EXECUTIVE AND CONGRESSIONAL NEWS

- On April 26, 2018, Rear Adm. Ronny Jackson withdrew his name for consideration to be the next Secretary of Veterans Affairs. In recent days, coworkers made allegations of alcohol abuse, misuse of prescription opioids and creating a toxic work environment while he led the White House medical team. He currently serves as the White House physician.

- On April 25, 2018, the House Appropriations Committee released the fiscal year 2019 Military Construction, Veterans Affairs, and Related Agencies Appropriations bill.

  In total, the legislation provides $96.9 billion in discretionary funding – $4.2 billion above the fiscal year enacted 2018 level. This includes $921.4 million in Overseas Contingency Operations funding.

  Within this total, discretionary funding for the Department of Veterans Affairs is increased by $3.9 billion – 4.8 percent – over the fiscal year 2018 level, including funding to increase access to services for veterans, and to increase oversight and accountability within the department. This includes the advance funding provided for veterans in the fiscal year 2018 appropriations bill.

  Military construction is increased by $412 million over the fiscal year 2018 enacted level. This funding will provide needed resources for our service members to face existing and emerging threats, and to care for military families.

  Oversight and Accountability
The legislation strengthens oversight and accountability at the Departments of Defense (DOD) and VA to ensure taxpayer dollars are being used fully to benefit our service members and our veterans. Several provisions are included to keep these agencies on track and to address problems that have wasted money and hurt critical services.

Some of these oversight provisions include requiring rigorous reporting on the status of VA claims processing, an ongoing GAO review of the development of the VA electronic health record, quarterly VA reporting and Committee investigative staff review of the conversion of the VA financial management system. It also requires quarterly briefings on large construction projects that are managed outside of VA, limiting funding transfers between construction projects, limiting changes in the scope of construction projects, and restricting certain spending actions without notification to Congress.

The bill also includes funding for oversight offices in VA, as requested, to protect whistleblowers and provide increased accountability through investigation of poorly performing managers and instances of inferior patient care.

**Military Construction** – The bill provides a total of $10.3 billion for military construction projects – an increase of $241 million, or 2.4 percent, above the enacted fiscal year 2018 level.

**Military Family Housing** – The bill provides $1.6 billion to fund construction, operation, and maintenance of military family housing for fiscal year 2019. This is $173 million above the fiscal year 2018 level and the same as the budget request.

**Military Medical Facilities** – The bill includes $361 million for construction and alterations for new or existing military medical facilities. This funding will allow for continued support and care for 9.8 million eligible beneficiaries, including our wounded troops abroad.

**Veterans Affairs (VA)** – The legislation includes a total of $194.5 billion in both discretionary and mandatory funding for VA, an increase of $9 billion above the fiscal year 2018 level. This funding will help address many of the problems currently facing VA, and provide for better and increased access to care for our veterans.

- Discretionary funding alone for VA programs in the bill totals $85.3 billion, an increase of $3.9 billion above the fiscal year 2018 level. Approximately $70.7 billion of this discretionary total was provided last year via advance funding in the fiscal year 2018 Appropriations bill.
- These additional funds will provide resources for important priorities within the VA, such as health care access, suicide prevention outreach, claims processing, homeless prevention and care, opioid addiction, rural health, and medical research.

**VA Medical Care** – The bill funds VA medical care at $71.2 billion – providing for approximately seven million patients to be treated in fiscal year 2019. Within this total, funding includes: $8.6 billion in mental health care services; $196 million in suicide prevention outreach activities; $589 million for traumatic brain injury treatment; $7.4 billion in homeless veterans treatment, services, housing, and job training; $387 million for opioid abuse prevention; and $270 million in rural health initiatives.

**VA Electronic Health Record** – The bill contains $1.2 billion for the new VA electronic health record system. This will ensure the implementation of the contract creating an electronic record system for VA that is identical to one being developed for DoD. These two identical systems will ensure our veterans get proper care, with timely and accurate medical data transferred between the VA, DoD, and the private sector.

