

# Federal Health Update

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*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

- **Missouri Senator Claire McCaskill introduced a legislation requiring TRICARE to cover the cost of breast-feeding equipment, support and counseling for new moms who want to nurse their babies.**

The Affordable Care Act requires insurers to cover the full cost of renting or providing pumps as well as lactation counseling and support. But TRICARE pays only for efficient, hospital-quality breast pumps for use in medical facilities and under some conditions for premature infants.

- **On Feb. 6, 2014, the Senate voted 96-0 to confirm Sen. Max Baucus to be the next U.S. ambassador to China.**
- **The Senate Armed Services Committee heard testimony from acting Deputy Defense Secretary Christine Fox and Joint Chiefs Vice Chairman Adm. James Winnefeld about the likely proposed cuts to the Pentagon's 2015 budget.**

They said the plan likely will include capping military pay raises at 1 percent, as previously published in long-term defense proposals, and making changes to housing — costs of which have grown per service member by 60 percent since 2000. It will also include a request to institute enrollment fees for TRICARE for Life (TFL), the health program for retirees 65 and older that acts as a Medicare wrap-around.

The Military Compensation and Retirement Modernization Commission is reviewing pay and benefits and is set to make strategic recommendations to the Defense Department and Congress in early 2015.

DoD has sought to raise retirees' TRICARE fees since at least 2007. The fiscal 2014 budget proposed fees for future enrollees in TFL as well as fee increases or new fees for other TRICARE programs based on retirement pay.

## MILITARY HEALTH CARE NEWS

- **Military Update reports that Defense Health Agency (DHA) is considering reversing its decision to stop reimbursing civilian laboratories for more than 100 genetic or laboratory-developed tests (LDTs).**

Army Maj. Gen. Richard W. Thomas, newly assigned as chief medical officer and director of healthcare operations for the new Defense Health Agency (DHA), acknowledged there is a disparity where LTDs are being conducted in some of the MTFs and [yet] aren't covered in the [purchased care] network.

A year ago TRICARE stopped reimbursing civilian laboratories for more than 100 genetic or laboratory-developed tests (LDTs). Some of the tests are considered critical for patient care and are ordered by military physicians.

With hundreds of genetic tests developed every year, DHA decided to use an existing regulation to tighten coverage and force labs to have tests screened for safety and effectiveness through the Food and Drug Administration (FDA). However, most laboratories that developed the tests haven't sought FDA approval in part because they haven't had to do so. Civilian insurance companies, Medicaid and Medicare (for some tests) don't require it.

DHA is examining the types and frequency of the tests that are being conducted in order to identify 25-50 which have become standard of practice. For those tests DHA will seek expedited review by FDA.

To read the full story, please visit: <http://www.stripes.com/news/us/some-lab-fees-soon-will-be-billed-to-tricare-patients-1.261189>

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs launched an online [GI Bill® Comparison Tool](#) to make it easier for veterans, service members and dependents to calculate their Post-9/11 GI Bill benefits and learn more about VA's approved colleges, universities and other education and training programs across the country.**

The GI Bill Comparison Tool provides key information about college affordability, collecting information from more than 17 different online sources and three federal agencies, including the number of students receiving VA education benefits at each school.

The Post-9/11 GI Bill is a comprehensive education benefit created by Congress in 2008. In general, veterans and service members who have served on active duty for 90 or more days since Sept. 10, 2001 are eligible. Since 2009, VA has distributed over \$30 billion in the form of tuition and other education-related payments to more than one million Veterans, Servicemembers and their families, and to the universities, colleges and trade schools they

attend.

The GI Bill Comparison Tool can be found at: <http://benefits.va.gov/gibill/comparison>.

- **The *Washington Post* reports that 4 of the nation's leading veterans organizations proposed a budget plan that would increase spending on veterans programs in 2015 and beyond.**

The [policy statement](#), from the Veterans of Foreign Wars, AMVETS, Disabled American Veterans and Paralyzed Veterans of America, calls for \$72.9 billion in funding for Department of Veterans Affairs health care and benefits.

The group proposed an increase of \$2.7 billion for construction – to upgrade or replace aging hospitals and other VA facilities. Another \$611 million was proposed for medical and prosthetics research, which would represent an increase of \$25 million compared to 2014. Their proposal increases funding for the Veterans Benefits Administration by \$44 million compared to the 2014 level and VA health care would increase \$2.3 billion to reach \$61.1 billion in 2015.

- **Nineteen veterans diagnosed with cancer in 2010 and 2011 died because the Department of Veterans Affairs failed to conduct medical screenings in a timely fashion, CNN [reports](#).**

VA documents obtained by the network linked these veterans' deaths to long-term delays in the system that impeded their receiving timely diagnoses and treatments.

