

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate and House are in recess until Nov. 12 and 14, 2016, respectively.**
- **On Oct. 14, 2016, President Barack Obama announced his intent to appoint Meghan Flanz to be the next assistant secretary for Human Resources and Administration, Department of Veterans Affairs.**

Flanz is deputy general counsel for legal operations and accountability at the Department of Veterans Affairs (VA), a position she has held since 2015. Prior positions include counselor to the General Counsel and Executive Director of the Office of Accountability Review from 2014 to 2015; senior advisor to the VA General Counsel for Strategic Planning in 2014; and associate general counsel for VA Strategic Planning and Education from 2009 to 2014. Flanz received a B.A. from the University of California, Berkeley and a J.D. from Loyola Marymount University School of Law.

MILITARY HEALTH CARE NEWS

- **Effective Jan.1, 2017, TRICARE will cover annual preventive office visits for all Prime beneficiaries six years of age and older.**

Children under six are already covered by existing [well-child coverage](#). This will ensure children in developing stages receive observation, physical examination, screening, immunizations and various counseling services. TRICARE Standard beneficiaries can receive preventive services with no cost-share or copayment through Health Promotion and Disease Prevention (HP&DP) examinations (i.e. in connection with a covered immunization or cancer screening).

Additionally, the annual well-woman exam will continue to be covered for all Prime and Standard beneficiaries under age 65 with no cost-share or copayment. The new covered services include free genetic counseling by a TRICARE-authorized provider. An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE.

There are two types of TRICARE-authorized providers: Network and Non-Network. before BRCA1 or BRCA2 gene testing for women who are identified as high risk for breast cancer by their primary care providers as well as the BRCA1 or BRCA2 gene testing for women who meet the coverage guidelines under the existing laboratory developed test (LDT) demonstration project.

TRICARE will also cover stool DNA testing (e.g., Cologuard™) once every 3 years starting at age 50 for those who have an average risk of colon cancer. The effective date of Cologuard coverage is June 21, 2016.

If you have recently received any of these services, please be sure to save your receipts and file a claim. The regional contractors will be ready to process claims for the new preventive benefits on Nov. 14, 2016, the implementation date of this change. The implementation date is the date the contractor must be ready to communicate and process claims for this benefit.

- **Congestive Heart Failure is now a covered diagnosis under the TRICARE cardiac rehabilitation benefit.**

Heart failure occurs when the heart is unable to pump enough blood to meet the body's needs. This may happen when the heart muscle itself is weaker than normal or when there is a defect in the heart that prevents blood from getting out into the circulation. The American Heart Association lists several signs of heart failure:

- Shortness of breath
- Chronic coughing or wheezing
- Build-up of fluid
- Fatigue or feeling light headed
- Nausea or lack of appetite
- Confusion
- High heart rate

If you are experiencing these symptoms, talk to your health care provider. If you have been diagnosed with heart failure, it's important for you to manage and keep track of [symptoms](#) and report any sudden changes to your healthcare team.

Providers of cardiac rehabilitation services must be TRICARE-authorized hospitals or freestanding cardiac rehabilitation facilities. All cardiac rehabilitation services must be ordered by a physician.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) and Stanford Medicine announced they are collaborating to establish the nation's first Hadron Center in Palo Alto, Calif.**

VA maintains a strong academic and research affiliation with Stanford Medicine. This long-standing partnership has enabled the VA Palo Alto Health Care System (VAPAHCS) to offer an exceptional breadth of medical services to veterans. Now, VA and Stanford University are looking to expand and enhance this affiliation through new collaborative efforts around the Hadron Center and particle beam therapy for veteran and non-veteran patients with cancer.

The Hadron Center is anticipated to be a clinical facility, designed to deliver particle radiation beam therapy for the treatment of cancer patients. Presently, the most common radiation beams used for cancer treatment are photons and electrons, which are easy to target to a tumor but can result in damage to normal tissue. Particle beam radiotherapy, on the other hand, uses beams of charged particles such as proton, helium, carbon or other ions to allow more precise targeting anywhere inside the patient's body, resulting in less damage to normal tissue. Particle beam therapy can be more effective at killing radiation-resistant tumors that are difficult to treat using conventional radiation therapy. Judicious and innovative application of particle therapy may improve cure rates for cancer.

This project would be the first of its kind in the nation and serves as an excellent example of public-private collaboration to further research and clinical care, using cutting-edge cancer therapy.

