

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House adjourned until after the election. The Senate is expected to adjourn at the end of the week.**
- **On Sept. 17, 2014, the House passed H. Res. 124, providing continuing appropriations that will keep the government operating until Dec. 11, 2014. The bill passed in the House on a 319-108 vote. The Senate is expected to take up the bill on Sept. 18, 2014.**

MILITARY HEALTH CARE NEWS

- **On Sept. 17, 2014, the Department of Defense announced Maj. Gen. Jimmie O. Keenan has been assigned to be deputy commanding general (operations); chief, U.S. Army Nurse Corps, U.S. Army Medical Command, Joint Base San Antonio, Texas.** Most recently, Keenan was commanding general, Southern Regional Medical Command; market manager, San Antonio Military Health System; chief, U.S. Army Nurse Corps, Joint Base San Antonio, Texas.
- **Rear Adm. Raquel Bono was promoted to rear admiral upper half (two-star) during a**

ceremony held at Walter Reed National Military Medical Center on Sept. 15.

Bono is the director of the Defense Health Agency's National Capital Region Medical Directorate and the 11th chief of the Navy Medical Corps. She assumed command of the National Capital Region's predecessor, the Joint Task Force National Capital Region Medical, in July 2013. Prior to that, she was the command surgeon, U.S. Pacific Command, Camp H.M. Smith, Hawaii. She was also deputy director, Medical Resources, Plans and Policy, Chief of Naval Operations.

- ***The Hill* reports that Rep. Jackie Speier (D-Calif.) has introduced legislation that would require healthcare offered through the armed services to include access to contraceptive coverage.**

Under Speier's measure, health coverage offered through the Department of Defense's TRICARE program would be aligned with the 2010 healthcare law so that contraception is covered with no co-pay.

Sen. Jeanne Shaheen (D-N.H.) has offered companion legislation in the Senate.

Speier's bill already has 60 co-sponsors, all of whom are Democrats. Many pro-choice groups have endorsed the measure, including NARAL Pro-Choice America and Planned Parenthood.

VETERANS AFFAIRS NEWS

- **On Sept. 17, 2014, the Department of Veterans Affairs (VA) announced it will publish a notification in the *Federal Register* to increase the maximum rates of annual pay for incoming Veterans Health Administration (VHA) physicians and dentists as part of VA Secretary Robert McDonald's nation-wide [recruitment initiative](#) to hire more clinicians and expand Veterans' access to care.**

The updated pay tables propose an increase in pay of \$20,000 to \$35,000 annually for physicians and dentists who are providing care for veterans. There will be no change to the pay tables for physicians who serve in leadership roles.

This proposed increase in pay is just one aspect of the recruiting initiative that Secretary McDonald has directed to bring the best and brightest health care professionals to VA.

Additional steps include:

- Collaborating on a new nursing academic partnership (VA Nursing Academic Partnerships or VANAP) focused on psychiatric and mental health care to build stronger, mutually beneficial relationships between nursing schools and VA facilities.
- Partnering with the Department of Defense Health Affairs, Army, Navy, and Air Force to improve recruitment of recently or soon to be discharged health care professionals.
- Expanding a pilot program to bring combat medics and corpsmen in to VA facilities as clinicians
- Improving the credentialing process for VA and DoD health care providers, which will involve sharing credentials to speed up the process.
- Expanding the loan repayment program, as included in the recently passed *Veterans Access, Choice and Accountability Act*.

VHA has been at the forefront of research and development, education, and health care delivery. Not only is VA the second largest national employer, VA is also the largest employer of health care providers. VA pioneered and developed electronic medical records and veterans receiving VA's in and outpatient care give VA higher satisfaction ratings than patients at private hospitals. Over 70 percent of all U.S. doctors received training at VA. In fact, VA facilities train

62,000 medical students and residents, 23,000 nurses, and 33,000 trainees in other health profession fields—each year.

