

Federal Health Update

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ktheroux@federalhealthcarenews.com

Best Wishes for a Happy Labor Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **On Oct. 26, 2017, President Trump signed into law, S. 585, the “Dr. Chris Kirkpatrick Whistleblower Protection Act of 2017.”** This legislation modifies existing whistleblower protections for federal employees, and requires the Department of Veterans Affairs to create a plan to prevent unauthorized access to medical records of its employees.
- **On Oct. 26, 2017, President Donald J. Trump issued a public health emergency to address drug addiction and opioid abuse.**

The action allows for expanded access to telemedicine services, including services involving remote prescribing of medicine commonly used for substance abuse or mental health treatment.

The action helps overcome bureaucratic delays and inefficiencies in the hiring process, by allowing the Department of Health and Human Services to more quickly make temporary appointments of specialists with the tools and talent needed to respond effectively to our Nation’s ongoing public health emergency.

The actions allows the Department of Labor to issue dislocated worker grants to help workers who have been displaced from the workforce because of the opioid crisis, subject to available funding.

The action allows for shifting of resources within HIV/AIDS programs to help people eligible for those programs receive substance abuse treatment, which is important given the connection between HIV transmission and substance abuse.

This is in addition to several actions taken by the Administration, including:

- In March 2017, President Trump established the President's Commission on Combating Drug Addiction and the Opioid Crisis, with the following stated mission: "to study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis and to make recommendations to the President for improving that response."
- Since President Trump took office, more than \$1 billion in funding has been allocated or spent directly addressing the drug addiction and opioid crisis.
- Since April, more than \$800 million has been distributed for prevention, treatment, first responders, prescription drug monitoring programs, recovery and other care in communities, inpatient settings, and correctional systems.
- Since the President took office, \$254 million in funding for high-risk communities, law enforcement, and first responder coordination and work has been awarded.
- The CDC has launched the Prescription Awareness Campaign, a multimedia awareness campaign featuring the real-life stories of people who have lost loved ones to prescription opioid overdose and people in recovery.
- The Food and Drug Administration is imposing new requirements on the manufacturers of prescription opioids to help reverse the overprescribing that has fueled the crisis.
- The Department of Justice's Opioid Fraud and Abuse Detection Unit is targeting individuals that are contributing to the prescription opioid epidemic, has netted the largest-ever health care fraud takedown, secured the first-ever indictments against Chinese fentanyl manufacturers, and seized AlphaBay, the largest criminal marketplace on the Internet and a major source of fentanyl and heroin.
- The State Department has secured a binding UN agreement making it harder for criminals to access fentanyl precursors ANPP and NPP.
- The National Institutes of Health has initiated discussions with the pharmaceutical industry to establish a partnership to investigate non-addictive pain relievers and new addiction and overdose treatments, as well as a potential vaccine for addiction.
- The Department of Defense, Department of Veterans Affairs, National Institutes of Health, and Department of Health and Human Services are collaborating on a six-year, \$81 million joint research partnership focusing on nondrug approaches to managing pain in order to address the needs of service members and veterans.

MILITARY HEALTH CARE NEWS

- **Secretary of the Navy Richard Spencer and Chief of Naval Operations Adm. John Richardson announced Navy Reserve Rear Adm. (lower half) Louis C. Tripoli will be assigned as command surgeon, U.S. Pacific Command, Camp H. M. Smith, Hawaii.** Tripoli is currently assigned as deputy commander, Navy Medicine East, Portsmouth, Virginia.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) released a Request for Information (RFI) seeking interest from potential partners who want to support efforts to build world-class health-care facilities for America's veterans.**

Public Law 114-294, *the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016*, also known as the "CHIP-IN Act," authorizes VA to accept donations from up to five non-federal entities to help fund and expedite the construction of health-care related capital projects.

The CHIP-IN Act aligns with VA Secretary Dr. David J. Shulkin's efforts to modernize the department and enhance service to Veterans by streamlining and instituting infrastructure improvements to health-care facilities.

The first CHIP-IN Act partner is helping to build a new Ambulatory Care Center in Omaha, Nebraska. The center will provide a much-needed facility to Veterans in the region faster than a traditional funding and construction timeframe, and with a reduced burden on the taxpayer. VA is looking forward to developing similar partnerships for future CHIP-IN Projects through the RFI.

The RFI is seeking interest from non-federal entities, including 501(c)(3) nonprofits, private entities and donor groups, for the remaining four partnership opportunities. The donations must be: real property that includes a constructed facility or that is to be used as the site of a facility constructed by the donor, or a facility to be constructed by the donor on VA-controlled property. Interested parties must respond by Jan. 15, 2018.

