

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House will be in recess until April 11 and the Senate will be in recess until April 5, 2016.**
- **The White House released a fact sheet detailing its health care accomplishments through the Affordable Care Act, including:**
 - Lowered the uninsured rate, an estimated 20 million people have gained health insurance. For the first time ever, more than 9 in 10 Americans now have health insurance.
 - Prohibited coverage denials and reduced benefits, protecting as many as 129 million Americans who have some type of pre-existing health condition, including up to 19 million children.
 - Expanded Medicaid to all non-eligible adults with incomes under 133 percent of the federal poverty level.
 - Establishes a system of state and federal Health Insurance Exchanges, or Marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices.

To read the full list of accomplishments, please visit: <https://www.whitehouse.gov/the-press-office/2016/03/22/fact-sheet-health-care-accomplishments>

MILITARY HEALTH CARE NEWS

- **The Secretary of the Navy and Chief of Naval Operations announced Rear Adm. Colin G. Chinn will be assigned as director, research and development, Defense Health Agency, Falls Church, Va.** Chinn is currently serving as fleet surgeon, United States Pacific Fleet/command surgeon, United States Pacific Command, Camp H.M. Smith, Hawaii.
- **TRICARE announced a new program to help its beneficiaries quit smoking.**

The [Freedom Smoking Quitline](#) is a National Institutes of Health-funded research study, co-sponsored by the 59th Medical Wing and University of Tennessee Health Science Center. The study is enrolling TRICARE beneficiaries who are motivated to quit smoking. Qualifying participants have four proactive smoking cessation counseling sessions by phone, along with eight weeks of free nicotine replacement therapy (NRT) sent to their homes. After three months, participants will receive a follow-up call to ensure they are still smoke free. However, if they experienced a relapse and started up again, participants can try the program again.

Dr. Gerald Wayne Talcott, Ph.D., Col USAF (Ret) is a co-investigator for the [Freedom Quitline](#). He served as an Air Force psychologist for 28 years and has 30 years of experience in tobacco cessation treatment. According to Dr. Talcott, relapse is all too common for people trying to quit smoking. That's why participants are offered a second chance with the [Freedom Quitline](#). When participants enroll in this study, they not only receive a premium smoking cessation program at no cost, but they also help researchers gather critical data to improve these programs for our military community. "Quitting smoking is one of the hardest things that anyone ever tries to do in their lifetime," said Dr. Talcott. "Studies show that it might be even more difficult for our military community." He also emphasized that what makes the [Freedom Quitline](#) more effective than most alternatives, is that the counselors have not only extensive training in smoking cessation, but 90% are military veterans themselves.

Results from an Air Force study evaluating a smoking Quitline conducted by the University of Tennessee Health Science Center showed participants were more than two times more likely to quit compared to those who called a standard Quitline.

It's easy to find out if you qualify. Call 1-844-I-AM-FREE (1-844-426-3733) or go online to learn more at www.freedomquitline.org.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that an information technology system that it deployed in 2014 and enhanced in 2015, the Beneficiary Fiduciary Field System, allowed it to identify claim processing errors affecting approximately 14,000 veterans and survivors.**

These veterans' and survivors' claims were initially filed over many years, with some going back as far as 2000. The errors concern cases in which VA had proposed that due to disability or age the beneficiary was unable to manage his or her VA benefits without assistance, but did not complete the action by transferring it within VA for appointment of a fiduciary. These cases represent approximately four percent of such proposals since 2000.

VA's Veterans Benefits Administration (VBA) became aware of a potential problem when it received inquiries about delayed fiduciary appointments from affected beneficiaries or their families. A system-wide review by VBA using the new technology found claim processing errors

that had occurred at each of its regional offices and pension management centers across the country. In these cases, one or more of the procedures for controlling and transferring the workload were not followed, resulting in the fiduciary appointment delays.

VBA has set up a dedicated team to immediately review the cases, notify beneficiaries, complete the claim processing steps, and appoint a fiduciary as quickly as possible. Because the law requires VA to check the qualifications of the fiduciaries it appoints, including conducting a face-to-face interview, VA anticipates that it may take as much as six months or more to complete the fiduciary appointment process for these beneficiaries. However, the beneficiaries will continue to receive their monthly benefits as VA works to appoint a fiduciary to assist them.

Additionally, VBA has already modified its systems to better track this workload and plans to remove manual transfer processes that are prone to error through enhancements to its automated claims processing system, the Veterans Benefits Management System.

