

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House Appropriations Committee today approved the fiscal year 2016 Military Construction and Veterans Affairs Appropriations bill. The legislation will now head to the House floor for consideration.**

The legislation contains funding to house, train, and equip military personnel, provide housing and services to military families, and help maintain base infrastructure. The bill also funds veterans' benefits and programs. In total, the bill provides \$76.6 billion in discretionary funding – \$4.6 billion above the fiscal year 2015 level.

This represents a 5.6 percent increase over the fiscal year 2015 level for the Department of Veterans Affairs (VA) – including increases for health care, benefit claims processing, the Board of Veterans Appeals, medical and prosthetic research, and information technology. Of this funding, \$58.7 billion was provided in the fiscal year 2015 appropriations bill. Military construction is increased by \$904 million over the fiscal year 2015 enacted level, which allows for full funding of family housing, construction of hospitals and health facilities, and support for critical overseas investments.

For the draft text of the bill, please visit: <http://appropriations.house.gov/uploadedfiles/bills-114hr-sc-ap-fy2016-milcon-subcommitteedraft.pdf>

For the draft bill report, please visit: <http://appropriations.house.gov/uploadedfiles/hrpt-114-hr-fy2016-milcon.pdf>

For a bill summary, please visit:
<http://appropriations.house.gov/news/documentsingle.aspx?DocumentID=394141>

- **During a hearing on April 23, 2015, Senator Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee, called on the Department of Veterans Affairs (VA) to strengthen its programs and health care for women veterans.**

"Women play an important role in our United States military and the defense of our country," said Isakson. "They fight in every capacity possible, they volunteer in every capacity possible, and they do a great job. We need to make sure we're doing the same."

At the committee hearing, Isakson noted the growing numbers of women veterans in America, pointing to the increasing need for the VA to make appropriate adjustments to its health care resources for women veterans.

"By the year 2020, 10.5% of our veterans will be women, by the year 2040, 16% will be women," said Isakson. "There are 90,000 women veterans in the state of Georgia – the fifth largest women veterans' population in the country."

Citing concerns that there is a lack of gender-specific training throughout the Veterans Health Administration, Isakson questioned Dr. Patricia Hayes, Chief Consultant for Women's Health Services, about what specific training the VA is planning to make available to ensure that healthcare providers are better able to treat women veterans, including mental health services.

Video of today's hearing is available online [here](#).

MILITARY HEALTH CARE NEWS

- **Dr. Jonathan Woodson, assistant secretary of defense for Health Affairs, participated in the keynote panel at the 12th Annual World Healthcare Congress and Exhibition in Washington, DC. In March.**

During his remarks Woodson highlighted Operation Live Well as an example of how MHS is working to extend wellness programs to a target population. The Operation Live Well initiative is focused on education and outreach to help active duty service members and their families, retirees and civilian employees make healthier choices to improve their well-being.

"The concept of Operation Live Well is to provide holistic evaluations of environments where service members live, work and play," said Woodson. "We want to understand what variables are having the greatest impact and give people opportunities to change those environments and make healthy choices. We are also trying to leverage our buying power to make sure vendors offer healthy choices."

The initiative tests healthy living programs, such as farmers markets and reconfigured dining facilities that offer healthier food choices, at select sites. One of these programs, *Recess Before Lunch*, is showing promising results.

"We're learning that if you let children be active before they sit down for a meal, they are more likely to eat vegetables and drink milk provided for them in school cafeterias because they're hungry and thirsty, and get nutrients that will help build healthy bodies. We're collecting data about this, but what we've seen thus far is very promising."

Mental health is also an area where prevention is important, said Woodson. While there are gaps in knowledge about how to deal with some mental health issues, Woodson said MHS is aggressively addressing this matter and putting an emphasis on quality of care as it relates to mental health.

"We don't divorce the issue of mental health from other physical health, or physical care," he said. "We have individuals embedded in military units whose job it is to pay attention to the

mental health of the unit as a means of prevention before problems arise. In addition, we have put considerable effort into looking at how resilience is built in individuals [in combat situations]. Everybody has some degree of readjustment when returning to their families and communities after being in combat.”

- **The 99th Medical Group's Family Medicine Residency (FMR) and Clinical Investigation Program (CIP) recently won two research awards.**

The CIP was presented with the Association of Military Surgeons of the United States 2014 Training and Education Award, and the FMR was presented with the 2015 Outstanding Achievement in Scholarly Activity Award by the Uniformed Services Academy of Family Physicians.

FMR physicians work directly with the CIP to develop and test alternative treatments for pain, use nutraceuticals to treat and mitigate diseases and other conditions, and prevent Type II Diabetes through lifestyle intervention coaching.

