

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate will be in recess from April 10 – 24, 2017.**

MILITARY HEALTH CARE NEWS

- **The Department of Defense launched the 5210 Healthy Military Children campaign, a collaboration between the Department of Defense's Office for Military Community and Family Policy and the Clearinghouse for Military Family Readiness at Penn State University.**

This campaign provides some valuable tools in the battle. The program encourages children to get five or more servings of fruits and vegetables a day; fewer than two hours of recreational time in front of a TV, tablet, portable video game, or computer screen; one hour of exercise each day; and zero sugary drinks. Officials are promoting education efforts where military families live, work, and play: doctor offices, recreation centers, and schools on base.

Yokota Air Base, Japan, served as one of the pilot bases for the program as part of the Healthy Base Initiative, a Department of Defense project launched at 14 test sites in 2013. It promoted

diet and exercise as a way to combat tobacco use, obesity and lack of physical activity among service members and their families. DoD officials believe the value of the 5210 program might not become apparent until long-term drops in obesity are realized, which can take years. .

Military Health System officials believe such awareness impacts readiness today, as well as the future of the force. According to Military OneSource, about 40 percent of service members have children. In addition, many of those children follow their parents into military service. Taking care of them today is an investment in the future.

The healthy habits ingrained in the children also show up in their moms and dads.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) began online enrollment and self-services for Servicemembers' Group Life Insurance (SGLI) for Navy members on April 5.**

The SGLI Online Enrollment System (SOES) allows active-duty and eligible reserve and Guard members to manage their SGLI and Family SGLI coverage electronically at any time, from anywhere in the world.

VA is collaborating with the Department of Defense (DoD), Defense Finance and Accounting Service (DFAS), Defense Manpower Data Center (DMDC) and the Uniformed Services to develop this system. It will be available through DMDC's milConnect web application, which allows service members to review personal, health care and personnel information from one reliable source, the Defense Enrollment Eligibility Reporting System (DEERS).

The SOES rollout to the remaining uniformed services will be completed in phases through the end of the year, ensuring a smooth transition for all service members.

To ensure support for service members using the new system, VA is working with DoD and the individual uniformed services to train key service personnel as SOES becomes available to each branch.

More information on SOES is available at https://www.dmdc.osd.mil/milconnect_

- **Secretary of Veterans Affairs (VA) Dr. David J. Shulkin announced the appointment of Lynda Davis, PhD, as Chief Veterans Experience Officer.**

The Veterans Experience Office (VEO) is dedicated to capturing, sharing and improving the experience of all those using the care and benefits of the VA. VEO listens to the voice of veterans, their families, caregivers and survivors — aimed at enhancing their access to care, benefits and services. The Chief Veterans Experience Officer advises the VA secretary and other senior leaders in VA to ensure the unique needs of Veterans and their families remain the ultimate focus of VA's modernization efforts.

Before joining VA, Davis served as deputy undersecretary of Defense for Military Community and Family Policy. She also served as deputy assistant secretary for Military Personnel Policy for the Department of the Navy and the designated lead for the joint Department of Defense and VA response to the recommendations of Commission on Care for America's Returning Wounded Warriors under President Bush.

A veteran, Davis is a former clinician at a VA Medical Center, Dr. Davis taught in the Departments of Psychiatry and Public Administration at the University of Southern California

where she earned a Ph.D. and a Masters of Public Administration (Human Services Administration). She also holds a Masters of Arts in Community Clinical Psychology.

- **This week the House and Senate passed resolutions extending Veterans Affairs Choice Card program until the remaining \$1 billion is exhausted.**

The Choice Card program, scheduled to end in August 2017, allows veterans to seek medical care outside the VA system. The veterans who face lengthy wait times for VA hospital appointments or live more than 40 miles from VA clinics are eligible to use the program to seek private-sector medical care instead. Congress set aside \$10 billion for the program.

The White House is expected to sign the measure into law in coming days.

GENERAL HEALTH CARE NEWS

- **Of the 250 pregnant women who had confirmed Zika infection in 2016, 24 – or about 1 in 10 of them – had a fetus or baby with Zika-related birth defects, according to a new Centers for Disease Control and Prevention (CDC) report.**

This report is the first to provide the analysis of a subgroup of pregnant women in the U.S. with clear, confirmed test results of Zika virus infection.

Testing for Zika remains complex because there is a narrow timeframe for obtaining a positive laboratory result, and many infected people do not have symptoms that might motivate testing. For this reason, CDC is monitoring all pregnant women with any evidence of recent Zika infection. In 2016, nearly 1,000 pregnant women from 44 states who completed their pregnancies had some evidence of a recent Zika infection and were at risk of having a fetus or baby with Zika-related birth defects. Most of these women acquired Zika infection during travel to an area where Zika was present.

Zika infection during pregnancy can cause serious damage to the brain and microcephaly in developing fetuses. It also can lead to congenital Zika syndrome in babies, a pattern of birth defects that includes brain abnormalities, vision problems, hearing loss, and problems moving limbs. Babies may also appear healthy at birth but have underlying brain defects or other Zika-related health problems.

