

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until Jan. 27, 2014.**
- **On Jan. 17, 2014, President Obama signed into law H.R. 3547, the "Consolidated Appropriations Act, 2014," which provides fiscal year 2014 appropriations for projects and activities of the federal government through Sept.30, 2014.**

MILITARY HEALTH CARE NEWS

- **Barring working-age military retirees from TRICARE Prime would be the most cost-effective way of slowing the growth of Department of Defense (DoD) health care expenses that have jumped 130 percent from 2000-2012, according to a Congressional Budget Office (CBO) analysis.**

The non-partisan CBO explored various options to include changing the eligibility for TRICARE Prime which would produce the biggest savings in the Pentagon's health care budget -- nearly \$90 billion over 10 years, the CBO report estimated.

Current health care costs for DoD amount to about \$52 billion annually and only a formula involving increased cost-sharing for retirees who use TRICARE "has the potential to generate significant savings for DoD," the CBO said.

All other approaches, such as better management and eliminating waste, "would not address the primary drivers of health care costs for DoD," the CBO said.

The biggest savings would come from changes in current programs to "make working-age retirees and their families ineligible for TRICARE Prime — the most costly program for DoD — but allow them to continue using other TRICARE plans after paying an annual fee," the CBO said.

"Shifting current cost-sharing arrangements so that beneficiaries pay a greater percentage of their health care costs would reduce DoD's spending significantly, primarily by encouraging people to leave TRICARE in favor of other providers," the CBO said. "It also would encourage those who continued to participate in TRICARE to use fewer services."

<http://www.cbo.gov/sites/default/files/cbofiles/attachments/44993-MilitaryHealthcare.pdf>

- **The United States Army announced a restructuring of its warrior transition units (WTUs) as the service prepares for a scheduled withdrawal of troops from Afghanistan and a continued decline in the number of combat wounded.**

According to Brig. Gen. David Bishop, commander, Warrior Transition Command and Assistant Surgeon General for Warrior Care and Transition, "These changes will improve the care and transition of soldiers through increased standardization, increased cadre to soldier ratios, improved access to resources on installations, and reduced delays in care. They are not related to budget cuts, sequestration or furloughs."

As part of the restructuring, the Army will inactivate five WTUs and establish more than a dozen community care units (CCUs) across 11 installations by Sept. 30, 2014. The transition to CCUs will result in the inactivation of nine community-based warrior transition units (CBWTUs), which currently provide outpatient care and services for Army Reserve and National Guard soldiers who do not require day-to-day care, allowing soldiers to continue their recovery closer to home.

Warrior transition units are located at major military treatment facilities and provide support to wounded, ill and injured soldiers who require at least six months of rehabilitative care and complex medical management. Under community care, CBWTU soldiers - those healing at home - will be assigned to CCUs at WTUs located on Army installations. Soldiers will not have to move or change their care plans.

Thirteen CCUs will stand up at the following Army installations: Fort Carson, Colo.; Joint Base Lewis-McChord, Wash.; Forts Hood and Bliss, Texas; Fort Riley, Kan.; Fort Knox, Ky.; Forts Benning, Stewart, and Gordon, Ga.; Fort Bragg, N.C.; and Fort Belvoir, Va. Forts Belvoir and Knox will each have two CCUs. All nine CBWTUs are identified for inactivation: Alabama, Arkansas, California, Florida, Illinois, Massachusetts, Puerto Rico, Utah and Virginia. The Puerto Rico CBWTU will become a community care detachment under the mission command of the Fort Gordon Warrior Transition Battalion.

WTUs slated for inactivation include: Fort Irwin, Calif.; Fort Huachuca, Ariz.; Fort Jackson, S.C.; Joint Base McGuire-Dix-Lakehurst, N.J.; and the United States Military Academy, West Point, N.Y. Each location has fewer than 38 Soldiers assigned to the WTU (as of Dec. 20, 2013).

Every attempt will be made to allow reserve component (RC) cadre to serve out their tours.

Active duty personnel assigned to units set for inactivation or force structure reductions will be reassigned in accordance with current Army Human Resources Command policies. Civilian employees impacted by the force structure changes will be reassigned based on their skill sets, the needs of the Army and available employment opportunities.

- **Hospital Corpsman 1st Class (SW/AW) Monica M. Reeves is the 2013 Navy Medicine Sailor of the Year.**

Reeves, who works at Naval Medical Center San Diego, received the award from Navy Surgeon

General, Vice Adm. Matthew L. Nathan at a special ceremony on Jan. 14. Reeves is originally from Wonder Lake, Ill., near Chicago. She joined the Navy 16 years ago when she was 18, following in the footsteps of both her grandfathers.

- **The Navy and Marine Corps Public Health Center (NMCPHC) release a smartphone application for the *Navy Leader's Guide*, an online handbook to help Navy leaders recognize and help Sailors displaying distressed behaviors.**

NMCPHC designed the original online version of the *Navy Leader's Guide for Managing Sailors in Distress* and has partnered with the Defense Department's National Center for Telehealth and Technology (T2) to develop a mobile app edition for the Navy Leader's Guide.

