

# Federal Health Update

APRIL 14, 2017

*Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.*

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[ktheroux@federalhealthcarenews.com](mailto:ktheroux@federalhealthcarenews.com)

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate will be in recess from April 10 – 24, 2017.**
- **On April 7, 2017, President Trump nominated the following people for positions within his administration:**

**Mark E. Green to be Secretary of the Army.** Dr. Mark Green currently serves as Tennessee State Senator for District 22. He is the Chaplain of the Senate GOP Caucus and was selected as the Tennessee Journal's Rookie of the year in 2013.

Green is the CEO of Align MD, an emergency department staffing company, which provides leadership and staffing to emergency departments and hospitalist services in forty-seven hospitals in nine states. In 1986, Second Lieutenant Green graduated from West Point with a degree in economics and began his military career as an infantry officer. Green served as a rifle platoon leader, scout platoon leader, battalion personnel officer, a supply officer, an airborne rifle company commander in the famed 82nd Airborne Division, and commanded a recruiting company in U.S. Army Recruiting Command. As an Army physician, Mark served in the 160th Special Operations Aviation Regiment where he made three combat tours to the Middle East. His military awards include the Bronze Star, the Air Medal, the Air Medal with "V" device for valor under heavy enemy fire, and numerous other medals for service.

**Stephen T. Parente to be an Assistant Secretary of Health and Human Services, Planning and Evaluation.** Parente, PhD, MPH, MS is Minnesota insurance industry chair of

health finance in Carlson School of Management, associate dean of MBA and MS Programs, and director of the Medical Industry Leadership Institute at the University of Minnesota.

As a finance professor, he examines insurance, health IT and health reform. He is governing chair of the Washington, D.C. based Health Care Cost Institute, a non-profit with private insurer data representing 60 million insured. Parente serves as a Congressional Budget Office health advisor and was a health policy advisor for the McCain 2008 Presidential Campaign. He has a doctorate from Johns Hopkins University.

## MILITARY HEALTH CARE NEWS

- **Fort Belvoir Community Hospital's surgeons performed the first small incision lenticule extraction (SMILE) procedure in the Department of Defense, the latest advancement in laser eye surgery, on March 16.**

The FDA recently approved the very fast and short pulsed femtosecond laser to be used to perform SMILE vision correction. In the procedure, the laser creates a thin disc within the cornea which is removed by the surgeon through a cut created on the corneal surface. The procedure lasts approximately 15-20 minutes with the laser activated for approximately 90 seconds per eye. Once the tissue is removed, the cornea reshapes to correct nearsightedness. As there is no flap created in the SMILE procedure, visual recovery is accelerated. Both eyes can be treated in the same session.

Navy Petty Officer 1st Class Christopher Mahmood, a submarine mechanic, was one of the first patients to receive the treatment at the facility. He said he felt the surgery would make him a better sailor.

"On a submarine we have to be able to put our breathing equipment on in approximately 30 seconds, in case of emergency. Glasses make this difficult," said Mahmood. "Getting this surgery means I have one less thing to worry about while deployed and can focus 100 percent on the mission."

While SMILE has been performed internationally since 2011, the recent FDA approval allows for use in the U.S. The procedure will be evaluated by all three services with a special focus on service specific requirements and exploring expansion of the FDA approval parameters.

Refractive surgery is available to active duty service members at select locations around the U.S. However, the SMILE procedure will only be available at three locations – Belvoir Hospital, San Diego Naval Medical Center, and Wilford Hall in San Antonio – for research purposes.

"Our goal is to achieve the most precise correction without a loss in military task performance, including low light and limited visibility operations, an effort that will be spearheaded at these research locations," said Rivers.

The Army effort will be led by Col. Mark F. Torres and Rivers, the Navy effort will be led by Cmdr. John Cason and the Air Force effort will be led by Lt Col. Matthew Caldwell.

