

# Federal Health Update

FEB. 1, 2013

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

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## EXECUTIVE AND CONGRESSIONAL NEWS

- **On Jan. 31, 2013, the Senate passed H.R. 325, legislation suspending the government's statutory borrowing limit until May.** The House passed the bill on Jan. 28. The bill now goes to President Obama to sign into law.
  
- **The House Armed Services Committee announced its subcommittee members:**
  - Military Personnel**
  - Joe Wilson (SC), Chairman
  - Walter Jones (NC)
  - Joe Heck (NV)
  - Austin Scott (GA)
  - Brad Wenstrup (OH)
  - Jackie Walorski (IN)
  - Chris Gibson (NY)
  - Kristi Noem (SD)
  - Susan A. Davis (CA), Ranking Member
  - Robert A. Brady (PA)
  - Madeleine Z. Bordallo (GU)
  - David Loebsack (IA)
  - Niki Tsongas (MA)
  - Carol Shea-Porter (NH)

### **Readiness**

Rob Wittman (VA0, Chairman)  
Rob Bishop (UT)  
Vicky Hartzler (MO)  
Austin Scott (GA)  
Kristi Noem (SD)  
Randy Forbes (VA)  
Frank LoBiondo (NJ)  
Mike Rogers (AL)  
Doug Lamborn (CO)  
Scott Rigell (VA)  
Steve Palazzo (MS)  
Madeleine Z. Bordallo (GU), Ranking Member  
Joe Courtney (CT)  
David Loebsack (IA)  
Colleen Hanabusa (HI)  
Jackie Speier (CA)  
Ron Barber (AZ)  
Carol Shea-Porter (NH)  
Bill Enyart (IL)  
Pete Gallego (TX)

## **MILITARY HEALTH CARE NEWS**

- **Secretary of Defense Leon E. Panetta announced that the President has made the following nominations:**
  - Army Brig. Gen. Brian C. Lein, for appointment to the rank of major general. Lein is currently serving as deputy commanding general (operations), U.S. Army Medical Command, Falls Church, Va.
  - Army Brig. Gen. Nadja Y. West, for appointment to the rank of major general. West is currently serving as deputy chief of staff for support, U.S. Army Medical Command, Falls Church, Va.
  - Army Col. Barbara R. Holcomb, for appointment to the rank of brigadier general. Holcomb is currently serving as commander, Landstuhl Regional Medical Center, Germany.
  - Army Col. Patrick D. Sargent, for appointment to the rank of brigadier general. Sargent is currently serving as commander, Carl R. Darnall Army Medical Center, Fort Hood, Texas.
  
- **On Jan. 28, 2013, TRICARE Management Activity announced new copayments for prescription drugs covered by TRICARE will go into effect Feb. 1, 2013.**

The Fiscal Year 2013 National Defense Authorization Act requires TRICARE to increase copays on brand name and non-formulary medications that are not filled at military clinics or hospitals. There is no increase to copays for generic medications.

TRICARE Pharmacy copays vary based on the class of drug and where beneficiaries choose to fill their prescriptions. The copay for generic medications stays at \$5 when a

prescription is filled at a network pharmacy. There is no co-pay when generic prescriptions are filled through TRICARE Home Delivery. The new copay for a 30-day supply of a brand name medication purchased at a retail network pharmacy will be \$17, up from the current \$12. Beneficiaries using TRICARE Home Delivery will pay \$13 for brand name drugs, up from \$9. However, the Home Delivery price is for a 90-day supply.

The greatest change in copays applies to non-formulary medications. The \$25 copay for these drugs increases to \$44 at retail pharmacies and \$43 through Home Delivery. The TRICARE Uniform Formulary is a list of all the medications TRICARE covers.

For fiscal 2014 and beyond, the new law directs that copays increase annually by the same percentage as [retiree cost-of-living adjustments](#). In years when a COLA increase would total less than a dollar, it will be delayed a year and combined with the next adjustment so increases will always be \$1 or more.