Primarily used by sailors in supervisory roles to help them identify other sailors who may be in distress, the *Navy Leader's Guide* provides information on operational stress control, suicide prevention, mental health, medical issues and common problems that junior sailors face along with supportive interventions, resources and strategies as well as guidance for leaders when they are assisting a distressed sailor.

The app contains resources available in the online version in a format optimized for mobile devices. This allows leaders to take it with them anywhere they go — deployments, training missions, or as a quick resource while on the go in port.

The *Navy Leader's Guide* app is now available for download on iTunes and Google Play, and can also be accessed from both the NMCPHC and T2 websites.

- **Navy Capt. Jennifer Vedral-Baron assumed directorship of Fort Belvoir Community Hospital in Virginia Army Col. Charles Callahan at a ceremony on Jan. 17.**

Vedral-Baron is a Navy nurse practitioner who most recently served as the assistant deputy chief, Medical Operations, Bureau of Medicine and Surgery.

Vedral-Baron was assigned to National Naval Medical Center in Bethesda, Md., in 2002 where she held a variety of positions, including assistant director for Clinical Support Services and executive assistant to the commander. Collateral duties included officer-in-charge of the Medical Evaluation and Treatment Unit, the team responsible for coordinating the care of the president of the United States and his family members. In 2007, she reported to the Bureau of Medicine and Surgery as the executive assistant to the Navy surgeon general.

Belvoir hospital is a Department of Defense medical facility that is part of the Military Health System and integrated health care delivery system. It is a joint facility where Army, Navy and Air Force medical personnel provide world-class care to the nation's soldiers, sailors, airmen, Marines, Coast Guardsmen, retirees and their family members.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) has purchased land in Colorado for a new national cemetery in the southeast portion of Colorado Springs.**

VA plans to construct the cemetery in the southeast portion of Colorado Springs. The facility will serve approximately 95,000 Veterans and family members who are not within 75 miles of an open national, state or tribal Veterans cemetery. The closest national cemetery is Fort Logan National Cemetery in Denver, about 85 miles away.

VA completed acquisition of 374 acres of land on Jan. 21, 2014, from CS 2005 Investments

LLC. The property, known as the Rolling Hills Ranch, is located east of Marksheffel Road between Bradley and Drennan Roads.

When VA receives construction funding, it will proceed with the initial phase of construction, which includes development of cemetery roads, an entrance, administration and public information center, committal shelters and a maintenance facility. This infrastructure will support approximately 10 years of initial burial capacity for casket gravesites, cremation sites and columbarium niches.

This will be the third VA national cemetery in Colorado. The other two are Fort Logan National Cemetery in Denver and Fort Lyon National Cemetery in Las Animas.

- **The Department of Veterans Affairs has announced the availability of up to approximately \$600 million in grants for non-profit organizations and consumer cooperatives that serve very low-income veteran families occupying permanent housing through the Supportive Services for Veteran Families program.**

The SSVF program is designed to assist very low-income veteran families who are homeless or at imminent risk of becoming homeless. The program employs a housing first model, an approach which centers on providing homeless veterans with permanent housing quickly and then providing VA health care, benefits and services as needed.

Required services include outreach, case management, assistance in obtaining VA benefits, and providing or coordinating efforts to obtain needed entitlements and other community services. Grantees secure a broad range of other services for participants, including legal assistance, credit counseling; housing counseling; assisting participants in understanding leases, securing utilities, and coordinating moving arrangements; providing representative payee services concerning rent and utilities when needed; and serving as an advocate for the veteran when mediating with property owners on issues related to locating or retaining housing. Grantees also offer temporary financial assistance that provides short-term assistance with rent, moving expenses, security and utility deposits, child care, transportation, utility costs, and emergency expenses.

VA announced the availability of funds on Jan. 14 through a Notice of Funding Availability via the Federal Register. VA is offering \$300 million in funds during fiscal year 2014 and \$300 million in 2015, subject to available appropriations. VA will make award decisions based on a national competition.

Last year, VA awarded approximately \$300 million in SSVF grants for operation beginning in FY 2014. VA is focusing up to \$300 million in surge funding in 76 high priority continuums of care in an unprecedented effort to end veterans' homelessness in these communities. Last year, funding from the SSVF program served over 39,000 veterans and over 62,000 participants (i.e., veterans and their family members).

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services established an advisory committee to examine the needs of children in disasters.**

The National Advisory Committee on Children and Disasters will provide expert advice and consultation to the HHS Secretary on comprehensive planning and policies to meet the needs of children before, during, and after a disaster or other public health emergency. The department is seeking nominations for committee members from the scientific, public health, and medical fields.