**Disability Claims Processing Backlog** – The bill provides $53 million above the request for the Veterans Benefits Administration, and $14 million above the 2018 level for the Board of Veterans Appeals, to be used for hiring additional claims and appellate staff, digital scanning of health records, and overtime pay.
Construction – Major and minor construction within the VA is funded at $1.7 billion. In addition, $2 billion is provided for infrastructure repair, with the funding allocated to major and minor construction and non-recurring maintenance. Within the infrastructure total funding, $750 million is targeted to seismic corrections at VA facilities nationwide.

VA Mandatory Funding – The bill fulfills mandatory funding requirements, including veteran disability compensation programs for 5.3 million veterans and their survivors; education benefits for almost one million veterans; and vocational rehabilitation and employment training for almost 150,000 veterans.

Advance Appropriations – The bill contains $76 billion in advance fiscal year 2020 funding for veterans’ medical programs – the same level as the President’s request. This funding will provide for medical services, medical support and compliance, and medical facilities, and ensure that our veterans have continued, full access to their medical care needs. The bill includes $121 billion in advance funding for VA mandatory benefit programs, as requested in the President’s budget.


  Included among the proposals are:
  
  o Enhancing ongoing Military Health System organizational reforms for the Services to transition military medical treatment facilities to the Defense Health Agency by ensuring no military medical treatment facility will be closed or downgraded until the completion of the transition to the Defense Health Agency;
  o Requiring DoD to assess the ability of the Defense Health Agency to deliver mental health care services and review research efforts involving Traumatic Brain Injury, chronic traumatic encephalopathy, and post-traumatic stress disorder;
  o Requiring the Secretary of Defense to update and review the policy and procedures related to wounded warrior care coordination, administrative support, and facility standards;
  o Requiring the Department of Defense to establish a prescription drug monitoring program and share information with state prescription drug monitoring programs;
  o Overhauling the Transition Assistance Program (TAP) to provide service members tailored resources and information as they prepare to enter civilian life.

The Subcommittee's mark is available here.

MILITARY HEALTH CARE NEWS

- REMINDER: TRICARE is hosting a webinar on April 30 at 1:00-2:00 pm ET on “TRICARE Program Options for Maternity and Newborn Care Coverage” webinar. This webinar will cover TRICARE health care coverage options.
VETERANS AFFAIRS NEWS

- **TIME magazine** has named Dr. Ann McKee, chief of neuropathology of the U.S. Department of Veterans Affairs (VA) Boston Healthcare System, to the 2018 **TIME 100**, the magazine’s annual list of the 100 most influential people in the world.

  This recognition comes from McKee’s research into the long-term effects of concussion, sub-concussion and blast injury in contact sports with athletes and military veterans, including **Chronic Traumatic Encephalopathy (CTE)**, an ongoing disease of the brain that alters function.

  A board-certified neurologist and neuropathologist, and recipient of a host of awards for her research, McKee has published over 70 percent of the world’s cases of CTE ever reported. McKee is credited for creating the **VA – Boston University – Concussion Legacy Foundation (VA-BU-CLF) brain bank**. The organization is the world’s largest repository of brains from individuals exposed to traumatic brain injuries (over 550) and neuropathologically confirmed CTE (over 320).

  McKee did her undergraduate studies at the University of Wisconsin and received her medical degree from the Case Western Reserve School of Medicine. She completed her residency training in neurology at Cleveland Metropolitan General Hospital and in neuropathology at Massachusetts General Hospital.

  In addition to her role as Boston VA’s chief of neuropathology, McKee directs the brain banks for the BUADC, Framingham Heart Study and Chronic Effects of Neurotrauma Consortium, which are all based at VA Boston.

  She concurrently holds the titles of professor of neurology and pathology at Boston University School of Medicine; director of the Neuropathology Core and associate director for the Boston University Alzheimer’s Disease Center (BUADC); and director of the BU CTE Center.