The Hadron Center would significantly complement VAPAHCS's mission to provide the most advanced care for veterans, by offering those with cancer access to Hadron therapy treatments and participation in clinical trials.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services (HHS) announced nearly \$2.3 billion in Ryan White HIV/AIDS Program grants awarded to cities, states and local community-based organizations in fiscal year (FY) 2016.**

This funding supports a coordinated and comprehensive system of care that provides lifesaving HIV health care, support services, and essential medications to over half a million people living with HIV in the United States.

The Health Resources and Services Administration (HRSA) oversees the Ryan White HIV/AIDS Program, which provides a cohesive system of care that includes primary medical care, drug assistance, education and training, and a number of other essential support services. The program reaches over 50 percent of people living with diagnosed HIV infection in the United States.

Under Part A of the Ryan White HIV/AIDS Program, approximately \$627.8 million was awarded to 52 metropolitan areas to provide core medical and support services for people living with HIV/AIDS. These grants were awarded to 24 eligible metropolitan areas and 28 transitional grant areas with the highest number of people living with HIV and AIDS or experiencing increases in HIV and AIDS cases and emerging care needs.

- For a list of the FY 2016 Ryan White HIV/AIDS Program Part A award recipients, visit <http://hab.hrsa.gov/about-ryan-white-hivaids-program/fy-2016-ryan-white-part-a-grant-awards>.

Under Part B of the Ryan White HIV/AIDS Program, approximately \$1.3 billion was awarded to 59 states and territories for core medical and support services and for the AIDS Drug Assistance Program (ADAP). Additionally, 16 states received Emerging Community grants based on the number of AIDS cases over the most recent five-year period. Thirty-two states and territories were also awarded \$10.4 million in Part B Minority AIDS Initiative grants.

- For a list of the FY 2016 Ryan White HIV/AIDS Program Part B award recipients, visit <http://hab.hrsa.gov/about-ryan-white-hiv-aids-program/fy-2016-ryan-white-hiv-aids-program-part-b-grant-awards>.

Under Part C Early Intervention Services (EIS) of the Ryan White HIV/AIDS Program, approximately \$186.6 million was awarded across the country to 346 local, community-based organizations to provide core medical and support services to people living with HIV. Additionally, 48 organizations were awarded approximately \$4.3 million in Part C Capacity Development grants.

- For a list of the FY 2016 Ryan White HIV/AIDS Program Part C EIS award recipients, visit <http://hab.hrsa.gov/awards/partceisfy16>.
- For a list of the FY 2016 Ryan White HIV/AIDS Program Part C Capacity Development award recipients, visit <http://hab.hrsa.gov/awards/partcfy16>.

Under Part D of the Ryan White HIV/AIDS Program, approximately \$66.6 million was awarded to 115 local community-based organizations across the country to provide family-centered comprehensive care for women, infants, children, and youth.

- For a list of the FY 2016 Ryan White HIV/AIDS Program Part D award recipients, visit <http://hab.hrsa.gov/awards/partdfy16>.

Under Part F of the Ryan White HIV/AIDS Program, approximately \$68.3 million was awarded to support technical assistance, clinical training, oral health services, and the development of innovative models of care through several different programs. Approximately \$9.3 million was awarded to 52 programs through the HIV/AIDS Dental Reimbursement Program and approximately \$3.2 million in grants was awarded to 11 programs through the Community-Based Dental Partnership Program.

- For a list of the FY 2016 Ryan White HIV/AIDS Program Part F HIV/AIDS Dental Reimbursement Program award recipients and Community-Based Dental Partnership Program award recipients, visit <http://hab.hrsa.gov/awards/partffy16>.

Also under Part F, the AIDS Education and Training Centers Program (AETC) awarded approximately \$30.8 million through 16 grants and cooperative agreements to support education and training of health care professionals, which includes a network of 8 regional and 3 national centers.

- For a list of the FY 2016 Ryan White HIV/AIDS Program AETC award recipients, visit <http://hab.hrsa.gov/awards/aetcfy16>.

In addition, \$25 million was awarded through the Ryan White HIV/AIDS Program Special Projects of National Significance (SPNS) Program under Part F, which supports the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations. For a list of current SPNS initiatives, visit [here](#).

Grant awards in FY 2016 also support cities, states, and communities to achieve the goals of the *National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020)*. These include efforts to reduce new HIV infections, increase access to HIV care and improve health outcomes for people living with HIV infection, and reduce HIV-related disparities and health inequities. To align with the goals of NHAS 2020, HRSA awarded six cooperative agreements under the Secretary's Minority AIDS Initiative Fund in FY 2016.

