

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **President Obama will give his State of the Union on Jan. 20, 2015.**
- **The House passed H.R. 240, making appropriations for the Department of Homeland Security for the fiscal year ending Sept. 30, 2015, on Jan. 14, 2014.**

MILITARY HEALTH CARE NEWS

- **As tax season begins, Defense Department officials want to remind TRICARE beneficiaries of changes in the tax laws, which require all Americans to have health care insurance.**

For the first time since the Affordable Care Act passed in 2012, all U.S. citizens, including service members, their families, military retirees, DoD civilians and non-appropriated employees, must report health care coverage on their 2014 taxes. For this year only, taxpayers will “self-attest” on their 2014 tax forms to each month in which they had health care coverage.

In January 2015, DoD and the services’ pay centers will issue military and civilian taxpayers forms that reflect medical coverage, much the same way employees receive their W2s.

DoD has more than 250,000 beneficiaries who are eligible for TRICARE. It is up to each service member to make sure their DEERS data base lists Social Security numbers for them and their families, so the 2015 health care tax forms can be sent out.

The act mandates that health care must meet minimum essential coverage, and TRICARE

coverage meets that criteria for the majority of service members and their families.

Uniformed service members who have questions about TRICARE, the act and the individual coverage mandate can visit the TRICARE [website](#) and download the fact sheet on TRICARE and the act, where TRICARE plans are listed with how they match up to minimum essential coverage. The site also has suggestions for those who need coverage to meet the act's minimum requirements. That group of individuals could include retired reserve members, select reserve members, young adults up to age 26 and those who leave military service but need transitional coverage.

- **Professional athletes and service members have something in common that might not be immediately obvious: they are both at risk for injuries that lead to concussions, which is a form of mild traumatic brain injury.**

While initiatives started by the NFL to tackle this issue have been grabbing recent headlines, treatment programs for service members injured at home and on the battlefield are leading the way in developing the protocols to treat patients with concussions and other forms of mild TBIs.

Navy Medicine is among those taking steps to advance and standardize care of service members who may be suffering from a concussion, which led to three training sessions being offered at Naval Medical Center Portsmouth for shipboard and clinic health care providers in Hampton Roads Jan. 7 - 9.

A team from the Navy Bureau of Medicine and Surgery's Wounded, Ill and Injured taught dozens of providers the protocols for assessing and treating mild TBI and concussions over the three days.

Of recorded cases, 85 percent of concussion and TBI that happen to active duty personnel are while they are not deployed. A mild TBI/concussion occurs when two conditions are met: an injury event and either an alteration of consciousness, a loss of consciousness or post-traumatic amnesia.

When a service member is believed to have this type of injury, their first-line provider will administer an evaluation called a MACE, or Military Acute Concussion Evaluation. Service members must also be allowed to rest and have downtime for a minimum of 24 hours following the potentially concussive event, even if they are not diagnosed with a concussion.

Service members who have more than one potential concussion in any 12-month period will be required to rest for additional time after their symptoms resolve. They must be re-evaluated and medically cleared before returning to duty.

"About 95 percent of people will recover from this in a week or so, but the small percentage who do not, will have to go and receive more specialized care," Capt. Jack Tsao, program director for BUMED's TBI program said. "The overall goal of this training is to help standardize the way patients are treated for this type of injury."

First-line providers will monitor concussion patients for more than a dozen symptoms ranging from headache, dizziness and irritability to memory problems, sleep issues and seizures. The patients can also be treated with medication to reduce headache and help other symptoms. If the symptoms persist, the patient can be referred to a facility for CT scans and more advanced treatment as required.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced the appointment of new members to**

the Research Advisory Committee (RAC) on Gulf War Veterans' Illnesses.

VA appointed Stephen L. Hauser, MD as committee chair for a term through September, 2016. Dr. Hauser is the Robert A. Fishman Distinguished Professor and chair of the Department of Neurology at the University of California, San Francisco. A neuroimmunologist, Dr. Hauser's research has advanced the understanding of the genetic basis, immune mechanisms and treatment of multiple sclerosis.

Additional appointees include

- Ronnie D. Horner, PhD, who is a Professor of Epidemiology in the Department of Health Services Policy and Management at the Arnold School of Public Health, University of South Carolina;
- Frances E. Perez-Wilhite, a former US Army Officer who served as a Lieutenant in Desert Shield in 1990; and
- Scott S. Young, MD, a former Navy flight surgeon during the Gulf War, who currently heads Kaiser Permanente's Care Management Institute, an organization dedicated to creating and supporting high quality care delivery programs.

These new members will serve terms through September 2017.