- **The Department of Veterans Affairs (VA) announced actions against four leaders at the Veterans Benefits Administration (VBA) and close-out of an Administrative Investigation Board (AIB) review of the Denver Hospital Replacement project.**

Based on results of investigations VA proposed three actions and issued one action. These actions include:

- Danny Pummill, acting undersecretary for benefits, received a proposed 15-day suspension. This action is based on his alleged lack of oversight regarding Ms. Rubens' and Ms. Graves' actions in connection with their relocations.
- Diana Rubens, director, Philadelphia Regional Office, received a reprimand and a proposed 10-percent salary reduction. This action is based on her failure to exercise sound judgment by creating the appearance of impropriety in connection with her relocation.
- Kimberly Graves, director, Minneapolis/St. Paul Regional Office, received a reprimand and a proposed 10-percent salary reduction. This action is based on her failure to exercise sound judgment by creating the appearance of impropriety in connection with her relocation.
- Additionally, Beth McCoy, director, Field Operations, received a reprimand, based on her failure to exercise sound judgment by creating the appearance of impropriety in connection with her involvement in vacating the position to which she was then permanently assigned.

Mr. Pummill's action, if sustained, is appealable to a third party. Ms. Rubens' and Ms. Graves' pay reductions, if sustained, may be reviewed by the VA Secretary but may not be appealed to outside third parties. Reprimands may be grieved administratively but may not be appealed to outside third parties.

VA also announced that no additional adverse personnel actions will be taken as a result of the Administrative Investigative Board (AIB) review of the Denver Hospital Replacement project. If additional information comes to light when the Office of Inspector General completes its investigation regarding potential wrongdoing on the Denver replacement project, VA will look to take appropriate action at that time.

The AIB determined that responsibility for the decisions that resulted in delays and cost overruns for the Denver replacement facility rested with executives who had departed from the VA prior to the AIB's completion.

Also prior to the AIB's completion, the Department made personnel changes in other key positions for the project:

- The previous Project Executive was moved to a staff resident engineer position

—a reassignment that resulted in a loss of grade and pay. The individual is no longer employed by VA.

- The previous Senior Resident Engineer was reassigned to non-supervisory work as a design manager—two new Senior Resident Engineers were hired in October 2014. The individual is also no longer employed by VA.
- The previous Senior Contracting Officer for Denver was removed from the project and reassigned to non-supervisory duties.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services announced that the expansion of the Diabetes Prevention Program, a model funded by the Affordable Care Act, would reduce net Medicare spending, according to the independent Office of the Actuary in the Centers for Medicare & Medicaid Services (CMS).**

The expansion was also determined to improve the quality of patient care without limiting coverage or benefits. This is the first time that a preventive service model from the CMS Innovation Center has become eligible for expansion into the Medicare program.

Currently, about 30 million Americans have type 2 diabetes, resulting in two deaths every five minutes in this country. Additionally, 86 million Americans have a high risk of developing diabetes, because one in every three adults has prediabetes, a condition that arises when blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. Prediabetes means a person is at increased risk for developing type 2 diabetes, as well as for heart disease and stroke. Many people with prediabetes develop type 2 diabetes within ten years.

In 2011, through funding provided by the Affordable Care Act, CMS awarded the National Council of Young Men's Christian Associations of the United States of America (Y-USA) more than \$11.8 million to enroll eligible Medicare beneficiaries at high risk for diabetes in a program that could decrease their risk for developing serious diabetes-related illnesses.

Beneficiaries in the program attended weekly meetings with a lifestyle coach who trained participants in strategies for long-term dietary change, increased physical activity, and behavior changes to control their weight and decrease their risk of type 2 diabetes. After the initial weekly training sessions, participants could attend monthly follow-up meetings to help maintain healthy behaviors. The main goal of the program was to improve participants' health through improved nutrition and physical activity, targeting at least a five percent weight loss for each individual.

The results of the Diabetes Prevention Program model are striking:

- Medicare beneficiaries enrolled in the program lost about five percent of their body weight, which is enough to substantially reduce the risk of future diabetes.
- Over 80 percent of participants recruited attended at least four weekly sessions.
- When compared with similar beneficiaries not in the program, Medicare estimated savings of \$2,650 for each enrollee in the Diabetes Prevention Program over a 15-month period, more than enough to cover the cost of the program.

The CMS Innovation Center has demonstrated that investment in prevention of chronic conditions saves money and improves quality for patients. These findings are relevant not only to the Medicare program, but to employers and insurers who may want to initiate diabetes prevention programs in their populations.

