

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate Armed Services Subcommittee on Personnel held an oversight hearing on April 16, 2013, to discuss military personnel programs, including proposed changes to compensation levels and TRICARE cost-sharing for retirees.**

Jessica L. Wright, acting under secretary of defense (personnel and readiness), Dr. Jonathan Woodson, assistant secretary of defense (health affairs) and director of TRICARE Management Activity (TMA), Frederick E. Vollrath, acting assistant secretary of defense (readiness and force management), Richard O. Wightman, acting assistant secretary of defense (reserve affairs), as well as representatives from the military and veterans service organizations testified.

MILITARY HEALTH CARE NEWS

- **Army Col. Gregory D. Gadson, garrison commander at Fort Belvoir, Va., and the Army's first double amputee to serve as a post commander and CBS Radio correspondent, Cami McCormick who was injured while on assignment for the media outlet in Afghanistan, will be guest speakers at the Military Health System's Remembrance Ceremony on May 3, 2013 at Arlington National Cemetery.**

The [ceremony](#) now in its fifth year, celebrates the lives of fallen military medical personnel who served in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Gadson and McCormick are expected to share their front-line experiences with the military medical personnel.

Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs, will host the event.

- **The President's Defense budget for fiscal year 2014 includes increases for some TRICARE Prime enrollees, as well as changes to enrollment fees and pharmacy costs.**

According to the White House, the changes have the support of the Joint Chiefs of Staff. If approved by Congress, the changes the Pentagon would save about \$1.4 billion in 2014 and up to \$12.8 billion in the next five years.

The TRICARE increases would impact all users, falling most heavily on working-age retirees under age 65. Those users would face higher TRICARE Prime enrollment fees phased in over a four year period. The increase would be based on a percentage of retirement pay, with those who retired below general officer or flag rank paying \$584 minimum annual enrollment fee for family coverage in 2014, increasing to \$594 in 2018. The maximum amount for those below flag or general office rank in 2014 would be \$750 for family coverage, increasing to \$1,226 in 2018.

Flag and general officers would pay \$900 for family coverage in 2014, increasing to \$1,840 in 2018.

Medicare-eligible retirees in the TRICARE for Life program would have an annual enrollment fee based on a percentage of retired pay. In 2014, that fee would be capped at \$150 for family coverage, \$200 for retired flag and general officers.

The enrollment fees would go up in the following years, with annual increases of \$150 to \$200 for users. Retirees age 65 and older at the time of the change would be exempt from the enrollment fees.

The budget also includes an increase to TRICARE Prime co-pays for retirees and beneficiaries to \$16 — an increase of \$4 — for all medical visits not related to mental health.

Retirees that use TRICARE Standard and TRICARE Extra will also face new enrollment fees. These will occur over five years, starting at \$70 for individuals and \$140 for families in 2014, increasing to \$125 and \$250, respectively, in 2018.

The budget also proposes increases in annual health care deductibles for working-age retirees. Phased in over five years, the current deductibles of \$150 for individuals and \$300 for families would increase to \$160 and \$320 in 2014, followed increases in the next five years. After that, the amount of increase would be based on the retiree Cost of Living Adjustment.

All TRICARE beneficiaries are facing another increase in pharmacy co-pays, mostly for brand-name prescriptions drugs purchased at retail pharmacies. The plan specifically exempts survivors of service members who died while on active duty and disabled retirees and their family members from the fee and co-pay adjustments.

- **The Defense Department announced it has expanded its tobacco cessation program for beneficiaries.**

Tobacco cessation medications and prescription medications now are available to TRICARE patients through military treatment facilities, pharmacies, and TRICARE's mail-order pharmacy program.

A Code of Federal Regulations final rule, effective March 29, authorizes the health care organization to implement a more comprehensive program.

TRICARE now offers Zyban and Chantix, as well as a whole host of nicotine replacement therapies, including traditional patches, gums, lozenges, nasal spray and inhalers, which now are available through prescription at no cost to the TRICARE beneficiary.

Tobacco cessation medications are available to all beneficiaries age 18 and older in the continental United States. The prescription medications are currently not available through the mail-order pharmacy overseas, but may be available through the military treatment facility pharmacy.