VA will also begin a study to examine brain cancer in Gulf War veterans. The formation of the study was prompted by a discussion between VA Secretary Robert A. McDonald and members of the RAC. The members expressed concerns over the possible association between exposure to chemical nerve agents and brain cancer in Gulf War veterans.

Some veterans may have been exposed to chemical weapon agents during the demolition of the munitions depot in Khamisiyah, Iraq, in March 1991 after the Gulf War ceasefire. VA expects to complete the brain cancer study by the spring.

The RAC was established by section 104 of Public Law 105-368 to provide advice to VA on proposed research studies, research plans or research strategies relating to the health consequences of military service in the Southwest Asia theater of operations during the 1990-1991 Gulf War (Operations Desert Shield and Desert Storm). The committee periodically releases reports that summarize and make recommendations regarding research on the health of Gulf War veterans.

Information about the Khamisiyah munitions depot can be found at http://www.gulflink.osd.mil/library/kham_info.jsp.

- **The Department of Veterans Affairs (VA) is accepting applications for the 2015 National Veterans Wheelchair Games. Registration began in early January and will close April 15.**

The National Veterans Wheelchair Games is a sports and rehabilitation program for military service veterans who use wheelchairs for sports competition due to spinal cord injuries, amputations or certain neurological problems. Each year, hundreds of disabled veterans travel from around the country to compete in the games, which is the largest annual wheelchair sports event in the world. With them, they bring the fighting spirit and tenacity that defines the veterans of our Armed Forces.

Competitive events at the National Veterans Wheelchair Games include air guns, archery, basketball, bowling, field events, hand cycling, a motorized wheelchair rally, nine-ball, power soccer, quad rugby, slalom, softball, swimming, table tennis, track, trapshooting and weightlifting. Athletes compete in all events against others with similar athletic ability, competitive experience or age.

The 2015 National Veterans Wheelchair Games will take place in Dallas, Texas, from June 21-26. The games are cosponsored by VA and Paralyzed Veterans of America, VA's partner in this annual event since 1985. For more information, please visit www.wheelchairgames.org.

GENERAL HEALTH CARE NEWS

- **A report published in the January 16 [Morbidity and Mortality Weekly Report \(MMWR\)](#) estimates that getting a flu vaccine this season reduced a person's risk of having to go to the doctor because of flu by 23 percent among people of all ages.**

Since CDC began conducting annual flu vaccine effectiveness (VE) studies in 2004-2005, overall estimates for each season have ranged from 10 percent to 60 percent effectiveness in preventing medical visits associated with seasonal influenza illness. The MMWR report says this season's vaccine offers reduced protection and this underscores the need for additional prevention and treatment efforts this season, including the appropriate use of influenza antiviral medications for treatment.

One factor that determines how well a flu vaccine works is the similarity between the flu viruses used in vaccine production and the flu viruses actually circulating. During seasons when vaccine viruses and circulating influenza viruses are well matched, VE between 50 and 60 percent has been observed. H3N2 viruses have been predominant so far this season, but about 70 percent of them have been different or have "drifted" from the H3N2 vaccine virus. This likely accounts for the reduced VE.

Flu viruses change constantly and the drifted H3N2 viruses did not appear until after the vaccine composition for the Northern Hemisphere had been chosen.

Another factor that influences how well the flu vaccine works is the age and health of the person being vaccinated. In general, the flu vaccine works best in young, healthy people and is less effective in people 65 and older. This pattern is reflected in the current season early estimates for VE against H3N2 viruses. VE against H3N2 viruses was highest -- 26 percent -- for children age 6 months through 17 years. While not statistically significant, VE estimates against H3N2 viruses for other age groups were 12 percent for ages 18 to 49 years and 14 percent for people age 50 years and older.

CDC recommends that people get a flu vaccine even during season's when drifted viruses are circulating because vaccination can still prevent some infections and can reduce severe disease that can lead to hospitalization and death. Also, the flu vaccine is designed to protect against three or four influenza viruses and some of these other viruses may circulate later in the season. Flu activity so far this season has been similar to the 2012-2013 flu season, a "moderately severe" flu season with H3N2 viruses predominating.

While manufacturers of antiviral medications have stated that there is no national shortage of antiviral medications at this time, and that there is sufficient product available to meet high demand, there are anecdotal reports of spot shortages of these drugs. CDC's advice for patients and doctors is that it may be necessary to contact more than one pharmacy to fill a prescription for an antiviral medication. Pharmacies that are having difficulty getting orders filled should contact their distributor or the manufacturer directly.

More information is available at <http://www.cdc.gov/flu/antivirals/supply.htm>.

