

Federal Health Update

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Best Wishes for a Happy Labor Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House is in recess until Oct. 23, 2017.**
- **On Oct. 17, 2017, the Senate confirmed David Joel Trachtenberg to be a principal deputy under Secretary of Defense for Policy.** Trachtenberg is the president and CEO of Shortwaver Consulting, LLC, a national security consultancy. Prior to this role, he was vice president and head of Strategic Analysis Division at CACI-National Security Research. Trachtenberg previously served in several roles at the Department of Defense, most recently as the principal deputy assistant secretary of defense for International Security Policy where he was responsible for issues relating to NATO, Europe, Russia and Eurasia, technology security, counter-proliferation, missile defense, nuclear forces, and arms control. Additionally, Trachtenberg was a professional staff member with the House Armed Services Committee. Trachtenberg holds a Bachelor of Arts in International Relations from the University of Southern California and a Master of Science in Foreign Service from Georgetown University.

MILITARY HEALTH CARE NEWS

- **The Department of Defense announced that Air Force Maj. Gen. Dorothy A. Hogg has been nominated for appointment to the rank of lieutenant general, and for assignment as surgeon general of the Air Force.** Hogg is currently serving as deputy surgeon general and chief of the Air Force Nurse Corps, Office of the Surgeon General.

- **Anticipating a future where genomically informed care is broadly available in the military, the US Air Force is studying the impact of incorporating data from exome sequencing into its service members' medical records.**

The Air Force and the US Department of Defense "want to be right up on the cutting edge as our society hopefully moves toward personalized and precision medicine," said Robert Green, a professor of medicine at Harvard Medical School who is co-leading the study called MilSeq.

The pilot study is an initial step toward broader implementation of genomic medicine in the Air Force. "The study's goal is to determine how best to integrate medical genetics into military medicine.

The two-year study involves a number of institutions within the Air Force, Brigham and Women's Hospital, Harvard Medical School, VA Boston Healthcare System, Baylor College of Medicine, Case Western Reserve University, Ohio State University, Partners Personalized Medicine, and the Broad Institute.

MilSeq will enroll 75 healthy, active-duty Air Force service members at Lackland Air Force Base in San Antonio, Texas, who consent to having their exomes sequenced. The study will also recruit 15 active duty healthcare providers in primary care, internal medicine and family practice.

The aim of MilSeq is to explore the process of presenting genomic information to providers and airmen, what they think of the consent process, why service members declined to participate, and if those reasons mirror civilians who decline to participate in genomics research.

MilSeq is a study within the Genomes2People Research Program. In these studies, the team has been exploring the medical, behavioral and economic impact of genetic risk information in various contexts.

Within MilSeq, doctors will receive an educational primer in genomics and on-site genetic counseling support. After exome testing is performed on patients, their doctors will get a report listing the pathogenic and likely pathogenic variants related to dominant and recessive monogenic conditions, risks for complex diseases, and response to drugs. These results will be entered into the service members' electronic medical record.

Afterwards, researchers will track how well doctors understood the genomic information and assessed their patients based on test results. They will also evaluate whether having this information in the active service members' records influences their behavior, health, life style and family members.

The Air Force's Medical Genetics Center serves as the reference genetics lab for the entire DoD and already conducts a wide variety of tests in house, including prenatal screening, assessments for genetic diseases, and next-generation sequencing panels for determining cancer risks and treatment options. The geneticists at the center lend their expertise to doctors in diagnosing patients, and recently launched an effort to provide tele-genetics services to personnel stationed in far-flung places around the world.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) has presented the House and Senate Veterans Affairs Committees with the administration's draft proposal of the Veterans Coordinated Access & Rewarding Experiences (CARE) Act.**

This proposed bill is designed to improve veterans' experiences with and access to health care, building on the best features of VA's existing community care programs and strengthening VA's ability to furnish care in its facilities.

The bill's goals are:

- Clarify and simplify eligibility requirements,
- Set the framework for VA to continue to build a high-performing network,
- Streamline clinical and administrative processes,
- Implement new care coordination support for Veterans, and
- Merge and modernize community care programs.

The bill would replace the current wait-time and distance eligibility criteria under the Choice Program ("30-day/40-mile") with criteria that:

- Place the veteran and his or her physician at the center of the decision process on how and where to get the best care available,
- Ensure VA is improving medical facilities and staffing levels to meet veterans' needs in areas where VA care is substandard, and
- Offer options for veterans to use a network of walk-in clinics for minor illnesses and injuries.

The CARE Act also includes:

- Proposals for new workforce tools to assist in maintaining and strengthening VA's world-class medical staff,
- A number of business process enhancements to improve financial management of the Community Care program,
- Provisions that would strengthen VA's ability to partner with other federal agencies and streamline VA's real property management authorities.

More information about access to care at the VA can be found at <https://www.accesstocare.va.gov/>.