- **Secretary of Veterans Affairs Robert A. McDonald welcomed the confirmation of Connecticut Veterans Commissioner Linda S. Schwartz as Veterans Affairs assistant secretary for policy and planning.**

In this post, Dr. Schwartz will help develop and review VA departmental policy, analyze veteran trends and statistics, and evaluate VA transformation initiatives. She will play a critical role in guiding VA's strategic planning and work to implement Secretary McDonald's vision to transform VA into a nimble, high-performing and responsive organization.

Dr. Schwartz, a disabled veteran, is currently the commissioner of the Connecticut Department of Veterans Affairs, a position she has held since 2003. She concurrently serves as an associate clinical professor of nursing at the Yale School of Nursing, where she has been on faculty since 1999, and was appointed associate research scientist and scholar.

Dr. Schwartz served in the United States Air Force (USAF) Nurse Corps from 1968 to 1986, both on active duty and as a reservist. She retired as a flight nurse Instructor, with the rank of major after sustaining injuries in a USAF Air Craft accident. She received her Bachelors of Science degree in nursing from the University of Maryland School Of Nursing; a Master's of Science degree from Yale University School of Nursing; and a Dr. PH from the Yale University School of Medicine.

- **The Department of Veterans Affairs (VA) issued a Request For Information on Sept. 12, 2014, to seek input on how best to provide administrative support in the process of issuing Veteran Choice Cards, a provision of the Veterans Access, Choice, and Accountability Act of 2014.**

Working with Congress, veterans service organizations, and other stakeholders, VA has additionally taken steps to implement this legislation, including:

- Establishing a program management office to oversee planning and implementation of the legislation across the Department.
- Putting in place the mechanisms to execute the outlined facilities with the authorization provided to carry out major medical facility leases.
- Working through the contracting process to extend the pilot program called Project ARCH to ensure the continued expanded access for Veterans in rural areas provided by that program.

For additional information regarding the RFI please visit

<https://www.fbo.gov/index?s=opportunity&mode=form&id=5296706dfa67da17b6662d92f4e79d64&tab=core& cview=0>.

- **The Department of Veterans Affairs (VA) has developed "Concussion Coach," a mobile application ("app") that provides portable tools to recognize symptoms of mild to moderate concussion associated with Traumatic Brain Injury (TBI), and to identify**

and make use of coping strategies.

The *Concussion Coach* app is designed to educate users about concussions, related symptoms, treatments and to enable users to recognize and assess symptoms. The app identifies resources for managing symptoms and planning tools to build resilience. It also provides access to crisis resources, including personal support contacts and ways in which the user can obtain professional health care.

The application will be helpful to everyone who suffers from mild to moderate concussions. Its development came about as a result of knowledge gained by VA medical staff in treatment of TBI. While combat injuries to service members and injuries to professional athletes gain media attention, TBI is most often caused by falls, vehicle accidents and violence. TBI is a major cause of death and disability worldwide, especially in children and young adults.

The application is a useful tool, and is not intended to replace professional diagnosis, medical treatment or rehabilitation therapies for those who need them.

Concussion Coach was collaboratively developed by the VA's Rehabilitation and Prosthetic Services and the National Center for Posttraumatic Stress Disorder, and the Department of Defense National Center for Telehealth and Technology.

Concussion Coach is available for mobile Apple devices (iPhone, iPad, and iPod Touch) from the App Store and will be available to Google Play for Android devices later in 2014.

GENERAL HEALTH CARE NEWS

- **The Centers for Medicare & Medicaid Services (CMS) issued quality and financial performance results showing that Medicare Accountable Care Organizations (ACOs) have improved patient care and produced hundreds of millions of dollars in savings for the program.**

In addition to providing more Americans with access to quality, affordable health care, the Affordable Care Act encourages doctors, hospitals and other health care providers to work together to better coordinate care and keep people healthy rather than treat them when they are sick, which also helps to reduce health care costs. ACOs are one example of the innovative ways to improve care and reduce costs. In an ACO, providers who join these groups become eligible to share savings with Medicare when they deliver that care more efficiently.

ACOs in the Pioneer ACO Model and Medicare Shared Savings Program (Shared Savings Program) generated over \$372 million in total program savings for Medicare ACOs. The encouraging news comes from preliminary quality and financial results from the second year of performance for 23 Pioneer ACOs, and final results from the first year of performance for 220 Shared Savings Program ACOs.

