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

- There are no announcements this week.

MILITARY HEALTH CARE NEWS

- On March 16, 2017, the Department of Defense announced President Obama has nominated:
  - Navy Reserve Capt. Mary C. Riggs for appointment to the rank of rear admiral (lower half). Riggs is currently serving as deputy chief of staff, Navy Reserve, Navy Medicine Education and Training Command, Jacksonville, Florida.
  - Navy Reserve Capt. Louis C. Tripoli for appointment to the rank of rear admiral (lower half). Tripoli is currently serving as deputy chief of staff, Navy Medicine West, San Diego, California.

- In an interview with DoD News, Brad R. Carson, senior advisor to the undersecretary of defense for personnel and readiness, announced that extended maternity leave will be effective almost immediately and egg freezing will be covered by TRICARE starting Oct. 1.

Such changes in the personnel systems account for similar employee benefit developments in
the private sector and for changing expectations of the millennial generation.

The secretary so far has announced two groups of reforms ones to improve practices to recruitment and retention of service members, and making changes to appeal more to service members’ families.

One of the biggest features of the first is blended retirement. The current retirement system works only for those who have served for 20 years, which affects only 10 to 17 percent of service members. The new system will provide service members will have a 401K plan that they can invest in immediately on entering the service, and after the third year the department will contribute to those plans.

The second group focuses on family reforms, the department is moving rapidly on extending maternity leave, which it already has the authority to do, and asking Congress to help the department extend paternity leave.

Another piece, flexible family planning, will make egg-freezing part of the TRICARE program, increase the number of lactation rooms in DoD facilities, and keep every military childcare center open for at least 14 hours a day.

A separate initiative within the second group of reforms seeks to allow a service member, in exchange for an extra service obligation, to stay on a post longer than usual to stabilize their family or accommodate a spouse’s career.

VETERANS AFFAIRS NEWS

- The Department of Veterans Affairs (VA) announced that it has amended its enrollment regulations to allow veterans to complete applications for enrollment in VA health care by telephone without the need for a signed paper application.

  The change is effective immediately for combat veterans and will be effective July 5, 2016, for all veterans.

  This phased implementation accelerates VA’s effort to enroll all combat veterans with pending applications as part of its ongoing Veterans Enrollment Rework Project. The VA is working to complete the review and rework of all pending health enrollment records for living and deceased veterans this summer. Veterans can view the amended regulation on the Federal Register website [here](#).

  By adding this telephone application option to VA’s regulations, VA will now offer three ways to enroll. This change provides Veterans an even more convenient way to apply for enrollment, in addition to the paper VA Form 10-10 EZ and online enrollment application process. With publication in the Federal Register today, combat veterans may now apply by phone. All other Veterans may apply by phone starting on July 5, 2016.

  When veterans choose to enroll, VA offers an enhancement to their enrollment experience through “Welcome to VA” (W2VA). Veterans enrolled since July 1, 2015 have received a personal introduction to VA health care services, programs and resources to help them become more familiar with VA’s services. In addition, VA sends each new enrollee an introductory letter and personalized handbook in the mail. W2VA enhances communication by reaching out to newly enrolled Veterans through personal phone calls upon enrollment, providing assistance with health care inquiries and assisting with their initial appointment at their preferred VA healthcare facility.

  For more information, veterans can contact the Health Eligibility Center Enrollment and Eligibility
Division toll free at 1-855-488-8440.

- **The Department of Veterans Affairs (VA) announced that it has issued notices of proposed removal to three senior officials at the Phoenix VA Health Care System.**

The Department proposed the removal of Lance Robinson, the facility’s associate director; Brad Curry, chief of health administration service; and Dr. Darren Deering, chief of staff.

In January, Gibson changed VA policy to ensure that employees who were part of administrative investigations would not be placed on paid administrative leave, instead they would be moved into non-patient care functions and continue performing other duties as assigned.

The announced actions follow the appointment of a new medical center director for the Phoenix VA Health Care System (PVAHCS). On November 20, Deborah Amdur was named Health Care System director after serving as medical center director of the White River Junction VA Medical Center in Vermont.

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**GENERAL HEALTH CARE NEWS**

- **The CDC Foundation launched *Business Pulse: 5 Ways CDC Protects the Health of Your Business*, on March 16, 2017.**

This new initiative provides America’s employers with CDC guidance and resources in five key areas that protect employee health, including emergency preparedness, food safety, travelers’ health, global health security and flu prevention. This issue of Business Pulse highlights challenges faced by businesses in these areas, along with an [interactive infographic](#) that provides useful facts and links, advice from CDC experts, and online CDC resources.

American businesses face complex health challenges ranging from the threat of an influenza pandemic that could cost the U.S. economy $100 to $250 billion, to global health threats like Zika virus and natural disasters that cost lives and cause economic disruption. CDC’s efforts to keep America safe, healthy and secure are critical to a healthy workforce and economy.

To access Business Pulse, visit [www.cdcfoundation.org/businesspulse](http://www.cdcfoundation.org/businesspulse).

