EXECUTIVE AND CONGRESSIONAL NEWS

- U.S. Senators Johnny Isakson, R-Ga., and Richard Blumenthal, D-Conn., chairman and ranking member of the Senate Committee on Veterans’ Affairs, introduced bipartisan legislation to increase veterans’ disability benefits from the Department of Veterans Affairs (VA).

  The Veterans’ Compensation Cost-of-Living Adjustment Act of 2015 (S.1493) would increase the rates of VA disability compensation, dependency compensation for surviving children and spouses, and the clothing allowance for veterans based on rising costs of living.

  This cost-of-living adjustment, which is equal to the amount of the adjustment given to Social Security recipients, is determined by the Bureau of Labor Statistics’ Consumer Price Index on a yearly basis. The cost-of-living adjustment for veterans would go into effect on December 1, 2015.

The Department of Defense (DoD) announced that Frank Kendall, undersecretary of defense for acquisition, technology and logistics acquisitions official, will lead a comprehensive review of DoD’s laboratory procedures, processes and protocols associated with inactivating spore-forming anthrax.

On June 3, DoD announced it has ordered a comprehensive review of DoD laboratory procedures, processes, and protocols associated with inactivating spore-forming anthrax.

The focus of the DoD investigation is on the root cause for the incomplete inactivation of anthrax samples at DoD laboratories, and why post-inactivation sterility testing did not detect the presence of live anthrax, as well as reviewing existing biohazard safety protocols and procedures.

As part of DoD’s review of these processes, more than 400 batches are being tested to determine how many lots were not completely inactivated.

The Military Health System (MHS) uses partnerships with other government agencies and civilian health care organizations to stay on top of the latest techniques to heal warfighters and keep them ready for the fight. And those partnerships are helping civilian partners improve their methods of care, which, in turn, are shared back with the military.

The idea for partnerships was born of necessity: As the military stretches limited resources further and further, it needs to gain efficiencies to maintain a high level of care even if budgets get smaller. A strategic partnership working group formed last year used gap analyses to locate holes in the system and scan the medical landscape to determine the best opportunities for partnership.

The Air Force’s Center for Sustainment of Trauma and Readiness Skills (C-STAR) programs represent a direct application of partnering. Military doctors are placed in civilian emergency rooms, often in teaching hospitals, to learn how those hospitals have refined battlefield medicine and made it more efficient. Meanwhile, military personnel are able to pass along logistics knowledge, such as air evacuations, to make civilian hospitals more responsive to those needs."

Another example is MHS’ work with the Mayo Clinic to improve readiness by making the clinic’s experience in trauma surgery training and medical simulation models available to military doctors to help sharpen their skills. Senior officials with the hospital recently visited DHA facilities in Falls Church, Virginia, and the Uniformed Services University of the Health Sciences campus in Bethesda, Maryland. The visit underscored DHA’s commitment to work with the civilian health community to bring the best medical care to both active duty service members and retirees, along with their families.

Working partnerships with other government agencies also help MHS maintain the good health of its beneficiaries. The National Prevention Council (NPC) is a health coalition of 20 federal departments, including MHS. During a May 4, 2015, NPC meeting at the Pentagon, Dr. Jonathan Woodson, assistant secretary of Defense for Health Affairs, shared how the Department of Defense (DoD) medical community faces health challenges similar to those of other member constituencies, making partnerships vital to success. Also attending were U.S. Surgeon General Vice Adm. Vivek Murthy and various NPC partners. As host, DoD shared its overall approach to executing Operation Live Well (OLW), the National Prevention Strategy, and its test program, the Healthy Base Initiative. Now underway at 14 installations, the Healthy Base Initiative motivates active duty service members, their families, retirees and DoD civilians to exercise, eat healthier and reduce tobacco use.

