

# Federal Health Update

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*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

- **The House and Senate are in recess until Feb. 22, 2015.**
- **On February 18, 2016, President Obama signed into law H.R. 3033, the "*Research Excellence and Advancements for Dyslexia Act or the READ Act.*"** This legislation requires the National Science Foundation to include in its annual congressional budget justification the amount requested for its Research in Disabilities Education program; and support research on the science of specific learning disability, including dyslexia, and devote specified funding for such purposes.

## MILITARY HEALTH CARE NEWS

- **A new RAND study finds that the military health system provides inconsistent care to service members suffering from post-traumatic stress disorder and depression – good in some areas and needing improvement in others.**

In particular, the military health system performs well in following up with patients after they are discharged from a mental health hospitalization. The period after a patient is discharged can be a vulnerable time, making follow-up visits critically important for these patients, according to the study.

The RAND study also found that the vast majority of patients with a diagnosis of PTSD or depression received at least one psychotherapy visit. This suggests that military patients who receive a diagnosis of PTSD or depression have access to at least some mental health care.

The study, "Quality of Care for PTSD and Depression in the Military Health System: Phase I Report," found that there was a need for improvement in some areas of care for PTSD and depression. Although most patients received at least one psychotherapy visit, the number and timing of subsequent visits may be inadequate to deliver evidence-based psychotherapy.

Specifically, patients newly diagnosed with either PTSD or depression should receive at least four psychotherapy or two medication management visits within eight weeks of their diagnosis. Only one-third of patients newly diagnosed with PTSD and under a quarter of those with depression met these established thresholds.

The findings are among the first results from the RAND study that is the largest, most-comprehensive independent look at how the U.S. military health system treats service members with PTSD and depression.

The study reviewed administrative data and medical records of 14,576 active-duty service members diagnosed with PTSD and 30,541 who were diagnosed with depression from January 2012 to June 2012. The review examined whether those service members were receiving evidence-based care in the year after diagnosis.

The study also examined variations in quality measure rates by service branch—Army, Air Force, Marine Corps and Navy—and TRICARE region (North, South, West, and Overseas) as well as across service member characteristics. (TRICARE is a health care program of the military health system.)

While the study found variation in the quality of care provided for PTSD and depression, no military branch or region consistently outperformed or underperformed relative to the others. Researchers also found no consistent patterns of variation in the quality of care by patient characteristics, such as age, gender, pay grade, race-ethnicity or deployment history.

The study recommends that the Department of Defense investigate the reasons for the significant variation in quality measure rates to ensure consistent, high-quality care. A strategy to improve care should be based around quality measures that can be routinely assessed across the military health system, with the results shared broadly both internally and among military members who use the system.

To read the study, please visit: [www.rand.org/pubs/research\\_reports/RR978.html](http://www.rand.org/pubs/research_reports/RR978.html).

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) is celebrating the 70<sup>th</sup> anniversary of its partnership with the nation's medical and health professional schools.**

Since 1946, VA has worked with academic institutions to provide high quality, state-of-the-art health care to America's veterans and to train new health professionals to meet the rapidly evolving health care needs within VA and the nation.

The partnership between VA and academic affiliates dates back to the end of World War II. Following the allied victory, VA faced the imminent arrival of over 100,000 new patients and was confronted with a severe lack of resources as it had only 98 mostly rural hospitals offering fewer than 84,000 beds and 1,000 physicians. To meet this challenge, VA created a landmark partnership with U.S. medical schools to establish a dynamic, talented workforce of students, physician residents, and faculty who provide world class care to Veterans while providing training

to generations of future physicians that has evolved to include more than forty health care professions over the decades.

Today, VA conducts the largest education and training programs for health professionals in the United States. VA has affiliations with more than 1,800 educational institutions; more than 70 percent of all doctors in the U.S. have received training in the VA healthcare system. VA invests \$900 million annually to provide clinical education and training programs to more than 120,000 interns, residents, fellows and students in more than 40 clinical health professions. Among them are over 10,000 graduate medical education (GME) positions training more than 40,000 physicians in training annually.

For more information about VA's Office of Academic Affiliations, visit [www.va.gov/OAA](http://www.va.gov/OAA).

## GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services announced \$500,000 in funding to help two area health centers increase and expand activities in response to the lead contamination of Flint's water.**

The Hamilton Community Health Network, Inc. (HCHN), Genesee Health System (GHS) will each receive \$250,000 in emergency supplemental funding to hire additional personnel and provide more lead testing, treatment, outreach and education to meet the increased need for health services in the Flint community.

The focus of the federal response is to work at every level of government to support state and local officials in ensuring Flint has access to safe water, and there is a clear understanding of the impact of lead exposure on residents' health in order to mitigate the damage.

