

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **President Obama has nominated Marine Gen. Joseph Dunford Jr. as the next chairman of the Joint Chiefs of Staff; and Gen. Paul J. Selva, to serve as vice chairman.**

Dunford currently serves as the commandant of the U.S. Marine Corps, a role he has held since October 2014. Selva is currently the head of U.S. Transportation Command at Scott Air Force Base in Illinois.

To read Defense Secretary Carter's statement, please visit:

<http://www.defense.gov/Releases/Release.aspx?ReleaseID=17256>

- **Stars and Stripes reports House Committee on Veterans Affairs Chairman Jeff Miller sent a [letter](#) VA Secretary Robert McDonald on May 1.**

On April 29, the House VA committee members voted without objection to issue the subpoena. That came one day after Senate Homeland Security and Governmental Affairs Chairman Ron Johnson, R-Wisc., subpoenaed documents from an investigation into the Tomah (Wisconsin) VA Medical Center that the VA's inspector general has long refused to release.

McDonald says the VA sent the committee what it had requested, but with some personal information redacted, a step he says was necessary given leaks from the committee.

"I am confused by the need for a subpoena given that on multiple occasions, the Department of Veterans Affairs (VA) has offered to make available the full, un-redacted information you sought," McDonald wrote in his letter to Miller. "Had the Committee staff agreed to certain reasonable privacy conditions, your staff would have seen all relevant and applicable files."

Lawmakers have been especially irked what they see as reluctance by the VA to hand over documents related to the agency's growing list of scandals, as well as the low number of senior executives fired.

In response to McDonald's assertion that a subpoena "unnecessarily erodes the confidence of veterans and the American people in our ability to work together in the best interest of veterans," Miller wrote: "Contrary to the assertions in your letter, it is the VA's actions to stonewall this committee — actions that began long before your tenure as Secretary, and continue to occur today — which has eroded the confidence of veterans and the American people in our ability to work together. I trust that through VA's immediate cessation of its groundless efforts to withhold information, we can rebuild that confidence."

MILITARY HEALTH CARE NEWS

- **As part of its Women's Health Month observances, the U.S. Army Medical Command (MEDCOM) has released the first special edition of MERCURY, its official monthly publication, to report on recent women's health programs and women's health innovations in Army Medicine and across the military health system.**

This publication should serve as a resource for educators, researchers, providers, and practitioners interested in military women's health issues.

The MERCURY special edition on Women's Health is now available. Download your copy at: <https://www.dvidshub.net/publication/issues/25309>

- **A proposal to shift 9 million TRICARE beneficiaries to civilian health plans may have been rejected last month by Congress and President Obama, but some military advocates are pressing for a test-run of the plan, called TRICARE Choice, for National Guard and Reserve members.**

The Reserve Officers Association has drafted a proposal to create a "TRICARE Reserve Choice" program that would allow Reserve component personnel and their families to choose a commercial health plan.

While activated, the troops would get medical care from U.S. military providers, but their families would be able to keep, and receive care through, their private health plan.

Reservists now have access to TRICARE Reserve Select, a premium-based plan that allows them to see any physician who accepts TRICARE.

But when Reserve forces are called up for an extended period, they are covered the same as active-duty personnel, receiving care from the military while their families can use TRICARE Prime or Standard without paying any premiums.

Jeff Phillips, ROA executive director, said that arrangement forces families to choose between continuing to see the same provider or saving money. A TRICARE Reserve Choice program, Phillips said, could lower costs and allow Guard and Reserve families to continue receiving health care and coverage without interruption. Under TRICARE Reserve Choice, reservists would choose from a selection of plans, pay a cost-share of the premiums and any co-payments required under the selected plan.

When called to active duty, they would receive a basic allowance for health care to cover the cost for their families, which would stay with their chosen plan.

ROA proposes that the program also be available to members of the Individual Ready Reserve, who currently cannot buy TRICARE Reserve Select, and "gray area retirees," who have left the drilling reserve but are under age 60 and not yet eligible for military retirement pay and benefits.

Those retirees can purchase health care coverage through the TRICARE Retired Reserve program, but they pay 100 percent of the premiums.

While it is unclear how much money the proposal would save Reserve component families, the Military Compensation and Retirement Modernization Commission said that under its TRICARE Choice Reserve proposal, families could expect to pay about 25 percent of their premiums, compared with the 28 percent they pay now.

Those who have expressed interest in a TRICARE Choice Reserve demonstration project include the Fleet Reserve Association, the National Guard Association of the United States and the Enlisted Association of the National Guard of the United States, among others.

