

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **After Republican Majority Leader Kevin McCarthy withdrew from the House Speaker race on Oct. 8, the vote was postponed.** No other candidate seems likely to capture the 218 votes needed to secure the Speakership.

- **On Oct. 7, 2015, President Obama signed into law:**
 - H.R. 1624, the "Protecting Affordable Coverage for Employees Act," which recategorizes businesses with 51 to 100 employees from the Affordable Care Act's "small employer" designation to its "large employer" designation, and to make available funding for a Medicare Improvement Fund; and
 - S. 139, the "Ensuring Access to Clinical Trials Act of 2015," to make permanent an exclusion from Supplemental Security Income and Medicaid income-eligibility tests for certain compensation individuals receive for participating in clinical trials for rare diseases and conditions.

- **The Senate passed the conference report H.R. 1735, the National Defense Authorization Act.** This legislation to authorize appropriations for fiscal year 2016 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes. President Obama has threatened to veto this bill.

MILITARY HEALTH CARE NEWS

- **The Health Information and Management Systems Society (HIMSS) recognized David Bowen, director of the DHA Health Information Technology directorate, for his contribution to health information technology.**

HIMSS presented its Health IT Federal Leadership Award to Bowen and Chris Miller, program executive officer for the Defense Healthcare Management Systems, at its National Health IT Week Partners and Awards Reception on Oct. 7, 2015, in Washington, D.C.

The awards highlight the leadership Bowen and Miller exhibited in consolidating, streamlining and standardizing health IT services in support of the long-term success of Military Health System IT resources. In its congratulatory letter to Bowen, HIMSS noted his work to produce forward-thinking system efficiencies that will have a long-lasting impact on military health care and greater access to quality care for all beneficiaries. Miller was lauded for leading the effort to acquire Department of Defense's (DoD) new electronic health record (EHR).

- **In an effort to continually improve the benefit, the Comprehensive Autism Care Demonstration (ACD) was recently updated to reduce the potential financial burden of applied behavior analysis (ABA) services for non-active duty families.**

As of Oct. 1, 2015, all ACD cost-shares will match TRICARE Prime and Standard cost-shares for all ABA services provided by authorized ABA supervisors, assistant behavior analysts, and behavior technicians. This change will allow cost-shares to contribute to the annual [catastrophic cap](#) for families and eliminates the 10 percent cost-share for assistant behavior analyst and behavior technician services, also known as "tiered" services, significantly reducing the potential financial burden of ABA services for our non-active duty families.

Revisions were also made to enhance the quality and safety of ABA services. All ABA providers will become trained in Basic Life Support (BLS) by December 31, 2015. Many beneficiaries diagnosed with autism spectrum disorder (ASD) typically have other medical conditions, and in the rare event that BLS would be needed to save a life, all ABA providers will be trained. All behavior technicians (BT) are also now required to obtain BT certification from an accredited organization. BT certification ensures these providers are consistently well-trained in ABA services.

The TRICARE ACD covers all TRICARE eligible beneficiaries diagnosed with ASD under a single benefit. There are currently almost 13,000 beneficiaries receiving ABA through the ACD, which runs through Dec. 31, 2018.

For more information about the changes to this benefit, visit the [Autism Care Demonstration](#) page on the TRICARE website.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs' (VA) Million Veteran Program (MVP) has enrolled its 400,000th veteran volunteer, squarely putting it on track to become one of the world's largest medical databases, linking genetic, clinical, lifestyle and military-exposure information, with the goal of learning more about the role of genes in health and disease.**

Veterans who volunteer for the program donate blood, from which DNA is extracted, and periodically fill out surveys about their health, health-related behaviors and military experiences. They also consent to having authorized researchers access the information in their VA electronic health record, and to being re-contacted for future research opportunities. All information, genetic and otherwise, is kept secure and de-identified. Samples and data are coded; no names, birthdates or social security numbers are shared.

MVP, in operation at more than 50 VA medical centers nationwide, is already the largest database of its type in the United States. Data collected through MVP are available to researchers for use in approved studies, to include posttraumatic stress disorder, schizophrenia, bipolar disorder, substance use disorders and heart and kidney disease.

MVP is a part of the [Precision Medicine Initiative](#) announced by President Obama earlier this year. The initiative aims to move health care forward into an era in which disease prevention and treatment will be tailored to individual patients on the basis of their genes and other factors.

For more information about MVP and VA research in general, visit www.research.va.gov.

