

Federal Health Update

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Our thoughts and prayers are with the people of France.

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate will be in recess for Thanksgiving from Nov. 20 and 21 respectively until Nov. 29, 2015.**

MILITARY HEALTH CARE NEWS

- **The Military Times reports Senate and House lawmakers are planning to transform the \$48 billion military health care system for fiscal year 2017.**

“There is a lot of appetite on the part of the big four [Sen. John McCain, R-Ariz.; Sen. Jack Reed, D-R.I.; Rep. Mac Thornberry, R-Texas; and Rep. Adam Smith, D-Wash.] as well as a lot of other members of the HASC and SASC, to take a systemic look at the health system,” SASC Staff Director Chris Brose said Monday at the Center for Strategic and International Studies’ Global Security Forum 2015 in Washington, D.C.

According to legislative staff, congressional briefings are underway in anticipation of a health

care overhaul effort.

Earlier this year, the Military Compensation and Retirement Modernization Commission recommended major changes to the military health system, to include moving non-active-duty TRICARE beneficiaries to civilian health insurance plans and making military hospitals and clinics competitive with civilian facilities.

House Armed Services Committee spokesman Claude Chafin said the goal of military health care reform would not be to save money but to “create a better system to serve military personnel and military families.”

The fiscal 2016 defense bill, expected to be signed by President Obama this week, does include some changes to the military health system, including increases to pharmacy co-payments for prescriptions not filled at a military hospital or clinic and a coordinated pharmacy formulary between the Defense and Veterans Affairs departments for pain medications, sleep disorders and psychiatric conditions.

- **President Obama announced on Nov. 16, the United States’ commitment to the Global Health Security Agenda (GHSA) during the G-20 Leaders’ Summit in Antalya, Turkey.**

When the GHSA launched in February 2014, the U.S. committed to partner with 30 countries in support of the GHSA objectives.

“The unified vision is to achieve a world safe and secure from infectious disease threats through collective efforts,” said Dr. Jonathan Woodson, assistant secretary of Defense for Health Affairs. “The Department of Defense, working in close collaboration with our federal partners, is dedicated to the common goal of preventing, detecting, and mitigating the effects of infectious disease threats whenever and wherever they occur.”

The 30 partner countries are: Bangladesh, Burkina Faso, Cambodia, Cameroon, Cote d’Ivoire, Democratic Republic of Congo, Ethiopia, Georgia, Ghana, Guinea, Haiti, India, Indonesia, Jordan, Kazakhstan, Kenya, Laos, Liberia, Mali, Mozambique, Pakistan, Peru, Rwanda, Senegal, Sierra Leone, Tanzania, Thailand, Uganda, Ukraine and Vietnam. Additionally, there are plans to partner with the Caribbean Community to strengthen regional capacity.

The U.S. is partnering with host governments in each of these countries to establish a five-year GHSA roadmap to follow specific steps in reaching milestones by addressing gaps and support needed to prevent, detect, and respond to biological threats.

VETERANS AFFAIRS NEWS

- **The Senate Veterans Affairs Committee held a hearing to hear testimony from Michael J. Missal, nominee to be the Inspector General for the U.S. Department of Veterans Affairs on Nov. 17, 2015.**

The nominee would take over the long-vacant inspector general post at the Veterans Affairs Department. During his testimony, Missal promised that if confirmed, he would make management accountability and whistleblower protection his top priorities.

“This is a particularly critical time for VA as it attempts to rebuild the trust and confidence it has lost from our veterans, Congress, veterans service organizations and the American public,” said attorney Mike Missal, who previously worked as senior counsel on a number of federal and congressional investigations.

Senators gave no indication during the hearing that Missal’s nomination will face any opposition. If confirmed, he’ll be the first permanent IG for the department in nearly two years. In that time,

former VA Secretary Eric Shinseki was forced to resign over problems with patient wait times and records manipulation, and nearly all of the department's other top-level executives have departed.

Missal said he recognizes "the great frustration in VA not fully meeting its mission" and vowed to work with lawmakers in finding ways to fix those problems.

A full Senate vote on Missal's nomination is expected before the end of the year.

- **The Washington Post reports that the Department of Veterans Affairs plans to unveil its plan to merge and expand its unwieldy networks of private doctors.**

The goal of the *New Veterans Choice Program*, which would combine seven of the agency's existing private health-care arrangements into a single system, is to eliminate gaps in care created by a tangled bureaucracy that has inadvertently impeded rather than broadened veterans' access to care.

VA officials provided details of their strategy at a Nov. 18 hearing before the House Veterans Affairs Committee.

The proposed overhaul of the system would allow veterans to use private doctors at government expense if they live too far from a VA hospital or need a specialist is the agency's latest effort to recover from a scandal over patient wait times.

