Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until June 1, 2015.**

- **The House passed H.R. 91, the Veterans I.D. Act on May 18, 2015.** This legislation directs the Secretary of Veterans Affairs to issue a veteran's identification card to any veteran who requests such card and is neither entitled to military retired pay nor enrolled in the VA system of patient enrollment.

- **President Obama has nominated Stephen C. Hedger to be the next assistant secretary of defense for legislative affairs, Department of Defense.**

  Hedger is principal deputy assistant secretary of defense for legislative affairs at the Department of Defense, a position he has held since April 2015. From 2014 to 2015 he served as special assistant to the President and Senate Legislative Affairs Liaison in the White House Office of Legislative Affairs. Hedger was legislative director for Senator Claire McCaskill from 2009 to 2014. Hedger held various positions as an active duty officer in the U.S. Army from 1999 to 2004 with deployments to Kosovo and Iraq and continues to serve in the District of Columbia Army National Guard. Hedger received a B.S. from the U.S. Military Academy at West Point and a J.D. from the Georgetown University Law Center.

MILITARY HEALTH CARE NEWS

- **Online training for Military Health System (MHS) personnel is moving to a new web-based site, Joint Knowledge Online (JKO), in June.**

  The move to JKO consolidates and standardizes MHS online training, better known as e-learning. The move simplifies assigning, locating, completing and tracking of online medical training.

  JKO replaces several existing online medical training systems, including the most widely recognized, MHS Learn. MHS Learn will be discontinued after May 31, 2015. Individuals who have completed training on MHS Learn should make sure it is recorded in their individual service electronic training records. If they can't, they should print copies of their training certificates in MHS Learn before May 31, 2015. On JKO, those without a common access card may use a username and password to access and take courses.

  Some of the courses affected include the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Act training, required for most MHS staff, as well as Immunization University and Project Immune Readiness. The Joint Medical Executive Skills Institute moved its training to JKO in December 2014.

  The Defense Health Agency (DHA) is working closely with organizations that have training on MHS Learn to determine which courses should be moved and which should be retired.

  Commercial online training is still available through service-level contracts. Eventually, all MHS staff will be able to access the same commercial training through JKO and have it recorded in their JKO training record. This simplifies training, minimizes duplication and reduces the need to manually enter training into individual electronic training records.

  The move to JKO also supports the congressional mandate for the Department of Defense and Department of Veterans Affairs to consolidate e-learning systems open to employees of both agencies.

VETERANS AFFAIRS NEWS

- **Secretary of Veterans Affairs Robert A. McDonald made the following statement regarding the apparent compromise legislation moving through Congress that would prevent a shutdown of the construction of the Denver Replacement Medical Center in Aurora, Colorado:**

  "I am pleased that Congress has taken action to ensure that construction at the site of the Denver Replacement Medical Center will continue. VA remains committed to doing the right thing for taxpayers and for the nearly 400,000 Colorado Veterans and families that the Aurora hospital will serve. I look forward to working with Congress in the coming weeks to determine a path forward to finishing the campus."

- **Secretary of Veterans Affairs Robert A. McDonald, with leaders from national and local veterans service organizations, corporate employers and government agencies,**

announced the launch of the Veterans Economic Communities Initiative, an effort focused in a total of 50 U.S. cities to promote economic success for veterans.

The initiative is part of MyVA, which is dedicated to making Veterans the center of all we do.

The goal of the VECI is to increase education and employment opportunities for America's veterans by bringing together local and national employers to coordinate services for Veterans, service members and military families.

With the sacred commitment of making customer service for Veterans the focal point, VA will look to communities around the country to help make the VA the best federal agency.

The Veterans Economic Communities Initiative launch event was hosted in Dallas. Secretary McDonald and Dallas Mayor Mike Rawlings provided remarks, during the event. Campaign partners also participated in panel discussions on public-private partnerships.

Representatives from major corporations such as Hilton and TriWest joined Secretary McDonald in pledging their commitment to furthering Veteran economic opportunities.

The Veterans Economic Communities Initiative includes a VA Economic Liaison in each community who will expand and encourage collaboration among private and public organizations that offer resources related to education, training and employment. Through strategic partnerships, and by offering Veterans innovative forms of learning and employment opportunities, these communities will help Veterans gain competitive career skills and knowledge in locally in-demand fields.

Campaign partners include the departments of Defense and Labor, the Small Business Administration and the U.S. Chamber of Commerce, in addition to regional and national nonprofits, businesses and educators. The first 25 communities were chosen based on local veteran unemployment rates, Veteran population and the projected increase in veteran population.

