

Federal Health Update

DEC 16, 2016

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The Federal Health Update will not be published on Dec. 30, 2016

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until 2017.**
- **On Dec. 10, 2016, the President signed into law: H.R. 2028, the *Further and Continuing and Security Assistance Appropriations Act, 2017.*** This legislation funds the federal government until April 28.
- **On Dec. 13, 2016, President Obama signed into law H.R. 34, the “21st Century Cures Act.”** The legislation modifies current medical research and drug development and delivery processes; to reauthorize the National Institutes of Health and a number of other HHS programs and activities, including the cancer "moonshot" initiative; to fund State efforts to prevent and treat opioid abuse; make changes to health and justice authorities with respect to mental health and substance use disorders; and to make a variety of updates with respect to Medicare, Medicaid, and health information technology.
- **On Dec. 14, 2016, President Obama signed into law:**
 - H.R. 3471, the "Veterans Mobility Safety Act of 2016," which makes certain changes to the Department of Veterans Affairs' automobiles and adaptive equipment program, and

amends requirements for the appointment of hearing aid specialists;

- H.R. 5509, which designates the Department of Veterans Affairs temporary lodging facility in Indianapolis, Indiana, as the Dr. Otis Bowen Veteran House;
- S. 1555, the "Filipino Veterans of World War II Congressional Gold Medal Act of 2015," which provides for the award of a single Congressional gold medal of appropriate design on behalf of the Congress, to the Filipino Veterans of World War II in recognition of the dedicated service of the veterans during World War II;
- S. 1915, the "First Responder Anthrax Preparedness Act," which requires the Department of Homeland Security to carry out a 5 year pilot program to make anthrax vaccines available to emergency response providers who are at high risk of exposure to anthrax and who voluntarily consent;
- S. 2234, the "Office of Strategic Services Congressional Gold Medal Act," which provides for the award of a Congressional gold medal of appropriate design on behalf of the Congress, to the members of the Office of Strategic Services, in recognition of their superior service and major contributions during World War II;
- S. 2873, the "Expanding Capacity for Health Outcomes Act" or the "ECHO Act," which requires the Department of Health and Human Services to conduct studies and issue reports examining technology-enabled collaborative learning and capacity building models;
- S. 2974, which allows the Department of Health and Human Services to fund the national human trafficking hotline from appropriations made available to the Department to assist victims of trafficking;
- S. 3076, the "Charles Duncan Buried with Honor Act of 2016," which expands the Department of Veterans Affairs authority to furnish a casket or urn for the burial of a veteran;
- S. 3395, the "Prescribed Burn Approval Act of 2016," which restricts the U.S. Forest Service from authorizing a prescribed burn on Federal land; and
- S. 3492, which designates the Traverse City VA Community-Based Outpatient Clinic of the Department of Veterans Affairs in Traverse City, Michigan, as the Colonel Demas T. Craw VA Clinic.

MILITARY HEALTH CARE NEWS

- **The Uniformed Services University of Health Sciences (USU) welcomed its sixth president, Dr. Richard Thomas on Dec. 6, 2016.**

The presidential installation and investiture ceremony took place at USU in Bethesda, Maryland.

Dr. Ronald Blanck, USU Board of Regents chair, said Thomas has an extensive background in leadership positions in military medicine: "We're very pleased that Dr. Thomas, both a dentist and a physician with many, many years of military experience and leadership positions, is taking over the helm of this institution, which has grown over the course of the five previous presidents in size, in scope and in maturing its partnerships."

Thomas, a retired Army major general deployed for Operations Just Cause, Enduring Freedom and Iraqi Freedom, has served as commanding general of Western Regional Medical Command, surgeon general for the U.S. Forces-Afghanistan and senior medical adviser for the international Security Assistance Forces Joint Command-Afghanistan – to name a few.

Before becoming USU president, Thomas was the chief medical officer and director of the Defense Health Agency Healthcare Operations Directorate. His background in academia includes positions as director of the Department of Surgery Research Program at Madigan Army

Medical Center in Tacoma, Washington, and adjunct faculty and staff surgeon at both the Swedish Medical Center in Seattle, Washington, and American Lake Veteran's Administration Hospital in Tacoma.

As president, Thomas advises the assistant secretary of Defense for Health Affairs and the surgeons general on issues relating to the graduate health professions in education and health care research.

- **The National Resource Directory (www.nrd.gov), a website that provides service members, veterans and family members access to services and resources at the national, state and local levels, unveiled an updated design and layout this week.**

Enhancements to the Directory include a refreshed appearance, updated search engine, and behind the scenes software updates that will improve the speed and accuracy of managing the programs and services listed. Also included in the redesign is the addition of widgets, a stand-alone application that organizations can use to enable access to Directory functions through their own websites.

