

Federal Health Update

FEB. 10, 2017

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Feb. 9, 2017, the Senate Veterans' Affairs Committee voted (15-0) to advance to the full Senate the nomination of David Shulkin to be VA secretary.**
- **In a media interview on Feb. 5, 2017, President Trump acknowledged that any new health care program designed to replace the Patient Protection and Affordable Care Act (PPACA) would not occur before the end of 2017 or as late as 2018.**

MILITARY HEALTH CARE NEWS

- **The Defense Health Agency (DHA) announced that its Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) deployed MHS GENESIS at Fairchild Air Force Base in Spokane, Washington.**

The 92nd Medical Group is the first military hospital or clinic in the Pacific Northwest to use MHS GENESIS, a single integrated inpatient and outpatient electronic health record

Onsite deployment activities include gathering site-specific information, end user training, change management/user adoption and post deployment support. The DoD Healthcare Management System Modernization program management office and its industry partner, the Leidos

Partnership for Defense Health, worked to develop interfaces and user-approved workflows, and finalized the technical integration of the baseline operational system.

Leadership from the DoD, U.S. Air Force, PEO DHMS, and the Defense Health Agency will hold an onsite review on February 15, 2017. An update on MHS GENESIS deployment at Fairchild AFB will be provided at that time.

Additional information about MHS GENESIS can be found at www.health.mil/MHSGENESIS.

- **A new clinic at Landstuhl Regional Medical Center (LRMC) is making it easier for active duty servicemembers and their families to get medical appointments, while also significantly expanding the pool of patients eligible for care at the hospital.**

LRMC, the U.S. military's largest hospital overseas, stood up the Enhanced Access Clinic in May after a two-month trial period. It is open to those insured through TRICARE, which includes military personnel, retirees and their families, and to non-TRICARE beneficiaries.

The latter include Defense Department civilians and their families — patients who in the past typically sought medical care in the German health system since they could be seen only on a very limited, space-available basis at LRMC.

“Previously, their only option was to be seen in the emergency room or to see primary care services in the German network,” Mark Hatchell, LRMC chief of access and appointing, said of non-TRICARE beneficiaries.

Manned by three medical doctors and a supporting staff, the Enhanced Access Clinic offers an array of medical services in family health, pediatrics and internal medicine.

Patients can be seen at the clinic for acute or chronic illnesses, as well as routine exams, counseling, and disease prevention, among other services. They may also get referrals for more specialized treatment at the hospital.

VETERANS AFFAIRS NEWS

- **Ten women veteran artists have been selected to showcase their work at Department of Veterans Affairs (VA) Medical Centers around the country in March, to coincide with Women's History Month.**

The call for artwork resulted in over 400 submissions from women Veterans around the country. Storyboards featuring images of their art, along with photos of the women in and out of uniform and brief biographies, will be displayed at:

- Beckley VA Medical Center, Beckley, W. Va.
- W. G. (Bill) Hefner VA Medical Center, Salisbury, N.C.
Atlanta VA Medical Center, Atlanta
- James H. Quillen VA Medical Center, Mountain Home, Tenn.
- Colmery-O'Neil VA Medical Center, Topeka, Kansas
- Jesse Brown VA Medical Center, Chicago, Ill.
- Southeast Louisiana Healthcare System, New Orleans, La.
- Michael E. DeBakey VA Medical Center, Houston, Texas
- Mann-Grandstaff VA Medical Center, Spokane, Wash.
- North Las Vegas VA Medical Center, Las Vegas, Nev.

The 10 women veteran artists selected to display their works and autobiographical storyboards in the exhibit are:

- Victoria R. Bryers, United States Coast Guard
- Pamela Corwin, United States Army
- Amy Forsythe, United States Marine Corps
- Natalie Lopez, United States Air Force
- Cara Myhre, United States Army
- Debra Russell, United States Navy
- Deveon Sudduth, United States Army
- Laura Taylor, United States Navy
- Stacey Thompson, United States Marine Corps
- Lindsay Zike, United States Navy

The Women Veterans Art Exhibit initiative is the result of a collaboration between the Center for Women Veterans, Veteran Artist Program, First Data, and the Veterans Canteen Service. These partnerships allow for the temporary displays to be shown in these facilities at no cost to VA. For more information about VA's benefits and services for women veterans and this initiative, visit www.va.gov/womenvet.

- **The *Military Times* reports that White House officials held their first listening session on problems with the Department of Veterans Affairs on Feb. 7, 2017.**

The meeting did not include representatives from the American Legion, Disabled American Veterans and the Veterans of Foreign Wars.

