**EXECUTIVE AND CONGRESSIONAL NEWS**

- There was no health-related Congressional news.

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**MILITARY HEALTH CARE NEWS**

- The Department of Defense (DoD) has appointed Karin A. Orvis, Ph.D., to the Senior Executive Service as the director of the Defense Suicide Prevention Office (DSPO), a component of the Defense Human Resources Activity, aligned to the Office of Force Resiliency for policy direction.

  Orvis will oversee policy, oversight, and advocacy of the U.S. Department of Defense’s (DOD) suicide prevention programs.

  Orvis brings nearly 20 years of experience within the federal government, academia, and private sector. She transitioned to the federal government after four years as a university assistant professor at Old Dominion University. During her tenure as the program manager of the Basic Research program at the U.S. Army Research Institute for Behavioral and Social Sciences, she was responsible for the overall strategic direction, program planning and sustainment of six research portfolios.

  Most recently, Orvis served as the acting principal director of Military Community and Family Policy within the DoD, where she was responsible for the policy, oversight and advocacy of military community quality-of-life programs for service members and their families. Orvis also previously served as the director of the Transition to Veterans Program Office (TVPO), where...
she was instrumental in redesigning the DoD Transition Assistance Program (TAP), which ensures that service members are ‘career ready’ and prepared to transition to civilian life upon separation from active duty.

Orvis holds a doctorate and a master of arts in industrial/organizational psychology from George Mason University, and a bachelor of science in psychology from Michigan State University. She has received various awards throughout her career including the Office of the Secretary of Defense Medal for Exceptional Civilian Service, Office of the Secretary of Defense Award for Excellence, Department of the Army Commander’s Award for Civilian Service and American Society for Training and Development Dissertation Award. Her work has been published in journals such as Leadership Quarterly, Military Psychology, Journal of Applied Psychology, and the International Journal of Training and Development.

Established in 2011, DSPO serves as the government oversight authority for the strategic development, implementation, centralization, standardization, communication, and evaluation of the DoD suicide and risk reduction programs, policies, and surveillance activities to reduce the impact of suicide on Service members and their families.

If you, or someone you know, needs help, support is available 24/7. Service members and their families can call Military OneSource at 1-800-342-9647, or chat at militaryonesource.mil. Service members, veterans, and their loved ones can also call the Military and Veterans Crisis Line at 1-800-273-8255 and Press 1, chat at veteranscrisisline.net, or text to 838255. The National Suicide Prevention Lifeline is available to anyone by calling 1-800-273-8255.

- **The Department of Defense released its proposed budget for fiscal year 2020.**

The president’s total budget request for the Department of Defense is $718 billion. This budget represents 4.9 percent nominal growth (2.8 percent real growth) over the current FY 2019 enacted appropriation. Total DoD five-year program settles at $747 billion in FY 2024.

The FY 2020 Unified Medical Budget request is $49.5 billion, down 2.3 percent from the enacted FY 2019 levels. The president’s budget includes a proposal to eliminate “roughly 15,000” uniformed health care jobs within the services, converting them to civil service positions.


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**VETERANS AFFAIRS NEWS**

- **The U.S. Department of Veterans Affairs (VA) announced that, as part of an innovative partnership, VA and Sanford Health, one of the nation’s largest nonprofit health care systems, will soon provide free genetic testing to some Veterans cared for by VA.**

The VA PHarmacogenomics Action for cancer SuRvivorship (PHASER) testing program will begin a pilot program this year at the Durham VA Health Care System that will enroll all cancer survivors who receive treatment at the facility. The program eventually will expand to enrolling some 250,000 U.S. veterans at 125 sites.

A recent Dartmouth study found that VA medical centers “outperform private hospitals in most health care markets throughout the country.”

VA Secretary Robert Wilkie lauded the partnership, and said relationships like this will continue to expand the department’s delivery of world class health care.

PHASER is funded by a $25 million gift from philanthropist Denny Sanford, for whom the health system is named, and an effort by Sanford Health to raise matching funds. The test can help
providers determine which medications will be most effective for patients, improving access to appropriate treatments and reducing adverse drug reactions, which research shows costs up to $30 billion per year.

The test results will help with clinical decision making for all types of prescribed medications, including cardiovascular and mental health diseases and pain management. Veterans will be able to access the test at their local VA facilities, and Sanford Health will process the tests at its South Dakota-based Imagenetics facility.

Imagenetics began in 2014, and more than 90 percent of patients who have been tested have been found to carry a genetic change that could affect medication selection or dosing. Test results are shared with physicians through the electronic medical record to ensure efficiency and accuracy in choosing treatments.

For more information on the PHASEr testing program resources for veterans visit https://imagenetics.sanfordhealth.org/veterans-genetic-testing/.

- The president’s proposed fiscal year 2020 budget for the Department of Veterans Affairs (VA) totals $220.2 billion, a 9.6 percent increase above fiscal year 2019 levels.

The FY 2020 budget includes $97 billion (an increase of $6.8 billion, or 7.5 percent) in discretionary funding, including resources for health care, benefit administration and national cemeteries, as well as $123.2 billion (an increase of $12.3 billion or 11.1 percent) in mandatory funding above 2019 for benefit programs inclusive of Compensation and Pensions, Readjustment Benefits, Housing and Insurance.