GENERAL HEALTH CARE NEWS

- **A new study finds that high levels of glucose overstimulates the proteins found in cancerous tumors, making them grow faster.**

Published in [Nature Communications](#), the Belgian research team began working on the study in 2008, exploring the Warburg effect, when tumor cells make energy through a rapid breakdown of glucose not seen in normal cells.

The researchers said 'the findings that establish a link between sugar and cancer has sweeping consequences. Our results provide a foundation for future research in this domain, which can now be performed with a much more precise and relevant focus.'

The study does not prove that eating a low-sugar diet could change a cancer diagnosis.

"The findings are not sufficient to identify the primary cause of the Warburg effect," Thevelein said in a release. "Further research is needed to find out whether this primary cause is also conserved in yeast cells."

- **For the first time, rates of drug overdose deaths are rising in rural areas, surpassing rates in metropolitan (urban) areas, according to a new report in the by the Centers for Disease Control and Prevention (CDC).**

Drug overdoses are the leading cause of injury death in the United States, resulting in approximately 52,000 deaths in 2015. This report analyzed trends in illicit drug use and disorders from 2003-2014 and drug overdose deaths from 1999-2015 in urban and rural areas. In 1999, drug overdose death rates for urban areas were higher than in rural areas (6.4 per 100,000 population versus 4.0 per 100,000). The rates converged in 2004, and by 2015 the rural rate (17.0 per 100,000) was slightly higher than the urban rate (16.2 per 100,000).

Urban and rural areas experienced significant increases in the percentage of people reporting past-month illicit drug use. However, there were also significant declines in the percentage of people with drug use disorders among those reporting illicit drug use in the past year. The new findings also show an increase in overdose deaths between 1999 and 2015 among urban and rural residents. This increase was consistent across sex, race, and intent (unintentional, suicide, homicide, or undetermined).

Although the percentage of people reporting illicit drug use is less common in rural areas, the effects of use appear to be greater. The percentage of people with drug use disorders among those reporting past-year illicit drug use were similar in rural and urban areas.

Additional findings from the CDC study:

- In 1999, drug overdose death rates for urban areas were higher than in rural areas (6.4 per 100,000 population versus 4.0 per 100,000). The rates converged in 2004, and by 2015 the rural rate (17.0 per 100,000) was slightly higher than the urban rate (16.2 per 100,000).
- The percentage of people reporting past-month use of illicit drugs declined for youth ages 12-17 over a 10-year period but increased substantially in other age groups.
- The percentage of people reporting past-month use of illicit drugs was higher for urban areas during the study period.
- Among people reporting illicit drug use in the past year, drug use disorders decreased during the study period.
- In 2015, approximately six times as many drug overdose deaths occurred in urban areas than in rural areas (urban: 45,059; rural: 7,345).

Most overdose deaths occurred in homes, where rescue efforts may fall to relatives who have limited knowledge of or access to life-saving treatment and overdose follow-up care. Considering where people live and where they die from overdose could improve interventions to prevent overdose. Understanding differences in illicit drug use, illicit drug use disorders, and drug overdose deaths in urban and rural areas can help public health professionals to identify, monitor, and prioritize responses.

REPORTS/POLICIES

- **The GAO published “*Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies*,” (GAO-18-124) on Oct. 19, 2017.** This report addresses: for the mission-critical physicians, VHA data on how

many physicians provide care, and the extent VHA measures physician workload and productivity; and for all physicians, what evaluations have been done on the effectiveness of its recruitment and retention strategies. <http://www.gao.gov/assets/690/687853.pdf>

HILL HEARINGS

- There are no health-related hearings scheduled next week.

LEGISLATION

- **S.1978** (introduced Oct. 18, 2017): A bill to delay the annual fee on health insurance providers until 2020 and to make such fee tax-deductible was referred to the Committee on Finance. Sponsor: Senator Heidi Heitkamp [D-ND]
- **S.1970** (introduced Oct. 17, 2017): A bill to establish a public health plan was referred to the Committee on Finance. Sponsor: Senator Michael F. Bennet, [D-CO]
- **S.1976** (introduced Oct. 17, 2017): A bill to allow all individuals purchasing health insurance in the individual market the option to purchase a lower premium copper plan was referred to the Committee on Finance. Sponsor: Senator Tim Scott [R-SC]

MEETINGS

- The 2017 AMSUS Annual Continuing Education Meeting will be held on **Nov. 27- Dec. 1, 2017**, at the Gaylord National Harbor, Md. <http://www.amsus.org/annual-meeting/>
- HIMSS 2018 Annual Conference will be held on **March 5-9, 2018**, in Las Vegas Nev. Orlando, Fla. <http://www.himssconference.org/>
- The 8th Annual Traumatic Brain Injury Conference will be held on **May 16-17, 2018**, in Washington DC. <http://tbiconference.com/home/>

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