

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On June 16, 2016, the House passed H.R.5293, the Department of Defense Appropriations Act, 2017.** The spending bill includes \$517.1 billion in discretionary funding for DoD's base budget needs, which is \$3 billion above the fiscal 2016 enacted spending level and \$587 million below President Barack Obama's request.

- **On June 13, 2016, the Obama Administration announces key actions to reduce the organ waiting list.**

Every 10 minutes, someone is added to the waiting list for a life-saving organ transplant in the United States. And every day, 22 people die while waiting. The Obama Administration, as well as dozens of companies, foundations, universities, hospitals, and patient advocacy organizations are taking steps to change that by announcing a new set of actions that will build on the Administration's efforts to improve outcomes for individuals waiting for organ transplants and support for living donors.

Some of the actions being announced aim to increase the number of people who register to become organ donors, some aim to increase the number of transplants and improve outcomes for patients, and others are focused on changing what might be possible for future patients by facilitating breakthrough research and development.

New actions announced include:

- Facilitating breakthrough research and development with almost \$200 million in

investments to improve treatment.

- The Department of Defense (DOD) is announcing more than \$160 million in public-private investment in a new Advanced Tissue Biofabrication Manufacturing Innovation Institute to research and develop next-generation manufacturing techniques that can be used to repair and replace cells and tissues and that may one day lead to organ replacement. DOD also is announcing \$7 million in awards to small businesses working to advance the science and technology of organ and tissue preservation.
- The American Society of Nephrology (ASN) commits the first \$7 million toward the design, launch, and execution of a potential Kidney Disease XPRIZE, in partnership with the XPRIZE Foundation.
- The Cystic Fibrosis Foundation (CFF) announces \$15 million for projects dedicated to improving outcomes after lung transplantation.
- The Laura and John Arnold Foundation (LJAF) is announcing a \$4.2 million grant to test donor interventions that maximize the quantity and quality of life-saving organs that each donor is able to give.
- Closing the gap between the 95 percent of Americans who support organ donation and the roughly 50 percent who are registered organ donors

The donor registration system was first built in 1968 and has been run almost exclusively through states' Departments of Motor Vehicles. Despite data showing 95 percent of Americans support organ donation, only approximately half are registered as organ donors. Now, with new technologies available, there is an opportunity to re-imagine the donor registration system in more seamless and effective ways, with the goals of increasing registrations and life-saving transplants. Today, more than 20 entities—from organ procurement organizations (OPOs) to patient advocacy organizations to major technology companies—have committed to help reduce the agonizing wait for an organ transplant.

Announcements include, among others:

- More than 12 organizations including Facebook, ORGANIZE, Tinder, and Twitter are developing new tools and public advocacy campaigns to increase the options and ease of registering to be an organ donor, with a goal of achieving 1 million new registrations and social declarations by the autumn of 2016.
- Amy Poehler's Smart Girls will create content and use its social channels to promote organ donation and registration throughout summer and autumn of 2016.
- Investing in clinical research and innovation that could potentially increase the number of transplants by almost 2,000 each year and improve outcomes for patients.
- Walter Reed National Military Medical Center (Walter Reed Bethesda) announces a pilot to pioneer kidney paired donation chains started via the military share program—in which families of active duty military service members donate one of their kidneys to patients listed for transplant at Walter Reed—to help those who are hard to match to receive kidney transplants.
- More than 30 transplant centers are today announcing a collaboration to share data and best practices for kidney transplants for hard-to-match patients, which has the potential to help almost 1,000 more people a year access transplants.
- Johns Hopkins University is working with the National Institute of Allergy and Infectious Disease to launch a multicenter study of HIV-positive to HIV-positive organ transplants; as protocols are developed to use the HIV-positive donor pool, this could lead to as many as 1,000 more transplants per year.
- The United Network for Organ Sharing (UNOS), the nation's Organ Procurement and Transplant Network, will increase efficiencies in the organ procurement and transplant

system as well as the potential number of transplants through new technology and data tools that are open to transplant centers and the research community.