The Administration supports expansion of the Diabetes Prevention Program. This certification is a critical step in expanding the Diabetes Prevention Program for Medicare beneficiaries with pre-diabetes. CMS is considering how it would expand this model broadly throughout the Medicare program. More information about how CMS could expand the Diabetes Prevention Program will be included in the CY 2017 Medicare Physician Fee Schedule proposed rule, which is anticipated to be released in Summer 2016.

To view the CMS Office of the Actuary certification of the Diabetes Prevention Program, please visit: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf>

To view the independent evaluation report, please visit: <https://innovation.cms.gov/Files/reports/hcia-ymcadpp-evalrpt.pdf>

- **A new study by Oregon State University, University of Tennessee-Chattanooga and the University of Mississippi found only 2.7 percent of adults nationwide have all four basic healthy characteristics.**

The report examined if adults were successful in four areas that fit typical advice for a "healthy lifestyle" - moderate exercise, a good diet, not smoking and having a recommended body fat percentage. Fulfilling those characteristics reflects a lower risk of cardiovascular disease, cancer, type 2 diabetes and other health problems.

The study looked at 4,745 people from the [National Health and Nutrition Examination Survey](#). Researchers used an accelerometer device to gauge movement with a target of 150 minutes of moderate-to-vigorous activity each week. Blood samples confirmed if a person was a non-smoker and body fat was measured using x-ray technology. Diet was defined as being within the top 40 percent of people who consumed foods suggested by the United States Department of Agriculture.

Out of the study group, 2.7 percent had all four characteristics, researchers found. About 16 percent had three, 37 percent had two, 34 percent had one and 11 percent had none.

The four behavioral characteristics were also compared to markers of cardiovascular health, such as blood pressure and glucose levels. The study reported that those with at least three healthy characteristics also typically had better cardiovascular health compared to those with none.

Other findings from the study included:

- 71 percent of adults didn't smoke
- 38 percent of adults ate a healthy diet
- 10 percent had a normal body fat percentage
- 46 percent were sufficiently active

The study was published in the Mayo Clinic Proceedings.

REPORTS/POLICIES

- **The GAO published *"HEALTHCARE.GOV: Actions Needed to Enhance Information Security and Privacy Controls,"* (GAO-16-265) on published March 23, 2016.** This report describes security and privacy incidents reported for Healthcare.gov and related systems; assesses the effectiveness of security controls for the data hub; and assesses CMS oversight of

state-based marketplaces and the security of selected state-based marketplaces.
<http://www.gao.gov/assets/680/676003.pdf>

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- **H.R.4819** (introduced March 21, 2016): the *Health for Each American Less fortunate Through Help from medical professionals In Every Rural and impoverished area Act of 2016* was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means
Sponsor: Representative John J. Duncan, Jr. [TN-2]
- **H.R.4832** (introduced March 22, 2016): the *Health Savings Protection Act* was referred to the House Committee on Ways and Means
Sponsor: Representative Charles W. Boustany, Jr. [LA-3]
- **H.R.4841** (introduced March 23, 2016): To establish programs for health care provider training in Federal health care and medical facilities, to establish Federal co-prescribing guidelines, to establish a grant program with respect to naloxone, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Armed Services, Veterans' Affairs, and Natural Resources.
Sponsor: Representative Keith J. Rothfus [PA-12]
- **H.R.4861** (introduced March 21, 2016): To amend the Public Health Service Act to authorize grants to health centers to expand access to evidence-based substance abuse treatment services was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Rosa L. DeLauro [CT-3]

MEETINGS

- The Children with Special Healthcare Needs and Disaster Preparedness webinar will be held on **March 31, 2016**, 1:00 PM, ET. <http://ncdmph.adobeconnect.com/r4u3yaprgt5/> Call in: 1-888-537-7715, Participant Code: 39933371
- The Heroes of Military Medicine Awards will be held on **May 5, 2016**, in Washington D.C. <http://www.hjfc3.org/heroes-dinner>
- The 6th Annual Traumatic Brain Injury Conference will be held **May 11-12, 2016**, in Washington DC. <http://tbiconference.com/home/>
- The *Disaster Health Education Symposium: Innovations for Tomorrow* will be held on **Sept. 8, 2016**, at the Uniformed Services University in Bethesda, Md. <https://ncdmph.usuhs.edu>.
- The AUSA 2016 Annual Meeting & Exposition will be held **Oct. 3-5, 2015**, in Washington DC. <http://ausameetings.org/2016annualmeeting/>
- 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/>

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.