Communities participating in the Veterans Economic Communities Initiative include: Atlanta, Georgia; El Paso, Texas; Las Vegas, Nevada; New York, New York; San Antonio, Texas; Chicago, Illinois; Honolulu, Hawaii; Los Angeles, California; Norfolk, Virginia; San Diego, California; Cincinnati, Ohio; Houston, Texas; Louisville, Kentucky; Phoenix, Arizona; Seattle, Washington; Colorado Springs, Colorado; Jacksonville, Florida; Miami, Florida; Richmond, Virginia; St. Louis, Missouri; Dallas, Texas; Kansas City, Missouri; Nashville, Tennessee; Riverside, California; Washington, DC

Under the Veterans Economic Communities Initiative, communities will develop scalable, sustainable models over the next two years that include:

- Resources and education for employers on hiring and supporting veterans.
- Employment summits to connect talented job seekers with local employers who have immediate hiring needs.
- Policy academies where experts generate ideas, form partnerships and make policy recommendations that will help lower the unemployment rate and increase economic opportunities among Veterans and their families.
- Learning or resource hubs to help connect veterans to economic opportunities including entrepreneurship, credentialing and skills building.

- **The Department of Veterans Affairs (VA) announced it has launched the VA's Innovation Creation Series for Prosthetics and Assistive Technologies.**

  The VA Innovation Creation Series aims to accelerate the development of personalized technologies to improve care and quality of life for Veterans.

The launch of the VA Innovation Creation Series will take place May 15th, from 4:30pm to8:00pm, at the VA Palo Alto Health Care System, in Palo Alto, CA. During the event, participants will learn how technology can improve the lives of people with disabilities from veterans themselves and leaders in the field to include:

- Marine Veteran Oscar "Oz" Sanchez, Paralympic gold medalist;
- Stephanie Santoso, White House *Maker-In-Residence*;
- Dr. Davud Sirjani, chief of Ear, Nose, and Throat Surgery at VA Palo Alto;
- The eNABLE leadership team, representing a global network passionate about the social good of 3D printing

Some of the Challenges we are looking for the public's help to solve come directly from our veteran patients, they are:

- Challenge #1: Develop novel upper and lower extremity devices at the end of prosthesis for daily use
- Challenge #2: Create a medication pillbox that allows the flexibility to hold medications that need to be taken up to 8 times a day with a reminder system for each time medication needs to be taken
- Challenge #3: Create a device that can dampen tremors when someone is performing fine motor tasks
- Challenge #4: Design a device to remotely change the speed and grip strength of a prosthetic device for our Veterans with upper extremity injuries
- Challenge #5: Create a way to reassign motions and buttons on gaming controllers to provide alternative access for veterans who are using them in therapy to improve eye hand coordination, fine motor control and/or range of motion.

The VA Innovation Creation Series will accept proposed solutions submitted to http://www.innovation.va.gov/challenge/ through the end of June. The Series will culminate in a two-day "Make-a–thon" event at Hunter Holmes McGuire VA Medical Center in Richmond, VA July 28-29, where the designs submitted by the public online will be built and tested to showcase how they could meet the needs of veterans.

This launch event serves as a call to all solvers to submit their ideas. More information is available on the VA Innovation Creation Series website at http://www.innovation.va.gov/challenge/ . Press and participants are encouraged to reserve their space at the events by visiting http://bit.ly/1zHRxa7

GENERAL HEALTH CARE NEWS

- **A new report by the Substance Abuse and Mental Health Administration (SAMHSA) indicates about 3.7 percent of America's full time adult workers age 18 or older (4.3 million Americans) had one or more anxiety disorders in the past year.**

  Anxiety disorders are characterized by on-going states of overwhelming worry and fear. Treatment in the form of counseling and/or medication can help people successfully manage these conditions.

  The report shows that the adults who were not working full time had even higher rates of anxiety disorders. Among adults working part time, 5.6 percent (1.7 million adults) experienced anxiety disorders in the past year. The rate among adults who are unemployed 6.9 percent (1 million adults), and the rate among adults not in the labor force is 8.9 percent (5.9 million adults).

Overall 12.9 million American adults, or 5.7 percent of the population, experienced an anxiety disorder in the past year.

The report entitled, ***4.3 Million Adults Who Are Employed Full Time Had a Past Year Anxiety Disorder***, is based on data from SAMHSA's 2008-2012 National Survey on Drug Use and Health (NSDUH) – an annual survey based on interviews with 67,500 Americans aged 12 and older throughout the nation.