Pharmacies at military hospitals and clinics will continue to provide medications with no copays. Visit [www.TRICARE.mil/pharmacycosts](http://www.TRICARE.mil/pharmacycosts) for more details.

- **Ian, Evan & Alexander Corporation (IEA) has been awarded a contract to provide Conference Center and Meeting Management Support to the TRICARE Management Activity (TRICARE) at the Defense Headquarters (DHHQ) in Falls Church, Va.**

Under this contract, IEA will provide conference center management for up to 250 attendees and meeting support for 25+ TMA meeting rooms with video/audio capabilities. Tasks include program management, quality control, scheduling, electronic troubleshooting, personnel oversight and contingency operations support.

Awarded under the GSA AIMS schedule (GS-23-F-0072-R), this is a firm-fixed-price contract with a one-year base period, an additional option year, and immediate options to support the U.S. Navy, Air Force, and Army. The base contract value is \$416,922.66. IEA serves as the prime contractor with Experient and Acentia as major subcontractors.

IEA is a service-disabled, veteran-owned (SDVO) small business that specializes in the areas of program management, event management, IT and technical support services, and professional staffing.

- **The Departments of Defense and Veterans Affairs have released a new version of their joint, self-service Web portal that provides users with secure online access to health benefits information and other resources.**

The enhanced version of the portal -- called eBenefits 4.3 -- allows registered users to:

- View processing times for each stage of their medical claims;
- File online disability claims using new drop-down menus and interview-style questions rather than traditional fill-in-the-blank forms;
- Determine their eligibility for vocational rehabilitation and employment benefits
- Pre-populate forms with information from VA's secure database;
- Identify and locate their appointed VA service representative; and
- Access information on their TRICARE health insurance status and other records

To access eBenefits, veterans and service members must obtain a DoD Self-Service Logon (DS Logon), which provides access to several veterans and military benefits resources using a single username and password. The service is free and may be obtained in person at a VA Regional Office, DoD ID Card station or online at

## VETERANS AFFAIRS NEWS

- **According to the *Arizona Daily Star*, Rep. Jeff Miller, (R-Fla.), chairman of the House Committee on Veterans Affairs, has proposed that veterans seeking mental health care should have access to thousands of health-care providers who care for military personnel and their families.**

Miller said tapping into Tricare's network of psychologists and psychiatrists would allow many veterans to get care closer to home, particularly those who live in rural communities. He doesn't have an estimated price tag yet, but he said that whatever it is, that's part of the cost of war. His proposed expansion would apply only to mental-health care.

Still, even a modest increase in spending could make Miller's proposal a tough sell at a time when Congress is focused on cutting the federal debt and dealing with the threat of across-the-board spending cuts to defense and discretionary programs.

The number of veterans getting mental health treatment from the VA has been steadily rising: from 927,052 in 2006 to more than 1.3 million in the fiscal year that ended Sept. 30.

Nearly 22 million veterans live in the United States, but fewer than half are enrolled in the VA system.

The system is generally reserved for those who have a disability or illness stemming from their service. Also, all returning Iraq and Afghanistan veterans are eligible for VA care during their first five years back from deployment.

The TRICARE program serves those currently in the military, their families and those who retire from the military. The two health systems are quite different.

The doctors at VA-run facilities are government employees paid a fixed salary for the work they do. Doctors in Tricare agree to participate in a managed-care program and are reimbursed at a rate set by the insurer. Under Miller's proposal, the VA would pay that rate without additional costs to the veteran.

- **The Department of Veterans Affairs has announced the appointment of six new members to the Advisory Committee on Minority Veterans.**

The committee advises the Secretary of Veterans Affairs regarding the needs of minority Veterans with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the VA. Chartered on Nov. 2, 1994, the committee makes recommendations for administrative and legislative changes. The committee members are appointed to one, two, or three-year terms.