TRICARE's tobacco cessation aids also include a 24/7 chat service via instant messaging, toll-free telephone coaching assistance available around the clock, and face-to-face counseling with a certified tobacco cessation counselor that can be arranged through a primary care provider.

Troops' tobacco use is at a 5- to 10-percent higher rate than that of the public, depending on the age demographic.

- **Gen. Raymond T. Odierno, Army chief of staff, announced that Maj. Gen. Dean G. Sienko, U.S. Army Reserve, commander, 3rd Medical Command, Forest Park, Ga., has been assigned as commanding general, U.S. Army Public Health Command, Aberdeen Proving Ground, Md.**

VETERANS AFFAIRS NEWS

- **During the April 15 Senate Veterans Affairs Committee hearing, Department of Veterans Affairs Secretary Eric Shinseki said that his agency is moving forward with plans to share electronic health record data with the Department of Defense.**

Shinseki emphasized the fact that VA is committed to sharing EHR data with DoD. He noted that VA will continue to use its existing VistA EHR system as its core platform for sharing information and that DoD still is deciding on its core platform.

DoD and VA first launched an effort to create a joint integrated EHR, or iEHR system, in 2009. The iEHR project aimed to allow every service member to maintain a single EHR throughout his or her career and lifetime.

DoD and VA previously said that they expected to fully implement the iEHR system by 2017. A preliminary iEHR rollout was scheduled for 2014. However, DoD and VA officials in February announced plans to halt the iEHR project and instead focus on making their current EHR systems more interoperable.

Shinseki testified about VA's \$152.7 billion fiscal year 2014 budget request. The request includes about \$3.7 billion for IT systems, which includes \$344 million for efforts to integrate EHR technology with DoD. Those funds include \$252 million for the joint VA-DoD Interagency Program Office.

- **Rep. Chellie Pingree, D-Maine, has proposed legislation to relax evidentiary standards for sexual trauma victims who file claims for service-connected mental trauma, similar to the evidential standards put in place in 2010 for veterans claiming combat-related post-traumatic stress.**

The Ruth Moore Act, HR 671, is named for a Navy veteran who fought for 23 years before becoming fully eligible for disability benefits for the post-traumatic stress that she says resulted from being raped twice during her military service.

Under Pingree's bill, a veteran seeking benefits for trauma related to rape or sexual assault who did not have official evidence of a reported crime "would have to provide a statement that the assault took place, along with a diagnosis from a VA health care professional that links the assault to a mental health condition."

While major veterans' groups, including the American Legion, Veterans of Foreign Wars, Disabled American Veterans, and Iraq and Afghanistan Veterans of America, support the bill and a similar Senate bill, S 294, the Department of Veterans Affairs (VA) opposes the legislation because it argues it is unnecessary.

"While we appreciate the intent behind this legislation, we would prefer to continue pursuing non-legislative actions to address the special nature" of the sexual trauma claims, said David McLenachen, VA's director of pension and fiduciary service and the agency's representative at the hearing. While veterans who file sexual trauma-related claims are "given a full and fair opportunity to have their claim considered," McLenachen said VA would like higher thresholds for evidence.

Current policy does not require documentation of an assault or rape; when minimal circumstantial evidence is found, VA schedules a mental health professional to examine the veteran to provide an opinion about whether an in-service rape or assault occurred, he said.

VA also will look at medical service records, veteran treatment records or any private records made available by the veteran to reach an opinion "as to whether it is at least as likely as not that the symptoms or disability are related to the in-service event," he said.

Pingree said VA isn't doing enough. "The bottom line is that for too long the burden of proof has been on the veteran, and that needs to change now."

GENERAL HEALTH CARE NEWS

- **CDC's Office of Surveillance, Epidemiology and Laboratory has launched a new website, designed especially for teachers and students, to learn about the critical role of public health laboratories in protecting the public against diseases and other health hazards.**

The website, *ABCs to Public Health*, was created by CDC scientists and public health experts and contains five teaching portals — one each for elementary, middle school, high school, college and teachers. Each portal hosts a wide range of information to web links and videos on laboratory science. This new educational tool will:

- Raise awareness about the world of laboratory science for both students and teachers;
- Stimulate interest in students on the variety of laboratory science career opportunities available to them; and
- Provide teachers with resources to introduce more laboratory science topics and discussion in the classrooms.