The complete report findings are available at:
http://www.samhsa.gov/data/sites/default/files/report_1968/Spotlight-1968.html

- **Measuring and reporting performance on indicators of patient safety and quality have contributed to some marked improvements in recent years, according to the newly released *2014 National Healthcare Quality and Disparities Report* from the Agency for Healthcare Research and Quality (AHRQ).**

  Released with the report is a new ***Chartbook on Patient Safety*** that summarizes trends across key patient safety measures, offers downloadable slides, and includes a data query tool with access to all data tables.

  On a national level, the safety and quality of health care is improving, especially for care delivered in hospital settings and for measures that are publicly reported to the Centers for Medicare & Medicaid Services (CMS). Hospital care was safer in 2013 than in 2010, with 17 percent fewer harms to patients and an estimated 1.3 million fewer hospital-acquired conditions, 50,000 fewer deaths, and $12 billion in cost savings over 3 years (2011, 2012, and 2013). One potentially deadly type of hospital-acquired infection, central line-associated bloodstream infections for medical and surgical patients, declined at an average annual rate of more than 10 percent per year.

  Despite these dramatic improvements, 121 adverse events per 1,000 hospitalizations occurred in 2013, and rates of post-operative acute kidney injury or complication of diabetes worsened over the 2000 to 2012 period.

  Quality of care measures that are publicly reported to CMS' Hospital Compare Web site show continued improvement. Several measures dealing with recommended care for hospital patients with pneumonia and heart conditions have achieved an overall performance level of 95 percent, the report found. Because further opportunities for improvement are limited at this level of performance, these measures will not be tracked in future reports.

  Quality, while improving, remains far from optimal. Across a broad array of measures, recommended care is delivered only 70 percent of the time, according to the report. Only half (52 percent) of patients with hypertension have it controlled, while 76 percent of adults are regularly screened for high cholesterol.

  Major disparities also persist in quality and safety of care, the report found. For about one-third of the patient safety measures tracked in the report, people in poor households received worse care than people in high-income households, and Blacks and Asians received worse care than Whites.

  Although patient safety initiatives typically focus on inpatient hospital events, adverse events also occur in outpatient settings. One such measure, which tracks the rate of potentially inappropriate prescription medications among adults age 65 and older, found overall improvement. Between 2002 and 2012, the percentage of adults who received potentially inappropriate prescription drugs decreased overall for all racial and ethnic groups and for all income groups. Poor adults had the largest percentage decrease, from 23 percent in 2002 to 11 percent in 2012.

  AHRQ's National Quality and Disparities Report and Patient Safety Chartbook provide detailed evidence of the progress that has been made and the work that remains to create a health

system that promotes the National Quality Strategy's priorities of patient safety, person-centered care, care coordination, effective treatment, healthy living, and affordable care.

- **A new report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that from 2003 to 2013 levels of past month (current) underage cigarette smoking among those aged 12 to 17 have dropped significantly in 49 out of 50 states and in the District of Columbia.**

  The only state that did not experience a statistically significant decline was Utah which has traditionally has one of the lowest levels of underage cigarette smoking in the nation. During this period Utah experienced a slight decline from about 6.6 percent in 2003 to 5.4 percent in 2013.

  Overall the national level of current underage cigarette smoking dropped sharply from about 12.6 percent in 2003 to less than 6.1 percent in 2013. There still remain significant differences in the level of underage cigarette smoking occurring among the states – ranging from 4.3 percent in California to 9.5 percent in Kentucky.

  Studies have shown that adolescents' perception of risk regarding smoking can influence their behavior toward it. The more likely an adolescent is to associate cigarette smoking with a great health risk, the less likely the adolescent is to smoke cigarettes.

  The report finds that nationally there was an increase in adolescent perception of great risk from smoking one or more packs of cigarettes per day from 63.7 percent in 2003 to 65 percent in 2013. The rates of adolescent perception of great risk from smoking cigarettes varied among the states – from a low of 59.1 percent in Alaska to a high of 70.4 percent in Florida.

  However, increases in e-cigarette and hookah use are offsetting declines in use of more traditional products such as cigarettes. A recent study published by the Centers for Disease Control and Prevention shows that current e-cigarette use (use on at least 1 day in the past 30 days) among high school students increased from 4.5 percent in 2013 to 13.4 percent in 2014, rising from approximately 660,000 to 2 million students.

  Among middle school students, current e-cigarette use more than tripled from 1.1 percent in 2013 to 3.9 percent in 2014—an increase from approximately 120,000 to 450,000 students. The report also concludes that because the use of e-cigarettes and hookahs is on the rise among high and middle school students, it is critical that comprehensive tobacco control and prevention strategies for youth focus on all tobacco products, and not just cigarettes.

  SAMHSA manages several grant programs that states can use to prevent underage tobacco use, including the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Partnerships for Success grant program.

