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EXECUTIVE AND CONGRESSIONAL NEWS

• The Senate Armed Services Committee’s personnel panel passed its portion of the National Defense Authorization Act for fiscal year 2017.
  The bill would:
  o Change the way the services report and process allegations of military assault.
  o Guarantee paid leave for up to six weeks for the primary caregiver of a newborn or adopted child, and three weeks for the secondary caregiver.
  o Authorize a pilot program that would provide commercial health care coverage to National Guard and Reserve members and their dependents who live in remote areas, as an alternative to TRICARE.

  The mark-up is expected to be released on May 13, 2016.

• The Military Times reports that the Senate Veterans Affairs Committee has unanimously passed its omnibus Veterans Affairs reform bill on May 12, 2016.
  Highlights of the Veterans First Act include accountability reform to make it easier for the VA secretary to remove bad actors at all levels of the department, the expansion of the VA’s Program of Comprehensive Assistance for Family Caregivers, the strengthening of the Veterans
Choice Program and the establishment of a pilot program to address the delays and massive backlog in VA’s disability claims appeals process.

The bill, called Veterans First Act, has the support of many service associations. VA Committee Chair Sen. Johnny Isakson (R-Ga) said the $4-billion-plus in program costs will be covered through a series of savings measures, leaving the final bill with a surplus of more than $330 million. Official Congressional Budget Office scoring of the measure is expected out later this week.

**MILITARY HEALTH CARE NEWS**

- **Five enlisted Airmen will become commissioned officers of the Air Force Medical Service, before matriculating into the Uniformed Services University of the Health Sciences, as first year medical students.**

  Together they formed the inaugural Air Force cadre of the Enlisted to Medical Degree Preparatory Program, known as EMDP2.

  Designed for enlisted service members, the two-year program enables members to remain on active duty status while enrolled as full-time students in preparation for application to medical school.

  During the first year of the program, students complete prerequisite courses. These courses, along with the Medical College Admission Test, prepare them for application to medical school by the start of year two. The second year of the program is considered the graduate year, during which students take graduate level courses intended to prepare them for the first year of medical school.

  The five students are:
  - Air Force Tech. Sgt. Jeremy Mears
  - Staff Sgt. Matt Little, Tech.
  - Sgt. Lindsay Slimski
  - Tech. Sgt. Joe Merfeld

  To learn more about EMDP2, visit [USUHS EMDP2](#).

- **On May 6, 2016, the U.S. Army announced the following assignments:**

  - Maj. Gen. Brian C. Lein has been assigned to be commanding general, U.S. Army Medical Department Center and School; and chief, U.S. Army Medical Corps, Joint Base San Antonio, Texas. He was commanding general, U.S. Army Medical Research and Materiel Command and Fort Detrick, Fort Detrick, Maryland.

  - Maj. Gen. Patrick D. Sargent has been assigned to be deputy commanding general (Operations), U.S. Army Medical Command; and chief, U.S. Army Medical Service Corps, Joint Base San Antonio, Texas. He was commanding general, Regional Health Command - Pacific (Provisional); command surgeon, U.S. Army Pacific; senior market manager, Hawaii Enhanced Multi-Service Market; and chief, U.S. Army Medical Service Corps, Honolulu, Hawaii.
Leigh A. Bradley, current VA General Counsel since 2014, is expected to become the Defense Health Agency General Counsel.

Bradley previously served as the VA General Counsel from 1998-2001. Prior to her appointment as VA General Counsel, Bradley served as the director, Department of Defense Standards of Conduct Office, where she was responsible for the Defense Department’s ethics program and policies. From 1994-1998, she was the principal deputy general counsel of the Navy. From 1987-1994, she was a senior attorney in the DoD Office of the Deputy General Counsel (Personnel & Health Policy).

Before joining the DoD General Counsel’s office, Bradley served for five years on active duty as an Air Force judge advocate and as a reservist, she taught trial advocacy at the Air Force JAG School.

Bradley graduated magna cum laude from the University of Alabama in 1978 and from its law school in 1981, where she and her partner won first place honors at a national moot court competition. She is a member of Phi Beta Kappa. She has been awarded the Department of Defense Medal for Distinguished Public Service, the Department of Veterans Affairs Exceptional Service Award, and the Secretary of Defense Medal for Meritorious Civilian Service.