The efforts of FMR and the CIP are collaborative in nature. The FMR physicians draft unique research questions and the CIP assists in developing the idea, gaining necessary approvals, and carrying out investigations.

According to Lt. Gen. Thomas W. Travis, the surgeon general of the Air Force, the CIP team was recognized as being "instrumental in catapulting the Air Force CIP to new heights in 2014 ... and ensured 100 percent accreditation of Air Force student programs that are graduating the nation's best healthcare clinicians and scientists."

"FMR also participates in the Military Primary Care Research Network, which is a network of family medicine research sites coordinated by Uniformed Services University of the Health Sciences," Clark said.

FMR was selected as a new CIP in fiscal year 2012, becoming the first and only CIP thus far in Air Combat Command.

- **The *Military Times* reports that the House Armed Services Committee will not consider a sweeping overhaul of the military's TRICARE health program in its fiscal 2016 defense bill.**

According to Rep. Joe Heck (R-Nev.), chair of HASC Personnel subcommittee, the bill will include significant changes to the military retirement system but it will not include recommendations from the Military Compensation and Retirement Modernization Commission to move non-active-duty TRICARE beneficiaries to civilian health insurance plans.

Heck and Rep. Mac Thornberry, R-Texas, chairman of the HASC, said that concerns voiced by military and veteran services associations prompted the committee to delay TRICARE reform.

The Pentagon's fiscal 2016 budget proposal also called for changes to TRICARE that would have introduced new fees for retirees and families for primary care appointments at military facilities, penalty fees for overuse of emergency rooms for non-emergency care and enrollment fees for Tricare for Life based on retirement income. The proposed legislation will not include these proposals.

The House version of the defense authorization bill also omits a commission recommendation to change a TRICARE program designed to offset the costs of caring for dependents with complex medical conditions.

The commission recommended the TRICARE Extended Care Health Option, or ECHO, program, should be changed to cover the same services as Medicaid so severely ill dependents or children with chronic conditions don't lose access to care when their military parents move.

According to committee staff, lawmakers liked the concept but said that because Medicaid funds are administered by each individual state, more research was needed to understand the scope of the issue.

The House version of the bill calls for the creation of a unified medical command to help streamline operations and eliminate duplication of services and administration.

The Senate Armed Services Committee is meeting this week to begin drafting its own version of the fiscal 2016 defense authorization bill. Differences between the House and Senate drafts will be worked out in a conference.

VETERANS AFFAIRS NEWS

- **The Associated Press reports that less than 38,000 medical appointments have been made from November 5 to April 11, as a result of the new Veterans Choice program.**

The program, established by Congress with \$10 billion to relieve backlogs at VA hospitals and clinics, has not performed as well as expected. Only a fraction of the eligible patients have taken advantage of the new medical resources available to them. As of April 1, almost 432,000 appointments involving a wait that long were pending in the VA's scheduling system.

VA leaders previously have acknowledged that few vets were using the Choice program successfully, but the new statistic came as a surprise — as of mid-March, officials were saying that more than 45,000 appointments had been completed and that participation had been rising.

A VA spokeswoman said data analysts recently corrected that count to exclude duplicate appointments and "incomplete transactions."

The VA already has announced plans to loosen one important eligibility rule, and an analysis is underway to pinpoint why utilization has been low.

Since the program's launch, about 1 million phone calls have come in to a hotline that patients can use to schedule a private-sector appointment, according to the two managed-care companies hired by the VA to administer the system.

Those contractors — TriWest Healthcare Alliance and Health Net Federal Services — said many of those calls were from vets who didn't need care right away and simply wanted information. But advocates for veterans also have raised concerns that some veterans interested in the program were deterred by bureaucratic hassles, confusion about procedures or a lack of available, participating doctors.

A survey of about 2,500 veterans conducted during the winter by the Veterans of Foreign Wars found that only 19 percent of VA patients who believed they were eligible for Choice care because of a long wait time had been offered the option of getting care outside the VA.

Anecdotal stories also abound about lost paperwork and delays getting bureaucratic approvals needed to schedule private-sector care.

"There are a bunch of sharp edges," acknowledged TriWest President Dave McIntyre. He attributed most of them to an attempt to build the program from scratch in only 90 days — a deadline set by Congress when it created the program last summer.

TriWest and Health Net weren't hired to run the program until October. That gave them just weeks to perform a dizzying array of tasks, including designing and mailing millions of eligibility cards, creating a call center, hiring and training new employees to work as appointment schedulers and persuading thousands of health-care providers to accept VA patients.

McIntyre said his company had to hire and train 850 people in 10 days.

