EXECUTIVE AND CONGRESSIONAL NEWS

- On Nov. 5, 2015, the House on Thursday passed (370-58) a new version of the fiscal 2016 Defense authorization bill that includes a 1.3 percent pay raise for service members and a major overhaul of the military retirement system.

The legislation is largely identical to the bill passed earlier by Congress and vetoed by President Obama last month. After the president’s veto, which was related to sequestration, Congress last week passed a two-year budget agreement that would provide relief from sequestration for the next two years by increasing defense and non-defense spending by a total of $80 billion. That temporary budget relief meant that Defense authorizers had to come up with $5 billion in cuts from the original bill, which they did.

The changes to the retirement plan include automatically enrolling new troops into the Thrift Savings Plan; in addition, service members who stay in the military for 20 years, and are thereby entitled to a retirement pension, would receive a less generous calculation for their annuity. To encourage members to stay in the military, they would receive “continuation pay” after 12 years of service.

The new blended retirement system would only affect new service members. Current service members are grandfathered into the current system, but could opt into the new one.

The fiscal 2016 Defense bill also:

- Continues providing two basic housing allowances to dual-military married couples and unmarried service members living together.
Covers 95 percent of estimated housing expenses, reducing the monthly amount of the BAH through a phased decrease of 1 percent (which began in fiscal 2015) per year over four years.

- Requires "modest" increases to TRICARE pharmacy drug co-pays for many enrollees.
- Preserves cuts to per diems for service members and Defense civilian employees on long-term government travel.
- Maintains the current structure of the commissary system.

The Senate will take up the bill next week, and Obama is expected to sign it.

- **On Nov. 2, 2015, President Obama signed into law H.R.1314, the “Bipartisan Budget Act of 2015,” which revises discretionary spending caps for Fiscal Years 2016 and 2017.**

  This legislation makes various changes to current law regarding: (1) budget enforcement; (2) the public debt limit; (3) agriculture; (4) commerce; (5) the Strategic Petroleum Reserve; (6) pensions; (7) health care; (8) justice matters; (9) Social Security; (10) Spectrum auctions; (11) revenue provisions related to tax compliance; and (12) the small House rotunda.

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**MILITARY HEALTH CARE NEWS**

- **The Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. John M. Richardson announced today the following assignments:**

  - Rear Adm. (lower half) Terry J. Moulton, selected for promotion to rear admiral, will be assigned as deputy chief, Bureau of Medicine and Surgery; and deputy surgeon general of the Navy, Falls Church, Virginia. Moulton is currently serving as commander, Navy Medicine East; commander, Naval Medical Center, Portsmouth; and director of the Medical Service Corps, Portsmouth, Virginia.

  - Rear Adm. (lower half) Kenneth J. Iverson will be assigned as commander, Navy Medicine East; commander, Naval Medical Center, Portsmouth; and director of the Medical Service Corps, Portsmouth, Virginia. Iverson is currently serving as deputy chief, medical operations, N3/5, Bureau of Medicine and Surgery, Falls Church, Virginia.

  - Rear Adm. (lower half) David A. Lane will be assigned as director, Walter Reed National Military Medical Center, Bethesda, Maryland. Lane is currently serving as medical officer of the Marine Corps; and director, Health Services, Headquarters U.S. Marine Corps, Arlington, Virginia.

  - Rear Adm. (lower half) Stephen M. Pachuta will be assigned as medical officer of the Marine Corps; and director, Health Services, Headquarters U.S. Marine Corps, Arlington, Virginia. Pachuta is currently serving as director, Medical Resources, Plans, and Policy Division, N0931, Office of the Chief of Naval Operations; and chief of the Dental Corps, Washington, District of Columbia.

  - Capt. Anne M. Swap, selected for promotion to rear admiral (lower half), will be assigned as director, Medical Resources, Plans, and Policy Division, N0931, Office of the Chief of Naval Operations; and chief of the Dental Corps, Washington, District of Columbia. Swap is currently serving as commanding officer, Naval Hospital, Okinawa, Japan.
The Department of Veterans Affairs (VA) announced it convening a commission, which will serve to make recommendations to the President for the appointment of VA’s next Under Secretary for Benefits (USB).

Suitable candidates to serve as members of the important commission will be selected based upon criteria outlined in the law and their skills, knowledge and attributes as leaders, managers and educators. VA is required by law to convene a commission to seek the next Under Secretary for Benefits.

Position announcements will appear on USAJOBS on Friday, Nov. 6, 2015.

The Veterans Benefits Administration (VBA) provides a variety of benefits and services to service members, veterans, and their families. VBA has been undergoing a major transformation that is people-centric, results-oriented, and a forward-looking integration of solutions that will ensure total lifelong engagement with service members, veterans, and their families. To learn more please go to http://www.benefits.va.gov

The Department of Veterans Affairs (VA) has launched a Hepatitis C–ALD dashboard to help VA identify veteran groups disproportionately affected by Advanced Liver Disease and to ensure they receive the appropriate health care.

The dashboard works by using a set of criteria, including age, gender, geography, service era along with and race and ethnicity, to distinguish Veteran groups at highest risk for ALD as a result of hepatitis C.

VA will provide data directly to facilities for any of the vulnerable groups identified by the dashboard and support outreach efforts to veteran populations disparately impacted and not currently served by VA health care. This is an important step in assuring all Veterans with ALD receive timely, appropriate care.

VA’s Veterans Health Administration’s Office of Health Equity developed the dashboard as part of its efforts to target and accelerate care of Veterans with this serious disease. The new resource promotes equitable diagnosis and treatment of underserved Veterans with hepatitis C and ALD nationally and compliments existing clinical hepatitis and liver disease dashboards available in some Veterans Integrated Service Networks or VISNs.