The new committee members include:

- Tommy L. Daniels, Brig. Gen., retired Air Force, of Fort Worth, Texas; General Daniels is a tireless advocate for the equitable treatment of veterans at the state and federal level. He is a strong supporter of Junior ROTC programs in the Fort Worth school system as well as promoting aerospace and aviation opportunities for minorities.
- Raymond Jardine, Col., retired Army, of Honolulu, Hawaii; Dr. Jardine's professional experience includes owning and operating Native Hawaiian Veterans, LLC, which provides a wide variety of services to include homeland security, emergency

management, information technology, community relations, public outreach and professional staff augmentation.

- Thanh Dinh, Air Force veteran of Burke, Va.; Mr. Dinh currently serves as senior consultant and chief operating officer for the Odin Group, a service-disabled, veteran-owned small business and certified minority business enterprise. In this capacity, Mr. Dinh was responsible for co-authoring a long term strategic plan for VA's Veterans Benefit Administration that focused on new initiatives designed to transform the existing VA claims processing operation.
- Harold Hunt, Army veteran of Pembroke, N.C.; Mr. Hunt has served as post and district commander for the Veterans of Foreign Wars, past chief of staff, Military Order of the Purple Heart State of North Carolina, and a member of the American Legion, Disabled American Veterans, Lumbee Warriors Association and National Association of County Veterans Service Officers.
- Shelia Mitchell, Air Force veteran of Manassas, Va.; Ms. Mitchell currently serves as president and chief executive officer for Veterans at Your Service, LLC, a service-disabled, veteran-owned small business that specializes in assisting Veterans in preparing claims for VA benefits.
- Elisandro T. Diaz, Navy veteran of Santa Ana, Calif.: Mr. Diaz currently serves on the board of the Orange County Home Ownership Preservation Collaborative; with an emphasis on helping veterans preserve their homes.

There are approximately 4.7 million minority veterans in the United States and its territories, thus comprising nearly 21 percent of the total veteran population.

- **The Department of Veterans Affairs has launched a new initiative that could eliminate the requirement for an in-person medical examination for some veterans and shorten the time it takes to process veterans' disability compensation claims.**

The initiative, called Acceptable Clinical Evidence (ACE), was developed by the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) in a joint effort to provide a veteran-centric approach for disability examinations. Use of the ACE process opens the possibility of doing assessments without an in-person examination when there is sufficient information in the record.

Under ACE practices, a VA medical provider completes a [Disability Benefits Questionnaire \(DBQ\)](#) by reviewing existing medical evidence. This evidence can be supplemented with information obtained during a telephone interview with the veteran – alleviating the need for some veterans to report for an in-person examination.

When a VA medical provider determines VA records already contain sufficient medical information to provide the needed documentation for disability rating purposes, the requirement for veterans to travel to a medical facility for an examination may be eliminated.

If VA can complete a DBQ by reviewing medical records already on file, it will use the ACE process. This would then expedite the determination of disability ratings – in turn eliminating the wait time to schedule and conduct an exam from the claims process.

During a 15-month pilot test at one VA regional claims processing office, 38 percent of claims submitted were eligible for ACE.

The ACE initiative is a part of the VBA's agency-wide Transformation Plan – a five-year, multifaceted organizational change that is based on more than 40 personnel, process and technology initiatives designed to improve claims processing. The goal of the

Transformation Plan is to eliminate the claims backlog and process all claims within 125 days with 98 percent accuracy in 2015.

To learn more about VBA Transformation Initiatives, visit:  
<http://benefits.va.gov/transformation>.

▪ **Gordon H. Mansfield, former acting secretary of Veterans Affairs has died.**

The Hon. Gordon H. Mansfield was acting U.S. secretary of Veterans Affairs (VA) from October to December 2007 and deputy secretary and chief operating officer of the Department of Veterans Affairs from 2004 until 2009. Prior to this, he served as VA assistant secretary for congressional and legislative affairs.

Before joining VA, Mansfield served as executive director of Paralyzed Veterans of America from 1993 to 2000. He first joined Paralyzed Veterans' staff in 1981 in the legislative program. In November 1982 he was named Paralyzed Veterans' national advocacy director, and in 1986 he became the organization's first associate executive director of its Government Relations Department. In these positions, he participated in the strengthening of civil rights for people with disabilities and the improvement of programs, benefits and services for veterans.