Woodson appeared at the yearly Global Health Strategies for Security course about the military’s
efforts related to global health engagement (GHE), such as the response to Ebola in West Africa. Woodson said engagement is a necessity and must be executed smarter; courses like this one were important for building relationships and acquiring knowledge.

**VETERANS AFFAIRS NEWS**

- **The Department of Veterans Affairs (VA) announced it will conduct a series of one-day events to raise awareness and celebrate the stories of women veterans.**

  The events, to be held in five locations across the country, will provide an overview of services and benefits available to women veterans. Experts will be available to answer veterans’ questions, and exhibitors will share information on their many resources.

  VA staff, as well as local community supporters and agencies that assist women veterans, will be available for face-to-face interaction. All VA facilities are encouraged to participate in activities to celebrate and honor the women who answered the nation’s call.

  The scheduled events and local activities are part of a new national VA campaign, *Women Veterans: Celebrating Our Stories of Service*, which launched in late March 2015. The vision for the national VA campaign was born out of the realization that when our women veterans from all eras and generations surrender the uniform, they retain the intangible—that combination of resolute resilience and the unbeatable skills they will incorporate into their reintegration and readjustment process. Through this campaign, CWV will be engaged in going to these women veterans to raise the awareness of VA’s commitment to them, and to facilitate the conversation around what more needs to be done in serving the unique needs of women veterans.

  The sessions for women Veterans will be held between June and September at the following locations:

  - St. Petersburg, FL – June 12, 2015
  - San Diego (Oceanside), CA – July 10, 2015
  - Houston, TX – August 7, 2015
  - Minneapolis/St. Paul, MN – September 14, 2015
  - Washington, DC – September 22, 2015

  Women veterans represent one of the fastest growing segments of the veterans population—about 9.2 percent of the total veterans population. Today there are an estimated 2 million women veterans nationwide.

  For more information about VA’s Women Veterans Campaign and VA’s commitment to women veterans, visit [www.va.gov/womenvet](http://www.va.gov/womenvet).

- **The Military Times** reports that legislation passed by both the House and Senate the day before Memorial Day weekend, changed the VA Choice Program to ensure that veterans within 40 miles of a facility can access medical care if their nearest VA facility has limited services.

  The legislation had been in the works since March, when lawmakers discovered that some vets, especially those in rural areas, needed to travel long distances for medical care because their local VA clinics didn't provide services such as laboratory tests, radiology, chemotherapy, surgery and more.

  The 2014 Veterans Access, Choice and Accountability Act created the VA Choice program to let veterans see a private physician if they couldn’t get an appointment at VA within 30 days or if they lived more than 40 miles from a VA facility.
But many veterans learned they still needed to travel to major VA facilities for much of their care because they lived near VA clinics that only offer basic care for acute or noncomplex chronic conditions.

VA first amended the 40-mile rule in April, changing the measure from a straight-line distance to driving distance — a move that allowed veterans with geographic barriers between their homes and a VA facility to use VA Choice.

The most recent legislation should allow more veterans to get the medical care they need by allowing VA to consider eligibility for VA choice "beyond simply geography to include environmental factors and the veteran's medical conditions.

VA distributed nearly 8 million VA Choice Cards when the program was initiated in November. By March, it had approved about 46,000 requests for care and made 44,461 appointments.

The VA Choice program runs through August 2017 or until the money set aside for it — $10 billion — runs out.

GENERAL HEALTH CARE NEWS

- Melanoma rates doubled between 1982 and 2011 but comprehensive skin cancer prevention programs could prevent 20 percent of new cases between 2020 and 2030, according to a Centers for Disease Control and Prevention report.

Skin cancer is the most common form of cancer in the U.S., and melanoma is the most deadly type of skin cancer. More than 90 percent of melanoma skin cancers are due to skin cell damage from ultraviolet (UV) radiation exposure. Melanoma rates increased from 11.2 per 100,000 in 1982 to 22.7 per 100,000 in 2011. The report notes that without additional community prevention efforts, melanoma will continue to increase over the next 15 years, with 112,000 new cases projected in 2030. The annual cost of treating new melanoma cases is projected to nearly triple from $457 million in 2011 to $1.6 billion in 2030.