## VETERANS AFFAIRS NEWS

- **Dr. Anthony Lisi, national program director for Chiropractic Services at the Department of Veterans Affairs (VA), was recently named Chiropractor of the Year Award for 2017 by the American Chiropractic Association (ACA).**

ACA presented Lisi with the award at its annual meeting in Washington, D.C., early March.

Lisi was recognized for his work in establishing chiropractic residency training programs within VA. The residencies, now in their second year, provide graduates with advanced clinical training

in complex cases, knowledge of hospital practice, policies and procedures, and opportunities to collaborate with other health-care professionals in a team setting.

In his role with VHA, Lisi oversees national clinical program and policy matters related to the integration of chiropractic services into the VA health-care system, and also serves as Chiropractic section chief at the VA Connecticut Healthcare System.

VA began providing chiropractic care in 2004 with 26 clinics caring for 4,000 Veterans. Since then, it has grown to 79 clinics, offering care to more than 44,000 Veterans.

For more information about VA's Chiropractic services, visit [www.prosthetics.va.gov/chiro/locations.asp](http://www.prosthetics.va.gov/chiro/locations.asp).

- **The Department of Veterans Affairs announced that Col. Lawrence Connell U. S. Army (Ret) has been named the acting medical center director for the D.C. VA Medical Center.**

Connell is currently serving as a senior advisor on policy matters focusing on development, adoption, and implementation of Department-wide programs and strategic issues.

He served more than 30 years as an Army medical service officer including 15 years as a MEDEVAC pilot as well as chief operating officer, Pacific Regional Medical Command, Honolulu, Hawaii; chief executive Officer of Stuttgart (Germany) U.S. Army Medical Health Clinic; Commander of the 43<sup>rd</sup> Area Support Medical Battalion; and other medical-related staff positions.

He holds a Master of Science in International Relations from Troy State University and Bachelor of Science from the University of Rhode Island.

The VA had earlier announced that Dr. Charles Faselis would be the acting medical center director for the D.C. VA Medical Center but reconsidered.

## GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) announced an \$8.9 million agreement with Siemens Healthineers to further develop a Zika virus test that could expand the nation's testing capacity for the virus and potentially lead to lower costs for patients.**

If the test proves successful, it could become available at nearly 2,000 testing sites nationwide.

The automated laboratory diagnostic test being developed by Siemens Healthineers, to be called the ADVIA Centaur Zika IgM Assay, would be expected to produce an initial result in 58 minutes. The contract supports the development of the diagnostic test, manufacturing preparations and clinical studies that could support its application for FDA clearance.

Siemens Healthineers ADVIA Centaur Zika IgM Assay is the second high-throughput laboratory diagnostic test for Zika that BARDA has supported. These tests reduce the time between testing and patients receiving test results compared to manual testing.

The test is a serological test, which looks for antibodies produced as part of the body's immune response to the Zika virus. The body produces an immunoglobulin M, or IgM, antibody in response to infection by the Zika virus beginning within the first two weeks after infection and continuing up to three months after infection.

The intended use of this serologic test is to determine whether someone was recently infected with Zika virus. It may augment other types of tests that specifically identify the nucleic acid (RNA) of the virus. Only 1 in 5 people infected with Zika develop symptoms and for those who do, the illness usually is mild. The most common symptoms – fever, rash, joint pain, and conjunctivitis, or red eyes— typically last for several days to a week. For these reasons, many

people might not realize they have been infected. However, Zika virus infection during pregnancy can cause serious birth defects, including microcephaly and other severe fetal brain defects.

To help address the public health threat that Zika poses, BARDA has supported the development of Zika vaccines, diagnostics, blood screening tests, and pathogen reduction technologies with private sector partners. In addition, BARDA, along with the Centers for Disease Control and Prevention, is providing Zika-positive blood samples to help developers validate the accuracy of new diagnostic tests.

- **The Centers for Disease Control and Prevention announced the rates of new diagnosed cases of type 1 and type 2 diabetes are increasing among youth in the United States.**

In the United States, 29.1 million people are living with diagnosed or undiagnosed diabetes, and about 208,000 people younger than 20 years are living with diagnosed diabetes.