The 19 veterans are part of a larger group of 82 veterans who have died, are dying, or have suffered serious injuries because of the delays.

Deaths have been reported in the South Carolina and Georgia region, Florida, and the Rocky Mountain region, suggesting there are problems across the VA system.

## GENERAL HEALTH CARE NEWS

- **HHS' Million Hearts initiative recognizes nine public and private practices and health systems across the country for success in achieving excellent rates of high blood pressure control.**

Nearly 1 in 3 American adults has hypertension, also known as high blood pressure. Fewer than half of those have it under control and are at risk of having heart disease or stroke, two of the leading causes of death and disability for Americans. The Million Hearts Hypertension Control Challenge is designed to identify practices, clinicians, and health systems that have worked with their patients to successfully reduce high blood pressure and improve heart health. CDC co-leads the Million Hearts initiative with the Centers for Medicare & Medicaid Services.

The 2013 Million Hearts Hypertension Control Champions, who together care for more than 8.3 million adult patients, are

- Broadway Internal Medicine PC; Queens, N.Y.
- Cheshire Medical Center/Dartmouth-Hitchcock Keene; Keene, N.H.
- Jen Brull, M.D.; Plainville, Kan.
- Nilesh V. Patel, M.D., FRCS(Eng); Audubon, Pa
- Pawhuska Indian Health Center (U.S. Indian Health Service); Pawhuska, Okla.
- Kaiser Permanente; Northern California

- River Falls Medical Clinic; River Falls, Wis.
- ThedaCare; Appleton, Wis.
- Veterans Health Administration (U.S. Department of Veterans Affairs)

The Hypertension Control Champions, representing small and large, urban and rural, and private and federal health practices and systems achieved control rates ranging from 73 percent to more than 90 percent by using a variety of proven approaches.

The Champions were selected after demonstrating that they had helped their patients achieve control by using either the National Quality Forum (NQF)-endorsed 0018 (controlling blood pressure) measure or a similar measure that could be validated. The NQF 0018 measure captures the percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year, excluding patients with end-stage renal disease, patients who were pregnant, or those admitted to a non-acute inpatient setting during the measurement year.

Million Hearts is a national, public-private initiative that aims to prevent one million heart attacks and strokes by 2017. For more information about the initiative and to access resources, visit <http://millionhearts.hhs.gov>

- **Motor vehicle crash deaths among children age 12 and younger decreased by 43 percent from 2002-2011; however, still more than 9,000 children died in crashes during that period, according to a new report from the Centers for Disease Control and Prevention.**

Research has shown that using age- and size-appropriate child restraints (car seats, booster seats, and seat belts) is the best way to save lives and reduce injuries in a crash. Yet the report found that almost half of all black (45 percent) and Hispanic (46 percent) children who died in crashes were not buckled up, compared to 26 percent of white children (2009-2010).

CDC analyzed 2002–2011 data from the Fatality Analysis Reporting System, collected by the National Highway Traffic Safety Administration, to determine the number and rate of motor-vehicle occupant deaths, and the percentage of child deaths among children age 12 and younger who were not buckled up.

The report also found that:

- One in three children who died in crashes in 2011 was not buckled up.
- Only 2 out of every 100 children live in states that require car seat or booster seat use for children age 8 and under.

Child passenger restraint laws result in more children being buckled up. A [recent study](#) by Eichelberger et al, showed that among five states that increased the required car seat or booster seat age to 7 or 8 years, car seat and booster seat use tripled, and deaths and serious injuries decreased by 17 percent.

Steps that states and communities can take:

- Use proven actions that increase car seat, booster seat, and seat belt use and reduce child motor vehicle deaths, including child passenger restraint laws that require car seat or booster seat use through age 8; and car seat and booster seat give-away programs that include education for parents or caregivers.
- Increase the number of certified Child Passenger Safety Technicians.
- Partner with researchers to develop and evaluate programs to address racial/ethnic differences in getting children buckled up.

CDC's Injury Center works to protect the safety of everyone on the roads, every day. For more

information, please visit [www.cdc.gov/motorvehiclesafety](http://www.cdc.gov/motorvehiclesafety). Additional information can be found at [www.safercar.gov](http://www.safercar.gov).

- **The Department of Health and Human Services (HHS) has published a final rule, which gives patients or a person designated by the patient a means of direct access to the patient's completed laboratory test reports.**

The final rule amends the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations to allow laboratories to give a patient, or a person designated by the patient, his or her "personal representative," access to the patient's completed test reports on the patient's or patient's personal representative's request. At the same time, the final rule eliminates the exception under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to an individual's right to access his or her protected health information when it is held by a CLIA-certified or CLIA-exempt laboratory – meaning patients can obtain their test reports directly from the laboratory while maintaining strong protections for patients' privacy.