This report shows that melanoma is responsible for more than 9,000 skin cancer deaths each year. In 2011, more than 65,000 melanoma skin cancers were diagnosed. By 2030, according to the report, effective community skin cancer prevention programs could prevent an estimated 230,000 melanoma skin cancers and save $2.7 billion dollars in treatment costs. Successful programs feature community efforts that combine education, mass media campaigns, and policy changes to increase skin protection for children and adults.

Researchers reviewed data from CDC’s National Program of Cancer Registries and the National Cancer Institute’s Surveillance, Epidemiology and End Results Program (SEER) to help determine the increase in melanoma rates.

The report highlights the recommendations for communities from the Community Guide for Preventive Services. Communities can increase shade on playgrounds, at public pools, and other public spaces, promote sun protection in recreational areas, encourage employers, childcare centers, schools, and colleges to educate about sun safety and skin protection, and restrict the availability and use of indoor tanning by minors. Everyone is encouraged to protect their skin with protective clothing, wide-brimmed hats, broad-spectrum SPF sunscreen, and seek shade outdoors.

To learn about CDC’s efforts to prevent skin cancer, visit: www.cdc.gov/cancer/skin.
The U.S. Food and Drug Administration approved Rapamune (sirolimus), to treat lymphangioleiomyomatosis (LAM), a rare, progressive lung disease that primarily affects women of childbearing age. This is the first drug approved to treat the disease.

LAM is characterized by an abnormal growth of smooth muscle cells that invade lung tissues, including the airways, and blood/lymph vessels that cause destruction of the lung, resulting in airflow obstruction, and limiting the delivery of oxygen to the body. LAM is a very rare disease. According to the U.S. National Library of Medicine, only between two and five women per million women worldwide are known to have the disease.

Rapamune, which is available as both a tablet and an oral solution, was originally approved in 1999 as an immunosuppressive agent to help prevent organ rejection in patients 13 years and older receiving kidney transplants. Because Rapamune’s sponsor demonstrated that the drug may offer a substantial improvement over available therapies, it received breakthrough therapy designation. It also received a priority review, which provides for an expedited review of drugs that have the potential to provide a significant improvement in safety or effectiveness in the treatment of a serious disease or condition.

Rapamune also received orphan product designation for this indication because LAM is a rare disease or condition. Development of this drug was also supported in part by the FDA Orphan Products Grants Program which provides grants for clinical studies on safety and/or effectiveness of products for use in rare diseases or conditions.


On June 2, 2015, the acting Centers for Medicare & Medicaid Services (CMS) Administrator, Andy Slavitt, announced a new policy that for the first time will allow innovators and entrepreneurs to access CMS data, such as Medicare claims.

As part of the Administration’s commitment to use of data and information to drive transformation of the healthcare delivery system, CMS will allow innovators and entrepreneurs to conduct approved research that will ultimately improve care and provide better tools that should benefit health care consumers through a greater understanding of what the data says works best in health care. The data will not allow the patient’s identity to be determined, but will provide the identity of the providers of care. CMS will begin accepting innovator research requests in September 2015.

Innovators and entrepreneurs will access data via the CMS Virtual Research Data Center (VRDC) which provides access to granular CMS program data, including Medicare fee-for-service claims data, in an efficient and cost effective manner. Researchers working in the CMS VRDC have direct access to approved privacy-protected data files and are able to conduct their analysis within a secure CMS environment.

Examples of tools or products that innovators and entrepreneurs might develop include care management or predictive modeling tools, which could greatly benefit the healthcare system, in the form of healthier people, better quality, or lower cost of care. Even though all data is privacy-protected, researchers also will not be allowed to remove patient-level data from the VRDC. They will only be able to download aggregated, privacy-protected reports and results to their own personal workstation.