The CHIP-IN Act will help VA forge even closer bonds to the community by developing strategic partnerships with existing and new partners that have close ties to the communities they serve. The CHIP-IN Act is also a roadmap for communities that want to support VA's efforts to address the emerging needs of Veterans in a collaborative, cost-efficient manner, which will benefit taxpayers and communities broadly.

The RFI can be found at:

https://www.fbo.gov/index?s=opportunity&mode=form&id=df2a80ea513b931ba8e0030504d27a5&tab=core&_cview=0.

- **USA Today reports eight of the VA medical centers that received one out of five stars in quality ratings in 2016, received the same score in 2017, according to internal rankings released by the Department of Veterans Affairs.**

The medical centers that received one star out of five are located in:

- Nashville, Murfreesboro and Memphis, Tennessee
- Phoenix, Arizona
- El Paso and Big Spring, Texas
- Fresno and Loma Linda, California

Annually, the VA scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale with one being the worst and five being the best.

The rankings compare VA hospitals against each other but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors.

To view the rankings, please visit:

<https://www.usatoday.com/story/news/politics/2017/10/25/new-va-hospital-star-rankings-worst->

GENERAL HEALTH CARE NEWS

- **A new study published in the American Cancer Society’s “CA: A Cancer Journal for Clinicians,” finds breast cancer deaths declined 40 percent from 1989 to 2015.**

These results are, in part, attributed to the Cancer Genome Atlas for other promising developments. Begun in 2008, the atlas was a collaboration among the nation’s top scientists and practitioners to collect and analyze genetic mutations that are responsible for various cancers. Understanding the genetic materials in cancer cells and their order – called genome sequencing – leads to treatments that can be adapted to each patient, and, perhaps one day, to prevention.

The Murtha Cancer Center partnered with the National Institutes of Health’s National Cancer Institute on breast cancer genome sequencing for the atlas. Breast cancer is the most common cancer among women, according to the Centers for Disease Control and Prevention. It’s the number one cause of cancer deaths among Hispanic women, and the second most common cause of cancer deaths among white, black, Asian, and Native women.

According to the CDC’s most recent statistics, almost 237,000 women in the United States were diagnosed with breast cancer in 2014.

The study showed the number of women diagnosed with breast cancer during the 15-year period didn’t change much. But screening programs are better, so physicians are able to detect the cancers at an earlier stage, when they’re treatable.

Also, oncologists have fine-tuned traditional treatment approaches. Genetic testing of breast cancer tumors allows oncologists to treat with chemotherapy only those patients who are most likely to respond to it. Those who aren’t can be given other treatments, or put into clinical trials.

Less-invasive breast cancer surgeries are also on the horizon. For example, in a traditional lumpectomy – also known as a breast-conserving therapy – surgeons remove the tumor and some surrounding normal tissue. Researchers are conducting clinical trials to determine if instead of surgical removal, the tumor can be destroyed while it’s still in the breast with directed laser technology.

All women over the age of 20 should do a self-exam monthly and get a clinical breast exam annually. For mammograms, women ages 40 to 44 who are at average risk for breast cancer can choose an annual mammogram after consulting with their health care provider. For women 45 to 55 years old, an annual mammogram is recommended. Women 55 and older can get mammograms annually or every two years, based on provider recommendation.

- **Acting Health and Human Services (HHS) Secretary Eric D. Hargan issued the following statement upon declaring a nationwide public health emergency regarding the opioid crisis:**

“Today’s declaration, coupled with the President’s direction that executive agencies use all appropriate emergency authorities and other relevant authorities, is another powerful action the Trump Administration is taking in response to America’s deadly opioid crisis.

“President Trump has made this national crisis a top priority since he took office in January, and we are proud to be leading in this effort at HHS. His call to action today brings a new level of urgency to the comprehensive strategy HHS unveiled under President Trump, which empowers the real heroes of this fight: the communities on the frontlines of the epidemic.”

Background:

- Each day more than 140 Americans die from drug overdoses, 91 specifically due to opioids, according to the Centers for Disease Control and Prevention,.
- 52,404 Americans died from drug overdoses in 2015, and preliminary numbers indicate at least 64,000 died in 2016.
- Declaring a nationwide public health emergency will enable HHS to accelerate temporary appointments of specialized personnel to address the emergency (pending any funding needed); work with DEA to expand access for certain groups of patients to telemedicine for treating addiction; and provide new flexibilities within HIV/AIDS programs.
- In April 2017, HHS unveiled [a new five-point Opioid Strategy](#), with the five following priorities:
 - Improve access to prevention, treatment, and recovery support services
 - Target the availability and distribution of overdose-reversing drugs
 - Strengthen public health data reporting and collection
 - Support cutting-edge research on addiction and pain
 - Advance the practice of pain management

In Fiscal Year 2017, HHS invested almost \$900 million in opioid-specific funding, including to support state and local governments and civil society groups—to support treatment and recovery services, target availability of overdose-reversing drugs, train first responders, and more.