He also served as assistant secretary for fair housing and equal opportunity at the Department of Housing and Urban Development from 1989 to 1993 under President George H.W. Bush.

Mansfield received his undergraduate degree from Villanova University and law degree from the University of Miami, and had practiced law in Ocala, Fla.

He enlisted in the U.S. Army in 1964 and served two tours of duty in Vietnam. His military decorations include the Distinguished Service Cross, Bronze Star, two Purple Hearts, the Combat Infantryman's Badge and the Presidential Unit Citation. Mansfield was inducted into the Army Ranger Hall of Fame in 2007 and the U.S. Officer Candidate School Hall of Fame in 1997 at Ft. Benning, Ga. He also received the Department of Defense Medal for Distinguished Public Service, the Presidential Distinguished Service Award, the Robert Dole Service to Our Nation Award and Disabled American Veterans Outstanding Disabled Veteran of the Year Award and was inducted into the Spinal Cord Injury Hall of Fame.

## GENERAL HEALTH CARE NEWS

▪ **More than 90 percent of women use at least one medicine during pregnancy according to a new study by the Centers for Medicare and Medicaid Services.**

To learn about taking medicine during pregnancy, about half of women ages 18 to 44 years old look for health information on the Internet. A new study shows that while many internet websites post lists of medicines that are safe to take during pregnancy, for many of the medicines listed, there is not enough known to determine their safety or risk for use during pregnancy. CDC recommends pregnant women or women planning to become pregnant should:

- Talk to their doctor about any medications they are taking or thinking about taking. This includes prescription and over-the-counter medicines, as well as dietary or herbal supplements.
- Don't stop or start taking any type of medicine that they need without first talking with

a health care provider.

- Check with their health care provider about the information that they find online.

To learn more about medication use during pregnancy, visit the [CDC's Medications and Pregnancy](#).

- **A new computed tomography (CT) scanner substantially reduces potentially harmful radiation while still improving overall image quality, according to a study by National Institutes of Health.**

An analysis of data on 107 patients undergoing heart scans found that radiation exposure was reduced by as much as 95 percent compared to the range of current machines, while the resulting images showed less blurriness, reduced graininess and greater visibility of fine details.

The machine recently received approval by the U.S. Food and Drug Administration, but more studies will be needed before it can be adopted for wide clinical use.

For more information, please visit: <http://www.nih.gov/news/health/jan2013/nhlbi-31.htm>.

- **The Centers for Medicare & Medicaid Services (CMS) announced that over 500 organizations will begin participating in the Bundled Payments for Care Improvement initiative.**

Through this new initiative, CMS will test how bundling payments for episodes of care can result in more coordinated care for beneficiaries and lower costs for Medicare.

The Bundled Payments for Care Improvement initiative includes four models of bundling payments, varying by the types of health care providers involved and the services included in the bundle. Depending on the model type, CMS will bundle payments for services beneficiaries receive during an episode of care, encouraging hospitals, physicians, post-acute facilities, and other providers as applicable to work together to improve health outcomes and lower costs. Organizations of providers participating in the initiative will agree to provide CMS a discount from expected payments for the episode of care, and then the provider partners will work together to reduce readmissions, duplicative care, and complications to lower costs through improvement.