Ensuring the safety and well-being of children in the wake of disasters and public health

emergencies is an HHS priority. In 2010, the Office of the Assistant Secretary for Preparedness and Response (ASPR) created the Children's HHS Interagency Leadership on Disasters (CHILD) working group to identify and comprehensively integrate children's disaster planning activities across all components of HHS.

Progress made by the CHILD working group includes increased interagency coordination and recommendations to improve lifesaving care for children in disasters, ways to mitigate the behavioral and psychological needs of children in disasters, and medications and vaccines appropriate for use to protect children in an emergency. The working group has also recommended ways in which the nation could support child care and child welfare agencies in emergencies.

The National Advisory Committee on Children and Disasters was established under the authority of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013.

Nominations are being accepted from non-federal health care professionals and representatives from state, tribal, territorial or local health care offices. Deadline for submission is Feb. 14, 2014. For more information or to be considered for committee membership, visit www.phe.gov/naccd.

- **Approximately 5.6 million American children alive today – or one out of every 13 children under age 18 – will die prematurely from smoking-related diseases unless current smoking rates drop, according to a new Surgeon General's report.**

Over the last 50 years, more than 20 million Americans have died from smoking. The new report concludes that cigarette smoking kills nearly half a million Americans a year, with an additional 16 million suffering from smoking-related conditions. It puts the price tag of smoking in this country at more than \$289 billion a year in direct medical care and other economic costs.

The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General comes a half century after the historic 1964 Surgeon General's report, which concluded that cigarette smoking causes lung cancer. Since that time, smoking has been identified as a cause of serious diseases of nearly all the body's organs. Today, scientists add diabetes, colorectal and liver cancer, rheumatoid arthritis, erectile dysfunction, age-related macular degeneration, and other conditions to the list of diseases that cigarette smoking causes. In addition, the report concludes that secondhand smoke exposure is now known to cause strokes in nonsmokers.

Twenty years ago male smokers were about twice as likely as female smokers to die early from smoking-related disease. The new report finds that women are now dying at rates as high as men from many of these diseases, including lung cancer, chronic obstructive pulmonary disease (COPD), and heart disease. In fact, death from COPD is now greater in women than in men.

Although youth smoking rates declined by half between 1997 and 2011, each day another 3,200 children under age 18 smoke their first cigarette, and another 2,100 youth and young adults become daily smokers. Every adult who dies prematurely from smoking is replaced by two youth and young adult smokers.

The report concludes that the tobacco industry started and sustained this epidemic using aggressive marketing strategies to deliberately mislead the public about the harms of smoking. The evidence in the report emphasizes the need to accelerate and sustain successful tobacco control efforts that have been underway for decades.

For the full report, executive summary, consumer guide and PSA, visit <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>.

- **The U.S. Food and Drug Administration launched the advisory committee membership nomination portal, an online, interactive system that allows interested individuals to submit nominations for membership to any of the agency's 33 advisory committees.**

The portal will enable nominees to submit their application for membership on an advisory committee from the FDA's website, creating a paperless, streamlined process that will enable the agency to accept, evaluate, and ultimately nominate qualified individuals for membership in a timely fashion.

The system will securely store all applicant information and enable the FDA to develop metrics for assessing the entire applicant pool to identify qualified candidates to fill specific vacancies on advisory committees. Currently, applications must either be emailed or mailed to the agency.

Nominations for scientific members and consumer and industry representatives may be submitted by professional societies, industry and consumer groups, and other interested persons and organizations. Potential candidates are asked to provide detailed information concerning such matters as financial holdings, employment, and research grants and/or contracts in order to permit evaluation of possible sources of conflict of interest.

Advisory committees provide the FDA with independent, expert advice on a range of complex scientific, technical, and policy issues. The FDA seeks to include the views of women and men, members of all racial and ethnic groups, and individuals with and without disabilities on its advisory committees and, therefore, encourages nominations of appropriately qualified candidates from these groups.

REPORTS/POLICIES

- **The Congressional Budget Office published "Approaches to Reducing Federal Spending on Military Health Care," on Jan. 16, 2013.** The health care benefits provided to military service members, retirees, and their families are more generous than those generally provided through private or employment-based health insurance. Between 2000 and 2012, the cost of providing military health care increased by 130 percent (after adjusting for inflation). This report examines three options to control costs: better management of chronic diseases; more effective administration of the military health care system; and increased cost sharing for retirees who use TRICARE. To read the full report, please visit: <http://www.cbo.gov/sites/default/files/cbofiles/attachments/44993-MilitaryHealthcare.pdf>
- **The Institute of Medicine (IOM) published "Caffeine in Food and Dietary Supplements: Examining Safety - Workshop Summary," on Jan. 17, 2014.** This report reviews the available science on safe levels of caffeine consumption in foods, beverages and dietary supplements and to identify data gaps. <http://www.iom.edu/Reports/2014/Caffeine-in-Food-and-Dietary-Supplements-Examining-Safety.aspx>

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

- There was no legislation proposed this week.

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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