GENERAL HEALTH CARE NEWS

- **The Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) released final rules that simplify requirements and add new flexibilities for providers to make electronic health information available when and where it matters most.**

The 2015 Edition Health IT Certification Criteria (2015 Edition) rule will allow health care providers and consumers to be able to readily, safely, and securely exchange electronic health information. This rule for and final rule with comment period for the Medicare and Medicaid Electronic Health Records (EHRs) Incentive Programs will help continue to move the health care industry away from a paper-based system, where a doctor's handwriting needed to be interpreted and patient files could be misplaced.

HHS heard from physicians and other providers about the challenges they face making this technology work well for their individual practices and for their patients. In recognition of these concerns, the regulations announced today make significant changes in current requirements. They will ease the reporting burden for providers, support interoperability, and improve patient outcomes. Providers can choose the measures of progress that are most meaningful to their practice and have more time to implement changes to program requirements. Providers are encouraged to apply for hardship exceptions if they need to switch or have other technology difficulties with their EHR vendor. Additionally, the new rules give developers more time to create user-friendly technologies that give individuals easier access to their information so they can be engaged and empowered in their care.

As part of these regulations, CMS announced a 60-day public comment period to gather additional feedback about the EHR Incentive Programs. In particular with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which established the Merit-based Incentive Payment System and consolidates certain aspects of a number of quality measurement and federal incentive programs into one more efficient framework. HHS will use this feedback to inform future policy developments for the EHR Incentive Programs, as well as consider it during rulemaking to implement MACRA, which we expect to release in the spring of 2016.

In addition to the final rule for the EHR Incentive Programs, ONC is also announcing the final rule for the 2015 Edition Health IT Certification Criteria. This rule focuses on increasing interoperability – a secure but seamless flow of electronic health information – and improving transparency and competition in the health IT marketplace.

For more information on the CMS final rule with comment period, click here:

<http://cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-06-2.html>

For more information on ONC's editions of certification criteria visit:

https://www.healthit.gov/sites/default/files/factsheet_draft_2015-10-06.pdf

- **The Centers for Medicare & Medicaid Services (CMS) has announced the participants for the Comprehensive end-stage renal disease (ESRD) Care Model, a new accountable care organization (ACO) model.**

ACOs are groups of physicians and other health care providers who collectively take on responsibility for the quality and cost of care for a population of patients. The Model is designed specifically for beneficiaries with ESRD and builds on experiences from other models and programs with ACOs, including the Pioneer ACO Model and the Medicare Shared Savings Program.

More than 600,000 Americans have end-stage renal disease (ESRD), also known as kidney failure, and require life sustaining dialysis treatments several times per week. These individuals typically have many health problems, are at higher risk of hospital readmissions, and suffer from fragmented care. In 2012, ESRD beneficiaries comprised 1.1% of the Medicare population and accounted for an estimated 5.6% of total Medicare spending.

In the Model, dialysis facilities, nephrologists, and other providers have joined together to form ESRD Seamless Care Organizations (ESCOs) to coordinate care for ESRD beneficiaries.

ESCOs will be financially accountable for quality outcomes and Medicare Part A and B spending, including all spending for dialysis services, for their ESRD beneficiaries. This model will encourage dialysis providers to think beyond their traditional roles in care delivery and support beneficiaries as they provide patient-centered care that will address beneficiaries' health needs in and out of the dialysis facility.

The Model includes separate financial arrangements for ESCOs with large and small dialysis organizations. ESCOs with participation by a dialysis facility or facilities owned by a large dialysis organization, which is an organization that owns 200 or more dialysis facilities, will be eligible to receive shared savings payments, but will also be liable for shared losses, and will have higher overall levels of risk compared with their smaller counterparts. ESCOs with participation by a dialysis facility or facilities owned by a small dialysis organization, which is an organization that owns fewer than 200 dialysis facilities, will be eligible to receive shared savings payments, but will not be liable for shared losses.

CMS issued an open call for applications for the CEC Model in April 2014. A list of applicants, which were selected to participate in the model can be viewed at

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-10-07.html>

- **Hospital support for breastfeeding has improved since 2007, according to the latest Centers for Disease Control and Prevention report.**

The percentage of U.S. hospitals using a majority of the Ten Steps to Successful Breastfeeding, the global standard for hospital care to support breastfeeding, increased from approximately 29 percent in 2007 to 54 percent in 2013, a nearly two-fold increase over six years. Improved hospital care could increase rates of breastfeeding nationwide and contribute to healthier children.

Of the nearly four million babies born each year in the U.S., 14 percent are born in baby-friendly

hospitals, a number that has nearly tripled in recent years, but remains low. The Baby-Friendly Hospital Initiative (BFHI) was established by the World Health Organization and UNICEF and endorsed by the American Academy of Pediatrics. The core of the BFHI is the Ten Steps to Successful Breastfeeding.