CDC will add new information to the *ABCs to Public Health* tool regularly. To access or to learn more about this new educational resource please visit:
<http://www.cdc.gov/osels/lspppo/sls/index.html>.

- **According to a new report by the Centers for Disease Control and Preventions (CDC), the U.S. infant mortality rate declined 12 percent from 2005 to 6.05 in 2011 for all major racial and ethnic groups. Declines for neonatal and post-neonatal mortality were similar.**

The study also found that infant mortality declined 16 percent for non-Hispanic black women and 12 percent for non-Hispanic white women. Infant mortality declined for four of the five leading causes of death from the 2005 to 2011.

Among leading causes of death, infant mortality declined for four of the five leading causes. During 2005–2011, the infant mortality rate declined six percent for congenital malformations; nine percent for short gestation/low birth weight; seven percent for maternal complications; and 20 percent for SIDS, although this decline may be due in part to changes in the way SIDS is diagnosed and reported. The rate for unintentional injuries did not change significantly from 2005 to 2011.

Infant mortality rates declined most rapidly from 2005 through 2010 for selected Southern states; still, rates in 2010 remained higher in the South and Midwest than in other regions.

Infant mortality is an important indicator of the health of a nation. In 2008, the United States ranked 27th in infant mortality rate among Organization for Economic Cooperation and Development countries, and a previous report linked the United States' relatively unfavorable infant mortality ranking to its higher percentage of preterm births.

Despite the recent infant mortality decline, comparing the 2011 U.S. infant mortality rate with the 2008 international rankings would still have the United States ranked 27th.

REPORTS/POLICIES

- **The Congressional Budget Office (CBO) released its cost estimate for S. 689, Mental Health Awareness and Improvement Act of 2013, a bill to amend the Elementary and Secondary Education Act of 1965 to support school-based mental health programs and other activities.**

According to CBO, implementing these amendments would require appropriations of about \$100 million a year. The bill also would amend the Public Health Service Act to authorize the appropriation of \$105 million for each of fiscal years 2014 through 2018 for suicide prevention and mental health services.

CBO estimates that implementing the bill would cost \$44 million in 2014 and about \$800 million over the 2014-2018 period, assuming appropriation of the authorized and estimated amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

To read the full report, please visit:

<http://www.cbo.gov/sites/default/files/cbofiles/attachments/s689.pdf>.

- **The GAO published “Veterans Health Care: VHA Has Taken Steps to Address**

Deficiencies in Its Logistics Program, but Significant Concerns Remain,” (GAO-13-336) on April 17, 2013. This report assessed the extent to which VAMCs and networks have complied with new VHA requirements to remedy known deficiencies in its logistics program, and VHA’s progress in enhancing its logistics program.
<http://www.gao.gov/assets/660/653886.pdf>

- **The Institute of Medicine (IOM) published “Fostering Independence, Participation, and Healthy Aging Through Technology - Workshop Summary,” on April 17, 2013.** This report examines the ways in which technology can foster independence and healthy aging among working-age individuals with disabilities and among individuals who are developing disabilities while they age. <http://www.iom.edu/Reports/2013/Fostering-Independence-Participation-and-Healthy-Aging-Through-Technology.aspx>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **April 24, 2013**, to examine the Implications of the Affordable Care Act on VA health care.
- The House Appropriations Subcommittee on Defense will hold a budget hearing on **April 24, 2013**, to examine the Defense Health Program.
- The Senate Veterans Affairs Committee will hold a hearing on **April 24, 2013**, to examine the Veterans' Affairs outreach and community partnerships..
- The Senate Armed Services Subcommittee on Readiness and Management Support will hold a hearing on **April 24, 2013**, to examine military construction, environmental, and base closure programs in review of the Defense Authorization Request for fiscal year 2014 and the Future Years Defense Program.
- The Senate Armed Services Committee will hold a hearing on **April 25, 2013**, to examine the Department of the Navy in review of the Defense Authorization Request for fiscal year 2014 and the Future Years Defense Program; with the possibility of a closed session in SVC-217 following the open session.
- The Senate Armed Services Subcommittee on Readiness and Management Support will hold a hearing on **June 11, 2013**, to markup mark-up those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2014.
- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **June 11, 2013**, to markup mark-up those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2014.
- The Senate Armed Services Committee will hold hearings **June 12-14, 2013**, to markup the proposed National Defense Authorization Act for fiscal year 2014.