To learn more about the Ryan White HIV/AIDS Program, visit hab.hrsa.gov.

- **On Sept. 20, 2016, the Centers for Disease Control and Prevention (CDC) recommended that 11- to 12-year-olds receive two doses of HPV vaccine at least six months apart rather than the previously recommended three doses to protect against cancers caused by human papillomavirus (HPV) infections.**

Teens and young adults who start the series later, at ages 15 through 26 years, will continue to need three doses of HPV vaccine to protect against cancer-causing HPV infection.

The Advisory Committee on Immunization Practices (ACIP) voted to recommend a 2-dose HPV vaccine schedule for young adolescents. ACIP is a panel of experts that advises the CDC on vaccine recommendations in the United States. CDC Director Frieden approved the committee's recommendations shortly after the vote. ACIP recommendations approved by the CDC Director become agency guidelines on the date published in the Morbidity and Mortality Weekly Report (MMWR).

CDC and ACIP made this recommendation after a thorough review of studies over several meetings. CDC and ACIP reviewed data from clinical trials showing two doses of HPV vaccine in younger adolescents (aged 9-14 years) produced an immune response similar or higher than the response in young adults (aged 16-26 years) who received three doses.

Generally, preteens receive HPV vaccine at the same time as whooping cough and meningitis vaccines. Two doses of HPV vaccine given at least six months apart at ages 11 and 12 years will provide safe, effective, and long-lasting protection against HPV cancers. Adolescents ages 13-14 are also able to receive HPV vaccination on the new 2-dose schedule.

CDC will provide guidance to parents, healthcare professionals, and insurers on the change in recommendation.

ACIP, CDC, FDA and partners monitor vaccines in use in the U.S. year-round. These updated recommendations are an example of using the latest available evidence to provide the best possible protection against serious diseases.

- **The Centers for Disease Control and Prevention is recommending that all pregnant women who have recently spent time in any part of Miami-Dade County since Aug. 1, 2016 be tested for Zika infection.**

Previously, testing had only been urged for pregnant women who had been in areas of the county where Zika had been spreading locally.

Reports of local spread of the mosquito-borne virus continue to come in from Miami-Dade County, the CDC said. Florida is the only state to report local transmission of the virus that can cause devastating birth defects.

There have been 165 Zika cases in the state spread by local mosquitoes, according to the Florida Department of Health.

Zika is typically spread by the bites of mosquitoes, but it can be spread through sex. In most people, the symptoms are mild. But, infection during pregnancy can cause babies to be born with severe birth defects that include microcephaly, where the brain and head are abnormally small.

The new testing advice also extends to pregnant women who weren't in Miami-Dade themselves, but who had unprotected sex with someone who had been in the county recently.

Pregnant women should still postpone travel to the county if possible and stay out of the two remaining areas where Zika is spreading locally, Miami Beach and an area just north of the Little Haiti neighborhood, the CDC said.

The Zika epidemic has been centered in Latin America and the Caribbean, with Brazil reporting the largest numbers of infections and microcephaly.

To reduce the risk of local Zika transmission within the United States, the CDC recommends that people returning from countries with ongoing infections should use mosquito repellent every day for three weeks and follow the CDC's guidelines to prevent sexual transmission of Zika.

There is no vaccine or treatment for Zika.

REPORTS/POLICIES

- **The GAO published “Breast Cancer Education: HHS Has Implemented Initiatives Aimed at Young Women,” (GAO-17-19) on Oct. 20, 2016.** This report addresses HHS's efforts to provide or support breast cancer education for young women, and whether these efforts for young women duplicate other federal breast cancer education efforts. <http://www.gao.gov/assets/690/680548.pdf>

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- There was no legislation introduced this week.

MEETINGS

- 2016 AMSUS Annual Continuing Education Meeting will be held on **Nov. 29- Dec. 2, 2016**, at the Gaylord National Harbor, Md. <http://www.amsusmeetings.org/>
- The Society of Military Orthopaedic Surgeons 58th Annual Meeting 2016 will be held **Dec. 12-16, 2016**, in Olympic Valley, Calif. <http://www.somos.org/>
- HIMSS 2017 Annual Conference will be held on **Feb. 19-23, 2017**, in Orlando, Fla. <http://www.himssconference.org/>
- The 7th Annual Traumatic Brain Injury Conference will be held **May 24-25, 2017**, in Washington DC. <http://tbiconference.com/home/>
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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 katheroux@federalhealthcarenews.com.