

# Federal Health Update

SEPT. 26, 2014

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

**Sponsored by:**

**SPECTRUM<sup>®</sup>**  
**HEALTHCARE RESOURCES**  
[www.spectrumhealth.com](http://www.spectrumhealth.com)  
800-325-3982

***Additional Sponsorship Opportunities Available.***

*Please contact Kate Theroux if you are interested in supporting this service.*

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

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are adjourned until after the election.**
- **On Sept. 19, 2014, President Obama signed into law: H.J. Res. 124, the "Continuing Appropriations Resolution, 2015."** This legislation provides fiscal year 2015 appropriations for continuing projects and activities of the Federal Government through Thursday, Dec. 11, 2014; provides authorities to address the growing threat from Islamic State of Iraq and the Levant; and provides additional funding and authorities to address the Ebola epidemic.
- **The Senate confirmed Debra Wada to be the next Assistant Secretary of the Army for Manpower and Reserve Affairs on Sept. 17, 2014**

## MILITARY HEALTH CARE NEWS

- **The Department of Defense announced that effective today, retired Lt. Gen. Frances C. Wilson, U.S. Marine Corps, will serve as the chairperson of the Defense Advisory Committee on Women in the Services (DACOWITS).**

Wilson spent nearly 37 years in the U.S. Marine Corps, and served as the president of National Defense University and as the commandant, Industrial College of the Armed Forces. Since retiring in 2009, she has been part of various organizations in the Virginia Tidewater area,

serving as an appointed member of the City of Virginia Beach Mayor's Military Economic Development Advisory Committee, and as the chair, board of directors, Hampton Roads and Central Virginia USO. She was appointed by the Virginia governor as a member of the board of trustees, Fort Monroe Authority, and board of visitors, Virginia Military Institute. Wilson has also been a DACOWITS member since June 2012.

In addition to a bachelor of science from Michigan State University, Wilson earned four master degrees and a doctor of education from the University of Southern California. In addition to several military school curricula she completed a federal executive fellowship at the Brookings Institution as well as the Harvard University's JFK School of Government's Senior Executive Course in National and International Security. Wilson was honored with the University of Southern California Alumni Association's Alumni Merit Award in 2009 and recognized as one of Virginia's Most Influential Women by the Virginia Lawyers' Media in 2014.

DACOWITS, established during the Korean War in 1951 by Secretary of Defense George C. Marshall, is an independent advisory committee that provides the department with advice and recommendations on matters and policies relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the armed forces.

More information about DACOWITS can be found at <http://dacowits.defense.gov/>.

- ***The News Tribune reports that the Army is proposing to close the Western Regional Medical Command at Joint Base Lewis-McChord in Washington State as soon as 2016.***

The Western Regional Medical Command is one of five large Army regional medical commands around the world. It normally is led by a two-star general. Its current commander, Brig. Gen. John Cho, has been suspended from his normal duties during a Defense Department Inspector General investigation into his leadership.

This proposal follows the Defense Department's plan to shrink the size of the active-duty Army from its recent peak of 562,000 soldiers in 2011 to a force of fewer than 450,000. JBLM has already lost about 5,000 soldiers to that drawdown.

The JBLM medical headquarters, located at Madigan Army Medical Center, oversees 11 hospitals in 20 western states, including at other large Army posts, such as Fort Carson in Colorado.

In 2009, the Army expanded the Western Regional Medical Command to its present size as it sought to improve oversight of hospitals caring for troops returning from war.

The proposal suggests it would be replaced by a different medical command in Hawaii that would manage Army medicine along the Pacific Rim at posts including JBLM, Fort Wainwright in Alaska and Fort Shafter in Hawaii. JBLM could receive a one-star medical officer to act as deputy commander or rear detachment commander for the new medical headquarters.

The Army Surgeon General's office wants to reduce the number of regional medical headquarters to four, according to a summary of the proposal emailed to Madigan Army Medical Center employees last week.