  SAMHSA also administers the Synar program, a federal and state effort which helps states enforce their laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. States also must conduct annual, random, unannounced inspections of over-the-counter tobacco outlets and vending machines to ensure compliance with the law. States must comply with the Synar Amendment in order to receive their full SABG funds. The most recent Synar report shows that 9.6 percent of inspected retail outlets illegally sold tobacco products to youth at any time in 2013. That number is significantly below the 20 percent target rate set by the program, and far lower than the highest reported state retailer violation rate of 72.7 percent when the Synar program was established 16 years ago.

  The report, *State Estimates of Adolescent Cigarette Use and Perceptions of Risk of Smoking*, is available at http://www.samhsa.gov/data/sites/default/files/report_1964/ShortReport-1964.pdf and provides specific information about each of the states and the District of Columbia.

REPORTS/POLICIES

- **The GAO published *"Medicare Physician Payment Rates: Better Data and Greater Transparency Could Improve Accuracy,"* (GAO-15-434) on May 21, 2015.** In this report, GAO evaluated the RUC's process for recommending relative values for CMS to consider when setting Medicare payment rates; and CMS's process for establishing relative values, including how it uses RUC recommendations. http://www.gao.gov/assets/680/670366.pdf

HILL HEARINGS

- The House Veterans Affairs Subcommittee on Oversight and Investigations will hold a hearing on **June, 2015**, to examine the circumvention of contracts in the provision of non-VA health care.

LEGISLATION

- **H.R.2355** (introduced May 15, 2015): To provide for a national public outreach and education campaign to raise public awareness of women's preventive health, and for other purposes was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Ami Bera [CA-7].
- **H.R.2396** (introduced May 18, 2015): To amend the Federal Food, Drug, and Cosmetic Act with respect to the regulation of health software, and for other purposes was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Marsha Blackburn [TN-7]
- **H.R.2419** (introduced May 19, 2015): To amend the Public Health Services Act to reauthorize funding for the National Institutes of Health.
  Sponsor: Rep Barton, Joe [TX-6] (introduced 5/19/2015) Cosponsors (None)
  Committees: House Energy and Commerce
  Latest Major Action: 5/19/2015 Referred to House committee. Status: Referred to the House Committee on Energy and Commerce.
- **H.R.2421** (introduced May 19, 2015): To amend the Public Health Service Act to increase accountability at the National Institutes of Health was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Joe Barton [TX-6].
- **H.R.2436** (introduced May 19, 2015): To amend the Public Health Service Act with respect to appropriate age groupings to be included in research studies involving human subjects was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Marsha Blackburn [TN-7]
- **H.R.2447** (introduced May 19, 2015): To amend the Public Health Service Act to provide for an NIH research strategic plan was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Andy Harris [MD-1].
- **H.R.2456** (introduced May 19, 2015): To amend the Public Health Service Act to ensure the sharing of data generated from research with the public was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Joseph R. Pitts [PA-16]
- **H.R.2460** (introduced May 19, 2015): To amend title 38, United States Code, to improve the provision of adult day health care services for veterans.
  Sponsor: Rep Zeldin, Lee M. [NY-1] (introduced 5/19/2015) Cosponsors (None)

Committees: House Veterans' Affairs
Latest Major Action: 5/19/2015 Referred to House committee. Status: Referred to the House Committee on Veterans' Affairs.

- **H.R.2472** (introduced May 20, 2015): To amend the Public Health Service Act to establish a National Organ and Tissue Donor Registry Resource Center, to authorize grants for State organ and tissue donor registries, and for other purposes was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Wm. Lacy Clay [MO-1]
- **H.R.2476** (introduced May 20, 2015): To amend title XVIII of the Social Security Act to facilitate the transition to Medicare for individuals enrolled in group health plans, to establish a 3-month open enrollment period under Medicare Advantage, and for other purposes was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.
  Sponsor: Representative Joseph J. Heck [NV-3]
- **S.1396** (introduced May 20, 2015): A bill to establish a demonstration program requiring the utilization of Value-Based Insurance Design in order to demonstrate that reducing the copayments or coinsurance charged to Medicare beneficiaries for selected high-value prescription medications and clinical services can increase their utilization and ultimately improve clinical outcomes, enhance beneficiary satisfaction, and lower health care expenditures was referred to the Committee on Finance.
  Sponsor: Senator John Thune [SD]
- **S.1406** (introduced May 20, 2015): A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to pharmacy compounding was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator David Vitter [LA]

MEETINGS

- The 2015 AHRQ Research Conference, "Producing Evidence and Engaging Partners to Improve Health Care", will be held **Oct. 4–6, 2015**, in Crystal City, Va.
  http://www.ahrq.gov/news/events/conference/index.html
- 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 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.