

Federal Health Update

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Happy St. Patrick's Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **Seema Verma was sworn in as the Administrator of the Centers for Medicare & Medicaid Services (CMS) on March 13, 2017.**

Verma, who worked with then-Indiana Gov. Mike Pence to design a Medicaid expansion there, was confirmed by a 55-43 vote. As head of CMS, she will oversee \$1 trillion health insurance programs for more than 130 million people.

- **The House passed H.R.1259, the VA Accountability First Act of 2017, on March 16, 2017.** This legislation amends title 38, United States Code, to provide for the removal or demotion of employees of the Department of Veterans Affairs based on performance or misconduct, and for other purposes.

- **This week the White House announced the president will nominate:**

Patrick M. Shanahan of Washington to be the next Deputy Secretary of Defense. Shanahan is senior vice president, Supply Chain & Operations at the Boeing Company, where he is responsible for oversight of the company's manufacturing operations and supplier management

functions. Previously, Shanahan was vice president and general manager of Boeing Missile Defense Systems and vice president and general manager for Rotorcraft Systems in Philadelphia, where he was responsible for all U.S. Army Aviation, including the Bell-Boeing V-22 Osprey tiltrotor, the CH-47 Chinook and the AH-64D Apache attack helicopter. Shanahan holds a Bachelor of Science in mechanical engineering from the University of Washington and two advanced degrees from the Massachusetts Institute of Technology: a Master of Science in mechanical engineering, and an MBA from MIT's Sloan School of Management.

David Joel Trachtenberg of Virginia to be Principal Deputy Under Secretary of Defense, Policy. Trachtenberg is the president and CEO of Shortwaver Consulting, LLC, a national security consultancy. Prior to this role, Mr. Trachtenberg was the vice president and head of Strategic Analysis Division at CACI-National Security Research. Trachtenberg previously served in several roles at the Department of Defense, most recently as the principal deputy assistant secretary of defense for international security policy where he was responsible for issues relating to NATO, Europe, Russia and Eurasia, technology security, counter-proliferation, missile defense, nuclear forces, and arms control. Additionally, Trachtenberg was a professional staff member with the House Armed Services Committee. Trachtenberg holds a Bachelor of Arts in International Relations from the University of Southern California and a Master of Science in Foreign Service from Georgetown University.

Eric D. Hargan of Illinois to be Deputy Secretary of Health and Human Services. Hargan is a shareholder of Greenberg Traurig, LLP in its Health & FDA Business practice, based in Chicago. Hargan previously served the Department from 2003-2007 as deputy general counsel, as principal associate deputy secretary and as acting deputy secretary. Hargan earned a BA cum laude in philosophy from Harvard University, and a JD from Columbia University Law School.

Scott Gottlieb of Connecticut, to be Commissioner of Food and Drugs at the Department of Health and Human Services. Gottlieb is a physician, a resident fellow at the American Enterprise Institute, and a venture partner at New Enterprise Associates. In 2005, Gottlieb was appointed as the Deputy Commissioner for Medical and Scientific Affairs at the U.S. Food and Drug Administration. He earned a Bachelor of Arts in Economics from Wesleyan University in 1994. He also holds a Doctor of Medicine from the Mount Sinai School of Medicine in 1999 where he also completed his internship and residency.

- **On March 15, 2017, the Senate confirmed that General H.R. McMaster to continue to serve in the United States Army at the rank of Lieutenant General while also serving in the Trump Administration as National Security Advisor.**

MILITARY HEALTH CARE NEWS

- **The Department of Defense (DoD) released its Annual Report on Sexual Harassment and Violence at the United States Military Service Academies for Academic Program Year (APY) 2015 – 2016.**

This year's report contains self-assessment summaries from the Academies (United States Military Academy, United States Naval Academy, and United States Air Force Academy) and results from the 2016 Service Academy Gender Relations Survey.

Anonymous survey results indicate that rates of past-year occurrence of unwanted sexual contact for academy men and women returned to levels last seen in in APY 11-12. This reflects a statistical increase from rates measured in APY 13-14.

The three academies received a total of 86 reports of sexual assault involving cadets or

midshipmen in APY 15-16. Cadets and midshipmen made thirteen reports for an incident that occurred prior to their entering military service.

DoD officials say the military service academies reported a variety of updates in academic, athletic and training programs aimed at promoting a safe and healthy environment. However, this year's survey results underscore the unique challenges the academies face in sustaining long-term decreases in the occurrence of sexual assault.

The department will focus its upcoming on-site assessment visits in 2017 to assist with prevention programming at the military service academies.

The complete report is available at sapr.mil. For academy specific information, contact the individual military services at 703-697-2564 for Army, 703-697-5342 for Navy, and 703-695-0640 for Air Force.