VETERANS AFFAIRS NEWS

The Department of Veterans Affairs press release webpage was offline when we were collecting material.

GENERAL HEALTH CARE NEWS

For the first time, one of the nation’s Centers for Innovation in Advanced Development and Manufacturing (CIADM) will support development of a second-generation anthrax vaccine.

The CIADM, led by the Texas A&M University System in College Station, Texas, will begin advanced development and manufacturing activities for the investigational vaccine under an 18-month, $10.5 million task order from the ASPR’s Biomedical Advanced Research and Development Authority (BARDA).

The investigational anthrax vaccine, NasoShield, is being developed to be administered as a nose spray and to require only a single dose to protect against infections caused by inhalation anthrax.

The vaccine uses technology known as the Adenovirus 5 viral vectored delivery system. With this system, a non-infectious virus is modified to include genetic material needed to produce an immune response against anthrax. This project marks the first time BARDA has supported development of an anthrax vaccine that uses this delivery system.

Development also focuses on a vaccine that has an extended shelf life. A single dose anthrax vaccine with extended shelf life could provide a lower cost option to stockpiling the only currently licensed anthrax vaccine, BioThrax.
NasoShield developer Altimmune of Gaithersburg, Maryland, will transfer its existing manufacturing process and materials derived from early-stage development work to the CIADM led by Texas A&M University System. Texas A&M, through its partner FUJIFILM Diosynth Biotechnologies of College Station, Texas, will prepare the necessary materials for the next phase of clinical testing and then work on scale-up manufacturing processes.

- **The Department of Health and Human Services (HHS) announced a challenge to encourage health care organizations, designers, developers, digital tech companies and other innovators to design a medical bill that's simpler, cleaner, and easier for patients to understand, and to improve patients' experience of the overall medical billing process.**

  The "A Bill You Can Understand" design and innovation challenge is intended to solicit new approaches and draw national attention to a common complaint with the health care system: that medical billing is a source of confusion for patients and families.

  For many, the problem starts with the billing process itself. People who use health care in the U.S. today can often receive bills from multiple hospitals, doctors, labs or specialists for the same episode of care that vary in content, presentation and use of health industry jargon. Because of this, it can be difficult for patients to understand what they owe, what their insurance plan covers, and whether the bills are correct or complete.

  The [A Bill You Can Understand](https://www.aarp.org/health/medical-bills/info-2016/a-bill-you-can-understand.html) challenge, which is sponsored by AARP and administered by the design agency Mad*Pow, seeks to draw attention to the complexity of medical billing and how patients are impacted. Winning designs will be featured at the Health 2.0 Annual Fall Conference this September and on the challenge website. In addition, the following organizations have committed to test or implement winning solutions for the patients they serve:

  - Cambia Health Solutions (Portland, OR)
  - Geisinger Health System (Danville, PA)
  - INTEGRIS Health (Oklahoma City, OK)
  - The MetroHealth System (Cleveland, OH)
  - Providence Health & Services (Seattle, WA)
  - University of Utah Health Care (Salt Lake City, UT)

  Between them, these organizations have over 10 million patient visits each year to their hospitals, clinics and other health care facilities and, among those with health plans, cover nearly 3.5 million people. They represent a diverse set of health care organizations, ranging from academic medical centers, integrated delivery systems and safety net providers. Experts from these organizations will also serve alongside patients and other stakeholders on an advisory panel to the challenge’s federal judges.

  The challenge will issue two awards: one for the innovator that designs the bill that is easiest to understand and a second for the innovator that designs the best transformational approach to improve the medical billing system, focusing on what the patient sees and does throughout the process. Submissions will be judged based on understandability, creativity and how well they address the challenges outlined by patients, providers and payers, among other criteria explained on the challenge website.

  The challenge will accept submissions until August 10, 2016. Challenge winners will be announced in September 2016 and will receive cash prizes of $5,000 each.

- **Retired National Football League (NFL) players are at no greater risk of suicide when compared with the general U.S. population, according to a new study by the Centers for**
Disease Control and Prevention (CDC).