Revolutionary medical breakthroughs in the 20th century—such as advances in organ transplantation, tissue typing, and the development of immunosuppressant drugs—have led to hundreds of thousands of life-saving organ transplants and a longer survival rate for recipients.

Transplants of kidneys, livers, hearts, pancreata, intestines, and lungs are now considered achievable medical successes.

Advances in medicine and technology and increased awareness of the need for organ donation and transplantation have increased national rates of these interventions. Last year there were more than 30,000 transplants in the United States—representing the most annual transplants ever and the largest year-over-year percentage increase in transplants since 2004. Despite this progress, there are still more than 120,000 people on the waiting list for an organ in the United States.

The vast majority—almost 100,000—of the people on the organ waiting list are waiting for a kidney transplant. In addition to the tremendous human cost, the kidney waiting list carries a huge cost to the public purse: Medicare pays more than \$34 billion per year to care for patients with end-stage kidney failure.

According to the 2013 Economic Report of the President, on average, the Government would save \$60,000 a year for every patient who receives a kidney transplant rather than continuing to receive dialysis. Those patients also would see appreciable gains in life expectancy. For example, the life expectancy of a living donor kidney recipient increases by 10–15 years after a transplant, again relative to dialysis treatment.

MILITARY HEALTH CARE NEWS

- **The Armed Services Blood Program opened its fifth tri-service donor center on May 16.**

The new Armed Services Blood Bank Center-San Antonio located at Lackland Air Force Base, Texas, operates under the Air Force Blood Program's licenses, but is staffed by members from the Army, Navy and Air Force.

According to Air Force Lt. Col. Angela Hudson, director of the Air Force Blood Program, the ribbon cutting ceremony in May was the culmination of nearly a decade of hard work put in by leadership and staff members from all services.

To make a tri-service center, personnel from both the Fort Sam Houston and Lackland Air Force Base donor centers were consolidated into one location. However, the Akeroyd Blood Donor Center — the Army Blood Program's donor center on Fort Sam Houston — will remain open to serve as a fixed mobile blood drive location for the ASBBC-SA said Army Lt. Col. Audra Taylor, director of the Army Blood Program.

The ASBBC-SA is the first joint blood donor and infectious disease testing center operating under the Air Force Blood Program license and the only DoD infectious disease testing center in the continental U.S. that supports numerous ASBP facilities. The ASBBC-SA will collect, process and ship blood worldwide. It will also support the blood needs of the San Antonio Military Medical Center at Fort Sam Houston, and fill contingency blood requests from numerous worldwide commands.

It joins the ASBBC-Europe in Landstuhl, Germany, and the ASSBC-Pacific Northwest on Joint Base Lewis-McChord, Wash., — both operated by the Army — and the U.S. Pacific Command ASBBC in Okinawa, Japan, and ASBBC at the Walter Reed National Military Medical Center in Bethesda, Md., that are operated by the Navy.

- **David Rubin, MD, director of PolicyLab, a research center at The Children's Hospital of Philadelphia (CHOP), was recently appointed to the United States Department of Defense (DoD) Military Family Readiness Council (MFRC).**

Established in 2008 as a Federal Advisory Council, the MFRC makes recommendations to the Secretary of Defense about policies and programs around military family readiness. The MFRC also monitors requirements on DoD's support of military family readiness and evaluates and assesses the effectiveness of military family readiness programs. Military family readiness is the concept that military families must be well-supported so that the servicemen and servicewomen can focus on their mission.

In keeping with its continuing commitment to ensuring that military families have the health care services and supports they need for their children, including children with special needs, the MFRC reached out to the Children's Hospital Association (CHA) to provide perspective from the pediatric health care arena and to nominate a representative to serve on the Council.

While all children have unique health care needs as compared to adults, children of military families face special circumstances as a result of their parents' service.

"The known effects of deployments and frequent relocations on children must be taken into consideration when developing the medical and social support systems necessary to serve these families in a timely and efficient manner," Dr. Rubin said.