GENERAL HEALTH CARE NEWS

- The **Department of Health and Human Services (HHS)** announced a partnership with the American Society of Nephrology to launch the **Kidney Innovation Accelerator (KidneyX)**.

  KidneyX will engage a community of researchers, innovators and investors to enable and accelerate the commercialization of therapies to benefit people with and at risk for kidney diseases through a series of prize competitions and coordination among federal agencies and the private sector.

  More than 40 million Americans live with kidney diseases and over 700,000 people experience kidney failure. With an aging population and rising prevalence of diabetes and hypertension, more Americans need dialysis than ever before. Patients with chronic kidney disease continue to have limited treatment options and are particularly vulnerable in natural disasters when local dialysis centers are damaged or closed for more than a few days.

  To prevent kidney diseases as well as improve the lives of the 850 million people worldwide currently affected, KidneyX will accelerate innovation in the prevention, diagnosis and treatment of kidney diseases. KidneyX will address the barriers innovators commonly identify as they look to bring new drugs and technologies in kidney care to market by:

  - Providing funding through prizes to promising innovators selected through a prize competition;
  - Encouraging better coordination across the HHS agencies including the National Institutes of Health, the Food and Drug Administration, and the Centers for Medicare & Medicaid Services in order to help clarify the path toward commercialization;
Creating a sense of urgency to develop new therapies to treat chronic kidney disease

KidneyX will accept applications for its first round of prize funding in late summer 2018. Individuals who are interested in learning more about KidneyX are encouraged to visit www.kidneyx.org and join the mailing list.

- **The Centers for Medicare & Medicaid Services (CMS) proposed updates to Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS).**

The proposal is intended to empower patients through better access to hospital price information, improve patients’ access to their electronic health records, and make it easier for providers to spend time with their patients.

The proposed rule also would advance the agency’s priority of creating a patient-driven healthcare system by achieving greater price transparency and interoperability – essential components of value-based care – while also significantly reducing the burden for hospitals so they can operate with better flexibility and patients have the information they need to become active healthcare consumers.

While hospitals are already required under guidelines developed by CMS to either make publicly available a list of their standard charges, or their policies for allowing the public to view a list of those charges upon request, CMS is updating its guidelines to require hospitals post this information. The agency is also seeking comment on what price transparency information stakeholders would find most useful and how best to help hospitals create patient-friendly interfaces to make it easier for consumers to access relevant health care data so they can more readily compare providers.

The proposed policies released begin implementing core pieces of the government-wide MyHealthEData initiative through several steps to strengthen interoperability or the sharing of healthcare data between providers.

As part of its commitment to burden reduction, CMS is proposing in the FY 2019 IPPS/LTCH PPS proposed rule to remove unnecessary, redundant and process-driven quality measures from a number of quality reporting and pay-for-performance programs.

The proposed rule would eliminate a significant number of measures acute care hospitals are currently required to report and remove duplicative measures across the five hospital quality- and value-based purchasing programs. Additionally, CMS is proposing a variety of other changes to reduce the number of hours providers spend on paperwork. CMS is proposing this new flexibility so that hospitals can spend more time providing care to their patients thereby improving the quality of care their patients receive.


- **According to the Centers for Disease Control and Prevention (CDC), about 1 in 59 children in the United States live with autism spectrum disorder.**

This is higher than the estimate released in 2016, which found 1 in 68 children in the U.S. have autism. Some of the change in prevalence could be due to improved autism identification in minority populations — although autism is still more likely to be identified in white children than in black or Hispanic children. This identification is important, because children identified early with
autism and connected to services are more likely to reach their fullest potential.

Autism is a neurological and developmental disorder characterized by social-interaction difficulties, communication challenges and a tendency to engage in repetitive behaviors. It is often diagnosed early in childhood.

