

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate spent this week debating H.R.1735, the National Defense Authorization Act for Fiscal Year 2016.**
- **On June 11, 2015, The House passed H.R. 2685, the Department of Defense Appropriations Act for fiscal year 2016. The legislation funds critical national security needs, military operations abroad, and health and quality-of-life programs for the men and women of the Armed Forces and their families.**

In total, the bill provides \$578.6 billion in discretionary funding, an increase of \$24.4 billion above the fiscal year 2015 enacted level and \$800 million above the President's request. This includes \$88.4 billion in Global War on Terrorism (GWOT) funding for war efforts and related costs, which is within the level assumed in the House and Senate budget conference agreement.

The bill contains \$31.7 billion – \$667 million below the fiscal year 2015 enacted level and \$813 million below the request – for the Defense Health Program to provide care for our troops, military families, and retirees. While below the current year, this level is sufficient to meet the entire scope of all estimated needs and requirements in the next fiscal year.

The bill provides \$252 million for cancer research, \$105 million for medical facility upgrades, \$100 million for traumatic brain injury and psychological health research, \$212 million for suicide prevention outreach programs, and \$283 million for sexual assault prevention and response. All of these funding levels represent increases above the President's request for these programs.

MILITARY HEALTH CARE NEWS

- **The Department of Defense announced that Secretary McHugh will step down as secretary of the Army no later than Nov. 1, 2015.**

"Secretary McHugh has been a tremendous public servant for decades, and he has helped lead the Army through a period of challenge and change," said Secretary of Defense Ash Carter.

"There will be much time in the coming months to appropriately celebrate his many accomplishments, but for now I will just say that every soldier is better off because of his hard work and vision, and so is the country."

- **Assistant Secretary of Defense for Health Affairs Dr. Jonathan Woodson represented the Department of Defense (DoD) at the White House's day-long Forum on Antibiotic Stewardship on June 2, 2015.**

He joined representatives from more than 150 health care organizations, medical schools, pharmaceutical companies and federal government agencies. Woodson said there is a clearly established global human health threat from antibiotic resistance and DoD is working with many other government agencies to confront this threat.

Woodson said shortly after the start of the wars in Afghanistan and Iraq, there was a major increase in wound and health care-associated infections caused by multidrug-resistant organisms. But treatment options were limited. In response, the Army launched the Multidrug-resistant Organism Repository and Surveillance Network (MSRN) program in 2009. The Navy and Marine Corps have a similar program. Along with these programs, the DoD collects and characterizes multidrug-resistant organisms and helps health care providers choose the most appropriate treatments for these infections.

Working with this data protect service members in combat, allies and coalition members, and the 10 million Americans served in the military's 54 hospitals and more than 350 clinics around the world. The information also serves as the basis for DoD's developing Antimicrobial Stewardship Program.

This work recently contributed to changes in practice and better outcomes for military forces affected by several outbreaks in Kuwait and in Afghanistan. DoD will soon issue revised policies to reduce antibiotic use at military hospitals and clinics worldwide.

Woodson concluded the DoD recognizes global health threats as national security threats. The military's and other agencies' efforts against antibiotic resistance will help the broader security interests.

- **Enlisted Marines who've thought about a career path in medicine can now apply for a unique program offered through the Uniformed Services University of the Health Sciences (USU).**

The Enlisted to Medical Degree Preparatory Program (EMDP2), which got underway in 2014 with its first class of five soldiers and five airmen, is now accepting applications from enlisted Marines for its 2016 class.

The Secretary of the Navy has authorized five slots for Marine applicants in the 2016 EMDP2

class. The application deadline for the 2016 class is Nov. 1, 2015, and the selection board will convene in December. Additionally, any Marine who feels he or she meets the requirements in [Marine Administrative Message 277/15](#) (MARADMIN), and would like to apply for EMDP2's 2015 class, must do so by June 30.

The EMDP2 Program is a two-year undergraduate program open to enlisted personnel of all ranks with less than 10 years of service. The program is a partnership between USU and the services to provide opportunities for highly motivated enlisted service members with strong academic records. It prepares candidates to apply to USU or civilian medical schools through the military's Health Professions Scholarship Program. Applicants selected for the program incur a five-year service obligation.

Among the EMDP2 application requirements detailed in the MARADMIN, Marines must have a bachelor's degree from an accredited academic institution in the U.S., its territories or Canada. An international bachelor's degree is acceptable if the applicant has a master's degree from an accredited institution in the U.S., its territories or Canada. Applicants must be citizens of the United States with no record of court-martial conviction, nonjudicial punishment or civilian felony convictions. For all of the application requirements go to [MARADMIN 277/15](#).

Program participants are selected by a consolidated Navy and Marine Corps board, and assigned to USU in Bethesda, Maryland, for two years. Students remain on active duty while completing coursework at George Mason University-Prince William Campus in northern Virginia, and receive pay and benefits of their current pay grade. Tuition, books and other expenses are paid for by the program.

For more information about EMDP2 please see these articles on Health.mil: "[New Program Prepares Enlisted Troops for Medical School](#)" or "[Student in Inaugural Enlisted-to-Physician Program Fascinated by the Brain, Motivated by Country.](#)"

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) submitted a plan to Congress to move forward on the Denver Replacement Medical Center.**

VA is committed to completing the construction of the Denver replacement hospital to serve the 390,000 Veterans and their families of the Colorado area.

In addition to detailed construction and funding plans for the Denver facility, VA also released updates outlining progress made in areas such as accountability, access, homelessness and other priorities, as well as the MyVA Transformational Plan.