If approved, the plan would build two-star medical headquarters in the following locations (in addition to the one in Hawaii):

- Fort Belvoir, Va., to manage Army medicine for East Coast Army posts that fall under the command of the XVIII Airborne Corps at Fort Bragg, N.C. That includes the 10th Mountain Division at Fort Drum, N.Y. and the 101st Airborne Division at Fort Campbell, Ky.

- Joint Base San Antonio, Texas, to oversee Army medicine at Rocky Mountain and Midwest posts that report to the III Corps at Fort Hood, Texas. That footprint includes posts such as Fort Bliss in Texas and Fort Carson, Colorado.
- A European medical command to manage Army hospitals in Germany and Italy.

The proposal has not yet been approved by the Department of the Army, according to the summary that was emailed by Madigan Army Medical Center Chief of Staff Lt. Col. Craig Fisher.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) is introducing a uniformed disability claims form to better serve veterans, families and survivors.**

Standardizing the process by which veterans file claims and initiate appeals will make it easier for veterans and their survivors to clearly state what benefits they are seeking from VA and provide information that is necessary to process their claims and appeals. The new forms eliminate applicant guesswork, which often leads to delays in decisions and ultimately delays in receiving benefits. The new regulations go into effect in late March 2015.

In the past, a veteran or survivor did not have to use a certain form to seek compensation or other benefits from VA. Claims or appeals (Notice of Disagreement) could be submitted on any piece of paper which caused delays due to missing information.

By using standard forms for all disability claims, VA can more quickly and accurately identify what the veteran is claiming or appealing. This will allow VA to immediately move on to next steps in the evidence-gathering and decision-making process, which saves administrative processing time and speeds the delivery of earned benefits. The existing process is also inconsistent with most, if not all, other government and non-government application processes, such as applying for social security, applying for a driver's license, applying for a job or filing for an income tax refund.

The updated process also includes standardizing the traditional informal claims process by employing a new "Intent to File a Claim" process which affords the Veteran or survivor one year to compile the necessary documentation or evidence to support the claim while preserving an effective date of claim.

For more information, please visit: <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>.

- **Two Veterans Affairs scientists and researchers have been recognized for their work on spinal cord injuries.**

William A. Bauman, M.D., and Ann M. Spungen, Ph.D., director and associate director of VA's Rehabilitation Research & Development National Center of Excellence for the Medical Consequences of Spinal Cord Injury were awarded the prestigious Samuel J. Heyman Science and Environment Medal, also known as the "Sammies."

The Science and Environment Medal is awarded to federal employees who have made a significant contribution to the nation. The pair of VA researchers, who have been working together for a quarter of a century, were recognized in a ceremony in the Andrew Mellon Auditorium in Washington, D.C. VA Secretary Robert McDonald presented Bauman and Spungen their awards.

In 2001, Bauman and Spungen established the VA's Rehabilitation Research & Development National Center of Excellence for the Medical Consequences of Spinal Cord Injury in Bronx, NY, where Spungen most recently tested a new bionic walking assistance system that enables

individuals with paralysis to stand, walk, and climb stairs.

As part of their collaboration, Bauman and Spungen have made great progress in understanding the effects of spinal cord injury on the body. Their work led to the conclusion that persons with spinal cord injury are at a markedly increased risk for heart disease. They were also the first to describe, and then treat, an asthma-like lung condition common in those with higher levels of paralysis. They have developed approaches to make it easier for paralyzed patients to undergo successful colonoscopies. With other researchers in their unit, Bauman and Spungen formulated novel drug combinations to raise low blood pressure, and they have overseen the development of treatments to reduce bone loss shortly after spinal cord injury.

Their work has advanced the understanding and treatment of chronic, non-healing pressure ulcers. Researchers under their direction also are making strides toward improving understanding of body temperature regulation and the effect of swings in body temperature on one's ability to think.