This study is the first ever to estimate trends in new diagnosed cases of type 1 and type 2 diabetes in youth (those under the age of 20), from the five major racial/ethnic groups in the U.S.: non-Hispanic whites, non-Hispanic blacks, Hispanics, Asian Americans/Pacific Islanders, and Native Americans. However, the Native American youth who participated in the SEARCH study are not representative of all Native American youth in the United States. Thus, these rates cannot be generalized to all Native American youth nationwide.

The [SEARCH for Diabetes in Youth study](#), funded by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), found that from 2002 to 2012, incidence, or the rate of new diagnosed cases of type 1 diabetes in youth increased by about 1.8 percent each year. During the same period, the rate of new diagnosed cases of type 2 diabetes increased even more quickly, at 4.8 percent. The study included 11,244 youth ages 0-19 with type 1 diabetes and 2,846 youth ages 10-19 with type 2.

The study results reflect the nation's first and only ongoing assessment of trends in type 1 and type 2 diabetes among youth and help identify how the epidemic is changing over time in Americans under the age of 20 years.

**Key diabetes findings from the report:**

Across all racial/ethnic groups, the rate of new diagnosed cases of type 1 diabetes increased more annually from 2003-2012 in males (2.2 percent) than in females (1.4 percent) ages 0-19.

Among youth ages 0-19, the rate of new diagnosed cases of type 1 diabetes increased most sharply in Hispanic youth, a 4.2 percent annual increase. In non-Hispanic blacks, the rate of new diagnosed cases of type 1 diabetes increased by 2.2 percent and in non-Hispanic whites by 1.2 percent per year.

Among youth ages 10-19, the rate of new diagnosed cases of type 2 diabetes rose most sharply in Native Americans (8.9 percent), Asian Americans/Pacific Islanders (8.5 percent) and non-Hispanic blacks (6.3 percent). Note: The rates for Native Americans cannot be generalized to all Native American youth nationwide.

Among youth ages 10-19, the rate of new diagnosed cases of type 2 diabetes increased 3.1 percent among Hispanics. The smallest increase was seen in whites (0.6 percent).

The rate of new diagnosed cases of type 2 diabetes rose much more sharply in females (6.2 percent) than in males (3.7 percent) ages 10-19.

Several NIH-funded studies are directly examining how to delay, prevent, and treat diabetes:

- [Type 1 Diabetes TrialNet](#) screens thousands of relatives of people with type 1 diabetes annually and conducts prevention studies with those at highest risk for the disease.
- [The Environmental Determinants of Diabetes in the Young \(TEDDY\) study seeks](#) to uncover factors that may increase development of type 1 diabetes.

- For youth with type 2 diabetes, the ongoing [Treatment Options for Type 2 Diabetes in Adolescents and Youth \(TODAY\)](#) study is examining methods to treat the disease and prevent complications.
- Additionally, [CDC's NEXT-D study](#) aims to understand how population-targeted policies affect preventive behaviors and diabetes outcomes and answer questions about quantity and quality of care used, costs, and unintended consequences.

To read the article, please read [Incidence Trends of Type 1 and Type 2 Diabetes among Youths, 2002-2012](#).

## REPORTS/POLICIES

- **The GAO published “Medicare Provider Education: Oversight of Efforts to Reduce Improper Billing Needs Improvement,” (GAO-17-290) published April 10, 2017.** This report examines the focus of MACs’ provider education department efforts to help reduce improper billing and CMS oversight of these efforts and the extent to which CMS measured the effectiveness of the MAC probe and educate reviews.  
<http://www.gao.gov/assets/690/683312.pdf>

## HILL HEARINGS

- There are no relevant hearings scheduled next week.

## LEGISLATION

- There was no legislation introduced this week.

## 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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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 [katetheroux@federalhealthcarenews.com](mailto:katetheroux@federalhealthcarenews.com).