- **There has been a 46 percent decline in central line-associated bloodstream infections (CLABSI) between 2008 and 2013, according to a report released by the Centers for Disease Control and Prevention.**

However, additional work is needed to continue to improve patient safety. CDC's Healthcare-Associated Infections (HAI) progress report is a snapshot of how each state and the country are doing in eliminating six infection types that hospitals are required to report to CDC. For the first

time, this year's HAI progress report includes state-specific data about hospital lab-identified methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* (*C. difficile*) infections (deadly diarrhea).

The annual *National and State Healthcare-associated Infection Progress Report* expands upon and provides an update to previous reports detailing progress toward the goal of eliminating HAIs. The report summarizes data submitted to CDC's National Healthcare Safety Network (NHSN), the nation's healthcare-associated infection tracking system, which is used by more than 14,500 health care facilities across all 50 states, Washington, D.C., and Puerto Rico.

Healthcare-associated infections are a major, yet often preventable, threat to patient safety. On any given day, approximately one quarter of U.S. patients has at least one infection contracted during the course of their hospital care, demonstrating the need for improved infection control in U.S. healthcare facilities.

This report focuses on national and state progress in reducing infections occurring within acute care hospitals. The report also found:

- A 19 percent decrease in surgical site infections (SSI) related to the 10 select procedures tracked in the report between 2008 and 2013. When germs get into the surgical wound, patients can get a surgical site infection involving the skin, organs, or implanted material.
- A six percent increase in catheter-associated urinary tract infections (CAUTI) since 2009; although initial data from 2014 seem to indicate that these infections have started to decrease. When a urinary catheter is either not put in correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys.
- An eight percent decrease in MRSA bloodstream infections between 2011 and 2013.

Research shows that when healthcare facilities, care teams, and individual doctors and nurses, are aware of infection control problems and take specific steps to prevent them, rates of targeted HAIs can decrease dramatically.

Preventing infections in the first place means that patients will not need antibiotics to treat those infections. This can help to slow the rise of antibiotic resistance and avoid patient harm from unnecessary side-effects and *C. difficile* infections, which are associated with antibiotic use. Continued progress and expanded efforts to prevent HAIs will support the response to the threat of antibiotic resistance.

To access the report and to see updated healthcare-associated infection data, visit: www.cdc.gov/hai.

- **The U.S. Food and Drug Administration today approved the Maestro Rechargeable System for certain obese adults, the first weight loss treatment device that targets the nerve pathway between the brain and the stomach that controls feelings of hunger and fullness.**

The Maestro Rechargeable System, the first FDA-approved obesity device since 2007, is approved to treat patients aged 18 and older who have not been able to lose weight with a weight loss program, and who have a body mass index of 35 to 45 with at least one other obesity-related condition, such as type 2 diabetes.

BMI, which measures body fat based on an individual's weight and height, is used to define the obesity categories. According to the Centers for Disease Control and Prevention, more than one-third of all U.S. adults are obese, and people with obesity are at increased risk of heart disease, stroke, type 2 diabetes and certain kinds of cancer.

The Maestro Rechargeable System consists of a rechargeable electrical pulse generator, wire

leads and electrodes implanted surgically into the abdomen. It works by sending intermittent electrical pulses to the trunks in the abdominal vagus nerve, which is involved in regulating stomach emptying and signaling to the brain that the stomach feels empty or full. Although it is known that the electric stimulation blocks nerve activity between the brain and the stomach, the specific mechanisms for weight loss due to use of the device are unknown.

External controllers allow the patient to charge the device and allow health care professionals to adjust the device's settings in order to provide optimal therapy with minimal side effects.

The clinical study did not meet its original endpoint, which was that the experimental group lose at least 10 percent more excess weight than the control group. However, an [FDA Advisory Committee \(the Gastroenterology and Urology Devices Panel\)](#) found the 18-month data supportive of sustained weight loss, and agreed that the benefits of the device outweighed the risks for use in patients who met the criteria in the device's proposed indication.

As part of the approval, the manufacturer must conduct a five year post approval study that will follow at least 100 patients and collect additional safety and effectiveness data including weight loss, adverse events, surgical revisions and explants and changes in obesity-related conditions.

The Maestro Rechargeable System is manufactured by EnteroMedics of St. Paul, Minn.