The Service to America Medals are presented by the [Partnership for Public Service](#). This year, eight award winners were chosen from 33 finalists and almost 400 nominees. The 2014 selection committee included CEO Alberto Ibarguen of the Knight Foundation, Maryland Senator Benjamin Cardin, and Georgetown University President John DeGioia.

## GENERAL HEALTH CARE NEWS

- **Health and Human Services Secretary Sylvia M. Burwell announced nearly \$212 million in grant awards to all 50 states and the District of Columbia to support programs aimed at preventing chronic diseases such as heart disease, stroke and diabetes.**

Funded in part by the Affordable Care Act, the awards will strengthen state and local programs aimed at fighting these chronic diseases, which are the leading causes of death and disability in the United States, and help lower our nation's health care costs.

A total of 193 awards are being made to states, large and small cities and counties, tribes and tribal organizations, and national and community organizations, with a special focus on populations hardest hit by chronic diseases. The Centers for Disease Control and Prevention will administer the grants.

The goals of the grant funding are to reduce rates of death and disability due to tobacco use, reduce obesity prevalence, and reduce rates of death and disability due to diabetes, heart disease, and stroke.

Chronic diseases are responsible for 7 of 10 deaths among Americans each year, and they account for more than 80 percent of the \$2.7 trillion our nation spends annually on medical care.

For state-by-state lists of funding awards visit: <http://www.cdc.gov/chronicdisease/about/2014-foa-awards.htm>.

- **The Department of Health and Human Services released a new report, which finds there will be a net 25 percent increase in the number of issuers offering Marketplace coverage in 2015. In total, 77 new issuers will offer Marketplace coverage.**

The report examines preliminary data from 36 states run or fully supported by the federal government (Federal Marketplace) plus eight states operating State-based Marketplaces, and finds that a larger set of insurance issuers will offer plans in the Marketplaces in 2015.

Specifically:

- In the 44 states for which we have data, 77 issuers will be newly offering coverage in

2015.

- The Federal Marketplace states alone will have 57 more issuers in 2015; a 30 percent net increase over this year.
- The eight state-based Marketplaces where data is already available will have a total of six more issuers in 2015, a ten percent net increase over this year.
- Four of the 36 states in the Federal Marketplace will have at least double the number of issuers they had in 2014.
- In total, 36 states of the 44 will have at least one new issuer next year. And some of the nation's largest insurance companies will be offering coverage in more than a dozen new states, joining the hundreds of insurance companies already participating in the Marketplace.

The report's findings are preliminary. To read the report, visit:

[http://aspe.hhs.gov/health/reports/2014/NewEntrants/ib\\_NewEntrants.pdf](http://aspe.hhs.gov/health/reports/2014/NewEntrants/ib_NewEntrants.pdf)

- **The U.S. Food and Drug Administration cleared a new indication for the Nova StatStrip Glucose Hospital Meter System, extending its use to critically ill patients who have been hospitalized.**

This is the first blood glucose monitoring system (BGMS) cleared by FDA for use in these patients.

Blood glucose monitoring systems, also called blood glucose meters, are handheld devices that measure the amount of sugar (glucose) in blood and help with the management of many patients in the hospital, including patients requiring insulin to manage blood sugar, and in the assessment of blood glucose levels in newborn babies.

The Nova StatStrip Glucose Hospital Meter System is the first FDA clearance of a device specifically indicated for use in all types of hospital patients, including critically ill patients.

The FDA determined that the Nova StatStrip Glucose Hospital Meter System is simple to use and has a low risk for false results, and granted with the clearance "waived" test system status under CLIA. This waived status will allow a broad variety of health care professionals, such as nurses and technicians, to perform the test at the point-of-care, such as at a patient's bedside, instead of requiring that the test be performed in a hospital lab (or other lab) that meets the CLIA requirements for high complexity testing. The CLIA waiver will also allow hospital labs to safely provide blood glucose monitoring to their critically ill patients without having to meet the significant CLIA requirements for high complexity testing.