- **Walter Reed National Military Medical Center is providing heart patients a newly approved leadless pacemaker, which was approved by the Food and Drug Administration in April 2016.**

Leadless pacemakers don't have the leads or wires found in traditional pacemakers. They're significantly smaller than traditional pacemakers. Since there are no leads for the energy to pass through, the generator is able to make direct contact with heart tissue. This process takes less energy to pace the heart.

The leads on traditional pacemakers can fracture, dislodge and get infected. That infection can travel to the entire heart, leading to the removal of the pacemaker, a procedure that can lead to deadly results for the patient.

The body tends to form a capsule over the new pacemaker, which reduces the infection rate. Needleman says the overall complication rate of the leadless pacemaker is about half that of a traditional pacemaker.

Patients who receive the new pacemakers take less time to recover after surgery. Traditional pacemakers require a six-week period of post-implant restrictions. Most patients who receive the leadless pacemakers get back to normal life just a week after surgery.

The device is also good for patients with dementia and memory issues who may not always remember to follow the post-surgical guidelines associated with typical pacemakers.

Since the leadless pacemaker is only approved for use in the right ventricle, they can currently only be used in patients who need single chamber ventricular pacemakers. That's about ten to 20 percent of patients who need pacemakers. The next generation of leadless pacemakers could service multiple chambers and he expects future leadless pacemaker to be able to work with defibrillators.

Surgeons at Walter Reed implanted the first leadless pacemaker in the Washington, D.C., area in November. In the few short months since, physicians there have since implanted more of the devices than any other single institution in the area.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) established a search commission to help identify candidates for the position of Under Secretary for Benefits.**

The Under Secretary for Benefits is the senior official within the [Veterans Benefits Administration \(VBA\)](#), which oversees a variety of benefits and services to service members, veterans and their families.

Search commission candidates will be selected based on criteria governed by law, along with appropriate skills, knowledge and attributes as leaders, managers and educators. The commission is a prerequisite to the president's appointment of a successful candidate, subject to Senate confirmation.

By law, the appointment is made without regard to political affiliation and solely on the basis of demonstrated ability, both in fiscal management and in the administration of programs of VBA or of similar content and scope.

VBA includes a network of 56 regional offices and more than 21,800 employees. Nearly 4 million Veterans currently receive compensation for disabilities incurred in service or pensions for wartime veterans, who become totally disabled in civilian life. In addition, more than a half million widows, children and parents of deceased Veterans are paid survivor compensation or death pensions.

Other programs administered by the Under Secretary for Benefits include: education benefits, vocational rehabilitation and employment for veterans, and life insurance; as well as VA-guaranteed home loans for both active-duty personnel and Veterans.

The commission, once named, is expected to complete its work by April 20. For more information about this position, go to <https://www.usajobs.gov/GetJob/ViewDetails/447997000>.

- **The Department of Veterans Affairs' (VA) regulations to establish presumptions for the service connection of eight diseases associated with exposure to contaminants in the water supply at Camp Lejeune, North Carolina, are effective as of March 14, 2017.**

The presumption of service connection applies to active-duty, reserve and National Guard members who served at Camp Lejeune for a minimum of 30 days (cumulative) between Aug. 1, 1953, and Dec. 31, 1987, and are diagnosed with any of the following conditions:

Adult leukemia

Aplastic anemia and other myelodysplastic syndromes

Bladder cancer

Kidney cancer

Liver cancer

Multiple myeloma

Non-Hodgkin's lymphoma

Parkinson's disease

The area included in this presumption is all of Camp Lejeune and Marine Corps Air Station New River, including satellite camps and housing areas.

This presumption complements the health care already provided for 15 illnesses or conditions as part of the [Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012](#). The Camp Lejeune Act requires VA to provide health care to veterans who served at Camp Lejeune, and to reimburse family members or pay providers for medical expenses for those who resided there for not fewer than 30 days between Aug. 1, 1953, and Dec. 31, 1987.

GENERAL HEALTH CARE NEWS

- **The CDC Foundation launched [Business Pulse: Opioid Overdose Epidemic](#), which**

explores how the Centers for Disease Control and Prevention (CDC) is working to protect individuals from the widespread opioid overdose epidemic.

This issue also features an interactive infographic that provides useful facts and links to CDC programs that help employers address this public health crisis.

This epidemic is taking a toll on U.S. employers. In 2013, prescription opioid dependence, abuse and overdose cost the United States \$78.5 billion. CDC is committed to protecting individuals and families by preventing opioid overdoses.

Business Pulse is a quarterly publication that offers businesses useful resources from the Centers for Disease Control and Prevention (CDC). Each quarter it explores benefits associated with CDC's work to protect Americans—including businesses and their workforces—from chronic threats that impact health and productivity to major health emergencies. Produced by the CDC Foundation, Business Pulse focuses on a different topic each quarter.