HHS anticipates being able to quickly approve a number of requests, including a major Medicaid coverage expansion for children and pregnant women in Flint that would include blood-lead level monitoring, behavioral health services nutritional support, and comprehensive targeted case management, among other services.

More than 1,300 health centers, supported by Health Resources and Services Administration, operate approximately 9,000 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin. These health centers employ more than 170,000 staff who provide care for nearly 23 million patients. For millions of Americans, including some of the most vulnerable individuals and families, health centers are the essential medical home where they find services that promote health, diagnose and treat disease and disability, and help them cope with environmental challenges that put them at risk.

View more information on the Health Center Program: [www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)

- **More than a third of American adults are not getting enough sleep on a regular basis, according to a new study in the Centers for Disease Control and Prevention (CDC).**

This is the first study to document estimates of self-reported healthy sleep duration (7 or more hours per day) for all 50 states and the District of Columbia.

The American Academy of Sleep Medicine and the Sleep Research Society recommend that adults aged 18–60 years sleep at least 7 hours each night to promote optimal health and well-being. Sleeping less than seven hours per day is associated with an increased risk of developing chronic conditions such as obesity, diabetes, high blood pressure, heart disease, stroke, and frequent mental distress.

CDC researchers reviewed data from the 2014 Behavioral Risk Factor Surveillance System (BRFSS), a state-based, random-digit-dialed telephone survey conducted collaboratively by

state health departments and CDC.

**Key Findings:**

- Healthy sleep duration was lower among Native Hawaiians/Pacific Islanders (54 percent), non-Hispanic blacks (54 percent), multiracial non-Hispanics (54 percent) and American Indians/Alaska Natives (60 percent) compared with non-Hispanic whites (67 percent), Hispanics (66 percent), and Asians (63 percent).
- The prevalence of healthy sleep duration varied among states and ranged from 56 percent in Hawaii to 72 percent in South Dakota.
- A lower proportion of adults reported getting at least seven hours of sleep per day in states clustered in the southeastern region of the United States and the Appalachian Mountains. Previous studies have shown that these regions also have the highest prevalence of obesity and other chronic conditions.
- People who reported they were unable to work or were unemployed had lower healthy sleep duration (51 percent and 60 percent, respectively) than did employed respondents (65 percent). The prevalence of healthy sleep duration was highest among people with a college degree or higher (72 percent).
- The percentage reporting a healthy sleep duration was higher among people who were married (67 percent) compared with those who were never married (62 percent) or divorced, widowed, or separated (56 percent).

For more information on CDC's Sleep and Sleep Disorders Program, please visit [www.cdc.gov/sleep](http://www.cdc.gov/sleep).

- **As a safety measure against the emerging Zika virus outbreak, the Food and Drug Administration issued a new guidance recommending the deferral of individuals from donating blood if they have been to areas with active Zika virus transmission, potentially have been exposed to the virus, or have had a confirmed Zika virus infection.**

While there have been no reports to date of Zika virus entering the U.S. blood supply, the risk of blood transmission is considered likely based on the most current scientific evidence of how Zika virus and similar viruses (flaviviruses) are spread and recent reports of transfusion-associated infection outside of the U.S. Furthermore, about 4 out of 5 of those infected with Zika virus do not become symptomatic. For these reasons, the FDA is recommending that blood establishments defer blood donations from individuals in accordance with the new guidance.

In areas without active Zika virus transmission, the FDA recommends that donors at risk for Zika virus infection be deferred for four weeks. Individuals considered to be at risk include: those who have had [symptoms suggestive of Zika virus infection](#) during the past four weeks, those who have had sexual contact with a person who has traveled to, or resided in, an area with active Zika virus transmission during the prior three months, and those who have traveled to areas with active transmission of Zika virus during the past four weeks.

In [areas with active Zika virus transmission](#), the FDA recommends that Whole Blood and blood components for transfusion be obtained from areas of the U.S. without active transmission. Blood establishments may continue collecting and preparing platelets and plasma if an FDA-approved, pathogen-reduction device is used. The guidance also recommends blood establishments update donor education materials with information about Zika virus signs and symptoms and ask potentially affected donors to refrain from giving blood.

Following the issuance of these recommendations, the FDA also intends to issue a guidance that will address appropriate donor deferral measures for human cells, tissues, and cellular and tissue-based products (HCT/PS), given recent reports of sexual transmission of the virus.

In addition to protecting the nation's blood supply, the FDA is also prioritizing the development of blood screening and diagnostic tests that may be useful for identifying the presence of the virus, preparing to evaluate the safety and efficacy of investigational vaccines and therapeutics that might be developed, and reviewing technology that may help suppress populations of the mosquitoes that can spread the virus.