GENERAL HEALTH CARE NEWS

- **Acting Deputy Secretary of the U.S. Department of Health and Human Services (HHS), Mary Wakefield, Ph.D., R.N., announced the selection of three projects spearheaded by entrepreneurial teams across the agency.**

The chosen projects are part of the latest round of funding provided through the HHS Secretary's Ventures program, a component of the department's innovation initiative led by the HHS IDEA Lab.

The Ventures Fund is a highly competitive effort that provides growth-stage funding, 15 months of mentoring, and management tools to support teams seeking to move their proven concepts to scale and create sustainable business models for their applications. This year investing partners in the HHS Ventures Fund, totaling \$325,000, include: the Office of the Secretary and the directors of the Centers for Disease Control and Prevention and the National Institutes of Health (NIH) who also provide leadership support, mentorship and potential applications of the projects.

The projects of the three teams selected are:

- **Collaborative Use Repurposing Engine (CURE)** - a web-based platform developed collaboratively by the Food & Drug Administration (Center for Drugs and Evaluation Research) and the NIH National Center for Advancing Translational Sciences to capture clinical data around the world on repurposing drugs for serious diseases with no adequate treatment.
- **Economic Evaluation for Public Health Emergencies** - a project led by the Office of the Assistant Secretary of Preparedness and Response to create an economic evaluation architecture to improve decision making and communication across the Department related to public health emergencies.
- **Watch it, Parasite!** - a joint effort of the NIH's National Library of Medicine and National Institute of Allergy and Infectious Diseases to improve malaria diagnosis. The new approach to microscopic diagnosis involves leveraging smart phone technology coupled with an analytic platform using digitized imaging of blood smears to detect the presence of the Malaria parasites.

The previous round of Ventures Fund teams who highlighted their work at today's event included teams that are: increasing accessibility and exchange of three-dimensional (3D) printing files to further scientific research; leveraging gaming as a public health tool; and building a framework for Health Information Exchanges and Health Information Organizations in California to share information with each other to improve delivery of health service during emergencies and disaster situations.

More information about the HHS IDEA Lab and its initiatives are available at -

<http://www.hhs.gov/idealab>

- **The Centers for Medicare and Medicaid Services announced that uninsured tax filers who owe a fee on their 2014 taxes for not having minimum essential health coverage in 2014 have 5 more days to take advantage of a Special Enrollment Period through the federally-facilitated Marketplace to enroll in health coverage for the remainder of 2015.**

In order to take advantage of this Special Enrollment Period, consumers must meet all of the following requirements:

- They did not know that the health care law required them and their household to have health coverage, or they didn't understand how that requirement would affect their family.
- They owe a fee for not having minimum essential coverage for one or more months

in 2014;

- They are not already enrolled in minimum essential coverage for 2015.
- They live in a state with a federally-facilitated Marketplace; some State-based Marketplaces are offering similar Special Enrollment Periods as well.

For those who are required to file taxes, the fee for not having minimum essential coverage in 2014 was 1 percent of household income or \$95 per person, whichever is greater. This fee will increase in 2015 to 2 percent of household income or \$325 per person, whichever is greater. The fee is pro-rated based on how many months a person is uninsured. If an individual who would otherwise have to pay a fee enrolls in coverage for the remainder of 2015, they will pay the fee only for the months they were uninsured.

Consumers seeking to take advantage of the Special Enrollment Period can find out if they are eligible by visiting <https://www.healthcare.gov/get-coverage>. Consumers should also be aware of the following:

- **Act now to avoid owing the full fee next year.** This Special Enrollment Period is only open until April 30, 2015. Consumers who don't have minimum essential coverage for the remainder of 2015 risk owing the fee for whatever portion of the year they don't have coverage.
- **Plans might be more affordable than you think.** Eight out of 10 people can find minimum essential coverage for \$100 or less a month with tax credits through the Marketplace.
- **You benefit from increased competition and choice.** Compared to last year, there are over 25 percent more health insurance companies participating in the Marketplace in 2015. More than 90 percent of consumers will be able to choose from three or more health insurance companies—up from 74 percent in 2014- and consumers can choose from an average of 40 health plans in their county for 2015 coverage—up from 30 in 2014.
- **More information and help is available.** Consumers can explore their options and get answers to questions at HealthCare.gov. Personal assistance is also available 24-7 by calling the Marketplace Call Center at 1-800-318-2596.

As of April 13, more than 68,000 consumers have taken advantage of this opportunity to sign up for coverage through the federally-facilitated Marketplace.