Meanwhile, the ACOs outperformed published benchmarks for quality and patient experience last year and improved significantly on almost all measures of quality and patient experience this year. (Please see the accompanying fact sheet for additional details.)

Since passage of the Affordable Care Act, more than 360 Medicare ACOs have been established in 47 states, serving over 5.6 million Americans with Medicare. Medicare ACOs are groups of providers and suppliers of services that work together to coordinate care for the Medicare fee-for-service (FFS) beneficiaries they serve and achieve program goals.

ACOs represent one part of a comprehensive series of initiatives and programs in the Affordable Care Act that are designed to lower costs and improve care by advancing three key strategies for improving care while investing dollars more wisely: incentives, tools, and information.

For fact sheets on Pioneer ACO Model and Medicare Shared Savings Program ACOs results,

and delivering better care at lower cost, please visit: <http://www.cms.gov/Newsroom/Search-Results/index.html?filter=Fact%20Sheets>.

- **Health and Human Services Secretary Sylvia M. Burwell announced today \$295 million in Affordable Care Act funding to 1,195 health centers in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin to expand primary care services.**

The awards enable health centers to increase access to comprehensive primary health care services by hiring an estimated 4,750 new staff including new health care providers, staying open for longer hours, and expanding the care they provide to include new services such as oral health, behavioral health, pharmacy, and vision services. These investments will help health centers reach an estimated 1.5 million new patients nationwide, including over 137,000 oral health patients and more than 38,000 mental and substance abuse patients.

Health centers are helping to implement the Affordable Care Act, not only as providers of care but also by linking individuals to coverage through outreach and enrollment in the Health Insurance Marketplace.

To see a list of award winners, visit www.hrsa.gov/about/news/2014tables/expandedservices/.

REPORTS/POLICIES

- **The GAO published “*Healthcare.gov: Information Security and Privacy Controls Should Be Enhanced to Address Weaknesses*,” (GAO-14-871T) on Sept. 18, 2014.** This report describes the planned exchanges of information between the Healthcare.gov website and other organizations; and assesses the effectiveness of programs and controls implemented by CMS to protect the security and privacy of the information and IT systems supporting Healthcare.gov. <http://www.gao.gov/assets/670/665879.pdf>
- **The GAO published “*VA Health Care: Actions Needed to Address Higher-Than-Expected Demand for the Family Caregiver Program*,” (GAO-14-675) on Sept. 18, 2014.** This report examines VA’s implementation of the Family Caregiver Program and how VHA is implementing the program, including the types of issues that have been identified during initial implementation. <http://www.gao.gov/assets/670/665928.pdf>
- **The Institute of Medicine published “*Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*,” on Sept. 17, 2014.** This consensus report from the Institute of Medicine (IOM), a committee of experts finds that improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a more sustainable care system. <http://www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx>

HILL HEARINGS

- The House Veterans Affairs Subcommittee on Health will hold a legislative hearing on **Oct.**

1, 2014, to examine on H.R. 4720, the Medal of Honor Priority Care Act; H.R. 4977, the COVER (Creating Options for Veterans Expedited Recovery Act); H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act; H.R. 5475, to improve the care provided by the Secretary of Veterans Affairs to newborn children; and, H.R. 5484, the Toxic Exposure Research Act of 2014

- The House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs will hold a hearing on **Oct. 3, 2014**, to examine issues surrounding the Philadelphia VA Regional Office.

