Sponsor: Representative Mike D. Rogers [R-AL-3]
- **H.R.326** (introduced January 8, 2019): A bill to direct the Secretary of State, the Secretary of Health and Human Services, and the Secretary of Veterans Affairs to provide assistance for individuals affected by exposure to Agent Orange, and for other purposes was referred to the Committees on Veterans’ Affairs, Energy and Commerce, and Foreign Affairs. Sponsor: Representative Barbara. Lee [D-CA-13]
• **H.R.275** (introduced January 8, 2019): A bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries was referred to the Committees on Energy and Commerce, and Ways and Means. Sponsor: Representative Peter Welch [D-VT-At Large]

• **H.R.269** (introduced January 8, 2019): Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019S was placed on Senate Legislative Calendar. Sponsor: Representative Anna G. Eshoo [D-CA-18]

**MEETINGS**

• HIMSS 2019 Annual Conference will be held on **Feb. 11-15, 2019**, in Orlando, Fla. [http://www.himssconference.org/](http://www.himssconference.org/)


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