

Federal Health Update

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Happy New Year!

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are on recess until Jan. 6, 2014.**
- **On Dec. 26, 2013, President Obama signed into law:**
 - H.R. 3304, the "National Defense Authorization Act for Fiscal Year 2014, authorizing \$552.1 billion in spending for national defense and an additional \$80.7 billion for Overseas Contingency Operations;
 - H.J. Res. 59, the "Bipartisan Budget Act of 2013" and "Pathway for SGR Reform Act of 2013," which revises discretionary spending caps for fiscal years 2014 and 2015, and makes various changes to current law regarding: budget enforcement; prevention of waste, fraud, and abuse; natural resources; Federal civilian and military retirement; higher education programs; transportation; and miscellaneous provisions; and also provides a slight increase to Medicare payments for physicians' services that are furnished through March 31, 2014, and amends a number of other health programs;
 - H.R. 623, the "Alaska Native Tribal Health Consortium Land Transfer Act," which transfers a specified parcel of Federal land in Anchorage, Alaska, to the Alaska Native Tribal Health Consortium by warranty deed; and
 - H.R. 2319, the "Native American Veterans' Memorial Amendments Act of 2013," which clarifies certain provisions of the Native American Veterans' Memorial Establishment Act of 1994.

MILITARY HEALTH CARE NEWS

- **The Army released suicide data today for the month of November 2013.**

Among active-duty soldiers, there were 14 potential suicides: one has been confirmed as suicide, and 13 remain under investigation. For October 2013, the Army reported 10 potential suicides among active duty soldiers: two have been confirmed as suicides, and eight are under investigation. For calendar year 2013, there have been 139 potential active duty suicides: 74 have been confirmed as suicides, and 65 remain under investigation. Updated active duty suicide numbers for calendar year 2012: 185 (184 have been confirmed as suicides, and one remains under investigation).

During November 2013, among reserve component soldiers who were not on active duty, there were 10 potential suicides (six Army National Guard and four Army Reserve): one has been confirmed as suicide, and nine remain under investigation. For October 2013, among that same group, the Army reported 12 potential suicides; however, subsequent to the report, three more cases were added, bringing October's total to 15: five have been confirmed as suicides and 10 cases remain under investigation. For calendar year 2013, there have been 139 potential not on active duty suicides (89 Army National Guard and 50 Army Reserve): 94 have been confirmed as suicides, and 45 remain under investigation. Updated not on active duty suicide numbers for calendar year 2012: 140 (93 Army National Guard and 47 Army Reserve): 140 have been confirmed as suicides and none remain under investigation.

The Army's comprehensive list of Suicide Prevention Program information is located at <http://www.preventsuicide.army.mil>.

- **The Secretary of the Navy and Chief of Naval Operations that Rear Adm. (lower half) Kenneth J. Iverson will be assigned as Director of Medical Education and Training, (M7), Bureau of Medicine and Surgery, Washington, D.C.** Iverson is currently serving as Special Assistant to the Surgeon General, Washington, D.C.
- **The Army chief of staff announced that Maj. Gen. Jeffrey J. Snow, director, strategy, plans and policy, Office of the Deputy Chief of Staff, G-3/5/7, U.S. Army, Washington, D.C., to director, Sexual Assault Prevention and Response Office, Department of Defense Human Resources Activity, Office of the Under Secretary of Defense (Personnel and Readiness), Alexandria, Va.**
- **TRICARE launched a new online tool that lets beneficiaries calculate how much they can save by switching their prescriptions from a retail pharmacy to TRICARE Pharmacy Home Delivery.**

The Pharmacy Calculator lets beneficiaries enter the number of brand name and generic medications they are currently filling at a retail pharmacy and see right away how much money they can save moving those medications to Home Delivery. A 30-day supply of medication at a retail pharmacy has a copayment of \$17. Prescriptions through Home Delivery can be filled for up to 90-days at a cost of \$13. In many cases, beneficiaries can save themselves hundreds of dollars every year on their prescription copays.

Home Delivery works for "maintenance" medications, which are those taken regularly for a chronic condition over a long period of time. Many beneficiaries have to take several different

maintenance medications to treat their health conditions, multiplying their savings from making the switch.

Switching to the convenience of Home Delivery is easy, and beneficiaries can sign up through e-prescribing from their doctor, or by calling, mailing or having their doctor fax their prescription to Express Scripts, the TRICARE pharmacy contractor. Call 877-363-1303 or visit www.tricare.mil/homedelivery to get started today.