LEGISLATION

- **H.R.1531** (introduced April 12, 2013): To require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce.

Sponsor: Representative Rosa L. DeLauro [CT-3]

- **H.R.1549** (introduced April 15, 2013): To amend Public Law 111-148 to transfer fiscal year 2013 through fiscal year 2016 funds from the Prevention and Public Health Fund to carry out the temporary high risk health insurance pool program for individuals with preexisting conditions, and to extend access to such program to such individuals who have had creditable coverage during the six months prior to application for coverage through such program was referred to the House Committee on Energy and Commerce. Sponsor: Representative Joseph R. Pitts [PA-16]
- **H.R.1552** (introduced April 15, 2013): To amend the Internal Revenue Code of 1986 to allow the transfer of required minimum distributions from a retirement plan to a health savings account was referred to the House Committee on Ways and Means. Sponsor: Representative Bill Huizenga [MI-2]
- **H.R.1558** (introduced April 15, 2013): To lower health premiums and increase choice for small businesses was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. Sponsor: Representative Chris Collins [NY-27]
- **H.R.1559** (introduced April 15, 2013): To amend the Public Health Service Act to provide health care practitioners in rural areas with training in preventive health care, including both physical and mental care, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Tulsi Gabbard [HI-2]
- **H.R.1591** (introduced April 17, 2013): To amend the Public Health Service Act to provide for the establishment and maintenance of an undiagnosed diseases network, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Rep Carter, John R. [TX-31].
- **H.R.1608** (introduced April 17, 2013): To require the Secretary of Health and Human Services to promulgate regulations regarding the authorship, content, format, and dissemination of Patient Medication Information to ensure patients receive consistent and high-quality information about their prescription medications and are aware of the potential risks and benefits of prescription medications was referred to the House Committee on Energy and Commerce. Sponsor: Representative William L. Owens [NY-21]
- **S.726** (introduced April 15, 2013): the *Rural Preventive Health Care Training Act of 2013* was referred to the Committee on Health, Education, Labor, and Pensions Sponsor: Senator Brian Schatz [HI]
- **S.728** (introduced April 15, 2013): A bill to amend the Internal Revenue Code of 1986 to extend the exclusion from gross income for employer-provided health coverage for employees' spouses and dependent children to coverage provided to other eligible designated beneficiaries of employees was referred to the Committee on Finance. Sponsor: Senator Charles E. Schumer [NY]
- **S.739** (introduced April 16, 2013): A bill to amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Barbara Boxer [CA]

MEETINGS

- The 16th Annual Conference on Vaccine Research will be held on **April 22-24, 2013**, in Baltimore, Md. <http://www.cvent.com/events/16th-annual-conference-on-vaccine->

research/event-summary-db97bedd5ee041eeb09d971650f76be0.aspx

- 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>
- The Learning in Disaster Health: A Continuing Education Workshop will be held on **Sept. 17-18, 2013**, in Washington DC. <http://hjf.cvent.com/events/learning-in-disaster-health-a-continuing-education-workshop/event-summary-8688867233a844d3b5a3afeccebbf288.aspx>
- The AMSUS Annual Continuing Education Meeting will be held **Nov. 3-8, 2013**, in Seattle Wash. AMSUSMeeting.org
- The 29th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.7-9, 2013**, in Philadelphia, Pa. <http://www.istss.org/Home.htm>
- The AMIA 2013 Annual Symposium will be held on **Nov. 16-20, 2013**, in Washington DC. <http://www.amia.org/amia2013>
- The 2013 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 19 - 22, 2012**, Las Vegas, Nev. <http://www.aameda.org/Conference/Annual/AnnualMain.html>
- The Radiological Society of North America (RSNA) 2013: **Dec. 1-3, 2013**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2013 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 14-17, 2012**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>

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