HHS has supported the efforts of the President’s Commission on Combating Drug Addiction and the Opioid Crisis, and the department looks forward to reviewing the upcoming final report.

Read the [opioid public health emergency declaration - PDF](#) *

- **The Centers for Disease Control and Prevention (CDC) has released a free app to track a child’s development.**

[Milestone Tracker app](#) offers:

- Milestone checklists for children ages 2 months through 5 years, illustrated with photos and videos.
- Tips and activities to help children learn and grow.
- Information on when to act early and talk with a doctor about a developmental concern.
- A personalized milestone summary that can be easily shared with the doctor and other care providers.
- Reminders for appointments and developmental screening.

The Milestone Tracker app, available in iOS and Android, was developed by CDC’s “Learn the Signs. Act Early.” program to help parents, early care and education providers and healthcare providers track developmental milestones in young children. Through this app and its many other parent-friendly tools, the program aims to improve the early identification of children with developmental delays and disabilities, including autism, so children and families can get the support and services they need as early as possible.

In addition to the app, CDC offers free children’s books, milestone checklists and other resources that can be downloaded or ordered online. Most materials are available in English and Spanish, and some are available in other languages.

For more information on the Milestones Tracker app, visit www.cdc.gov/MilestoneTracker. For

more on CDC's "Learn the Signs. Act Early." program and other free tools for parents, visit www.cdc.gov/ActEarly.

REPORTS/POLICIES

- **The Health and Medicine Division of the National Academies published “*Navigating the Manufacturing Process and Ensuring the Quality of Regenerative Medicine Therapies: Proceedings of a Workshop*,” on Oct. 26, 2017.** This report explores what measurements, characteristics, and technologies may be important in the development of safe and effective new products and therapies. <http://nationalacademies.org/hmd/reports/2017/navigating-the-manufacturing-process-and-ensuring%20the-quality-of-regenerative-medicine-therapies-proceedings.aspx>
- **The Health and Medicine Division of the National Academies published “*Models and Strategies to Integrate Palliative Care Principles into Care for People with Serious Illness: Proceedings of a Workshop*,” on Oct. 24, 2017.** This report exploring community-based palliative care from a population-health management perspective, as well as a health system perspective; pediatric palliative care, concurrent care and palliative care within the context of a multi-specialty accountable care organization; potential policy levers, as well as the challenges and opportunities to scale and spread successful palliative care models and programs. <http://nationalacademies.org/hmd/reports/2017/models-and-strategies-to-integrate-palliative-care-proceedings.aspx>

HILL HEARINGS

- The Senate Health, Education, Labor, and Pensions Committee will hold a hearing on **Oct. 31, 2017**, to examine implementation of the 21st Century Cures Act, focusing on achieving the promise of health information technology.

LEGISLATION

- **S.2021** (Introduced Oct. 26, 2017): A bill to repeal title I of the Patient Protection and Affordable Care Act and to amend the Public Health Service Act to provide for cooperative governing of individual health insurance coverage offered in interstate commerce was referred to the Committee on Finance. Sponsor: Senator Ted Cruz[R-TX] :
- **H.R.4142** (Introduced Oct. 26, 2017): 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 Committees on the Judiciary, and Energy and Commerce. Sponsor: Representative Mike Thompson [D-CA-5]
- **H.R.4113** (Introduced Oct. 24, 2017): *Veterans Access to Long Term Care and Health Services Act* was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Bruce Poliquin [R-ME-2]
- **S.2011** (Introduced Oct. 26, 2017): A bill to amend title XVIII of the Social Security Act to provide for the negotiation of lower covered part D drug prices on behalf of Medicare beneficiaries; and to establish and apply a formulary by the Secretary of Health and Human Services under Medicare part D was referred to the Committee on Finance. Sponsor: Senator Bernard Sanders

[I-VT]

- **H.R.4116** (Introduced Oct. 25, 2017): To amend the Public Health Service Act to require reporting by drug manufacturers to increase transparency in drug pricing, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Lloyd. Doggett [D-TX-35]
- **H.R.4132** (Introduced Oct. 25, 2017): To amend title 38, United States Code, to make certain improvements in the Health Professionals Educational Assistance Program of the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs. Sponsor: Representative John H. Rutherford [R-FL-4]
- **H.R.4105** (Introduced Oct. 24, 2017): To amend title XX of the Social Security Act to extend the health professions workforce demonstration project was referred to the House Committee on Ways and Means. Sponsor: Representative Brenda L. Lawrence [D-MI-14]

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.. <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/>

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.