Executive and Congressional News

- The House and Senate are in recess over Thanksgiving week.

- Rep. Mac Thornberry of Texas has been tapped to chair the House Armed Services in the new Congress.

  Thornberry has experience in national security issues, working as a congressional staff member on defense issues and as a Deputy Assistant Secretary in the State Department in the Reagan Administration. He has served in Congress since 1995 and has been a member of the Armed Services Committee during his entire tenure. He has also served on the Permanent Select Committee on Intelligence since 2004.

- House Appropriations Chairman Hal Rogers announced that the Republican Steering Committee has approved the 12 Appropriations Subcommittee Chairs for the 114th Congress.

  Among them are:
  - Subcommittee on Defense - Chairman Rodney Frelinghuysen
  - Subcommittee on Labor, Health and Human Services, Education - Chairman Tom Cole
POLITICO reports that leaders of the House and Senate Armed Services Committees disagree on a provision in the Senate’s defense bill that would raise TRICARE pharmaceutical co-pays, which is holding up their efforts to produce an informal conference report for this year’s National Defense Authorization Act.

A CBO analysis of the Senate’s bill found the TRICARE co-pay increases would save $1.5 billion in discretionary spending over the next five years. The provision would also reduce mandatory spending by $5.1 billion over a decade.

MILITARY HEALTH CARE NEWS

Secretary of Defense Chuck Hagel announced that Air Force Col. James J. Burks has been nominated to the rank of brigadier general. Burks is currently serving as the director, Air Force Medical Support Operations, Air Force Medical Operations Agency, Joint Base San Antonio-Lackland, Texas.

About one hundred independent duty corpsmen and medical providers from around the fleet gathered at Naval Medical Center Portsmouth, Nov. 13, for the biannual Independent Duty Corpsman Symposium.

The Operational Forces Medical Liaison Services sponsors the event twice a year to provide IDCs with training that will help them provide the highest quality of care possible, and help improve communication between the providers throughout the fleet.

This type of training is important for IDCs who are assigned to commands as non-physician health care providers. The range of responsibility differs according to the community they serve, from Fleet Marine Forces and surface ships to special warfare and Seabee units. They must rely on their own skills when providing care in remote or austere environments.

Topics involved cardiology, preventive medicine, neurology, mental health, internal medicine and endocrinology. The symposium covered specialties that would enhance an IDC’s knowledge level while treating patients in these conditions. It also helps them complete mandatory Continuing Medical Education requirement of 15 annual hours.

The symposium originally began as a yearly refresher course. After seeing the need for more frequent and more in-depth training, OFMLS staff redesigned the course to be a biannual event that covers a greater range of training. The next session is scheduled for May 2015.

VETERANS AFFAIRS NEWS

The Department of Veterans Affairs (VA) announced that it began mailing Veterans Choice Cards on November 17 to veterans currently waiting more than 30-days from their preferred date or the date that is medically determined by their physician for an appointment at a VA facility.

The Choice Program is a new, temporary benefit that allows some veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. The first round of cards along with a letter explaining the program was issued on Nov. 5 to veterans who are eligible based on their place of residence. VA is now engaging in the next phase of its rollout—eligibility explanation letters are being sent to veterans waiting more than 30
days from their preferred date to be seen or considered medically necessary by their physician.

To improve service delivery, VA has prioritized efforts to accelerate veterans off of wait lists and into clinics through the Accelerated Care Initiative begun over the summer. Through this initiative, VA medical centers have increased access to care inside and outside of VA, added more clinic hours and work days, deployed mobile medical units and shared their best practices from VA’s high-performing facilities throughout the organization.

Significant improvements have resulted nationally:

- Scheduling more than 1.2 million more appointments in the past four months than in the same period last year. In total, VA medical centers have scheduled over 19 million veteran appointments from June to October 1, 2014;
- Reducing the national new patient Primary Care wait time by 18 percent;
- Completing 98 percent of appointments within 30 days of the veterans’ preferred date, or the date determined to be medically necessary by a physician;
- Authorizing 1.1 million non-VA care authorizations, a 47-percent increase over the same period last year; and
- Increasing the amount of time providers could deliver care to veterans by increasing the amount of clinic hours in primary and specialty care and through adding weekend and evening clinics at our medical centers.

For more information about the Choice Program, call 1-866-606-8198 or visit http://www.va.gov/opa/choiceact/.

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**GENERAL HEALTH CARE NEWS**

- **Health and Human Services Secretary Sylvia M. Burwell announced the appointment of Melissa Stafford Jones as the Region IX Regional Director.**

  As a regional director, Stafford Jones will serve as a key representative of the Department of Health and Human Services in working with federal, state, territorial, local, and tribal officials on health and social service issues, including implementation of the Affordable Care Act.

  The Region IX office is based in San Francisco, and works with officials in Arizona, California, Hawaii, Nevada, Guam, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of Marshall Islands and the Republic of Palau.