Rubin's team at PolicyLab has been conducting research for the DoD's Defense Health Program (DHP) since 2011. Their work specifically examines the stress families experience when soldiers return home from deployment. The team's recent [findings](#) in the *American Journal of Public Health* illustrate the need to support families throughout the deployment cycle, especially during high-risk time periods such as the 6 months following deployment.

CHOP is also a champion of the TRICARE for Kids Coalition, which advocates for DoD policy and practice to address the needs of children.

As director of PolicyLab, Rubin works to develop evidence-based solutions for the most challenging health-related issues affecting children. In addition to his role at PolicyLab, Rubin is a professor of pediatrics at the Perelman School of Medicine at the University of Pennsylvania and a senior fellow at the Leonard Davis Institute of Health Economics. In 2013, Rubin was appointed to the federal Commission to Eliminate Child Abuse & Neglect Fatalities. Dr. Rubin is also a past member of the American Academy of Pediatrics' Task Force on Foster Care and the Committee for Early Education, Adoption & Dependent Care.

To learn more about PolicyLab's military portfolio, see the PolicyLab website at <http://policylab.chop.edu>

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced the departure of Danny G.I. Pummill from his post as acting under secretary for benefits at the Veterans Benefits Administration (VBA).**

Pummill has served as the acting under secretary since October 19, 2015. Pummill had previously planned to retire by the end of 2015, but upon the departure of previous Under Secretary for Benefits Allison Hickey, he remained as head of the administration at the request of Secretary Robert A. McDonald. His continuing service helped ensure the critical continuity required to complete VBA's transformation, and help expand the MyVA effort at the administration level.

Pummill began his tenure at VBA in 2010 as the deputy director for policy and procedures for the agency's compensation service. Two years later, he became director of the VBA/Department of Defense Program Office, and in 2013, he was appointed principal deputy under secretary for benefits. Prior to coming to VBA, he served in the Army for 33 years as both an enlisted soldier and an officer and then continued with the Department of the Army as a civilian employee for five years.

While serving as acting under secretary, Pummill continued the momentum of reducing the compensation claims backlog, closing out 2015 with 75,000 backlogged claims – an 87-percent reduction from the 611,000 peak in March 2013. He pioneered and championed the ongoing compensation and pension exam experience improvement effort, and he oversaw the implementation of the agency's national work queue, the expansion of disability compensation eligibility for Veterans exposed to contaminated water at Camp Lejeune and contract awards totaling \$6.8 billion for medical disability examinations.

"The greatest fulfillment of my life has been serving my country and my fellow veterans, their families and their survivors," Pummill said. "In my time at VBA, I continued to be impressed by the dedication and selfless sacrifice of the employees in service to our nation's veterans. It has been an honor and a privilege to serve as their acting under secretary for benefits and it is with mixed emotions that I leave this great organization to begin the next phase of my life."

Acting Principal Deputy Under Secretary Thomas Murphy will be appointed as principal deputy under secretary for benefits and assume the role of acting under secretary for benefits. Murphy joined VBA in 2009 as the director of the San Juan Regional Office in Puerto Rico. Prior to this, he served as director of compensation service.

- **The Department of Veterans Affairs (VA) announced a partnership with the national non-profit organization [KaBOOM!](#) to make play more accessible to children visiting VA Medical Centers and VA Fisher Houses.**

KaBOOM! is one of a number of partnerships formed under the [MyVA](#) initiative, the largest transformation in VA's history, which focuses squarely on the needs of veterans through customer service and strong community partnerships.

Under the agreement, KaBOOM! will provide their signature [Imagination Playground](#)™ and Rigamajigs to VA locations across the nation. These portable, scalable play systems create safe, fun-filled environments for children to play in.

KaBOOM! will work with VA to select sites across the country that have the greatest need for play spaces. VA medical centers and VA Fisher Houses, which are built by Fisher House Foundation to provide temporary accommodations for families of Veterans receiving treatment at a VA medical center or military hospital, have been identified as ideal locations for these play environments.