Visit www.tricare.mil/pharmacy to use the calculator and see the savings.

VETERANS AFFAIRS NEWS

- **On Dec. 30, 2013, the Department of Veteran Affairs (VA) announced it is on track to eliminate the disability claims backlog by 2015, *Stars and Stripes* reports.**

VA officials said the backlog -- referring to the number of disability claims pending for more than 125 days -- was reduced to 393,000 cases from its peak of 608,000 in March of this year.

VA Secretary Eric Shinseki said the multi-year initiative was helped by mandatory overtime for the agency's workforce and new computer processing systems that pushed the agency to use electronic rather than paper.

The agency promised to have all disability claims processed within 125 days with a 98 percent accuracy in 2015. But critics have warned that the agency's accuracy problems could upend any progress made with the reduction of the backlog. In September, American Legion national commander Daniel Dellinger told House and Senate veterans' affairs committees that the VA's accuracy rate hovered around the mid-80s.

There are more than 250,000 veterans appealing decisions and the Board of Veterans' Appeals is expecting the number of pending cases to double over the next four years. *Stars and Stripes* reports that the VA promised to tackle the appeals backlog as its next focus.

- **The Department of Veterans Affairs has rolled out a new addition to its website as part of the federal government's over-arching Open Data Initiatives effort.**

Visitors to the VA site now have access to APIs, tools, and resources to develop applications using the VA's open data.

Among other data, the new section features a description of all county, state and federal VA facilities nationwide that include medical centers and mobile clinics; services for homeless vets, including health care, mental health, housing, and job assistance; and a list of benefits, services, and resources for family caregivers of veterans. The 171 VA datasets currently available to the public reside on Data.gov, a central hub for open government data. Anyone can use the datasets to create Web or mobile apps, visualizations, and other services that benefit veterans.

Driving the open-data effort at the VA is Marina Martin, a former senior advisor to federal chief technology officer Todd Park. Martin was appointed as the agency's CTO earlier this year and has extensive background in open data as a Web developer and business efficiency expert. She had worked on Project Open Data, a collection of code, tools, and case studies to help federal agencies adopt the Open Data Policy, which the Office of Management and Budget and the Office of Science and Technology Policy released in May.

The Open Data Policy urged government agencies to make previously unavailable data accessible to entrepreneurs, researchers and the public in open, machine-readable formats.

Agencies now are required to create an internal index of their data, make a public list of their public data, and list all data that can be made public. They also have access to an open online repository of tools and best practices to assist them in integrating the policy into their operations.

- **A Veterans Affairs researcher in Minnesota has found that vitamin E in large doses can significantly slow the progression of life-altering symptoms during the mild to moderate stages of Alzheimer's disease — a finding that could lead to savings of untold millions of dollars in caregiving costs.**

The five-year study, published Tuesday in the [*Journal of the American Medical Association*](#) (JAMA), was centered at the Minneapolis Veterans Medical Center.

Caring for the 5.2 million Americans living with all forms of dementia cost \$203 billion in 2013, according to the Alzheimer's Association, including \$142 billion in outlays by the taxpayer-funded Medicare and Medicaid programs.

With the population aging, those numbers are likely to rise substantially.

The research — taken together with previous findings — indicates that vitamin E should be considered for Alzheimer's and other dementia patients.

The \$11 million, randomized study was conducted at 14 medical centers around the county from August 2007 to September 2012 by the Department of Veterans Affairs (VA) Cooperative Studies Program. It involved 613 patients with mild to moderate Alzheimer's disease who were assigned to one of four groups.

One group took 2,000 International Units (IU) of vitamin E a day. Another took a drug called memantine, which is approved for use in moderately severe cases. Another took both. And another got a placebo.

Researchers then measured the amount of caregiving patients required as the disease eroded their independent "activities of daily living." Researchers also used secondary measures, including cognitive and behavioral tests.

The study found that the intensive vitamin E therapy was safe and resulted in a 19 percent improvement in clinical symptom progression as compared with the placebo. That equates to about a six-month delay over the average two-year follow-up period.

Physicians don't need approval from the Food and Drug Administration to start prescribing therapeutic doses of vitamin E.