The FDA originally cleared the Nova StatStrip Glucose Hospital Meter System in April of 2006 for use in hospitals as an aid in monitoring the effectiveness of a diabetes control program, but not for use with critically ill patients. The device manufacturer submitted a new premarket submission to the FDA seeking clearance of the device with this new indication.

The new clearance is for indications that include using arterial or venous whole blood from patients in all areas of a hospital with various conditions, including: trauma, cancer, sepsis and infection; cardiac, kidney, neurological, obstetric, gynecological, gastroenterological, endocrine, and lung issues; and people recovering from general or cardiothoracic surgery.

Data supporting this clearance included a study of more than 1,650 patients with a range of medical conditions, taking various medications, and being treated in a variety of hospital departments, such as cardiac, emergency intensive care, and surgical. Results showed agreement in blood glucose results compared to a comparator laboratory glucose analyzer in all patients types tested.

The Nova StatStrip Glucose Hospital Meter System is manufactured by Nova Biomedical in

## REPORTS/POLICIES

- **The Institute of Medicine (IOM) published “Integrating Research and Practice: Health System Leaders Working Toward High-Value Care: Workshop Summary,” on Sept. 23, 2014.** This report examines how leaders can integrate clinical practice and research. This publication summarizes the presentations and discussions that occurred during the two workshops, highlighting the key lessons presented, practical strategies, and the needs and opportunities for future leadership. <http://www.iom.edu/Reports/2014/Integrating-Research-and-Practice-Health-System-Leaders-Working-Toward-High-Value-Care.aspx>

## HILL HEARINGS

- 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.5537** (introduced Sept. 18, 2014): To require the Comptroller General to conduct a study of the interoperability of computer systems used by hospitals to store and access electronic health records, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative David B. McKinley [WV-1]
- **H.R.5544** (introduced Sept. 18, 2014): To increase the understanding of the health effects of low doses of ionizing radiation was referred to the House Committee on Science, Space, and Technology.  
Sponsor: Representative Paul C. Broun [GA-10]
- **H.R.5557** (introduced Sept. 18, 2014): To reform the verification and reporting processes for the health care premium and cost-sharing subsidies 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]
- **H.R.5618** (introduced Sept. 18, 2014): To establish a pilot program to improve the management and accountability within the Veterans Health Administration of the Department of Veterans Affairs, to provide oversight of the Veterans Health Administration was referred to the Committee on Veterans' Affairs, and in addition to the Committee on the Budget.  
Sponsor: Representative Derek Kilmer [WA-6]
- **H.R.5680** (introduced Sept. 19, 2014): To direct the Secretary of Veterans Affairs to establish a registry for certain toxic exposures, to direct the Secretary to include certain information in the electronic health records of veterans, and for other purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Timothy J. Walz [MN-1]
- **S.2864** (introduced Sept. 18, 2014): A bill to direct the Secretary of Health and Human Services to develop a national strategic action plan to assist health professionals in preparing for and responding to the public health effects of climate change, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Edward J. Markey [MA]

- **S.2866** (introduced Sept. 18, 2014): A bill to authorize grants for the support of caregivers was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Cory A. Booker [NJ]
- **S.2872** (introduced Sept. 18, 2014): A bill to protect individuals by strengthening the Nation's mental health infrastructure, improving the understanding of violence, strengthening firearm prohibitions and protections for at-risk individuals, and improving and expanding the reporting of mental health records to the National Instant Criminal Background Check System was referred to the Committee on the Judiciary.  
Sponsor: Senator Richard Blumenthal [CT].

## MEETINGS

- The National Center for Disaster Medicine and Public Health will hold a webinar titled: "Health IT & Disaster Preparedness," on **Sept. 30, 2014**, at 1:00 pm ET.  
[https://ncdmp.adobeconnect.com/\\_a1137435577/dhit/](https://ncdmp.adobeconnect.com/_a1137435577/dhit/)
- 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](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>

---

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).