The National Resource Directory offers vetted and organized resources to service members, veterans and family members. It also is helpful for those professionals and other organizations helping to coordinate care for the Nation's wounded, ill and injured service members. The updates to the National Resource Directory will allow Recovery Care Coordinators find and connect service members with appropriate resources more efficiently.

The Directory continues to be one of the largest online collections of government and nongovernment resources specifically designed for service members, their families, military caregivers and veterans. With a unique collection of more than 18,000 organized and vetted resources, the Directory provides information covering a variety of topics, including benefits and compensation, education and training, family and military caregiver support, health, homeless assistance, housing, and other services and programs.

The Directory's participation policy uses crowdsourced data points from watchdog organizations in addition to government data sources to ensure the quality of resources on the site.

- **Army Lt. Col. Kurt Schaecher, chief of the Infectious Disease laboratory at Walter Reed National Military Medical Center, received the Healthcare Excellence in Patient Safety award at the AMSUS (the Society of Federal Health Professionals) meeting, Dec. 1, 2016.**

Schaecher was recognized for his work identifying the first colistin-resistant mcr-1 positive E. coli in a person in the United States in May 2016. Colistin is an antibiotic of last resort, and the mcr-1 gene that causes the resistance can be transferred to other bacteria. If that happens, it would render colistin ineffective. Often, these bacteria are already resistant to many other antibiotics.

The double-edged sword of antibiotics is on the one hand they're great at fighting infections; on the other hand, their overuse results in bacteria able to resist. The military's concerns about this and a 2014 presidential executive order prompted the MHS to expand its efforts to stop the resistance.

The Department of Defense enhanced surveillance for resistant bacteria, improved stewardship of new and existing antibiotics, and developed new diagnostic tests and treatments. All of this was done with international efforts in mind, given the worldwide footprint of the military.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) is amending provider regulations to permit full practice authority to three roles of VA advanced practice registered nurses (APRN).**

Under the new regulations, APRNs will be able to practice to the full extent of their education, training, and certification, regardless of state restrictions that limit such full practice authority, except for applicable state restrictions on the authority to prescribe and administer controlled substances, when such APRNs are acting within the scope of their VA employment.

In May 2016, VA announced its intentions, through a [proposed rule](#), to grant full practice authority to four APRN roles. APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services; they complete masters, post-masters or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife.

All VA APRNs are required to obtain and maintain current national certification.

The final rulemaking establishes professional qualifications an individual must possess to be appointed as an APRN within VA, establishes the criteria under which VA may grant full practice authority to an APRN and defines the scope of full practice authority for each of the three roles of APRN. Certified Registered Nurse Anesthetists will **not** be included in VA's full practice authority under this [final rule](#).

VA is the nation's largest employer of nurses; as of July 2016 its workforce of approximately 93,500 nurses (RNs, LPNs, NAs) includes approximately 5,769 APRNs

For more information about openings for nurses or other health care positions at VA, visit Vacareers@va.gov.

- **A Department of Veterans Affairs (VA) database study shows that new drug regimens for hepatitis C have resulted in "remarkably high" cure rates among patients in VA's national health care system.**

Of the more than 17,000 veterans in the study, all chronically infected with the hepatitis C virus at baseline, 75 percent to 93 percent had no detectable levels of the disease in their blood for 12 or more weeks after the end of treatment. The therapy regimens lasted 8 to 24 weeks, depending on patient characteristics.

The VA researchers analyzed data from four subgroups of patients infected with hepatitis C—genotypes 1, 2, 3, and 4—and found that genotype 1 patients showed the highest cure rates and genotype 3 the lowest. Genotype 1 was by far the most common type of infection among the four subgroups. The study group of more than 17,000 veterans included more than 11,000 patients with confirmed or likely cirrhosis, a liver disease that can result from hepatitis C, among other causes.

The study team found "surprisingly high" response rates of around 87 percent in this group. The overall results were consistent with those from earlier clinical trials that led to FDA approval of the three new drug regimens in the study: sofosbuvir (SOF), ledipasvir/sofosbuvir (LDV/SOF) and paritaprevir/ ritonavir/ ombitasvir and dasabuvir (PrOD).

The drugs, introduced in 2013 and 2014, have been credited with revolutionizing hepatitis C treatment, which means a cure is now in reach for the vast majority of patients infected with the virus. Previously, using earlier drug regimens, most patients could expect, at best, only a 50 percent chance of a cure.

The new drug regimens examined in the study do not contain interferon, which has troublesome side effects such as fever, fatigue, and low blood counts. The newer drugs are considered far

more tolerable than the older interferon-based antiviral regimens, although they are far more expensive. The researchers extracted anonymous data on all patients in VA care who received HCV antiviral treatments between January 2014 and June 2015 using the VA Corporate Data Warehouse, a national, continually updated repository of data from VA's computerized patient records.

The study's optimistic finding is a source of optimism for veterans and others infected with the hepatitis C virus, according to coauthors Dr. Lauren Beste and Dr. George Ioannou, specialists in internal medicine and hepatology, respectively, with the VA Puget Sound Health Care System in Seattle.