GENERAL HEALTH CARE NEWS

- **The Centers for Medicare & Medicaid Services (CMS) has awarded over \$307 million in performance bonuses to 23 states for improving access to children's health coverage and successfully enrolling eligible children in Medicaid.**

The performance bonuses were authorized under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), one of the first pieces of legislation signed into law by President Obama. This is the fifth and final year of performance bonus awards. States could qualify for a bonus by implementing procedures to simplify Medicaid and CHIP enrollment and renewal processes to improve eligible children's access to coverage. The amount of a state's bonus corresponds to the increase in children's Medicaid enrollment over a specified target.

The bonuses help states by offsetting the costs of insuring the lowest income children and encouraging them to adopt sustainable improvements in their children's health coverage programs. Such improvements include eliminating face-to-face interview requirements so that

applications can be filed online or through the mail, using electronic data-matching to reduce paperwork, and making it easier to renew, thereby minimizing disruptions in coverage and necessary treatment.

Many of the simplifications that states adopted to qualify for performance bonuses will be in place in all states in 2014 and applied consistently across Medicaid, CHIP and the Marketplace. These simplifications have led to improved coverage for children and have helped lay the groundwork for outreach efforts aimed at enrolling people now eligible for coverage under the Affordable Care Act.

The 23 states awarded performance bonuses include: Alabama, Alaska, Colorado, Connecticut, Idaho, Illinois, Iowa, Kansas, Maryland, Michigan, Montana, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Utah, Virginia, Washington, and Wisconsin.

For more information on today's CHIPRA performance bonus awards, visit http://www.insurekidsnow.gov/professionals/eligibility/performance_bonuses.html.

- **The U.S. Food and Drug Administration approved fewer first-of-a-kind drugs in 2013 compared to 2012, when new drug approvals reached a 15-year high.**

The agency approved 27 innovative medicines last year, down from the 39 new medications cleared the year before.

Despite the decline, FDA officials say last year's tally is in line with the historic trend. On average, the FDA has approved 28 first-of-a-kind drugs over the last five years.

FDA drug approvals are watched closely by analysts as a barometer of industry innovation and the government's efficiency in reviewing new therapies.

Experts say the number of drug approvals declined in 2013 mainly because fewer drugs were submitted for review.

REPORTS/POLICIES

- **The GAO published “Children's Health Insurance: Information on Coverage of Services, Costs to Consumers, and Access to Care in CHIP and Other Sources of Insurance,” (GAO-14-40,) on Dec. 20, 2013.** This report provides a baseline comparison of coverage and costs to consumers in separate CHIP plans and benchmark plans in select states; describes how coverage and costs might change in 2014; and describes how access to care by CHIP children compares to other children nationwide. <http://www.gao.gov/assets/660/659180.pdf>
- **The GAO published “VA Nursing Homes: Reporting More Complete Data on Workload and Expenditures Could Enhance Oversight,” (GAO-14-89) on Dec. 20, 2013.** In this report, GAO examined VA's nursing home workload in each setting, by length of stay and resident characteristics; and VA's expenditures for nursing home care in each setting, by length of stay and resident characteristics. <http://www.gao.gov/assets/660/659880.pdf>

HILL HEARINGS

- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 25,**

2014, to receive the legislative presentation of the Disabled Americans Veterans Association.

- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 5, 2014**, to receive the legislative presentation of the Veterans of Foreign Wars Association.

LEGISLATION

- **S.1886** (introduced Dec. 20, 2013): the Coverage Protection Act was referred to the Committee on Finance.
Sponsor: Senator Jeff Merkley [OR]
- **S.1894** (introduced Dec. 20, 2013): Health Insurance Accountability Act of 2013 was referred to the Committee on Finance
Sponsor: Senator Thad Cochran [MS]

MEETINGS

- The AAMA 2014 Conference will be held on **Feb. 25-28, 2014**, in Las Vegas Nev. <http://aameda.org/p/cm/ld/fid=98>
- The HIMSS Annual Conference and Exhibition will be held on **Feb. 27-29, 2014**, in Orlando, Fla. <http://www.himssconference.org/>
- The ACHE Congress on Healthcare Leadership will be held on **March 24-27, 2014**, in Chicago, Ill. <http://www.ache.org/congress/>
- The 11th Annual World Health Care Congress will be held on **April 7-9, 2014**, in National Harbor, Md. <http://www.worldcongress.com/events/HR14000/>
- The Heroes of Military Medicine Awards will be held on **May 1, 2014**, in Washington, DC. <http://www.hjfc3.org>

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