This CDC report examined data from its national survey, Maternity Practices in Infant Nutrition and Care (mPINC), which measures the percentage of U.S. hospitals with practices that are consistent with the Ten Steps to Successful Breastfeeding. The Ten Steps are measures of a hospital's breastfeeding support before, during, and after a mother's hospital stay.

The report found:

Across all survey years, hospital staff provided high levels of:

- Prenatal breastfeeding education (91 percent in 2007 and 93 percent in 2013) and
- Teaching mothers breastfeeding techniques (88 percent in 2007 and 92 percent in 2013).

Early initiation of breastfeeding increased from approximately 44 percent in 2007 to nearly 65 percent in 2013.

The data also show why continued improvement is needed:

- In 2013, just 26 percent of hospitals ensured that only breast milk was given to healthy, breastfeeding infants who did not need infant formula for a medical reason.
- In 2013, only 45 percent of hospitals kept mothers and babies together throughout the entire hospital stay, which provides opportunities to breastfeed and helps mothers learn feeding cues.
- In 2013, only 32 percent of hospitals provided enough support for breastfeeding mothers when they left the hospital, including a follow-up visit and phone call, and referrals for additional support.

There are many health benefits to breastfeeding. Babies that are breastfed have reduced risks for ear, respiratory, stomach and intestinal infections. They also are at lower risk of asthma, obesity, and sudden infant death syndrome (SIDS). Pre-term infants are at a particularly high risk of necrotizing enterocolitis, a disease that affects the stomach and intestinal tract; breastfeeding can protect infants from this disease.

Also, mothers that breastfeed are less likely to get breast cancer, ovarian cancer, type 2 diabetes and heart disease.

Breastfeeding also saves money. More than \$2 billion in yearly medical costs for children could be saved if breastfeeding recommendations were met.

For more information about CDC's work to improve hospital practices to support breastfeeding, visit www.cdc.gov/breastfeeding. For more information about breastfeeding rates, state programs and other activities to support breastfeeding, please visit www.cdc.gov/breastfeeding/promotion.

REPORTS/POLICIES

- **The Institute of Medicine published “*Opportunities to Promote Children's Behavioral Health: Health Care Reform and Beyond: Workshop Summary*,” on Oct. 7, 2015.** This report explores how the ACA and other aspects of health care reform can support innovations to improve children's behavioral health and sustain those innovations over time. <http://iom.nationalacademies.org/Reports/2015/Opportunities-to-Promote-Childrens-Behavioral-Health.aspx#sthash.Wz9VSttH.dpuf>

HILL HEARINGS

- The House Veterans Affairs will hold a hearing on **Oct. 21, 2015**, to examine VA Office of Inspector General's final report on the inappropriate use of position and the misuse of the relocation program and incentives.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **Oct. 22, 2015**, to evaluate VA primary care delivery, workload and cost.

LEGISLATION

- **H.R.3691** (introduced Oct. 10, 2015): To amend the Public Health Service Act to reauthorize the residential treatment programs for pregnant and postpartum women and to establish a pilot program to provide grants to State substance abuse agencies to promote innovative service delivery models for such women was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Ben Ray Lujan [NM-3]
- **S.2141** (introduced Oct. 6, 2015): A bill to amend the Public Health Service Act with respect to health information technology was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Bill Cassidy [LA]
- **S.RES.281** (introduced Oct. 7, 2015): A resolution designating the week of October 5 through October 9, 2015, as "National Health Information Technology Week" to recognize the value of health information technology in transforming and improving the healthcare system for all people in the United States was agreed to by Voice Vote.
Sponsor: Senator Debbie Stabenow [MI]

MEETINGS

- The AUSA 2015 Annual Meeting & Exposition will be held **Oct. 12-14, 2015**, in Washington DC. <http://ausameetings.org/2015annualmeeting/>
- The National Center for Disaster Medicine and Public Health (NCDMPH) will host a webinar: "Getting Published: From Peer Review to Print," on **Oct. 27, 2015**, to review the benefits of scholarly publishing, and provide guidelines for the best way to prepare a paper for peer review, and ultimately, acceptance. <http://ncdmpm.adobeconnect.com/r9t42f0r4jp/>
- The 31st Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.5-7, 2015**, in New Orleans, La. <http://www.istss.org/am15/home.aspx>
- The AMIA 2015 Annual Symposium will be held on **Nov. 14-16, 2015**, in San Francisco, Calif. <https://www.amia.org/amia2015>
- 2015 AMSUS Annual Continuing Education Meeting will be held **Dec. 1-4, 2015**, in San Antonio, Texas <http://amsusmeetings.org>

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