- **A study from Vanderbilt University finds the proportion of people surviving years after a cancer diagnosis is improving.**

For men and women ages 50 to 64, who were diagnosed in 2005 to 2009 with a variety of cancer types, the risk of dying from those cancers within five years of diagnosis was 39 to 68 percent lower than it was for people of the same age diagnosed in 1990 to 1994, researchers found.

As reported in JAMA Oncology, he and his colleagues analyzed data from a national sample of more than 1 million people who were diagnosed with cancer of the colon or rectum, breast, prostate, lung, liver, pancreas or ovary between 1990 and 2010.

Among people ages 50 to 64 diagnosed with colon or rectal cancer in 1990 to 1994, about 58 percent were alive five years later. Five-year survival rates were about 83 percent for breast cancer, about 7 percent for liver cancer, about 13 percent for lung cancer, about 5 percent for pancreas cancer, about 91 percent for prostate cancer and about 47 percent for ovarian cancer.

Among people in the same age range diagnosed between 2005 and 2009, a larger proportion survived each of the cancers except ovarian cancer. Risk of death at five years fell by 43 percent

for colon or rectum cancers, 52 percent for breast cancer, 39 percent for liver cancer, 68 percent for prostate cancer, 25 percent for lung cancer and 27 percent for pancreas cancer, compared to the early 1990s.

The better odds of survival did not apply equally to all age groups, however, and tended to favor younger patients. And while there was a small improvement in ovarian cancer survival among white women during the study period, survival among black women with ovarian cancer got worse.

Advances in treatments and better cancer screenings and diagnoses are likely responsible for the overall increases in survival. The researchers speculate that older people may not benefit equally from medical advances, because doctors may avoid aggressive care for them for fear they couldn't tolerate treatments like surgery or chemotherapy.

REPORTS/POLICIES

- **The Institutes of Medicine published “The Air Force Health Study Assets Research Program,” on April 17, 2015.** AFHS is prospective epidemiologic study followed a cohort of 2,700 men for approximately 20 years. These men participated in up to six intensive physical examinations, where clinical measurements were taken and serum and other biological samples were obtained and preserved. In 2007, after data collection was completed and its final report published, Congress directed that the AFHS data and bio-specimens be transferred to the custody of the Institute of Medicine (IOM). The IOM was directed to create a program of research to make the AFHS assets available to qualified researchers for the purpose of improving the understanding of determinants of health and promoting wellness in veterans and the general population. The research program began in 2011, and at the end of 4 years, the IOM was directed to provide a final report to Congress outlining the feasibility and advisability of maintaining the AFHS assets based on interest generated from the general scientific community and the results of pilot projects and other research projects using the AFHS assets. This report details the consensus committee’s findings and recommendations. <http://www.iom.edu/Reports/2015/Air-Force-Health-Study.aspx>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **April 30, 2015**, to examine access and quality of care and services for women veterans.

LEGISLATION

- **H.R.1909** (introduced April 21, 2015): To require the Secretary of Veterans Affairs to use existing authorities to furnish health care at non-Department of Veterans Affairs facilities to veterans who live more than 40 miles driving distance from the closest medical facility of the Department that furnishes the care sought by the veteran was Referred to the House Committee on Veterans' Affairs.
Sponsor: Representative John Abney Culberson [TX-7]
- **H.R.1953** (introduced April 22, 2015): To require members of Congress and congressional

staff to abide by the Patient Protection and Affordable Care Act with respect to health insurance coverage, and for other purposes was referred to the Committee on Oversight and Government Reform, and in addition to the Committees on House Administration, Ways and Means, and Energy and Commerce.

Sponsor: Representative Ron DeSantis [FL-6]

- **H.R.1974** (introduced April 22, 2015): To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrant women, men, and families by removing legal barriers to health insurance coverage, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.

Sponsor: Representative Michelle Lujan Grisham [NM-1]

- **S.1016** (introduced April 20, 2015): A bill to preserve freedom and choice in health care was referred to the Committee on Finance.

Sponsor: Senator Ron Johnson [WI]

- **S.1051** (introduced April 22, 2015): A bill to include county and municipal correctional facilities among medical facilities that qualify for designation as health professional shortage areas for purposes of the National Health Service Corps was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Richard Durbin [IL]

MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 7, 2015**, in Washington, DC. <http://www.hjfc3.org/heroes-dinner>
- The AUSA 2015 Annual Meeting & Exposition will be held **Oct. 12-14, 2015**, in Washington DC. <http://ausameetings.org/2015annualmeeting/>
- 2015 AMSUS Annual Continuing Education Meeting - The Society Of The Federal Health Professionals will be held on **Dec. 1-4, 2015**, in San Antonio, Texas. <http://amsusmeetings.org/annual-meeting/>

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.