

# Federal Health Update

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*Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.*

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[ktheroux@federalhealthcarenews.com](mailto:ktheroux@federalhealthcarenews.com)

## EXECUTIVE AND CONGRESSIONAL NEWS

- **In a 6-3 decision, the Supreme Court voted 6-3 to uphold the nationwide availability of tax subsidies under the Affordable Care Act.** The Affordable Care Act authorized federal tax credits for eligible Americans living not only in states with their own exchanges but also in the 34 states with federal marketplaces.
- **The House passed H.R. 1190, the Protecting Seniors Access to Medicare Act of 2015, on June 23, 2015.** This legislation repeals sections of the Patient Protection and Affordable Care Act (and restores provisions of law amended by those sections) related to the establishment of an Independent Payment Advisory Board to develop proposals to reduce the per capita rate of growth in spending under title XVIII (Medicare) of the Social Security Act and rescinds specified appropriations to the Prevention and Public Health Fund for FY2017-FY2026 and each fiscal year thereafter.
- **The Senate has approved Dr. David Shulkin as undersecretary for health at the Department of Veterans Affairs by a voice vote on June 24, 2015. .**

Shulkin is president at Morristown Medical Center, Goryeb Children's Hospital, and Atlantic Rehabilitation Institute, part of Atlantic Health System as well as president of Atlantic Accountable Care Organization, one of the largest Medicare approved ACOs in the country.

Shulkin is a board-certified internist, a fellow of the American College of Physicians, Professor of Medicine at Mt. Sinai School of Medicine and a senior fellow at the Health Research And Education Trust of the American Hospital Association, a senior fellows at the School of Population Health at Thomas Jefferson University, and an senior fellow (Adjunct) at the Leonard Davis Institute in Health Economics at the University of Pennsylvania. He received his medical degree from the Medical College of Pennsylvania, his internship at Yale University School of Medicine, and a residency and Fellowship in General Medicine at the University of Pittsburgh Presbyterian Medical Center.

## MILITARY HEALTH CARE NEWS

- **Secretary of Defense Ash Carter announced that Maura Sullivan, the current assistant secretary of public and intergovernmental affairs at the Department of Veterans Affairs, will be named as the new assistant to the secretary of defense for public affairs.**

Sullivan will be taking over the position from ATSD Brent Colburn, who will be stepping down in July.

Sullivan, a former Marine Corps Captain and Iraq War veteran, will be joining the department after having served as the principal public affairs advisor to VA Secretary Bob McDonald. A graduate of Harvard Business School and the Harvard Kennedy School, Sullivan has held a number of senior positions in both the public and private sector, including serving as one of President Obama's appointees to the American Battle Monuments Commission (ABMC). Sullivan's full bio is available at: [http://www.va.gov/opa/bios/bio\\_sullivan.asp](http://www.va.gov/opa/bios/bio_sullivan.asp).

- **On July 1, TRICARE's new lactation policy will be implemented.**

The new provision stems from the National Defense Authorization Act of fiscal year 2015. The legislation provides for cost shares and copays to be waived for eligible beneficiaries. The cost for a manual or standard electric breast pump, related pump supplies and up to six one- to two-hour lactation counseling sessions, will be covered retroactive on or after Dec. 19, 2014, when the act was signed into law.

TRICARE network providers are expected to process claims for beneficiaries.

## VETERANS AFFAIRS NEWS

- **Deputy VA Secretary Sloan Gibson testified before the House Veterans Affairs committee that VA health care sites experienced a 10.5 percent increase in workload for the 12-month period that ended in April and faces a budget shortfall of more than \$2.5 billion**

Gibson asked for flexibility from Congress to close the budget gap. Gibson said the VA is considering furloughs, hiring freezes and other significant moves. It also wants to use money from the new Veterans Choice program to pay for the increased health care.

The deputy secretary testified that the VA completed 7 million more appointments for care in the past year, compared to the previous year but access improved more veterans began coming to

VA for their care. Gibson told the committee that wait times for appointments longer than 30 days are up 50 percent from a year ago, he said.

According to Gibson, the number of veterans in Phoenix receiving primary care increased by 11 percent and those receiving specialty care increased 17 percent, and mental health appointments jumped 6 percent.

The Veterans Health Administration, the VA's health care arm, now expects to spend \$10.1 billion in the current budget year for private care, an increase of \$1.9 billion from last year.

## GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) launched [HHS emPOWER Map](#), an interactive online tool, to aid community health agencies and emergency management officials in disaster preparedness as they plan ahead to meet the emergency needs of community residents who rely on electrically powered medical and assistive equipment to live independently at home.**

More than 1.6 million Medicare fee-for-service beneficiaries nationwide rely on electricity-dependent medical and assistive equipment, such as oxygen concentrators, ventilators and wheelchairs.

The HHS emPOWER Map shows the monthly total number of Medicare fee-for-service beneficiaries' claims for electricity-dependent equipment at the national, state, territory, county, and zip code levels. The tool incorporates these data with real-time severe weather tracking services from the National Oceanic and Atmospheric Administration in a Geographic Information System (GIS).

The integrated data accessible through the HHS emPOWER Map can help community organizations, including hospitals, first responders, and electric utility officials, work with health officials to prevent health impacts of prolonged power outages due to storms and other disasters on vulnerable residents.

For example, the HHS emPOWER Map could be used by electric utility companies to determine priority areas for restoring electrical service based on the location of the largest concentrations of electricity-dependent individuals. This could assist hospitals, health care coalitions and Emergency Medical Services in planning better for surges in medical services.

Emergency planners could also use the tool to anticipate whether emergency shelters might experience greater electricity demand due to higher concentrations of electricity-dependent Medicare beneficiaries nearby. Local officials could estimate more accurate assistance needs for transportation and evacuation when local mass transit systems are affected by prolonged power outages after disasters.

While the information in the HHS emPOWER Map is presented in a way that protects patient privacy, in an emergency, additional information can be made available to a health department to facilitate life-saving emergency response in a manner consistent with the Health Information Portability and Accountability Act and the Federal Privacy Act.

- **Department of Health and Human Services Secretary Sylvia M. Burwell announced the seven winners of the 2015 HHS Innovates Awards.**

This annual award program, in its eighth round, recognizes creative solutions developed by HHS employees in response to some of the nation's most challenging problems in health, health care and government. Winners this year reflected a number of collaborative innovation projects representing seven different operating divisions (winners listed below).

Employees across HHS were invited to submit the innovative solutions they have developed. In this competitive process, candidates were judged both for innovativeness and potential application elsewhere in HHS and government. Finalists were also highlighted for special designations of “Secretary’s Picks,” and “Employee’s Choice.” The winners of this year’s Innovates Awards are:

**The NIH 3D Print Exchange (Secretary’s Pick)** - An online portal to increase accessibility and exchange of 3D printing files to further scientific research. The goal of this tool, developed by the National Institutes of Health, is to empower researchers, physicians, and the public with high-quality, informative models that inspire new discoveries that transform science and health care. The exchange includes over 5,000 3D models that are freely available to the public.

**Transforming Health Provider Loan Repayment Programs (Secretary’s Pick)** - The reengineering of the National Health Service Corps and NURSE Corps Loan Repayment Programs at the Health Resources and Services Administration has reduced the processing time of 3,200 loan repayment awards by 6 months, saved more than \$3 million in taxpayer dollars, improved customer satisfaction, and boosted employee productivity since 2013.

**Peri-Operative Surgical Home (Employees’ Choice)** - The Indian Health Service Phoenix Indian Medical Center is improving the care of complex surgical patients by creating the processes, multi-disciplinary collaboration, and staff education necessary to safely deliver the highest standard of care to the most challenging patients in a cost effective way. Since its inception, this innovation has led to significant improvements in patient experience, outcomes and cost savings.

**The Collaborative Improvement and Innovation Network to Reduce Infant Mortality** - A platform for states to engage in collaborative learning together as ‘cyberteams’, apply quality improvement methods, and spread policy and program innovation – which in turn accelerates improvement in strategies that are influencing birth outcomes. This innovation was co-developed by Health Resources and Services Administration, the Centers for Disease Control and Prevention, and Centers for Medicare & Medicaid Services.

**Linking Health Care & Community Services** - A learning collaborative that makes it possible to break down barriers between medical and community services to achieve better care, smarter spending and healthier people. The Administration for Community Living’s learning collaborative is making community organizations better business partners and linking health care and community services to better meet the needs of the people HHS serves.

**Stretching NIH Research Dollars Further** - Through providing free access to data and pay-per-use access to unlimited computing power, the Neuroimaging Informatics Tools and Resources Clearinghouse at the National Institutes of Health enables worldwide scientific collaborations to flourish with minimal startup and overhead costs. This innovative clearinghouse facilitates discovery neuroscience for researchers lacking the means for data collection and complex image analysis or wishing to replicate research to validate hypotheses.