The data in this report come from CDC’s Autism and Developmental Disabilities Monitoring (ADDM) Network – a tracking system that provides estimates of the prevalence and characteristics of autism spectrum disorder among more than 300,000 8-year-old children. ADDM is the largest population-based program to monitor autism and the only autism tracking system that examines health and education records.

The Autism and Developmental Disabilities Monitoring Network estimates are combined from 11 communities within Arizona, Arkansas, Colorado, Georgia, Maryland, Minnesota, Missouri, New Jersey, North Carolina, Tennessee, and Wisconsin. The 11 communities surveyed in this report represent about 8 percent of 8-year-old children in the United States.

More work needed to identify autism early in life

The data demonstrate that more work needs to be done to identify children with autism at a younger age and refer them to early intervention:

- Fewer than half of the children identified in the Autism and Developmental Disabilities Monitoring Network received their first autism diagnosis by the time they were 4 years old.
- Although 85 percent of children with autism had concerns about their development noted in their health records by the time they were 3 years old, only 42 percent received a developmental evaluation by that age.
- This lag between first concern and first evaluation may affect when children with autism can begin getting the services they need.

For more information visit [www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly).

REPORTS/POLICIES

- The GAO published “DoD Health Care: Defense Health Agency Should Improve Tracking of Serious Adverse Medical Events and Monitoring of Required Follow-up,” (GAO-18-378) on April 26, 2018. The report reviews the extent to which sentinel events and root cause analysis reports are tracked and DHA ensures it has received complete information, and the extent to which DHA ensures it has received measures of success reports. [https://www.gao.gov/assets/700/691544.pdf](https://www.gao.gov/assets/700/691544.pdf)

- The GAO published “Military Readiness: Clear Policy and Reliable Data Would Help DOD Better Manage Service Members’ Time Away from Home,” (GAO-18-253) on April 25, 2018. The report assesses the extent to which DoD, the services, and U.S. Special Operations Command have policies with specific and measurable thresholds on the total time individual service members can be away from home, known as personnel tempo or “perstempo” and reliable data to monitor perstempo. [https://www.gao.gov/assets/700/691459.pdf](https://www.gao.gov/assets/700/691459.pdf)

HILL HEARINGS
The House Veterans Affairs Committee will hold a hearing on May 16, 2018, to hear testimony and proposals from VA.

### LEGISLATION

- **H.R.5616** (introduced April 25, 2018): To require the National Institute of Minority Health and Health Disparities to submit to Congress a report on the impact of the opioid epidemic on minority communities was referred to the Committees on Energy and Commerce and Ways and Means. Sponsor: Representative Yvette D. Clarke [D-NY-9]

- **H.R.5598** (introduced April 25, 2018): To amend the Public Health Service Act to require certain disproportionate share hospital covered entities under the 340B drug discount program to submit to the Secretary of Health and Human Services reports on low-income utilization rates of outpatient hospital services furnished by such entities was referred to the House Committee on Energy and Commerce. Sponsor: Representative Earl L. “Buddy” Carter [R-GA-1]

- **H.R.5603** (introduced April 25, 2018): To amend title XVIII of the Social Security Act to provide the Secretary of Health and Human Services authority to waive certain Medicare telehealth requirements in the case of certain treatment of an opioid use disorder or co-occurring mental health disorder was referred to the Committees on Energy and Commerce and Ways and Means. Sponsor: Representative Doris O. Matsui [D-CA-6]

- **S.382** (introduced April 25, 2018): Firefighter Cancer Registry Act of 2017 was placed on the Senate Legislative Calendar. Sponsor: Senator Robert Menendez [D-NJ]

### MEETINGS


- The 8th Annual Traumatic Brain Injury Conference will be held May 16-17, 2018, in Washington DC. [https://tbiconference.com/home/](https://tbiconference.com/home/)


- The 2018 AMSUS Annual Continuing Education Meeting will be held on Nov. 26-30, 2018, at the Gaylord National Harbor, Md. [http://www.amsusmeetings.org/home-2/](http://www.amsusmeetings.org/home-2/)

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.