  For more than a decade, Melissa Stafford Jones has been a senior leader at the California Association of Public Hospitals and Health Systems, serving most recently as the chief executive officer. In this role, she has been a vocal advocate for ensuring access to care for low-income and uninsured patients throughout the state of California.

  In her 20-year career in health care, she has worked with a wide range of policymakers and stakeholders at the local, state and national levels on an extensive platform of health policy matters. She helped implement national health reform and Medicaid coverage expansion in California. She also served as a leader in developing strategies to maintain a strong health care safety net, while at the same time, utilizing new strategies like the blending of physical and behavioral health services, and promoting cultural competence and language access for patients.

  Stafford Jones is a graduate of University of California at Berkeley, School of Public Health and Saint Mary’s College of California and lives in Walnut Creek, California.
The Centers for Medicare & Medicaid Services (CMS) announced the formation of the Office of Enterprise Data and Analytics (OEDA).

The agency will be led by Niall Brennan, as chief data officer (CDO), and tasked with overseeing improvements in data collection and dissemination as the agency strives to be more transparent. OEDA will help CMS better harness its vast data resources to guide decision-making and develop frameworks promoting appropriate external access to and use of data to drive higher quality, patient-centered care at a lower cost.

CMS collects a wealth of data that is critical to decision making for the agency and other stakeholders in the nation’s health care system. CMS generates data administering the Medicare, Medicaid and CHIP programs. In addition, new responsibilities, including stewardship of the EHR Incentive Programs, more expansive quality measurement programs, and the establishment of the Health Insurance Marketplaces, have expanded the scope of data that CMS collects. As CMS works to shift the focus from volume of services to better health outcomes for patients, coordinating care, and spending dollars more wisely, the need for CMS to analyze data across its multiple programs and provide greater access to this data, whether in granular or aggregate form, will only intensify.

The creation of this new post and the data and analytics office builds on the steps CMS has taken in recent years to better harness its data resources both internally and externally. CMS is now routinely analyzing claims data in real time and applying predictive analytics to proactively identify fraud and abuse and track key metrics such as hospital readmissions. Accountable Care Organizations and State Medicaid agencies receive monthly near real-time feeds of Medicare data to support care coordination.

CMS has launched the Virtual Research Data Center to facilitate lower cost access to CMS data for researchers and federal grantees. CMS has also released numerous public use datasets; the most notable releases to date include the release of data on hospital charges and physician utilization in 2013 and 2014.

REPORTS/POLICIES


HILL HEARINGS

- There are no hearings scheduled next week.
LEGISLATION

- **H.R.5710** (introduced Nov. 14, 2014): Ebola Emergency Response Act was referred to the House Committee on Foreign Affairs
  Sponsor: Representative Christopher H. Smith [NJ-4].

- **H.R.5723** (introduced Nov. 17, 2014): Ensuring Access to Primary Care for Women & Children Act was referred to the House Committee on Energy and Commerce
  Sponsor: Representative Kathy Castor [FL-14]

- **H.R.5724** (introduced Nov. 17, 2014): Permanent Investment in Health Research Act of 2014 was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Budget, and Appropriations.
  Sponsor: Representative Kathy Castor [FL-14]

- **H.R.5725** (introduced Nov. 17, 2014): Patient Freedom Act of 2014 was referred to the House Committee on Ways and Means
  Sponsor: Representative David Jolly [FL-13]

- **S.2935** (introduced Nov. 17, 2014): A bill to provide for programs and activities with respect to the prevention of underage drinking as referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Charles E. Schumer [NY]

- **S.2942** (introduced Nov. 19, 2014): A bill to establish a Hospital Fund for the treatment of individuals with Ebola or other specified infectious diseases was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Edward J. Markey [MA]

MEETINGS

- AMSUS Annual Continuing Education Meeting will be held **Dec. 2-5, 2014**, in Washington, DC [http://amsusmeetings.org](http://amsusmeetings.org)

- The 100th Annual Meeting of Radiological Society of North America (RSNA) 2014 will be held **Dec. 5-9, 2014**, in Chicago, Ill. [http://www.rsna.org/Annual_Meeting.aspx](http://www.rsna.org/Annual_Meeting.aspx)

- The 2014 Special Operations Medical Association (SOMA) Science Assembly will be held on **Dec. 8-11, 2014**, in Tampa, Fla. [http://www.specialoperationsmedicine.org/Pages/scientificassembly.aspx](http://www.specialoperationsmedicine.org/Pages/scientificassembly.aspx)

- The AAMA 2015: The National Summit of Medical Administrators will be held on **Jan. 19-21, 2015**, in Clearwater, Fla. [http://aameda.org/p/cm/l/d=159](http://aameda.org/p/cm/l/d=159)

- The Heroes of Military Medicine Awards will be held on **May 7, 2015** in Washington, DC. [http://www.hjfcp3.org](http://www.hjfcp3.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 katetheroux@federalhealthcarenews.com.