VETERANS AFFAIRS NEWS

- **The Senate Veterans Affairs Committee approved the nomination of Dr. David Shulkin, to be the next undersecretary of health at Veterans Affairs.**

During his testimony, Shulkin said "The VA needs change. The VA needs more doctors, more nurses and greater efficiency from its current systems."

Shulkin is president of the 687-bed Morristown Medical Center and has been an internist who has served as chief medical officer or CEO of major medical facilities since 1991.

Shulkin would be the first permanent replacement to the post since Dr. Robert Petzel took early retirement during the heightening scandal at VA last year over appointment wait times.

The internal medicine specialist, who earned his medical degree from the Medical College of Pennsylvania and served as chief medical officer of his alma mater and Temple University Hospital and president and CEO of Beth Israel Medical Center.

Among the other issues Shulkin addressed and said he would work on include: the VA Choice program, to capitalize on its public-private partnership; mental health treatment, to include alternative therapies; and suicide prevention.

- **The Department of Veterans Affairs will highlight 90 years of improving the lives of veterans and other Americans through medical and prosthetics research when it celebrates National VA Research Week May 18–22, 2015, at host medical facilities across the United States and its territories.**

As part of the nation's largest integrated health care system, VA research has unique opportunities to address some of the most critical issues in health care today. During fiscal year 2015, nearly 3,400 VA researchers will work on more than 2,200 projects. In addition to VA funding, VA researchers compete for funding from the National Institutes of Health, nonprofit associations and private pharmaceutical and biotechnology firms.

VA medical centers across the nation will mark [VA Research Week](#) with special events such as tours of their research facilities, lectures, poster displays and luncheons to honor the Veterans who voluntarily participate in VA studies. The week-long activities will highlight current research, much of it focusing on Iraq and Afghanistan Veterans, and using new technology in fields such as brain imaging, DNA sequencing and cell therapy. Another highlight of Research Week will center on [VA's Million Veteran Program](#), which aims to create one of the world's largest databases of health and genetic information. To date, the program has enrolled some 350,000

Veterans.

To learn more about the work of VA researchers, past and present, visit www.research.va.gov. For more information on local and national events marking National VA Research Week, visit www.research.va.gov/researchweek

GENERAL HEALTH CARE NEWS

- **Health and Human Services Secretary Sylvia M. Burwell announced approximately \$101 million in Affordable Care Act funding to 164 new health center sites in 33 states and two U.S. Territories for the delivery of comprehensive primary health care services in communities that need them most.**

These new health centers are projected to increase access to health care services for nearly 650,000 patients. This investment adds to the more than 550 new health center sites that have opened in the last four years as a result of the Affordable Care Act.

Today, nearly 1,300 health centers operate more than 9,000 service delivery sites that provide care to nearly 22 million patients –nearly 5 million more patients than at the beginning of 2009.

Health centers have also been critical in helping people sign up for health insurance through the Marketplace. Since 2013, health centers assisted more than 9 million individuals in their efforts to become insured.

To see a list of award winners, visit www.hrsa.gov/about/news/2015tables/newaccesspoints/.

- **Many adults in the U.S. are not getting the recommended screening tests for colorectal, breast and cervical cancers, according to the Centers for Disease Control and Prevention (CDC).**

For 2013, screening for these types of cancers either fell behind previous rates or showed no improvement.

Among adults in the age groups recommended for screening, about 1 in 5 women reported not being up-to-date with cervical cancer screening, about 1 in 4 women reported not being up-to-date with breast cancer screening, and about 2 in 5 adults reported not being up-to-date with colorectal cancer screening.

The report found that colorectal cancer testing was essentially unchanged in 2013 compared with 2010. Pap test use in women age 21-65 years was lower than 2000, and the number of mammography screenings was stagnant, showing very little change from previous years.

Researchers reviewed data from the National Health Interview Survey 2013, which is used to monitor progress toward Healthy People 2020 goals for cancer screening based on the most recent [U.S. Preventive Services Task Force guidelines](#).

The screening data for 2013 show that 58.2 percent of adults age 50-75 years reported being screened for colorectal cancer; 72.6 percent of women age 50-74 had a mammogram; and 80.7 percent of women age 21-65 had a Pap test. All of these percentages are below the Healthy People 2020 targets.

The report found that adults without insurance or a usual source of healthcare generally had the lowest screening test use. For example, fewer than one quarter of adults in these groups reported recent colorectal cancer screening, compared with more than 60 percent of adults with private insurance or a usual source of healthcare. More efforts are needed to achieve cancer screening goals and reduce screening disparities.