To access Business Pulse, visit <http://www.cdcfoundation.org/businesspulse>.

- **The Centers for Medicare and Medicaid Services Office of Minority Health (CMS OMH) and the Federal Office of Rural Health Policy at the Health Resources and Service Administration (HRSA) introduced *Connected Care*.**

Connected Care is a nationwide effort within fee-for-service Medicare that includes a focus on racial and ethnic minorities as well as rural populations, who tend to have higher rates of chronic disease. It is an educational initiative to raise awareness of the benefits of chronic care management (CCM) services for Medicare beneficiaries with multiple chronic conditions and to provide health care professionals with support to implement CCM programs.

Two-thirds of Medicare beneficiaries have two or more chronic conditions, and one-third have four or more chronic conditions. Many health care professionals are providing these patients with chronic care management, non-face-to-face services such as reviewing test results or coordinating with other providers, but are not aware of the separate payments under the Medicare Physician Fee Schedule and are not receiving the full separate payments that are now available for CCM services under Medicare Part B.

As part of the *Connected Care* education initiative, CMS and HRSA or FORHP developed new resources to help educate patients and provide information for health care professionals. Some of the resources include:

- A toolkit for **health care professionals** with detailed information about CCM, and resources to help providers implement CCM;
- A **partner toolkit** that includes downloadable resources and suggested activities to get involved in the *Connected Care* initiative; and
- **Patient education** resources, including a poster and postcard that can be used in a clinical or community setting.

All resources are available online at go.cms.gov/ccm and can be ordered at no cost.

By offering CCM services, health care professionals can deliver the coordinated care their patients need and deserve and help patients stay on track by getting support between visits.

For more information on how to get involved with the CCM initiative and learn more about chronic care management, visit go.cms.gov/ccm

REPORTS/POLICIES

- **The GAO published “Veterans' Health Care: Limited Progress Made to Address Concerns That Led to High-Risk Designation,” (GAO-17-473T) on March 15, 2017.** In the report GAO assesses High-Risk List removal against five criteria: leadership commitment, capacity, action plan, monitoring, and demonstrated progress. <http://www.gao.gov/assets/690/683381.pdf>
- **The GAO published “Health Information Technology: HHS Should Assess the Effectiveness of Its Efforts to Enhance Patient Access to and Use of Electronic Health Information,” (GAO-17-305) on March 15, 2017.** This report describes the electronic access to health information available to patients, and patients' views of this access, describes the extent to which patients electronically access their health information, and actions providers reported taking to encourage such access, and evaluates HHS's efforts to advance patients' ability to electronically access their health information. <http://www.gao.gov/assets/690/683388.pdf>

HILL HEARINGS

- The Senate and House Veterans Affairs Committees will hold a joint hearing on **March 22, 2017**, to examine the legislative presentations of multiple veterans service organizations.

LEGISLATION

- **H.R.1505** (introduced March 10, 2017): To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to increase the maximum market pay of physicians and dentists in the Veterans Health Administration who work in health professional shortage areas, and for other purposes was referred to the House Veterans Affairs Committee. Sponsor: Representative Beto O'Rourke [D-TX-16]
- **S.652** (introduced March 15, 2017): A bill to amend the Public Health Service Act to reauthorize a program for early detection, diagnosis and treatment regarding deaf and hard-of-hearing newborns, infants and young children was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Rob Portman [R-OH]
- **S.657** (introduced March 13, 2017): A bill to provide for the publication by the Secretary of Health and Human Services of physical activity recommendations for Americans referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Roger F. Wicker [R-MS]
- **S.609** (introduced March 13, 2017): A bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services, and for other purposes was referred to the Senate Veterans Affairs Committee. Sponsor: Senator Jerry Moran [R-KS]:
- **H.R.1539** (introduced March 15, 2017): To amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children was referred to the House Committee on Energy and Commerce. Sponsor: Representative Brett Guthrie [R-KY-2]
- **H.R.1519** (introduced March 15, 2017): To provide for the publication by the Secretary of Health and Human Services of physical activity recommendations for Americans was referred to the House Committee on Energy and Commerce. Sponsor: Representative Ron Kind [D-WI-3]

- **H.R.1509** (introduced March 10, 2017): To direct the Secretary of Defense and the Secretary of Veterans Affairs to post at certain locations the average national wait times for veterans to receive an appointment for health care at medical facilities of the Department of Veterans Affairs, and for other purposes was referred to the House Veterans Affairs and Armed Services Committees. Sponsor: Representative Beto O'Rourke [D-TX-16]

MEETINGS

- 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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