Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

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The Update will not be published on Dec. 26 and Jan. 2, 2014.

**EXECUTIVE AND CONGRESSIONAL NEWS**

- As of 9:00 pm ET on Dec. 11, 2014, the House failed to pass the omnibus bill for fiscal year 2015.

**MILITARY HEALTH CARE NEWS**


In the message, he outlined what he considered to be the principal successes from DHA’s first year:

  - **Unity of Effort is critical.** Our successes in year one are directly attributable to our ability to bring people together on behalf of our broader purpose in military medicine. We put a new system of decision-making for the Military Health System (MHS) in place, ensuring engagement at every level – the Office of the Secretary of Defense, the service Secretaries, the Joint Chiefs, the service Surgeons General and all of their staffs.

  - **DHA saved $250 million in 2014.** We projected no savings because this was supposed to be a building year, creating the infrastructure and hiring staff. But through aggressive action by leaders at all levels, we also provided the department and the taxpayer with a return on investment.
2014 was a transformational year for DHA. DHA played an indispensable role in the Secretary of Defense’s "Review of the Military Health System" and in implementing the action plan that followed it. We have an important role to play – in creating, maintaining and communicating a Performance Management System as well as a broad mandate for ensuring greater transparency to the public.

To read his complete comments, visit: [http://www.health.mil/News/Articles/2014/12/01/Robb-Leadership-MESSAGE](http://www.health.mil/News/Articles/2014/12/01/Robb-Leadership-MESSAGE)

- The Navy Times reported on the 2015 National Defense Authorization bill proposals impacting TRICARE.

  Authorizing $30.7 billion for the defense health program, Congress rejected Pentagon proposals to consolidate TRICARE into a single plan but requires all active-duty and Selected Reserve troops receive one-on-one mental health screenings once a year.

  The assessments can coincide with annual physical exams or pre- or post-deployment assessments, but they must be face-to-face, according to the defense policy legislation. In addition, deployed troops also must have an in-person mental health exam once every 180 days of deployment.

  The legislation, which also requires the Defense Department to provide a report to Congress on in-person mental health assessments, is intended to fill gaps in current requirements.

  The bill also requires TRICARE patients who take name-brand medications for chronic conditions fill them at a military pharmacy or with the TRICARE home delivery program starting Oct. 1.

  The new legislation lifts limits on the number of days TRICARE covers inpatient psychiatric care, currently 30 total days per fiscal years for patients 19 and older and 45 days for patients 18 and younger.

  Another provision requires TRICARE to cover the cost of breast-feeding equipment, support and counseling for moms who want to nurse their infants.

  The bill also mandates DoD to provide reports to Congress on the reduction of TRICARE Prime service areas; fertility treatments for injured service members; and service resiliency programs and transition care for troops diagnosed with post-traumatic stress disorder.

VETERANS AFFAIRS NEWS

- The Department of Veterans Affairs’ (VA) launched a national Hypoglycemic Safety Initiative (HSI) to encourage diabetic veterans receiving VA care to seek support to lower the risk of hypoglycemia (low blood sugar).

  The new initiative will enable veterans living with diabetes to work more closely with their VA clinicians to personalize health care goals and improve self-management of the disease.

  Diabetes is one of the most prevalent diseases among older Americans, with one in four veterans suffering from the disease. Recent clinical studies indicate that when diet, exercise and stress reduction are not successful, the benefits of achieving intensive blood sugar control with medication are less effective. This is especially true for hypoglycemic agents (pills or insulin) used for those patients who have had diabetes for many years and those who have additional serious health conditions.
HSI’s key elements emphasize shared decision-making and universal health literacy to ensure veterans understand the health information provided by their VA health care team. This includes the “teach back method” where veterans and their caregivers are asked questions to be certain they understand and can act on key elements of self-management, including diet, exercise, glucose monitoring, managing medications, and insulin injections. The focus of the HSI is to help raise awareness among patients who may be at risk.

- Modern Healthcare Magazine recently ranked Dr. Carolyn M. Clancy, the Department of Veterans Affairs’ (VA) Interim Under Secretary for Health, as number 19 in its annual “100 Most Influential People in Healthcare” poll.

Dr. Clancy has appeared on the publication’s notable list for 11 straight years.

As Interim Under Secretary for Health at VA, Dr. Clancy oversees the Veterans Health Administration (VHA), the Nation’s largest integrated healthcare system. VHA provides care for millions of Veterans at 1,700 hospitals, clinics, long-term care facilities and Readjustment Counseling Centers.