MISSION Act: $8.9 billion for implementation of the Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) to provide greater choice on where veterans receive their care, maintain care for current Choice Program users, provide a new urgent care benefit and expand the Caregivers program.

Electronic Health Record Modernization (EHRM): $1.6 billion ($496 million above FY 2019) to create and implement a single longitudinal electronic health record for military service members from their active duty to Veteran status, and ensure interoperability with the Department of Defense. The increase will support ongoing activities at the three initial deployment sites and the deployment to further sites, as well as additional site assessments.

Transforming Business Systems: Funds the continued deployment of a modern integrated financial and acquisition management system ($184.9 million) and implementation of the Defense Medical Logistics Standard Support ($36.7 million).

Improving Customer Service: $8.1 million to maintain VA’s trajectory of improving its customer service. The results of a recent customer-experience feedback survey of veterans regarding their trust of the department’s health care outpatient services showed “trust scores” for outpatient services increased from 84.7 percent in June 2017 to 87.9 percent in January 2019.

Preventing Veteran Suicide: $9.4 billion ($426 million above 2019) for mental health services, which includes $222 million for suicide-prevention outreach, a $15.6 million increase over 2019.

Women’s Health: $547 million ($42 million above 2019) for gender-specific women’s health care. This increase will help meet VA’s goals of developing Designated Women’s Health Primary Care Providers at every site where women access VA care, and improve the availability and quality of services to women Veterans.

Capital Investments: $1.6 billion for major and minor construction, including $410 million for the construction of a new hospital in Louisville, Kentucky, and $150 million for the Manhattan, New York, medical center.

Budget materials are available here: https://www.va.gov/budget/products.asp.
The president’s proposed fiscal year 2020 for the Department of Health and Human Services includes $87.1 billion in discretionary budget authority, a decline of 12 percent; and $1.2 trillion in mandatory funding.

The proposed budget cuts $395 million from the Centers for Medicare and Medicaid, primarily impacting Medicaid. It proposes nearly $5 billion in funding for anti-opioid abuse efforts, including $1.5 billion for substance abuse and mental health services and close to $300 million in funding for efforts to reduce new HIV infections.

The HHS’ proposed budget also cuts more than $4.5 billion in funding from the National Institutes of Health, and $4.9 billion in funding for the Administration for Children and Families. The proposed budget increases the FDA’s budget to $6.1 billion, a 10 percent increase.

Read the full FY2020 Budget in Brief - PDF.


The drug dashboards, first released in May of last year, adds information on the manufacturers that are responsible for price increases and includes pricing and spending data for thousands more drugs across Medicare Parts B and D and Medicaid.

The dashboards focus on average spending per dosage unit for prescription drugs paid under Medicare Parts B and D and Medicaid, and track the change in average spending per dosage unit over time. Information is presented in an interactive web-based tool, so researchers and consumers can easily sort the data to identify trends.

Drugs with limited to no competition can be identified using the dashboard, by sorting for drugs with few manufacturers. Information is also provided on drug uses and clinical indications, so patients and physicians can compare the list prices of different medications for a given condition.

The dashboards complement other CMS efforts to increase transparency on drug prices, including recent proposals to require prescription drug manufacturers to include list prices in television advertisements and proposals to implement legislation signed by President Trump to end the practice of pharmacy gag clauses. Pharmacy gag clauses can prevent pharmacists from telling patients how to access prescription drugs at the lowest cost.

In 2017, total gross spending on prescription drugs was $154.9 billion in Medicare Part D, $30.4 billion in Part B, and $67.6 billion in Medicaid.


# HILL HEARINGS

- The Senate Committee on Health, Education, Labor, and Pensions will hold a hearing on **March 27, 2019**, to examine implementing the 21st Century Cures Act, focusing on making electronic health information available to patients and providers.

# LEGISLATION

- **H.R.1749** (introduced March 13, 2019): A bill 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]

- **H.R.1730** (introduced March 13, 2019): A bill to amend the Public Health Service Act to require group and individual health insurance coverage and group health plans to provide for cost sharing for oral anticancer drugs on terms no less favorable than the cost sharing provided for anticancer medications administered by a health care provider was referred to the House Committee on Energy and Commerce. Sponsor: Representative Brian Higgins [D-NY-26]

- **S.785** (introduced March 13, 2019): A bill to improve mental health care provided by the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans Affairs. Sponsor: Senator Jon Tester [D-MT]

- **S.782** (introduced March 13, 2019): A bill to amend title XVIII of the Social Security Act to improve access to mental health services under the Medicare program was referred to the Committee on Finance. Sponsor: Senator Debbie Stabenow [D-MI]

- **S.773** (introduced March 13, 2019): A bill to require the Center for Medicare and Medicaid Innovation to test the effect of including telehealth services in Medicare health care delivery reform models was referred to the Committee on Finance. Sponsor: Senator Cory Gardner [R-CO]

# MEETINGS

- The 9th Annual Heroes of Military Medicine Awards Dinner will be held on **May 9, 2019**, in Washington DC. [https://www.hjfcp3.org/heroes-dinner/](https://www.hjfcp3.org/heroes-dinner/)


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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.