White House Press Secretary Sean Spicer released a statement saying the meeting included Tiffany Smiley, the wife of a veteran who was blinded by a roadside bomb in Iraq, Isaac Perlmutter, chairman of Marvel Entertainment, and "health care experts" discussing "actions are necessary to improve health care access and quality for our heroic veterans."

GENERAL HEALTH CARE NEWS

- **A Centers for Disease Control and Prevention (CDC) survey finds that about one in four U.S. adults who say their hearing is good or excellent actually have hearing damage.**

The CDC [Vital Signs](#) report shows that much of this damage is from loud sounds encountered during everyday activities at home and in the community.

CDC researchers analyzed more than 3,500 hearing tests conducted on adult participants in the 2012 National Health and Nutrition Examination Survey. They found that 20 percent of people who reported no job-related noise exposure had hearing damage in a pattern usually caused by noise. This damage – shown by a distinctive drop in the ability to hear high-pitched sounds – appeared as early as age 20. This research was conducted by CDC with support from the National Institute on Deafness and other Communication Disorders, National Institutes of Health.

Too much noise exposure at home or in the community – from things like using a leaf blower or going to loud concerts – can damage a person's hearing just as much as working in a very noisy place.

The report found:

- About 53 percent of adults with noise-induced hearing damage reported no job exposure to loud sounds. This damage — shown by a distinctive drop in the ability to hear high-pitched sounds — appeared as early as age 20.
- Almost one in four adults ages 20 to 69 who reported good to excellent hearing already have some hearing loss.
- Almost 1 in 5 adults who reported no job exposure to noise showed hearing damage indicative of noise exposure.
- The presence of hearing loss increased with age, from about 1 in 5 (19%) among young adults ages 20-29 to more than 1 in 4 (27%) among adults ages 50-59.
- Hearing loss is more common among men and people over the age of 40 years.
- A few recent studies have shown an increase in the number of young people exposed to loud sounds through portable devices and at entertainment venues. More research is needed on exposure to noise in early life and its relationship to hearing loss as people age.

Trouble with hearing is the third most commonly reported chronic health condition in the U.S. About 40 million Americans ages 20 to 69 have hearing loss in one or both ears that may be due to noise exposure. Studies have shown that untreated hearing loss is associated with anxiety, depression, loneliness, and stress. In addition to hearing loss, chronic noise exposure has been associated with worsening of heart disease, increased blood pressure, and other adverse health effects.

The cost for the first year of hearing loss treatment in adults ages 65 and older is projected to reach an estimated \$51 billion by 2030.

For more information on this Vital Signs report: <https://www.cdc.gov/vitalsigns>.

- **The U.S. Food and Drug Administration approved Emflaza (deflazacort) tablets and oral suspension to treat patients age 5 years and older with Duchenne muscular dystrophy (DMD), a rare genetic disorder that causes progressive muscle deterioration and weakness.**

Emflaza is a corticosteroid that works by decreasing inflammation and reducing the activity of the immune system.

Corticosteroids are commonly used to treat DMD across the world. This is the first FDA approval of any corticosteroid to treat DMD and the first approval of deflazacort for any use in the United States.

DMD is the most common type of muscular dystrophy. DMD is caused by an absence of dystrophin, a protein that helps keep muscle cells intact. The first symptoms are usually seen between 3 and 5 years of age and worsen over time. The disease often occurs in people without a known family history of the condition and primarily affects boys, but in rare cases it can affect girls. DMD occurs in about one of every 3,600 male infants worldwide.

People with DMD progressively lose the ability to perform activities independently and often require use of a wheelchair by their early teens. As the disease progresses, life-threatening heart and respiratory conditions can occur. Patients typically succumb to the disease in their 20s or 30s; however, disease severity and life expectancy vary.

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 ninth rare pediatric disease priority review voucher issued by the FDA since the program began.

Emflaza is marketed by Marathon Pharmaceuticals of Northbrook, Ill.

REPORTS/POLICIES

- **The GAO published “Veterans Affairs Information Technology: Management Attention Needed to Improve Critical System Modernizations, Consolidate Data Centers, and Retire Legacy Systems,” (GAO-17-408T) on Feb. 7, 2017.** This report summarizes results from key GAO reports related to increasing electronic health record interoperability between VA and DOD; system challenges that have contributed to GAO's designation of VA health care as a high-risk area; and VA's development of its system for processing disability benefits, data center consolidation, and legacy systems. <http://www.gao.gov/assets/690/682566.pdf>
- **The GAO published “Medical Devices: Cancer Risk Led FDA to Warn Against Certain Uses of Power Morcellators and Recommend New Labeling,” (GAO-17-231) on Feb. 6, 2017.** This report examines the number of 510(k) submissions for power morcellators FDA cleared, and the extent to which the agency determined the devices had new intended uses or new technological characteristics; FDA's understanding of any concerns with the use of power morcellators to treat uterine fibroids prior to receiving adverse event reports, and the actions FDA has taken in response to these reports; and the professional standards and guidance for physicians regarding the use of power morcellators, and the information device manufacturers provided. <http://www.gao.gov/assets/690/682573.pdf>