The final rule is issued jointly by three agencies within HHS: the Centers for Medicare & Medicaid Services (CMS), which is generally responsible for laboratory regulation under CLIA, the Centers for Disease Control and Prevention (CDC), which provides scientific and technical advice to CMS related to CLIA, and the Office for Civil Rights (OCR), which is responsible for enforcing the HIPAA Privacy Rule.

Under the HIPAA Privacy Rule, patients, patient's designees and patient's personal representatives can see or be given a copy of the patient's protected health information, including an electronic copy, with limited exceptions. In doing so, the patient or the personal representative may have to put their request in writing and pay for the cost of copying, mailing, or electronic media on which the information is provided, such as a CD or flash drive. In most cases, copies must be given to the patient within 30 days of his or her request.

The final rule is available for review at: <http://www.federalregister.gov>.

- **The Centers for Medicare & Medicaid Services (CMS) announced a request for applications for the Frontier Community Health Integration Project.**

In collaboration with the Federal Office of Rural Health Policy in the Health Resources and Services Administration (HRSA), this initiative aims to develop and test new models of integrated, coordinated health care in the most sparsely populated rural counties with the goal of improving health outcomes and reducing Medicare expenditures.

In this model, CMS will support critical access hospitals in increasing access to services that are often unavailable in frontier communities with the goal of providing care in beneficiaries' communities and avoiding expensive transfers to hospitals in larger communities. CMS will evaluate whether providing these services in frontier communities can improve the quality of care received by Medicare beneficiaries, increase patient satisfaction, and reduce Medicare expenditures.

Eligibility is targeted to critical access hospitals in Alaska, Montana, Nevada, North Dakota and Wyoming. Applications will include a plan to meet the community's health needs in the areas of telemedicine, nursing facility care, home health services, and ambulance services.

For additional information about Frontier Community Health Integration Project, including the Request for Applications, please visit the Innovation Center website at <http://innovation.cms.gov/initiatives/Frontier-Community-Health-Integration-Project-Demonstration/>.

## REPORTS/POLICIES

- **The GAO published “Private Health Insurance: The Range of Base Premiums for Individuals Age 19 and 64 in the Individual Market by State in January 2013,” (GAO-14-263R) on Jan. 31, 2014.** In this report, the GAO examines the range of premiums offered to different categories of consumers in the individual market in the month of January 2013. <http://www.gao.gov/assets/670/660556.pdf>
- **The Institute of Medicine (IOM) published “Advancing Workforce Health at the Department of Homeland Security: Protecting Those Who Protect Us,” on Jan. 29, 2014.** In this report, the IOM examined ways the Department of Homeland Security could better integrate occupational health functions and operational medicine throughout DHS with the necessary centralized oversight authority. <http://www.iom.edu/Reports/2014/Advancing-Workforce-Health-at-the-Department-of-Homeland-Security.aspx>

## HILL HEARINGS

- The Senate Armed Services Committee will hold a hearing on **Feb. 10, 2014**, to examine S.1856, to repeal section 403 of the Bipartisan Budget Act of 2013, relating to an annual adjustment of retired pay for members of the Armed Forces under the age of 62.
- The House Veterans Affairs Committee will hold a hearing on **Feb. 20, 2014**, to examine veteran access to traditional and alternative forms of mental health therapy.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 25, 2014**, to receive the legislative presentation of the American Legion.
- 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 Senate Armed Services Committee will hold a hearing on **March 5, 2014**, to examine the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program.
- 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.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 6 and 12, 2014**, to receive the legislative presentation from various veterans services organizations.

## LEGISLATION

- **H.R.3986** (introduced Feb. 4, 2014): the *Fair Access to Health Care Act* was referred to the House Committee on Ways and Means.  
Sponsor: Representative Mike Thompson [CA-5]
- **S.1980** (introduced Feb. 3, 2014): A bill to amend titles XIX and XXI of the Social Security Act to provide for 12-month continuous enrollment under the Medicaid program and Children's

Health Insurance Program and to promote quality care was referred to the Committee on Finance.

Sponsor: Senator John D. Rockefeller, IV [WV]

- **S.1985** (introduced Feb. 3, 2014): the *Veterans Health Care Access Received Closer to Home Act of 2014* was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Jerry Moran [KS]
- **S.1986** (introduced Feb. 3, 2014): the *Streamlining Services for Older Veterans Act* was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Joe Manchin, III [WV]

## MEETINGS/WEBINARS

- The NCDMPH will host a webinar, "*Disaster Human Services and the Socioeconomic Determinants of Post-Disaster Health Outcomes*," on **Feb. 11, 2014**, at **1:00 p.m. ET**. To learn more, please visit: <http://ncdmph.usuhs.edu/NewsEvents/Webinars.htm>
- 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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**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).**