In August 2014, Congress passed a \$16 billion overhaul that included a new program to boost the number of veterans eligible to seek care from private doctors if they cannot get an appointment with a VA physician within 30 days. But the Choice program has not been the panacea as expected, in part because there are so many disparate parts to the VA's health system and few understood all of the rules.

The new proposed plan is supposed to simplify the private care system within the VA.

To expand access, VA hopes to set up one system with a single set of rules that streamlines the system of who gets referred to outside care and to which doctors. Officials also hope to improve the claims, billing and reimbursement systems for doctors, which is so complex that it turns some good practitioners away. VA would also improve its own medical recordkeeping.

The overhaul needs approval from Congress, which would be costly. VA estimates spending between \$1.2 billion and \$2.4 billion to redesign the system in each of the first three years, according to the proposal. Expanded access to emergency services and urgent care would cost an additional \$2 billion a year. VA officials say they anticipate the extra costs would be largely a result of increased demand from veterans as access to private doctors gets easier.

GENERAL HEALTH CARE NEWS

- **The number of cancer survivors — people who live after a cancer diagnosis — is expected to grow substantially over the next few decades as the U.S. population ages and as early detection methods and treatments continue to improve.**

Updates on how the Centers for Disease Control and Prevention is helping Americans meet the challenges of cancer survivorship were published online at www.ajpmonline.org and appear in the December issue of the *American Journal of Preventive Medicine*.

The supplement, "Addressing Cancer Survivorship through Public Health Research, Surveillance, and Programs," concludes that concrete plans are needed to ensure that the U.S. health care system can meet survivors' future needs.

Selected findings from CDC-authored articles in the supplement:

- Sixty percent of breast cancer survivors surveyed reported having problems with thinking, memory, and concentration after receiving chemotherapy and/or hormone treatment for breast cancer. Of those women, 37 percent said they discussed the problems with their health care provider and 15 percent reported receiving medication, psychotherapy, or other interventions to treat their symptoms.
- Some people treated for colorectal (colon) cancer face barriers to eating healthy and getting enough physical activity to reduce their risk of having the cancer recur. These barriers include a lack of knowledge about how to maintain a healthy diet and limit alcohol use.
- Higher out-of-pocket medical costs can keep survivors from getting access to the follow-up care they need.

The journal supplement includes 12 articles on research, surveillance, education campaigns, and partnerships that improve the experiences of survivors, their families, friends, and caregivers.

An introduction to the supplement's opening article reviews CDC's ongoing work in cancer survivorship, which includes surveillance to determine burden, research to determine the health and economic impact of cancer on survivors, and working with state and territorial partners to support incorporating survivorship activities into their comprehensive cancer control efforts.

For more information about this supplement and CDC's cancer-related work, visit www.cdc.gov/cancer, www.cdc.gov/cancer/survivorship and www.cdc.gov/cancer/dcpc/research/articles/survivorship-supplement.htm

- **A new study from Centers of Disease Control and Prevention finds American adults who are uninsured or on Medicaid smoke at rates more than double those for adults with private health insurance or Medicare.**

Data from the 2014 National Health Interview Survey (NHIS) show that 27.9 percent of uninsured adults and 29.1 percent of Medicaid recipients currently smoke. By contrast, 12.9 percent of adults with private insurance and 12.5 percent of those on Medicare currently smoke.

The study reported that the prevalence of cigarette smoking among U.S. adults declined from 20.9 percent to 16.8 percent from 2005 to 2014, including a full percentage-point decline between 2013 and 2014 alone. The considerable drop in the overall adult smoking rate over time shows marked progress toward achieving the Healthy People 2020 goal of reducing the cigarette smoking rate to 12 percent or lower. Another major finding was that the average number of cigarettes smoked per day among daily smokers declined from 16.7 in 2005 to 13.8 in 2014 — driven by declines in the proportion of daily smokers who smoked 20 or more cigarettes per day.

At-risk populations:

- The study found other differences in smoking rates consistent with previous studies. In 2014, prevalence of cigarette smoking was higher among these groups:
- Males (18.8 percent vs. 14.8 percent for females)
- Adults ages 25-44 years (20.0 percent)
- Multiracial (27.9 percent) or American Indian/Alaska Natives (29.2 percent)
- People with a General Education Development certificate (43.0 percent)
- People who live below the federal poverty level (26.3 percent)
- People who live in the Midwest (20.7 percent)
- People who have a disability/limitation (21.9 percent)

- People who are lesbian, gay, or bisexual (23.9 percent)

Changes in the U.S. health-care system continue to offer opportunities to improve the use of clinical preventive services among adults. The Patient Protection and Affordable Care Act of 2010 is increasing the number of Americans with health insurance and is expected to improve tobacco cessation coverage.