HILL HEARINGS

- The Senate Armed Services Committee will hold a hearing will hold a hearing on **Feb. 14, 2017**, to examine Department of Defense single service member and military family readiness programs.
- The Senate Appropriations Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies will hold a hearing will hold a hearing on **Feb. 15, 2017**, to examine mental health care, focusing on examining treatments and services.
- The Senate Veterans Affairs Committee will hold a hearing will hold a hearing on **Feb. 28, 2017**, to examine the legislative presentation of the Disabled American Veterans.
- The Senate Veterans Affairs Committee will hold a hearing will hold a hearing on **March 1, 2017**, to examine the legislative presentation of the American Legion.
- The Senate Veterans Affairs Committee will hold a hearing will hold a hearing on **March 1, 2017**, to examine the legislative presentation of the Veterans of Foreign Wars of the United States.
- The Senate Veterans Affairs Committee will hold a hearing will hold a hearing on **March 9 and 22, 2017**, to examine the legislative presentation of multiple veterans service organizations.

LEGISLATION

- **S.304** (introduced Feb. 3, 2017): A bill to amend the Indian Health Care Improvement Act to allow the Indian Health Service to cover the cost of a copayment of an Indian or Alaska Native veteran receiving medical care or services was referred to the Committee on Indian Affairs. Sponsor: Senator John Thune [R-SD]
- **S.301** (introduced Feb. 3, 2017): A bill to amend the Public Health Service Act to prohibit governmental discrimination against providers of health services that are not involved in abortion was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator James Lankford [R-OK]
- **H.R.860** (introduced Feb. 3, 2017): To direct the Secretary of Health and Human Services to establish a grant program for States that provide flexibility in licensing for health care providers who offer services on a volunteer basis was referred to the House Committee on Energy and Commerce. Sponsor: Representative John J. Duncan, Jr. [R-TN-2]
- **S.336** (introduced Feb. 7, 2017): A bill to amend title 38, United States Code, to modify authorities relating to the collective bargaining of employees in the Veterans Health Administration, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Sherrod Brown [D-OH]
- **S.324** (introduced Feb. 7, 2017): A bill to amend title 38, United States Code, to improve the provision of adult day health care services for veterans was referred to the Committee on Veterans' Affairs. Sponsor: Senator Orrin G. Hatch [R-UT]
- **S.311** (introduced Feb. 6, 2017): A bill to amend the Public Health Service Act to authorize grants for training and support services for families and caregivers of people living with Alzheimer's disease or a related dementia was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Amy Klobuchar [D-MN]
- **S.319** (introduced Feb. 6, 2017): A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish within the Department of Veterans Affairs a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits was referred to the Committee on Veterans' Affairs. Sponsor: Senator Amy Klobuchar [D-MN]
- **H.R.918** (introduced Feb. 7, 2017): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to furnish mental health care to certain former members of the Armed Forces who are not otherwise eligible to receive such care, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Representative Mike Coffman [R-CO-6]
- **H.R.980** (introduced Feb. 7, 2017): To amend title 38, United States Code, to modify authorities relating to the collective bargaining of employees in the Veterans Health Administration was referred to the Committee on Veterans' Affairs. Sponsor: Representative Mark Takano [D-CA-41]
- **H.R.931** (introduced Feb. 7, 2017): To require the Secretary of Health and Human Services to develop a voluntary registry to collect data on cancer incidence among firefighters was referred to the House Committee on Energy and Commerce. Sponsor: Representative Chris Collins [R-NY-27]
- **H.R.981** (introduced Feb. 7, 2017): To prohibit any hiring freeze from affecting the Indian Health Service was referred to the House Committee on Oversight and Government Reform. Sponsor: Representative Norma J. Torres [D-CA-35]
- **H.R.880** (introduced Feb. 6, 2017): To amend the Public Health Service Act to facilitate assignment of military trauma care providers to civilian trauma centers in order to maintain military trauma readiness and to support such centers, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Michael C. Burgess [R-TX-26]

- **H.R.897** (introduced Feb. 6, 2017): To authorize the Secretary of Veterans Affairs to make grants to State and local entities to carry out peer-to-peer mental health programs was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Lee M. Zeldin [R-NY-1]

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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