CarMax is the KaBOOM! corporate sponsor for this playground project. As a part of its ongoing multi-million dollar commitment to KaBOOM!, CarMax will build four playgrounds and provide 30 grants for Imagination Playgrounds™ and Rigamajigs to select VA medical centers, Fisher Houses and other organizations that serve veterans and military families. It is expected that through this project, VA, KaBOOM! and CarMax will help reach 85,000 children over the next three years. The first donations were made to facilities located in Gainesville, Florida, and Salt Lake City, Utah.

Since 1996, KaBOOM! has collaborated with its corporate partners to build, open or improve nearly 16,300 playgrounds, engaged more than one million volunteers, and served 8.1 million children.

For more information about VA partnerships, visit: [MyVA Strategic Partnerships](#).

For more information about KaBOOM!, visit: <http://kaboom.org/rigamajig>

GENERAL HEALTH CARE NEWS

- **Health and Human Services (HHS) Secretary Sylvia M. Burwell announced nearly \$156 million in funding to support 420 health centers in 47 states, the District of Columbia and Puerto Rico to increase access to integrated oral health care services and improve oral health outcomes for Health Center Program patients.**

This funding enables health centers to expand integrated oral health care services and increase the number of patients served. With these awards from the Health Resources and Services Administration (HRSA), health centers across the country will increase their oral health service capacity by hiring approximately 1,600 new dentists, dental hygienists, assistants, aides, and technicians to treat nearly 785,000 new patients.

Oral health problems can be a sign of illness elsewhere in the body. Additionally, lack of access to preventive and routine dental care for underserved populations can result in dental conditions requiring more costly emergency dental treatment.

Today, nearly 1,400 health centers operate approximately 9,800 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin; these health centers employ more than 170,000 staff who provide care for nearly 23 million patients. In 2014, health centers employed over 3,700 dentists, more than 1,600 dental hygienists, and over 7,400 dental assistants, technicians and aides. They served about 4.7 million dental patients and provided nearly 12 million oral health visits.

To view the list of the awardees, visit

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/fy16awards.html>.

- **The U.S. Department of Health and Human Services (HHS) has selected a health department and associated partner hospital to serve the region covering Arizona, California, Hawaii, Nevada and the Pacific island territories and freely associated states.**

Following this selection, there now is a regional Ebola and other special pathogen treatment center designated for each of [HHS's 10 regions nationwide](#).

The California Department of Public Health, in partnership with Cedars-Sinai Medical Center in Los Angeles, has been selected as the regional treatment center covering the final region.

The awardee will receive approximately \$3.25 million through FY 2019 to enhance and sustain the regional treatment center's capabilities to care for patients with Ebola or other highly infectious diseases. As a regional Ebola and other special pathogen treatment center, the facility continually will be ready and available to care for a patient with Ebola or another severe, highly infectious disease, whether the patient is transported from in or out of the United States.

In addition, the facility must:

- Accept patients within eight hours of being notified,
- Have the capacity to treat at least two patients simultaneously,
- Have respiratory infectious disease isolation capacity or negative pressure rooms for at least 10 patients,
- Conduct quarterly trainings and exercises,
- Receive an annual readiness assessment from the National Ebola Training and

Education Center,

- Be able to treat children. and,
- Be able to safely handle infectious waste.

The 10 regional facilities are part of [a national network of Ebola treatment centers](#) and assessment hospitals, but have enhanced capabilities to treat a patient with confirmed Ebola or other highly infectious disease. The remaining Ebola treatment centers and their associated health departments remain prepared to handle patients.

Funding to establish the regional treatment centers is part of an emergency Congressional appropriation to enhance state and local public health and health care system preparedness. The project stems from the 2014 Ebola epidemic in West Africa.

The Cedars-Sinai facility was selected based upon extensive criteria published in a [funding opportunity announcement](#) released in February 2015.

To learn more about the department's efforts to protect against Ebola, visit www.cdc.gov/Ebola and for more information on the Department's emergency preparedness and response efforts for all hazards see www.phe.gov.