According to the researchers, modern, direct-acting antiviral drugs for hepatitis C far outperform our older options in terms of efficacy and tolerability. With older drugs, most patients could not undergo antiviral treatment because they had contraindications or medication side effects. With newer options, almost anyone can safely undergo treatment for hepatitis C. VA research continues to expand knowledge of the disease through scientific studies focused on effective care, screening, and health care delivery.

Some studies look at particular groups of hepatitis C patients—for example, female veterans, or those with complicated medical conditions in addition to hepatitis C.

▪ **Department of Veterans Affairs' Secretary Robert A. McDonald has recommended 14 VA medical centers become priority sites for future Fisher Houses.**

The 14 recommended sites are:

- James J. Peters VA Medical Center, Bronx, N.Y.
- VA Hudson Valley Health Care System, Montrose, N.Y.
- Southeast Louisiana Veterans Health Care System, New Orleans
- Kansas City VA Medical Center, Kansas City, Mo.
- VA Ann Arbor Healthcare System, Ann Arbor, Mich.
- White River Junction VA Medical Center, White River Junction, Vt.
- Huntington VA Medical Center, Huntington, W.Va.
- William Jennings Bryan Dorn VA Medical Center, Columbia, S.C.
- Bay Pines VA Healthcare System (second house), Bay Pines, Fla.
- Hunter Holmes Maguire VA Medical Center (second house), Richmond, Va.
- Harry S. Truman Memorial Veterans' Hospital, Columbia, Mo.
- Perry Point VA Medical Center- VA Maryland Health Care System, Perry Point, Md.
- South Texas Veterans Healthcare System (second house) San Antonio
- Overton Brooks VA Medical Center, Shreveport, La.

Following the Secretary's recommendations, a timeline for construction will be completed by the Fisher House Foundation based on VA and Department of Defense construction priorities.

In 2016, Fisher Houses accommodated over 23,000 families, saving guests over \$3 million in lodging expenses. The addition of 14 VA Fisher House sites will support access to care for thousands of additional veterans traveling to VA facilities for treatment.

The Fisher House Foundation has built and donated 31 Fisher Houses to VA and 40 Fisher

Houses to the Department of Defense. VA has 16 Fisher House sites in various stages of construction planning, with the newest being built in Charleston, S.C., Houston and Orlando, Fla. With the additional locations, VA will expand to at least 61 houses over the next several years.

For more information on Fisher Houses, visit [VA Fisher House Program](#).

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) announced it will provide more than \$50 million to fund 75 health centers in 23 states, Puerto Rico and the Federated State of Micronesia.**

“We expect this competitive New Access Point funding to provide health care to more than 240,000 additional patients,” said Dr. Mary Wakefield, acting deputy secretary at HHS. “These new health center sites will contribute significantly to the health of families and communities across the nation.”

Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance abuse and oral health services in areas where economic, geographic or cultural barriers limit access to affordable health care services.

“For millions of Americans, including some of the most vulnerable individuals and families, health centers are the essential medical home where they find services that promote health and diagnose and treat disease and disability,” said Health Resources and Services Administration (HRSA) Acting Administrator Jim Macrae. “One in 13 people nationwide rely on a HRSA-funded health center for their preventive and primary health care needs.”

Nearly 1,400 health centers operating over 9,800 sites provide care to more than 24 million people across the nation, in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Basin. Today, health centers employ nearly 190,000 people.

For more information on these awards, visit

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/newaccesspoints/fy2017awards/index.html>

REPORTS/POLICIES

- **The GAO published “*The Patient Protection and Affordable Care Act: Results of Enrollment Testing for the 2016 Special Enrollment Period*,” (GAO-17-78) on Dec. 15, 2016.**

This report describes the results of GAO attempts to obtain subsidized qualified health-plan coverage during the 2016 SEP in the federal marketplace and two selected state-based marketplaces—California and the District of Columbia.

<http://www.gao.gov/assets/690/681094.pdf>

- **The GAO published “*MEDICARE: Initial Results of Revised Process to Screen Providers and Suppliers, and Need for Objectives and Performance Measures*,” (GAO-17-42) on Dec. 15, 2016.**

This report GAO examined the results of the 2011 revised screening process; CMS's implemented or planned modifications to the process; and CMS's monitoring of the revised process.

<http://www.gao.gov/assets/690/681094.pdf>

HILL HEARINGS

- There are no hearings scheduled until 2017.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- HIMSS 2017 Annual Conference will be held on **Feb. 19-23, 2017**, in Orlando, Fla. <http://www.himssconference.org/>
- The Heroes of Military Medicine Awards will be held on **May 4, 2017**, in Washington, DC. <http://www.hjfc3.org>
- The 7th Annual Traumatic Brain Injury Conference will be held **May 24-25, 2017**, in Washington DC. <http://tbiconference.com/home/>

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