Dr. Clancy most recently joined VA Secretary Robert A. McDonald in launching VA’s Blueprint for Excellence. The Blueprint outlines the steps VA will be taking to improve performance, promote a positive culture of service, advance healthcare innovation for Veterans and the country and increase access to care and accountability.

Prior to assuming the duties of the Interim Under Secretary for Health, Dr. Clancy joined VA in August of 2013 as assistant deputy under secretary for health, for quality, safety and value, where she served as the chief quality management officer for VHA. A general internist and health services researcher, Dr. Clancy is a graduate of Boston College and the University of Massachusetts Medical School.

A link to Dr. Clancy’s complete biography and career highlights can be found here.

GENERAL HEALTH CARE NEWS

- Health and Human Services Secretary Sylvia M. Burwell announced $36.3 million in Affordable Care Act funding to 1,113 health centers in all 50 states, the District of Columbia, and seven U.S. Territories to recognize health center quality improvement achievements and invest in ongoing quality improvement activities.

The health centers receiving awards are proven leaders in areas such as chronic disease management, preventive care and the use of Electronic Health Records (EHRs) to report quality data.

Health centers receiving these funds are being recognized for high levels of quality performance in one or more of the following four categories.

- Health center quality leaders received awards if they were among the top 30 percent of all health centers that achieved the best overall clinical outcomes, demonstrating their ability to focus on quality in all aspects of their clinical operations; 361 health centers received funding in this category for approximately $11.2 million dollars.

- National quality leaders received awards for exceeding national clinical benchmarks (Healthy People 2020 objectives and health center national averages) for chronic disease management, preventive care, and perinatal/prenatal care, demonstrating the critical role that health centers play in promoting higher quality health care nationwide; 57 health centers received funding in this category for approximately $2.5 million dollars.
Clinical quality improvers received awards if they demonstrated at least a 10 percent improvement in clinical quality measures between 2012 and 2013, showing a significant improvement in the health of the patients they serve; 1,058 health centers received funding in this category for approximately $17.7 million dollars.

Electronic Health Record reporters received funding if they used EHRs to report clinical quality measure data on all of their patients, a key transformational step in driving quality improvement for all health center patients across the nation; 332 health centers received funding in this category for approximately $4.9 million dollars.

Nearly 1,300 HRSA-supported health centers operate more than 9,200 service delivery sites that provide care to nearly 22 million patients in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

REPORTS/POLICIES


- The Institute of Medicine (IOM) published “Facilitating Patient Understanding of Discharge Instructions: Workshop Summary,” on Dec. 8, 2014. This report examines challenges facing health literacy practice and research and identifies approaches to promote health literacy through mechanisms and partnerships in both the public and private sectors. http://www.iom.edu/Reports/2014/Facilitating-Patient-Understanding-of-Discharge-Instructions.aspx

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- H.R.5809 (introduced Dec. 8, 2014): the Medicare DMEPOS Competitive Bidding Improvement Act of 2014 was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means
  Sponsor: Representative Patrick J. Tiberi [OH-12]

- H.R.5820 (introduced Dec. 9, 2014): the YES to Cures Act of 2014 was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Andy Harris [MD-1]

- H.R.5825 (introduced Dec. 10, 2014): To amend the Internal Revenue Code of 1986 to prevent foreign diplomats from being eligible to receive health insurance premium tax credits and health insurance cost-sharing reductions, and for other purposes was referred to the Committee on
Ways and Means, and in addition to the Committees on Energy and Commerce, and Foreign Affairs.
Sponsor: Representative Edward R. Royce [CA-39]

- **H.R.5835** (introduced Dec. 10, 2014): To amend the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes was referred to the House Committee on Energy and Commerce.
  
  Sponsor: Representative Gene Green [TX-29]

- **H.R.5840** (introduced Dec. 10, 2014): To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to make grants to eligible entities to train elementary and secondary school nurses on how to respond to a biological or chemical attack or an outbreak of pandemic influenza in a school building or on school grounds was referred to the House Committee on Energy and Commerce.
  
  Sponsor: Representative Steve Israel [NY-3]

### MEETINGS

- 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/lid=159](http://aameda.org/p/cm/lid=159)


- The HIMSS Annual Conference and Exhibition will be held on **April 12-16, 2015**, in Chicago, Ill. [http://www.himssconference.org/](http://www.himssconference.org/)


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

- **2015 AMSUS Annual Continuing Education Meeting - The Society Of The Federal Health Professionals** will be held on **Dec. 1-4, 2015**, in San Antonio, Texas. [http://amsusmeetings.org/annual-meeting/](http://amsusmeetings.org/annual-meeting/)

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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 [katetheroux@federalhealthcarenews.com](mailto:katetheroux@federalhealthcarenews.com).*