**Project Fish SCALE** - Through the development, transfer, and implementation of innovative state-of-the-art forensic techniques, Project Fish SCALE (Seafood Compliance and Labeling Enforcement) addresses the Food and Drug Administration’s critical need to rapidly and accurately identify seafood products during illness outbreak investigations, and to enforce proper labeling of seafood to prevent mislabeling and fraud.

To learn more about these innovations and other efforts to promote innovation at HHS, visit [hhs.gov/idealab](https://hhs.gov/idealab).

- **The U.S. Food and Drug Administration approved Kengreal (cangrelor), an intravenous antiplatelet drug that prevents formation of harmful blood clots in the coronary arteries, the blood vessels that supply blood to the heart.**

It is approved for adult patients undergoing percutaneous coronary intervention (PCI), a procedure used to open a blocked or narrowed coronary artery to improve blood flow to the heart muscle.

According to the Centers for Disease Control and Prevention, PCI is performed on approximately 500,000 people in the United States each year. The coronary arteries are opened by inflating a balloon at the site of the narrowing, usually followed by placement of a small mesh tube, called a stent, to keep the artery open.

By preventing platelets from accumulating, Kengreal reduces the risk of serious clotting complications related to the procedure, including heart attack and clotting of the stent (stent thrombosis).

As with other FDA-approved anti-platelet drugs, bleeding, including life-threatening bleeding, is the most serious risk of Kengreal.

Kengreal is manufactured by The Medicines Company based in Parsippany, New Jersey.

## REPORTS/POLICIES

- **The Congressional Budget Office (CBO) published its analysis of H.R. 2256, Veterans Information Modernization Act.** H.R. 2256 would establish a tracking system for biological implants, create a commission to assess mental health care at the Department of Veterans Affairs (VA), expand the definition of homeless veterans for purpose of certain programs and benefits offered by VA, and require VA to submit an annual report to the Congress. In total, CBO estimates that implementing this bill would increase costs to VA by \$9 million over the 2016-2020 period, assuming appropriation of the necessary amounts. In addition, CBO estimates that enacting the bill would decrease direct spending by \$9 million over the 2016-2025 period by adjusting the monthly payments for VA educational benefits; therefore, pay-as-you-go procedures apply to the bill. Enacting H.R. 2256 would not affect revenues. <http://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr2256.pdf>
- **The GAO published “Defense Health Care: DOD Needs to Clarify Policies Related to Occupational and Environmental Health Surveillance and Monitor Risk Mitigation Activities,” (GAO-15-487) on June 22, 2015.** This report examines the extent to which the military services centrally store OEHS data and verify its reliability; how, if at all, DOD identifies potential occupational and environmental health risks for sites in Iraq and Afghanistan, and to what extent these risks are mitigated; and the extent to which DoD and VA use OEHS data to address post-deployment health conditions. <http://www.gao.gov/assets/680/670398.pdf>

## HILL HEARINGS

- There are no hearing scheduled in the coming week.

## LEGISLATION

- **H.R.2869** (introduced June 24, 2015): To amend title XXVII of the Public Health Service Act to permit cooperative governing of public entity health benefits through local governments in secondary states was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Kenny Marchant, [TX-24]
- **S.1641** (introduced June 22, 2015): A bill to improve the use by the Department of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Department, and to expand availability of complementary and integrative health, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Tammy Baldwin [WI]
- **S.1648** (introduced June 23, 2015): A bill to amend title XVIII of the Social Security Act to create a sustainable future for rural healthcare was referred to the Committee on Finance.  
Sponsor: Senator Chuck Grassley [IA]
- **S.1650** (introduced June 23, 2015): A bill to amend title XVIII of the Social Security Act to make changes to the Medicare home health face-to-face encounter requirements was referred to the Committee on Finance.  
Sponsor: Senator Robert Menendez [NJ]
- **S.1653** (introduced June 23, 2015): A bill to amend the Patient Protection and Affordable Care Act to enhance access for independent agents and brokers to information regarding marketplace enrollment was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Bill Cassidy [LA]
- **S.1654** (introduced June 23, 2015): A bill to prevent deaths occurring from drug overdoses was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Jack Reed [RI]
- **S.1661** (introduced June 24, 2015): A bill to amend title XXVII of the Public Health Service Act to preserve consumer and employer access to licensed independent insurance producers was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Johnny Isakson [GA]
- **S.1676** (introduced June 24, 2015): A bill to increase the number of graduate medical education positions treating veterans, to improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks of the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Jon Tester, [MT]

## 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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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](mailto:katetheroux@federalhealthcarenews.com).