The findings from CDC’s National Institute for Occupational Safety and Health (NIOSH) appear in the May issue of the American Journal of Sports Medicine.

The NIOSH researchers calculated the suicide death rate for 3,439 retired NFL players who played at least five seasons between 1959 and 1988 and compared it with the suicide death rate for gender-, race-, and age-matched people from the general U.S. population. They found that from 1979 to 2013, the rate of suicide among these former professional football players was less than half of what would be expected compared with the general U.S. population. The NFL group experienced 12 suicide deaths compared with 25 that would be expected in a comparable gender/race/age sector of the U.S. population.

Based on previous information suggesting different risks for different positions, the researchers divided the players into two categories: speed positions such as quarterback, fullback, running back, and wide receiver; and non-speed positions, which include all defensive and offensive linemen positions. Punters and kickers were excluded from the analysis because their positions generally did not involve contact that resulted in head injury.

Fifty-eight percent of the suicide deaths were white players and 42 percent were black players, virtually equal to their representation in the entire group (59 percent white, 41 percent African American). The rate of suicide, or “intentional self-harm,” was significantly lower in former NFL speed-position players compared with the general U.S. population. The suicide rate for non-speed-position players was lower than that of the general population, but the difference was not mathematically significant. There were also significantly fewer overall deaths from cancer, heart disease, and assaults/homicides among the former NFL players than in the general population.

CDC conducted the study to learn more about whether football players, who are at a higher risk of concussions when compared with the general U.S. population, might also have a higher risk of suicide.

Although the study found no increase in risk of suicide, it does have several limitations. Records available to the researchers did not include information like environmental or genetic factors related to suicide risk or specific information about concussions among the players in the group studied.

NIOSH first began to study the deaths of retired NFL players in 1994 after a request from the NFL Players Association. NIOSH has published two other studies for this group about death from cardiovascular disease and from neurodegenerative disease. This latest study adds to the current discussion about the relationship between playing football and suicide risk, but does not resolve the issue of whether suicide is more common among former football players.

REPORTS/POLICIES

- The GAO published “Veterans’ Health Care: Proper Plan Needed to Modernize System for Paying Community Providers,” (GAO-16-353) on May 11, 2016. This report examines VHA's, Medicare's, and TRICARE's claims processing timeliness; factors that have impeded VHA's claims processing timeliness and community providers' experiences; and VHA's recent actions and plans to improve its claims processing timeliness.
HILL HEARINGS

- The Senate Appropriations Subcommittee on Military Construction and Veterans Affairs, and Related Agencies will hold a hearing on May 18, 2016, to examine review of the Department of Veterans Affairs’ electronic health record (VistA), progress toward interoperability with the Department of Defense’s electronic health record, and plans for the future.

LEGISLATION

- **H.R.5195** (introduced May 11, 2016): To require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce. Sponsor: Representative Rosa L. DeLauro [CT-3]

- **S.2912** (introduced May 10, 2016): A bill to authorize the use of unapproved medical products by patients diagnosed with a terminal illness in accordance with State law, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Ron Johnson [WI]

- **S.2921** (introduced May 11, 2016): A bill to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs, to improve health care and benefits for veterans, and for other purposes was referred to the Committee on Veterans’ Affairs. Sponsor: Senator Johnny Isakson [GA]

- **S.2922** (introduced May 11, 2016): A bill to amend title 38, United States Code, to provide for partnerships and contracts between the Secretary of Veterans Affairs and eligible academic affiliates for the mutually beneficial coordination, use, or exchange of health-care resources, and for other purposes was referred to the Committee on Veterans’ Affairs. Sponsor: Senator Sheldon Whitehouse [RI]

MEETINGS

- The Disaster Health Education Symposium: Innovations for Tomorrow will be held on Sept. 8, 2016, at the Uniformed Services University in Bethesda, Md. [https://ncdmph.usuhs.edu](https://ncdmph.usuhs.edu).


- 2016 AMSUS Annual Continuing Education Meeting will be held on Nov. 29- Dec. 2, 2016, at the Gaylord National Harbor, Md. [http://www.amsusmeetings.org/](http://www.amsusmeetings.org/)

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.