## REPORTS/POLICIES

- **The GAO published “Military Base Realignments and Closures: More Guidance and Information Needed to Take Advantage of Opportunities to Consolidate Training,” (GAO-16-45) on Feb. 18, 2016.** This report evaluates the extent to which DOD has implemented the recommendations requiring the services to relocate select training functions to increase opportunities for jointness and determined if implementing these recommendations has achieved cost savings. <http://www.gao.gov/assets/680/675295.pdf>
- **The Institute of Medicine published “Gulf War and Health: Volume 10: Update of Health Effects of Serving in the Gulf War,” on Feb. 11, 2016.** This report offers reviews, evaluates, and summarizes the available scientific and medical literature regarding health effects in the 1990-1991 Gulf War veterans, with special attention to neurological disorders (e.g., Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis, and migraines), cancer (especially brain cancer and lung cancer), and chronic multisymptom illness (Gulf War illness). <http://iom.nationalacademies.org/reports/2016/gulf-war-and-health-volume-10.aspx#sthash.M8UOGPUUp.dpuf>

## HILL HEARINGS

- The Senate and House Veterans Affairs Committees will hold a hearing on **Feb. 23, 2016**, to receive the legislative presentation from the Disabled American Veterans.
- The House Veterans Affairs Oversight and Investigations Subcommittee will hold a hearing on **Feb. 23, 2016**, to examine health outcomes on the 25th Anniversary of the Persian Gulf War.
- The House Committee on Energy and Commerce will hold a hearing on **Feb. 24, 2016**, to examine the HHS budget for fiscal year 2017.
- The Senate and House Veterans Affairs Committees will hold a hearing on **Feb. 24, 2016**, to receive the legislative presentation from the American Legion.
- The Senate Armed Services Committee will hold a hearing on **Feb. 24, 2016**, to examine the nominations of Brad R. Carson, of Oklahoma, to be under secretary for Personnel and Readiness, Jennifer M. O'Connor, of Maryland, to be general counsel, and Todd A. Weiler, of Virginia, to be an assistant secretary, all of the Department of Defense.
- The House Appropriations: Subcommittee on Military Construction, Veterans Affairs, and Related Agencies will hold an oversight hearing on **Feb. 25, 2016**, to examine the Veterans Affairs Office of Inspector General.
- The House Veterans Affairs Committee will hold a hearing on **Feb. 25, 2016**, to markup pending legislation.
- The House Appropriations Subcommittee on Defense will hold a hearing on **Feb. 25, 2016**, to examine the Defense Budget for fiscal year 2017.

- The House Appropriations Subcommittee on Military Constructions and Related Agencies will hold an oversight hearing on **Feb. 26, 2016**, to examine the quality of life in the military.
- The Senate and House Veterans Affairs Committees will hold a hearing on **March 2, 2016**, to receive the legislative presentation from the Veterans of Foreign Wars.
- The Senate and House Veterans Affairs Committees will hold a hearing on **March 3, 2016**, to receive the legislative presentation from the PVA, GSW, VVA, MOPH, BVA, WWP, NGAUS, and AMVETS.
- The Senate and House Veterans Affairs Committees will hold a hearing on **March 16, 2016**, to receive the legislative presentation from the FRA, TREA, NASDVA, MOAA, AFSA, AX-POW, NCOA, JWV, and IAVA.

## LEGISLATION

- **H.R.4561** (introduced Feb. 12, 2016): the Zika Is Preventable Plan Act was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Curt Clawson [FL-19]
- **H.R.4562** (introduced Feb. 12, 2016): the Zika Authorization Plan Act of 2016 was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Curt Clawson [FL-19]
- **H.R.4563** (introduced Feb. 12, 2016): Zika Immunization Plan Act was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Curt Clawson [FL-19]
- **H.R.4565** (introduced Feb. 12, 2016): the Responsibility in Drug Advertising Act of 2016 was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Rosa L. DeLauro, Rosa L. [CT-3]
- **H.R.4567** (introduced Feb. 12, 2016): the Expand Excellence in Mental Health Act of 2016 was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Leonard Lance [NJ-7]
- **H.R.4569** (introduced Feb. 12, 2016): the Extend Excellence in Mental Health Act of 2016 was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Doris O. Matsui [CA-6]
- **H.R.4571** (introduced Feb. 12, 2016): Reducing Unexpected Deaths in Infants and Children Act of 2016 was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Gwen Moore [WI-4]

## MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 5, 2016**, in Washington D.C.  
<http://www.hjfc3.org/heroes-dinner>
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