Chronic hepatitis C virus (HCV) infection is the most common blood-borne infection in the world. Complications that result from untreated HCV infection include progressive liver damage leading to cirrhosis, primary cancer of the liver, liver failure and death. Although many of these complications are treatable or even preventable, three-quarters of the individuals with HCV infection in the U.S. are unaware they are infected. VA leads the country in hepatitis screening, testing, treatment, research and prevention

GENERAL HEALTH CARE NEWS

The Department of Health and Human Services announced a public forum to explore pharmaceutical innovation, access, affordability and better health.

The forum will bring together consumers, providers, employers, manufacturers, health insurance issuers, representatives from state and federal government, and other stakeholders to share information and discuss ideas to increase access to information, drive innovation, strengthen incentives and promote competition. Participants are encouraged to share their views on how to foster a health care system that leads in innovation, delivers the most affordable, highest quality medicines and results in healthier people.

The forum will take place at HHS in Washington, D.C. on November 20 and will be live webcast. Please visit: http://www.hhs.gov/hhspharmaceuticalforum for additional information.
On Nov. 3, 2015, HealthCare.gov announced it is piloting a new beta feature that allows consumers to search plans by their preferred provider or health facility.

Some consumers will be part of a pilot that allows them to use the beta Doctor Lookup feature as they compare their coverage options in window shopping or when selecting a plan.

This phased-in approach will reach about one in four visitors to HealthCare.gov – selected at random – allowing CMS to examine the consumer experience with the feature and to analyze the quality of the data based on consumer feedback as it finalizes the feature and determine how best to meet consumer needs. In this early stage, some data will be missing or may be inaccurate.

As of today, HealthCare.gov has access to data from over 90 percent of insurance companies on the Marketplace. If an insurance company has not provided validated data, consumers will be alerted when they search for a provider that there is “no data from insurance company.” CMS will continue to provide technical assistance to insurance companies that have not yet provided access to their data and will update HealthCare.gov on a daily basis.

Consumers are reminded that health plans can change which doctors and facilities are in their network on a continual basis and providers can change locations and affiliations frequently. That is why we’re encouraging consumers to check with their doctor or plan to confirm that the doctor accepts that plan. Consumers will be asked to opt-in to use the tool to be sure they understand limitations with the data and will be able to leave comments directly through the site.

For the first time, insurers are required to provide up-to-date information about which doctors and facilities are in their networks. Plans must also provide access to information on what medications are covered in the health plan formulary. In the coming weeks, HealthCare.gov expects to pilot the Prescription Drug Check feature, as well, which will allow consumers to search for whether a plan covers their prescription drugs.

CMS accesses the provider data from the health insurance websites and updates this information daily, for both HealthCare.gov and to make the information available publicly for app developers. On Friday, CMS released this data in a format that will help fuel public and private innovation among health care app developers.

The U.S. Food and Drug Administration approved Nucala (mepolizumab) for use with other asthma medicines for the maintenance treatment of asthma in patients age 12 years and older.

Nucala is approved for patients who have a history of severe asthma attacks (exacerbations) despite receiving their current asthma medicines.

Asthma is a chronic disease that causes inflammation in the airways of the lungs. During an asthma attack, airways become narrow making it hard to breathe. Severe asthma attacks can lead to asthma-related hospitalizations because these attacks can be serious and even life-threatening. According to the Centers for Disease Control and Prevention, as of 2013, more than 22 million people in the U.S. have asthma, and there are more than 400,000 asthma-related hospitalizations each year.

Nucala is administered once every four weeks by subcutaneous injection by a health care professional into the upper arm, thigh, or abdomen. Nucala is a humanized interleukin-5 antagonist monoclonal antibody produced by recombinant DNA technology in Chinese hamster ovary cells. Nucala reduces severe asthma attacks by reducing the levels of blood eosinophils - a type of white blood cell that contributes to the development of asthma.

Nucala is made by GlaxoSmithKline, in Research Triangle Park, NC.
REPORTS/POLICIES


HILL HEARINGS

- The House Veterans Affairs Health Subcommittee will hold a legislative hearing on Nov. 17, 2015, to examine H.R. 1319; H.R. 1603; H.R. 1904; H.R. 2639; H.R. 3234; H.R. 3471; H.R. 3549; Draft legislation, the Promoting Responsible Opioid Management and Incorporating Medical Expertise Act; and, a VA legislative proposal, the VA Purchased Health Care Streamlining and Modernization Act.
- The House Veterans Affairs Committee will hold a hearing on Nov. 18, 2015, to assess VA’s plan to improve care in the community.

LEGISLATION

- H.R.3879 (introduced Nov. 3, 2015): the Enhanced Veteran Healthcare Act of 2015 was referred to the House Committee on Veterans’ Affairs
  Sponsor: Representative Beto O’Rourke
- H.R.3883 (introduced Nov. 3, 2015): the Veteran’s Choice Accountability Act was referred to the House Committee on Veterans’ Affairs
  Sponsor: Representative Robert J. Wittman [VA-1]
- S.2226 (introduced Nov. 3, 2015): A bill 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 Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Kelly Ayotte [NH]
- S.2229 (introduced Nov. 3, 2015): the Veterans Scheduling Accountability Act was referred to the Committee on Veterans’ Affairs.
  Sponsor: Senator Jeanne Shaheen [NH]

MEETINGS

- 2015 AMSUS Annual Continuing Education Meeting will be held Dec. 1-4, 2015, in San Antonio, Texas http://amsusmeetings.org
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.