The findings from this report confirm the serious threat posed by Zika virus infection during pregnancy and the critical need for pregnant women to continue taking steps to prevent Zika virus exposure through mosquito bites and sexual transmission. The report also emphasizes the importance of healthcare providers screening all pregnant women for possible Zika virus exposure and testing and evaluating all infants born to women with evidence of Zika infection.

This report updates previously published estimates of the proportion of fetuses or babies with birth defects among pregnant women with possible Zika infection reported to the U.S. Zika Pregnancy Registry from January 15 to December 27, 2016 in the 50 U.S. states and Washington D.C. The Registry includes data from all U.S. states, DC, and all U.S. territories except Puerto Rico; pregnancies in Puerto Rico are monitored separately by the Zika Active Pregnancy Surveillance System. This report also highlights possible gaps in clinical evaluation and management of infants with possible congenital Zika virus infection.

Key findings in the Vital Signs report include:

Forty-four states reported pregnant women with evidence of Zika in 2016.

- Most of these women acquired Zika virus infection during travel to an area with Zika.

Nearly 1,300 pregnant women with evidence of possible Zika infection were reported to the U.S. Zika Pregnancy Registry.

- Of the 1,000 pregnancies that were completed by the end of the year, more than 50 had Zika-related birth defects.

Among pregnant women with confirmed Zika infection, about 1 in 10 had a fetus or baby with birth defects.

- Confirmed infections in the first trimester posed the highest risk – with about 15% having Zika-related birth defects.

About 1 in 3 babies with possible congenital Zika infection had no report of Zika testing at birth.

Only 1 in 4 babies with possible congenital Zika infection were reported to have received brain imaging after birth.

To learn more about Zika virus, visit <https://www.cdc.gov/zika/>. Healthcare providers can visit <https://www.cdc.gov/zika/hc-providers/index.html> for CDC's latest clinical guidance, testing, and training information for Zika.

- **A new Center for Disease Control and Prevention (CDC) study is the first of its kind to show that flu vaccination significantly reduced a child's risk of dying from influenza.**

The study, which looked at data from four flu seasons between 2010 and 2014, found that flu vaccination reduced the risk of flu-associated death by half (51 percent) among children with underlying high-risk medical conditions and by nearly two-thirds (65 percent) among healthy children. The study findings underscore the importance of the recommendation by CDC and the American Academy of Pediatrics that all children 6 months and older get an annual flu vaccine.

Researchers estimated how effective the vaccine was at preventing flu-related deaths by comparing the vaccination status of the children who died from flu to comparison groups of children. The comparison groups were obtained from two national surveys and a database of commercial insurance claims.

During the study period, 358 laboratory-confirmed, flu-associated child deaths were reported to CDC. Of the reported pediatric deaths with known vaccination status (291), only one in four children (26 percent) had been vaccinated.

Since the 2004-2005 season, flu-related deaths in children reported to CDC during regular flu seasons ranged from 37 (during 2011-2012) to 171 (during 2012-2013). During the current flu season, 61 pediatric deaths have been reported to CDC as of March 25, 2017. More information about pediatric deaths is available in an interactive format at <https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>.

REPORTS/POLICIES

- **The GAO published “Veterans Crisis Line: Further Efforts Needed to Improve Service,” (GAO-17-545T) on April 4, 2017.** This report describes the extent to which VA met response-time goals for VCL calls and text messages, how VA monitored VCL primary center call center

operations, and how VA worked with VCL service partners to help ensure veterans receive high-quality service. <http://www.gao.gov/assets/690/683919.pdf>

HILL HEARINGS

- There are no relevant hearings scheduled next week.

LEGISLATION

- **H.R.1946** (introduced April 5, 2017): A bill to amend the Public Health Service Act to require reporting by the National Institutes of Health on requests for funding research that were not granted and had the greatest potential for improving public health, and for other purposes was referred to the House Committee on Energy and Commerce .Sponsor: Representative John Lewis [D-GA-5]:
- **H.R.1876** (introduced April 4, 2017): A bill to amend the Public Health Service Act to limit the liability of health care professionals who volunteer to provide health care services in response to a disaster was referred to House Judiciary. Sponsor: Representative Marsha. Blackburn [R-TN-7]
- **H.R.1895** (introduced April 4, 2017): A bill to amend the Public Health Service Act to prohibit the Secretary of Health and Human Services from conducting or supporting any research involving human fetal tissue that is obtained pursuant to an induced abortion, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Blaine Luetkemeyer [R-MO-3]
- **S.833** (introduced April 5, 2017): A bill to amend title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Jon Tester [D-MT]
- **S.804** (introduced April 3, 2017): A bill to improve the provision of health care for women veterans by the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Dean Heller [R-NV]:
- **H.R.1954** (introduced April 5, 2017): Amends title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes was referred to House Armed Services. Sponsor: Representative Chellie Pingree [D-ME-1]
- **H.R.1942** (introduced April 5, 2017): Amends title 38, United States Code, to direct the Comptroller General of the United States to periodically conduct an audit of the Veterans Health Administration budget, and for other purposes was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Clay Higgins [R-LA-3]

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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