- **More men are visiting Title X Family Planning Program sites, according to a report released by the Centers for Disease Control and Prevention (CDC) and the HHS Office of Population Affairs (OPA) in observance of June's Men's Health Month.**

From 2003 through 2014, a total of 3.8 million men visited Title X service sites in the 50 states and District of Columbia. The percentage of male clients nearly doubled from 4.5 percent (221,425 males) in 2003 to 8.8 percent (362,531 males) in 2014.

Since it was established in 1970, the National Title X Family Planning Program has supported the delivery of cost-effective and confidential family planning and related preventive health care with priority for services to low-income women and men. In 2014, about 4 million clients, more than 90 percent of whom were female, were served through approximately 4,100 Title X-funded service sites.

Title X-funded sites provide a broad range of services, patient education, and referrals that are important in meeting the family planning needs of both male and female clients. OPA has actively worked to increase the number of males who use Title X services by funding projects and trainings during the past 15 years to improve outreach and appropriate male-centered service delivery."

In 2014, CDC and OPA released the recommendations, [Providing Quality Family Planning Services](#), which outlined family planning services for men including education and counseling on a range of issues related to preventing or achieving pregnancy, including preconception, infertility, contraception, and sexually transmitted disease (STD) care.

In 2014, male users of Title X family planning services were diverse in age, race/ethnicity, and geography:

- Approximately one-third (35 percent) were non-Hispanic white, 28 percent were Hispanic or Latino, and 24 percent were black.
- Nearly half (49 percent) were age 20-29 years, 20 percent were age 30-39, and 14 percent were age 15-19.
- The percentage of clients that were male also varied widely from state to state, from 1 percent or less in Tennessee, Mississippi, and Alabama to 27.2 percent in the District of Columbia.

Although far fewer men than women seek family planning and related services at Title X clinics, the number of men seeking these services is rapidly increasing. Health care settings that include family planning can adapt a client-centered, male-focused approach to better meet the health needs of males.

REPORTS/POLICIES

- There were no relevant reports published this week.

HILL HEARINGS

- The House Veterans Affairs Subcommittee on Health will hold a hearing on **June 20, 2016**, to examine access and accountability and obstacles to high quality patient care in Louisiana.
- The Senate Appropriations Subcommittee on Military Construction and Veterans Affairs, and Related Agencies will hold a hearing on **July 13, 2016**, to examine a 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.5445** (introduced June 10, 2016): To amend the Internal Revenue Code of 1986 to improve the rules with respect to health savings accounts was referred to the House Committee on Ways and Means.
Sponsor: Representative Erik Paulsen [MN-3]
- **H.R.5452** (introduced June 10, 2016): To amend the Internal Revenue Code of 1986 to permit individuals eligible for Indian Health Service assistance to qualify for health savings accounts was referred to the House Committee on Ways and Means.
Sponsor: Representative John R. Moolenaar. [MI-4]
- **H.R.5458** (introduced June 13, 2016): Veterans TRICARE Choice Act was referred to the Committee on Ways and Means, and in addition to the Committee on Armed Services
Sponsor: Representative Chris Stewart [UT-2]
- **H.R.5475** (introduced June 14, 2016): To improve the health of minority individuals, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Agriculture, Education and the Workforce, the Budget, the Judiciary, Veterans' Affairs, Armed Services, and Natural Resources.
Sponsor: Representative Robin L. Kelly [IL-2]
- **H.R.5479** (introduced June 14, 2016): Screening Hearts in Newborns for Early Detection of Congenital Heart Defect Act was referred to the House Committee on Energy and Commerce was v
Sponsor: Representative Betty McCollum, Betty [MN-4]
- **H.R.5482** (introduced June 14, 2016): Caring Recovery for Infants and Babies Act was referred to the House Committee on Energy and Commerce
Sponsor: Representative Michael R. Turner [OH-10]

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>.
 - The AUSA 2016 Annual Meeting & Exposition will be held **Oct. 3-5, 2015**, in Washington DC. <http://ausameetings.org/2016annualmeeting/>
 - 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/>
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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 katheroux@federalhealthcarenews.com.