REPORTS/POLICIES

- **The Institute of Medicine published “Sharing Clinical Trial Data: Maximizing Benefits, Minimizing Risk,” on Jan. 14, 2015.** The report concludes that sharing data is in the public interest, but a multi-stakeholder effort is needed to develop a culture, infrastructure, and policies that will foster responsible sharing—now and in the future.
<http://www.iom.edu/Reports/2015/Sharing-Clinical-Trial-Data.aspx>
- **The Congressional Budget Office (CBO) released “Final Sequestration Report for Fiscal Year 2015,” on Jan. 12, 2015.** In its analysis, CBO examined enacted legislation for the current fiscal year and determined that it has not exceeded the limits on discretionary budget authority. In CBO's estimation, such a sequestration will not be required for 2015. However, the authority to determine whether a sequestration is required and, if so, exactly how to make the necessary cuts in budget authority rests with the Administration's Office of Management and Budget (OMB).
<http://www.cbo.gov/sites/default/files/cbofiles/attachments/49889-sequestration.pdf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **Jan. 21, 2015**, to examine ongoing major construction management problems within the department.
- The House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs will hold a hearing on **Jan. 22, 2015**, to examine appeals system for veterans' claims.

LEGISLATION

- **H.R.248** (introduced Jan. 9, 2015): To amend the Internal Revenue Code of 1986 to repeal the employer health insurance mandate was referred to the House Committee on Ways and Means.

Sponsor: Representative Charles W. Boustany, Jr. [LA-3]

- **H.R.265** (introduced Jan. 9, 2015): To amend the Patient Protection and Affordable Care Act to establish a public health insurance option was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Janice D. Schakowsky [IL-9]
- **H.R.270** (introduced Jan. 12, 2015): To continue the use of a 3-month quarter EHR reporting period for health care providers to demonstrate meaningful use for 2015 under the Medicare and Medicaid EHR incentive payment programs, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Renee L. Ellmers [NC-2]
- **H.R.272** (introduced Jan. 12, 2015): To amend title 38, United States Code, to increase the priority for enrollment of medal of honor recipients in the health care system of the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Tim Walberg [MI-7]
- **H.R.292** (introduced Jan. 12, 2015): To amend the Public Health Service Act to provide for systematic data collection and analysis and epidemiological research regarding Multiple Sclerosis (MS), Parkinson's disease, and other neurological diseases was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Michael C. Burgess [TX-26]
- **H.R.311** (introduced Jan. 12, 2015): To amend title X of the Public Health Service Act with respect to adoption and other pregnancy options counseling was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Billy Long [MO-7]
- **H.R.353** (introduced Jan. 12, 2015): To amend title 38, United States Code, to include licensed hearing aid specialists as eligible for appointment in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Sean P. Duffy [WI-7] (
- **H.R.370** (introduced Jan. 14, 2015): To repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010 was referred to House committee. Status: Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, Ways and Means, the Judiciary, Natural Resources, Rules, House Administration, Appropriations, and the Budget.
Sponsor: Representative John Fleming [LA-4]
- **H.R.379** (introduced Jan. 14, 2015): To designate the same individual serving as the Chief Nurse Officer of the Public Health Service as the National Nurse for Public Health was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Eddie Bernice Johnson [TX-30]
- **H.R.395** (introduced Jan. 14, 2015): To amend the Indian Health Care Improvement Act to authorize advance appropriations for the Indian Health Service by providing 2-fiscal-year budget authority, and for other purposes was referred to the Committee on the Budget, and in addition to the Committees on Natural Resources, and Energy and Commerce.
Sponsor: Representative Don Young [AK]
- **S.158** (introduced Jan. 13, 2015): A bill to authorize health insurance issuers to continue to offer for sale current group health insurance coverage in satisfaction of the minimum essential health insurance coverage requirement, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Bill Cassidy [LA]
- **S.167** (introduced Jan. 13, 2015): A bill to direct the Secretary of Veterans Affairs to provide for

the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Veterans Affairs, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator John McCain [AZ]

MEETINGS

- The AAMA 2015: The National Summit of Medical Administrators will be held on **Jan. 19-21, 2015**, in Clearwater, Fla. <http://aameda.org/p/cm/ld/fid=159>
- The ACHE Congress on Healthcare Leadership will be held on **March 16-19, 2015**, in Chicago, Ill. <http://www.ache.org/congress/>
- The 12th Annual World Health Care Congress will be held on **March 22-25, 2015**, in Washington DC. <http://www.worldcongress.com/events/HR15000/>
- The HIMSS Annual Conference and Exhibition will be held on **April 12-16, 2015**, in Chicago, Ill. <http://www.himssconference.org/>
- The 5th Annual Traumatic Brain Injury Conference will be held **April 15-16, 2015**, in Washington DC. <http://tbiconference.com/home/>
- The Heroes of Military Medicine Awards will be held on **May 7, 2015**, in Washington, DC. <http://www.hjfc3.org/heroes-dinner>
- 2015 AMSUS Annual Continuing Education Meeting - The Society Of The Federal Health Professionals will be held on **Dec. 1-4, 2015**, in San Antonio, Texas. <http://amsusmeetings.org/annual-meeting/>

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.