- **The first national study on Hispanic health risks and leading causes of death in the United States by the Centers for Disease Control and Prevention (CDC) showed that similar to non-Hispanic whites (whites), the two leading causes of death in Hispanics are heart disease and cancer.**

Fewer Hispanics than whites die from the 10 leading causes of death, but Hispanics had higher death rates than whites from diabetes and chronic liver disease and cirrhosis. They have similar death rates from kidney diseases, according to the CDC.

Health risk can vary by Hispanic subgroup. For example, nearly 66 percent more Puerto Ricans smoke than Mexicans. Health risk also varies partly by whether Hispanics were born in the U.S. or in another country. Hispanics are almost three times as likely to be uninsured as whites. Hispanics in the U.S. are on average nearly 15 years younger than whites, so taking steps now to prevent disease could mean longer, healthier lives for Hispanics.

The report used recent national census and health surveillance data to determine differences between Hispanics and whites, and among Hispanic subgroups. Hispanics are the largest racial and ethnic minority group in the U.S. Currently, nearly one in six people living in the U.S. (almost 57 million) is Hispanic, and this is projected to increase to nearly one in four (more than 85 million) by 2035.

Despite lower overall death rates, the study stressed that Hispanics may face challenges in getting the care needed to protect their health. Socio-demographic findings include:

- About one in three Hispanics have limited English proficiency;
- About one in four Hispanics live below the poverty line, compared with whites; and
- About one in three has not completed high school.

These socio-demographic gaps are even wider for foreign-born Hispanics, but foreign-born Hispanics experience better health and fewer health risks than U.S.-born Hispanics for some key health indicators such as cancer, heart disease, obesity, hypertension, and smoking, the report said.

The report also found different degrees of health risk among Hispanic by country of origin:

- Mexicans and Puerto Ricans are about twice as likely to die from diabetes as whites. Mexicans also are nearly twice as likely to die from chronic liver disease and cirrhosis as whites.
- Smoking overall among Hispanics (14 percent) is less common than among whites (24 percent), but is high among Puerto Rican males (26 percent) and Cuban males (22 percent).

Colorectal cancer screening varies for Hispanics ages 50 to 75 years:

- About 40 percent of Cubans get screened (29 percent of men and 49 percent of women).
- About 58 percent of Puerto Ricans get screened (54 percent of men and 61 percent of women).

Hispanics are as likely as whites to have high blood pressure. But Hispanic women with high blood pressure are twice as likely as Hispanic men to get it under control.

REPORTS/POLICIES

- **During its 152nd annual meeting, the membership of the National Academy of Sciences voted to change the name of the Institute of Medicine to the National Academy of Medicine.**

The newly named National Academy of Medicine will continue to be an honorific society and will inherit the more than 1,900 current elected members and foreign associates of the IOM. The National Academy of Medicine will join the National Academy of Sciences and National Academy of Engineering in advising the nation on matters of science, technology, and health.

The vote amends the NAS constitution to change the name of the Institute of Medicine to the National Academy of Medicine, effective July 1, 2015. This change is part of a broader internal reorganization to more effectively integrate the work of the National Academies of Sciences, Engineering, and Medicine. Reports and studies on health and medicine will continue uninterrupted as activities of the Institute of Medicine, which will become one of the six program units operating under the direction of the integrated academies.

The National Academy of Sciences was founded in 1863 under a congressional charter signed by President Lincoln, which created a body that would operate outside of government to advise the nation “whenever called upon.” The National Academy of Engineering was founded in 1964. The Institute of Medicine was established as the health arm of the NAS in 1970.

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **May 13, 2015**, to examine the Veterans’ Choice program.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **May 15, 2015**, to markup pending legislation.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **May 20, 2015**, to receive the legislative presentation of multiple veterans service organizations.

LEGISLATION

- **H.R.2232** (introduced May 1, 2015): To amend the Public Health Service Act to condition receipt by States (and political subdivisions and public entities of States) of preventive health services grants on the establishment of a State requirement for students in public elementary and secondary schools to be vaccinated in accordance with the recommendations of the Advisory Committee on Immunization Practices, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Frederica S. Wilson [FL-24]
- **H.R.2237** (introduced May 5, 2015): To direct the Secretary of veterans to establish within the Department of Veterans Affairs a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services.
Sponsor: Representative Elizabeth H. Esty [CT-5]
- **S.1192** (introduced May 5, 2015): A bill to amend the Public Health Service Act to raise

awareness of, and to educate breast cancer patients anticipating surgery, especially patients who are members of racial and ethnic minority groups, regarding the availability and coverage of breast reconstruction, prostheses, and other options was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Roy Blunt [MO]

- **S.1205** (introduced May 6, 2015): A bill to designate the same individual serving as the Chief Nurse Officer of the Public Health Service as the National Nurse for Public Health was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Jeff Merkley [OR]

MEETINGS

- 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/>

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