The full text of the documents released are available for download here:

- [Letter to Congress](#)
- [Plan for Completion of the Denver Replacement Medical Center](#)
- [Cost Benefit Analysis - Denver VAMC \(April 2015\)](#)
- [Photos of Denver Replacement Facility](#)
- [VA Accountability Fact Sheet \(June 2015\)](#)
- [VA Making Progress to Improve Service for Veterans Fact Sheet \(June 2015\)](#)
- [MyVA Transformational Plan \(June 2015\)](#)

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services has launched a new tool in the fight against falls - a comprehensive prevention program that reduces both falls and resulting use of long-term care such as nursing homes.**

The prevention program, which includes clinical in-home assessments of health, physical functioning, falls history, home environment and medications to create customized recommendations, was developed by HHS based on the research evidence on risk factors and interventions.

The study found that the program led to significantly lower rates of falls over a one-year study period. Those who received the intervention had a 13 percent lower rate of falls, and an 11 percent reduction in risk of falling compared to the control group. Participants also had a significantly lower rate of injurious falls. Long-term care insurance claims were 33 percent lower over a three-year period. The intervention, which cost \$500 per person to administer, saved \$838 per person.

Falls, which happen to 1 in 3 people age 65 and over every year, can cause pain, suffering, and death, and cost an estimated \$35 billion in health care spending in 2014. They are a leading risk factor for needing long-term care at home or in a nursing facility. Given the impact of falls, findings from the HHS-funded study give hope for reducing the rate of falls among the growing population of older adults.

The risk factors for a fall include fear of falling, gait and balance problems, certain medications, clutter in the home, and some health conditions. Few interventions have taken a comprehensive approach to address all of the risk factors through one program.

Although this study focused on the rate of falls and long-term care utilization and costs, future research will examine the impact of the intervention on health care utilization and costs.

More information about the intervention and the study design are available at <http://aspe.hhs.gov/daltcp/reports/fallexpfr.htm>.

The study appears online and in print in the June issue of Health Affairs.

- **This summer will mark the 50th anniversary of the enactment of Amendments to the Social Security Act that established the Medicare and Medicaid programs.**

Over the next 50 days, the Centers for Medicare & Medicaid Services will recognize the impact these two programs have had in transforming our nation's health care system. By sharing daily facts and posts on Twitter ([@cmsgov](https://twitter.com/cmsgov)) and [Medicaid.gov](http://www.Medicaid.gov), CMS will highlight people, places, and progress that represent the Medicare and Medicaid programs as we know today.

On July 30, 1965, President Johnson signed legislation to establish Medicare for the elderly and Medicaid for low-income adults, children, pregnant women, and people with disabilities. Though Medicare and Medicaid started as basic health coverage programs for Americans, the programs have evolved over the years to provide more Americans with improved access to quality and affordable health care coverage. These programs have transformed the delivery of health care in the United States.

To commemorate this anniversary, CMS will engage in conversations with beneficiaries, providers, and health experts. We invite the public to participate in this celebration by sharing stories of how Medicare and Medicaid have made a difference. Stories can be shared at <http://www.medicare.gov/anniversary/share-your-story.html>. In late July, regional CMS offices will host public events in addition to a national event in Washington, D.C.

REPORTS/POLICIES

- **The GAO published “VA Health Care: Improvements Needed to the Monitoring of Antidepressant Use for Major Depressive Disorder and the Accuracy of Suicide Data,” (GAO-15-648T) on June 10, 2015.** This report addresses the extent to which veterans with MDD who are prescribed an antidepressant receive recommended care and VAMCs are collecting information on veteran suicides as required by VA.
<http://www.gao.gov/assets/680/670728.pdf>
- **The GAO published “Mental Health: Better Documentation Needed to Oversee Substance Abuse and Mental Health Services Administration Grantees,” (GAO-15-405) June 11, 2015.** This report identifies criteria for awarding grants to grantees, and how documents the application of these criteria; the types of information used to oversee its grantees; and the steps takes to demonstrate how its grant programs further the achievement of SAMHSA's goals. <http://www.gao.gov/assets/680/670148.pdf>

HILL HEARINGS

- There are relevant hearings scheduled next week.

LEGISLATION

- **H.R.2690** (introduced June 9, 2015): Including Families in Mental Health Recovery Act of 2015 was a referred to the House Committee on Energy and Commerce.
Sponsor: Representative Doris O. Matsui, Doris O. [CA-6]
- **H.R.2709** (introduced June 10, 2015): To authorize the Secretary of Health and Human Services to award grants for career support for skilled internationally-educated health professionals was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Lucille Roybal-Allard [CA-40]
- **H.R.2712** (introduced June 10, 2015): To streamline the employer reporting process and strengthen the eligibility verification process for the health care premium tax credit and cost-sharing subsidy, 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 Diane Black [TN-6].
- **S.1531** (introduced June 9, 2015): A bill to reform the provision of health insurance coverage by promoting health savings accounts, State-based alternatives to coverage under the Affordable Care Act, and price transparency, in order to promote a more market-based health care system, and for other purposes was referred to the Committee on Finance.
Sponsor: Senator Bill Cassidy [LA]
- **S.1532** (introduced June 9, 2015): A bill to ensure timely access to affordable birth control for women was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Patty Murray [WA]

- **S.1534** (introduced June 9, 2015): Treto Garza South Texas Veterans Inpatient Care Act of 2015 was referred to the Committee on Veterans' Affairs
Sponsor: Senator John Cornyn [TX]

MEETINGS

- The 2015 Military Health System Research Symposium will be held **Aug. 17-20, 2015**. The location has yet to be determined. <https://mhsrs.amedd.army.mil/SitePages/about-public.aspx>
- 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/>

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