Currently, neither private insurers nor state Medicaid programs consistently provide comprehensive coverage of evidence-based cessation treatments. In 2015, although all 50 state Medicaid programs covered some tobacco cessation treatments for some Medicaid enrollees, only [nine states](#) covered individual and group counseling and all seven FDA-approved cessation medications for all Medicaid enrollees. Cessation coverage is used most when smokers and health-care providers know which cessation treatments are covered.

For more information about cigarette smoking and tools to quit, visit www.cdc.gov/tobacco.

- **The American Medical Association (AMA) has recommended that makers of direct-to-consumer prescription drugs stop advertising on TV.**

The AMA believe this marketing is driving up consumer retail prices for prescription drugs.

According to AMA data, ad dollars spent by drugmakers have risen 30 percent to \$4.5 billion in the last two years, with consumers prices on prescription drugs gaining nearly 5 percent this year. The AMA will lobby for a ban on such advertising.

Legislation or court decisions would be necessary for any changes to TV advertising rules.

REPORTS/POLICIES

- **The Institute of Medicine published “*Data-Gathering Workshop for the Committee on Evaluating Approaches to Assessing Prevalence and Trends in Obesity: Workshop in Brief*,” on Nov. 19, 2015.** The report provides information and perspectives on the issues surrounding obesity. <http://iom.nationalacademies.org/Reports/2015/Assessing-Prevalence-Trends-in-Obesity-WIB.aspx#sthash.yBf8l5OI.dpuf>

HILL HEARINGS

- The Senate Armed Services Committee will hold a hearing on **Dec. 2, 2015**, to examine Department of Defense personnel reform and strengthening the all-volunteer force.
- The House Veterans Affairs Committee will hold a hearing on **Dec. 9, 2015**, to review the accountability at the Department of Veterans Affairs.

LEGISLATION

- **H.R.4011** (introduced Nov. 16, 2015): Delivering Opportunities for Care and Services for Veterans Act of 2015 was referred to the Committee on Veterans' Affairs, and in addition to the Committees on Ways and Means, and Energy and Commerce.
Sponsor: Representative Ruben Gallego [AZ-7]
- **H.R.4015** (introduced Nov. 16, 2015): Cardiomyopathy Health Education, Awareness, Risk

Assessment, and Training in the Schools (HEARTS) Act of 2015 was referred to the Committee on Veterans' Affairs, and in addition to the Committees on Ways and Means, and Energy and Commerce

Sponsor: Representative Frank Pallone, Jr. [NJ-6]

- **H.R.4052** (introduced Nov. 17, 2015): To amend the Public Health Service Act to prioritize the treatment of veterans with traumatic brain injuries through the National Health Service Corps, and for other purposes was referred to the Committee on Veterans' Affairs, and in addition to the Committees on Ways and Means, and Energy and Commerce.
Sponsor: Representative Maxine Waters [CA-43].
- **H.R.4055** (introduced Nov. 18, 2015): To amend title IV of the Social Security Act to address the increased burden that maintaining the health and hygiene of infants and toddlers places on families in need, the resultant adverse health effects on children and families, and the limited child care options available for infants and toddlers who lack sufficient diapers, which prevents their parents and guardians from entering the workforce was referred to the House Committee on Ways and Means.
Sponsor: Representative Keith Ellison [MN-5]
- **H.R.4058** (introduced Nov. 18, 2015): To require that in cases of health insurance coverage cancelled pursuant to requirements under the Patient Protection and Affordable Care Act cancellation notices provided to enrollees include a statement such cancellation is because of such Act was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Bill Shuster [PA-9]
- **H.R.4063** (introduced Nov. 18, 2015): To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services.
Sponsor: Representative Gus M. Bilirakis [FL-12]
- **S.2282** (introduced Nov. 16, 2015): Stem Cell Therapeutic and Research Reauthorization Act of 2015 was referred to the Committee on Health, Education, Labor, and Pensions
Sponsor: Senator Orrin G. Hatch, Orrin G. [UT] .
- **S.2301** (introduced Nov. 18, 2015): A bill to amend the Federal Food, Drug, and Cosmetic Act to strengthen requirements related to nutrient information on food labels, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Richard Blumenthal, Richard [CT]

MEETINGS

- 2015 AMSUS Annual Continuing Education Meeting will be held **Dec. 1-4, 2015**, in San Antonio, Texas <http://amsusmeetings.org>
- The Heroes of Military Medicine Awards will be held on May 5, 2016, in Washington D.C. <http://www.hjfc3.org/heroes-dinner>

If you need further information on any item in the *Federal Health Update*, please contact Kate

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