- **The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) released a new interactive map to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries.**

The [Mapping Medicare Disparities (MMD) Tool](#) identifies disparities in health outcomes, utilization, and spending by race and ethnicity and geographic location. Understanding geographic differences in disparities is important to informing policy decisions and efficiently targeting populations and geographies for interventions.

Racial and ethnic minorities experience disproportionately high rates of chronic diseases, and are more likely to experience difficulty accessing high quality of care than other individuals. The identification of areas with large differences in the proportions of Medicare beneficiaries with chronic diseases is an important step for informing and planning health equity activities and initiatives. The Mapping Medicare Disparities Tool features:
A dynamic interface with data on the prevalence of 18 chronic conditions, end stage renal disease, or a disability; Medicare spending, hospital and emergency department (ED) utilization, preventable hospitalizations, readmissions, and mortality rates.

The ability to sort by state or county of residence, sex, age, dual-eligibility for Medicare and Medicaid, and race and ethnicity.

Built-in benchmarking features to investigate disparities within counties and across racial and ethnic groups, and within racial and ethnic groups across counties.

The MMD Tool was developed in collaboration with KPMG LLP and NORC at the University of Chicago as part of the CMS Equity Plan for Improving Quality in Medicare. The plan provides a framework for advancing health equity by improving the quality of care provided to minority and other underserved Medicare beneficiaries.

- The U.S. Food and Drug Administration approved Xalkori (crizotinib) to treat people with advanced (metastatic) non-small cell lung cancer (NSCLC) whose tumors have an ROS-1 gene alteration.

Xalkori is the first and only FDA approved treatment for patients with ROS-1 positive NSCLC.

Lung cancer is the leading cause of cancer-related deaths in the United States, with an estimated 221,200 new diagnoses and 158,040 deaths in 2015, according to the National Cancer Institute. ROS-1 gene alterations, thought to lead to abnormal cells, have been identified in various cancers, including NSCLC.

ROS-1 gene alterations are present in approximately 1 percent of patients with NSCLC. The overall patient and disease characteristics of NSCLC with ROS-1 gene alterations appear similar to NSCLC with anaplastic lymphoma kinase (ALK) gene alterations, for which crizotinib use was previously approved. Xalkori was approved to treat certain patients with late-stage NSCLC that expresses an abnormal ALK gene in 2011.

Xalkori is an oral medication that blocks the activity of the ROS-1 protein in tumors that have ROS-1 gene alterations. This effect on ROS-1 may prevent NSCLC from growing and spreading.

The FDA granted the Xalkori expanded use application breakthrough therapy designation and priority review status. These are distinct programs intended to facilitate and expedite the development and review of certain new drugs in light of their potential to benefit patients with serious or life-threatening conditions. Xalkori also received orphan drug designation, which provides incentives such as tax credits, user fee waivers and eligibility for exclusivity to assist and encourage the development of drugs for rare diseases.

REPORTS/POLICIES


HILL HEARINGS

- The House Veterans Affairs Subcommittee on Health will hold a hearing on March 22, 2016, to examine choice consolidation: leveraging provider networks to increase veteran access.
LEGISLATION

- **S.2672** (introduced March 14, 2016): A bill to reauthorize the program of the Department of Veterans Affairs under which the Secretary of Veterans Affairs provides health services to veterans through qualifying non-Department health care providers was referred to the Committee on Veterans' Affairs.
  
  Sponsor: Senator Susan M. Collins [ME]

- **S.2678** (introduced March 15, 2016): Safe Treatments and Opportunities to Prevent Pain Act was referred to the Committee on Health, Education, Labor, and Pensions.
  
  Sponsor: Senator Brian Schatz [HI]

- **S.2679** (introduced March 15, 2016): Helping Veterans Exposed to Burn Pits Act was referred to the Committee on Veterans' Affairs.
  
  Sponsor: Senator Amy Klobuchar [MN]

- **S.2680** (introduced March 15, 2016): A bill to amend the Public Health Service Act to provide comprehensive mental health reform, and for other purposes was Committee on Health, Education, Labor, and Pensions.
  
  Sponsor: Senator Lamar Alexander [TN]

- **S.2685** (introduced March 15, 2016): A bill to amend the Public Health Service Act to improve mental and behavioral health services on campuses of institutions of higher education was referred to the Committee on Health, Education, Labor, and Pensions.
  
  Sponsor: Senator Richard Durbin [IL]

- **S.2691** (introduced March 16, 2016): A bill to require the Administrator of the Substance Abuse and Mental Health Services Administration to establish a pilot program for the adoption and use of certified electronic health records technology referred to the Committee on Health, Education, Labor, and Pensions.
  
  Sponsor: Senator Sheldon Whitehouse [RI]

MEETINGS


- **2016 AMSUS Annual Continuing Education Meeting** will be held on Nov. 29- Dec. 2, 2016, at the Gaylord National Harbor, Md. [http://www.amsusmeetings.org/](http://www.amsusmeetings.org/)

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 kathetroux@federalhealthcarenews.com.