## REPORTS/POLICIES

- **The GAO published “Military Personnel: DoD Has Taken Steps to Meet the Health Needs of Deployed Servicewomen, but Actions Are Needed to Enhance Care for Sexual Assault Victims,” (GAO-13-182) on Jan. 29, 2013.** In this report, GAO evaluates the extent to which DoD is addressing the health care needs of deployed servicewomen; female-specific health care services are available to deployed servicewomen; and (medical and mental health care are available to servicewomen who are victims of sexual assault. <http://www.gao.gov/assets/660/651624.pdf>
- **The GAO published “DoD Health Care: Domestic Health Care for Female Service members,” (GAO-13-205) on Jan. 28, 2013.** The GAO found:

- Most routine female-specific health care services--pelvic examinations, clinical breast examinations, pap smears, prescription of contraceptives, and pregnancy tests--were available at the 27 surveyed domestic Army installations.
- The availability of specialized health care services--treatment of abnormal pap smears, prenatal care, labor and delivery, benign gynecological disorders, postpartum care, and surgical, medical, and radiation treatment of breast, ovarian, cervical, and uterine cancers--at the 27 surveyed domestic Army installations varied. However, when these services were not available at the installation, they could be obtained through either another military treatment facility (MTF) or from a civilian network provider.
- The availability of behavioral health services, such as psychotherapy or substance abuse treatment, which were not gender-specific, varied across the 27 domestic Army installations; however, similar to specialty care, these services could be obtained from other MTFs or civilian network providers. In addition, 18 of the 27 surveyed Army installations reported offering female-specific programs or activities, such as a post-deployment group for female service members or a postpartum group.

To read the full report, please visit: <http://www.gao.gov/assets/660/651620.pdf>.

- **The Institute of Medicine published “Gulf War and Health Volume 9: Treatment for Chronic Multisymptom Illness,” on Jan. 23, 2013.** This report comprehensively reviews and evaluates treatments for CMI to determine how to best manage care for veterans. IOM recommends the VA change how it treats CMI, which make a significant difference in the lives of veterans who have the condition by helping to ensure they receive more integrated, comprehensive and responsive health care. <http://www.iom.edu/Reports/2013/Gulf-War-and-HealthTreatment-for-Chronic-Multisymptom-Illness.aspx>

## HILL HEARINGS

- The House Veterans Affairs Subcommittee on Oversight and Investigations will hold a hearing on **Feb. 5, 2013**, to analyze VA’s actions to prevent Legionnaire’s disease in Pittsburgh.
- The House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs will hold a hearing on **Feb. 5, 2013**, to examine effective use of the 100 percent temporary disability rating.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 26, 2013**, to receive Legislative Presentation of the Disabled American Veterans (DAV)
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 28, 2013**, to receive to receive Legislative Presentation of Multiple Veterans Service Organizations (VSOs).
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 5, 2013**, to receive to receive Legislative Presentation of the Veterans of Foreign Wars (VFW).
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 6, 2013**, to receive Legislative Presentation of Multiple Veteran Service Organizations (VSOs).



## LEGISLATION

- **S.177** (introduced Jan. 29, 2013): A bill to repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 entirely was placed on Senate Legislative Calendar under General Orders.  
Sponsor: Senator Ted Cruz [TX]

## MEETINGS

- Digital Health Communication Extravaganza will be held on **Feb. 20-22, 2013**, in Orlando, Fla. <http://dhcx.hhp.ufl.edu/>.
- Annual HIMSS Conference & Exhibition will be held **March 3-7, 2013**, in New Orleans, La. <http://www.himssconference.org/>
- The International Conference on Emerging Infectious Diseases 2013 (ICEID) will be held on **Feb. 15-18, 2013**, in Vienna, Austria. [www.imed.isid.org/downloads/IMED2013\\_FirstAnn.pdf](http://www.imed.isid.org/downloads/IMED2013_FirstAnn.pdf)
- The National Center for Disaster Medicine and Public Health (NCDMPH) rescheduled [Learning in Disaster Health: A Continuing Education Workshop](#) from April 2-3, 2013 to **Sept. 17-18, 2013**.
- 10th Annual World Healthcare Congress will be held **April 8-10, 2013**, in Washington DC <http://www.worldcongress.com/events/HR13000/>
- AAMA Presents: "3-in-1" Conference - Bringing Together Cardiovascular, Neuroscience & Oncology Leaders will be held on **April 10-12 2013**, in Las Vegas, Nev. <http://www.aameda.org/Conference/ACCA/ACCAMain.html>

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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).