LEGISLATION

- **H.R.5464** (introduced Sept. 15, 2014): the *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2015* was referred to the House Committee on Appropriations
Sponsor: Representative Rosa L. DeLauro [CT-3]
- **H.R.5481** (introduced Sept. 16, 2014): To continue the use of a three-month quarter EHR reporting period for health care providers to demonstrate meaningful use for 2015 under the Medicare and Medicaid EHR incentive payment programs, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Renee L. Ellmers [NC-2]
- **H.R.5484** (introduced Sept. 16, 2014): To establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces, to establish an advisory board on exposure to toxic substances, and for other purposes was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services.
Sponsor: Representative Dan Benishek [MI-1]
- **H.R.5498** (introduced Sept. 16, 2014): To establish a demonstration program to facilitate physician reentry into clinical practice to provide primary health services was referred to the House Committee on Energy and Commerce.
Sponsor: Representative John P. Sarbanes [MD-3]
- **H.R.5503** (introduced Sept. 17, 2014): To reauthorize the World Trade Center Health Program and the September 11th Victim Compensation Fund of 2001 was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Budget, and the Judiciary.
Sponsor: Representative Carolyn B. Maloney [NY-12]
- **H.R.5507** (introduced Sept. 17, 2014): To provide for a study by the Institute of Medicine on health disparities, to direct the Secretary of Health and Human Services to develop guidelines on reducing health disparities, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Bill Pascrell, Jr. [NJ-9]
- **H.R.5518** (introduced Sept. 17, 2014): To amend title 38, United States Code, to improve the continuing professional education reimbursement provided to health professionals employed by the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Jerry McNerney [CA-9]
- **H.R.5523** (introduced Sept. 17, 2014): To amend the Employee Retirement Income Security Act of 1974 and the National Labor Relations Act to protect the health benefits of retirees was referred to the House Committee on Education and the Workforce.

Sponsor: Representative Louise McIntosh Slaughter [NY-25]

- **H.R.5524** (introduced Sept. 15, 2014): To amend title 10, United States Code, to ensure that women members of the Armed Forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the Armed Forces, and for other purposes was Referred to the House Committee on Armed Services.
Sponsor: Representative Jackie Speier [CA-14]
- **S.2808** (introduced Sept. 15, 2014): the *Employee Health Care Protection Act of 2014* was referred to the Committee on Finance
Sponsor: Senator David Vitter [LA]
- **S.2813** (introduced Sept. 15, 2014): A bill to establish the National Prostate Cancer Council for improved screening, early detection, assessment, and monitoring of prostate cancer, and to direct the development and implementation of a national strategic plan to expedite advancement of diagnostic tools and the transfer of such tools to patients was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Barbara Boxer [CA]
- **S.2830** (introduced Sept. 16, 2014): A bill to permanently reauthorize the special diabetes programs for Indians was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jon Tester [MT]
- **S.2841** (introduced Sept. 17, 2014): A bill to provide for a study by the Institute of Medicine on health disparities, to direct the Secretary of Health and Human Services to develop guidelines on reducing health disparities, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Cory A. Booker [NJ]
- **S.2842** (introduced Sept. 17, 2014): A bill to amend the Public Health Service Act to establish a Caregiver Corps program was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Robert P. Casey, Jr. [PA]
- **S.2844** (introduced Sept. 17, 2014): A bill to reauthorize the World Trade Center Health Program and the September 11th Victim Compensation Fund of 2001, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Kirsten E. Gillibrand [NY]

MEETINGS

- The AUSA 2014 Annual Meeting & Exposition will be held **Oct. 13-15, 2014**, in Washington DC. <http://www.ausa.org/meetings/2014/Pages/AnnualMeeting.aspx>
- The 30th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.6-8, 2014**, in Miami, Fla. <http://www.istss.org/MeetingsEvents.htm>
- The AMIA 2014 Annual Symposium will be held on **Nov. 15-19, 2014**, in Washington DC. <http://www.amia.org/amia2014>
- AMSUS Annual Continuing Education Meeting will be held **Dec. 2-5, 2014**, in Washington, DC <http://amsusmeetings.org>
- The 100th Annual Meeting of Radiological Society of North America (RSNA) 2014 will be held **Dec. 5-9, 2014**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2014 Special Operations Medical Association (SOMA) Science Assembly will be held on **Dec. 8-11, 2014**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/Pages/scientificassembly.aspx>

- The AAMA 2015: The National Summit of Medical Administrators will be held on **Jan. 19-21, 2015**, in Clearwater, Fla. <http://aameda.org/p/cm/ld/fid=159>

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