CMS is also announcing today that all researchers will be allowed to request data on a quarterly basis rather than the annual updates that were available in the past. Technological advancements, such as the VRDC, have facilitated access to more current data without higher data costs. This change in data access will allow researchers to conduct more rapid analysis of the delivery system.
**REPORTS/POLICIES**


- The Congressional Budget Office (CBO) published its cost estimate for S. 1376, National Defense Authorization Act for Fiscal Year 2016 on June 3, 2015. If appropriated, the CBO estimates that $515.5 billion of the authorized amounts would count against the defense cap for 2016 set in the Budget Control Act of 2011 (BCA), as amended. Another $200 million would count against the nondefense cap. An additional $88.9 billion would be authorized for overseas contingency operations (OCO) that, if appropriated, would not count against the caps; of that amount, $49.9 billion would be for war-related activities, while the remaining $39 billion would be used for “base budget” activities that in recent years have counted against the defense caps. CBO estimates that appropriation of the authorized amounts would result in outlays of $589.2 billion over the 2016-2020 period.

  The bill also contains provisions that would affect the costs of defense programs funded through discretionary appropriations in 2017 and future years. Those provisions would affect force structure, DoD compensation and health care benefits, the unified services retirement system, and other programs and activities. CBO has analyzed the costs of a select number of those provisions and estimates that they would, on a net basis, lower the amount of appropriations needed to implement defense programs relative to current law by about $17.8 billion over the 2017-2020 period. The effects of those reductions are not included in the total amount of outlays mentioned above because funding for those activities would be covered by specific authorizations in future years.


**HILL HEARINGS**

- The House Veterans Affairs Subcommittee on Oversight and Investigations will hold a hearing on June 10, 2015, to examine prescription mismanagement and the risk of veteran suicide.

**LEGISLATION**

- **H.R.2582** (introduced May 29, 2015): the Securing Senior’s Health Care Act of 2015 was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce  
  Sponsor: Representative Vern Buchanan [FL-16]

- **H.R.2597** (introduced June 1, 2015): the Accelerating Innovation in Medicine Act of 2015 was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce  
  Sponsor: Representative Erik Paulsen [MN-3]

- **H.R.2612** (introduced June 2, 2015): To authorize the appropriation of funds to the Centers for Disease Control and Prevention for conducting or supporting research on firearms safety or gun...
violence prevention was referred to the House Committee on Energy and Commerce. Sponsor: Representative Carolyn B. Maloney [NY-12]

- **H.R.2632** (introduced June 3, 2015): To amend the Public Health Service Act to reauthorize and update the National Child Traumatic Stress Initiative for grants to address the problems of individuals who experience trauma and violence related stress was referred to the House Committee on Energy and Commerce. Sponsor: Representative Rosa L. DeLauro [CT-3]

- **H.R.2636** (introduced June 3, 2015): To require a study on the public health and environmental impacts of the production, transportation, storage, and use of petroleum coke, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Robin L. Kelly [IL-2]

- **H.R.2639** (introduced June 3, 2015): To amend title 38, United States Code, to provide for additional qualification requirements for individuals appointed to marriage and family therapist positions in the Veterans Health Administration of the Department of Veterans Affairs was referred to the House Committee on Veterans’ Affairs. Sponsor: Representative Scott H. Peters [CA-52]

- **S.1473** (introduced June 2, 2015): A bill to authorize the appropriation of funds to the Centers for Disease Control and Prevention for conducting or supporting research on firearms safety or gun violence prevention was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Edward J. Markey [MA]

- **S.1497** (introduced June 3, 2015): A bill to exempt the Indian Health Service, the Bureau of Indian Affairs, and certain other programs for Indians from sequestration was referred to the Committee on the Budget. Sponsor: Senator Jon Tester [MT]

### MEETINGS


- **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/](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.