

# 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

- **On April 23, 2013, President Barack Obama has nominated Dr. Yvette Roubideaux, to be the next director of the Indian Health Service, Department of Health and Human Services.**

Dr. Yvette Roubideaux is currently the director of the Indian Health Service (IHS) at the Department of Health and Human Services, a position she has held since 2009. Prior to this, Dr. Roubideaux worked at the University of Arizona from 1998 to 2009 in a number of roles, most recently as assistant professor in the College of Medicine's Department of Family & Community Medicine. Previously, Dr. Roubideaux worked in the IHS as a medical officer and clinical director on the San Carlos Indian Reservation and as a medical officer in the Gila River Indian Community.

Dr. Roubideaux received a B.A. in Biology from Harvard University, an M.D. from Harvard Medical School, and an M.P.H. from the Harvard School of Public Health.

- **On April 24, 2013, the Senate Committee on Veterans' Affairs held a hearing on how the Department of Veterans Affairs is reaching out to make veterans aware of benefits they are entitled to receive.**

"In many areas, the VA does an enormously good job, but no matter how good the programs are it doesn't mean anything if veterans don't know about them,"

Chairman Bernie Sanders (I-Vt.) said.

“We are making progress but more needs to be done. I am especially impressed that 55 percent of returning Iraq and Afghanistan veterans are utilizing VA health care today. That’s a very impressive number,” Sanders added. “On the other hand, we must be cognizant that a 2010 survey found fewer than half of the 22 million veterans in the United States are accessing any VA benefits.”

Tommy Sowers, VA’s assistant secretary for public and intergovernmental affairs, testified at the hearing that the VA is improving outreach efforts. VA is deploying mobile vet centers in rural areas, establishing more community based outpatient clinics, providing mental health crisis line services and strengthening partnerships with other federal agencies, state, city and local governments, he said. Veterans’ service organizations and military support organizations also play important roles.

The committee also heard from Wendy Spencer, CEO of the Corporation for National and Community Service CEO, Eric Weingartner of the Robin Hood Foundation and Mike Monroe, a vice president of Points of Light.

## MILITARY HEALTH CARE NEWS

- **Secretary of Defense Chuck Hagel announced President Obama has nominated Air Force Maj. Gen. Douglas J. Robb, for appointment to the rank of lieutenant general and for assignment as director, Defense Health Agency, Assistant Secretary of Defense for Health Affairs, Under Secretary of Defense (Personnel and Readiness), Office of the Secretary of Defense, Pentagon, Washington, D.C.** Robb is currently serving as Joint Staff surgeon, Office of the Chairman, Joint Chiefs of Staff, Pentagon, Washington, D.C.

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

During March, among active-duty soldiers, there were 10 potential suicides: three have been confirmed as suicides and seven remain under investigation. For February 2013, the Army reported 11 potential suicides among active-duty soldiers; four have been confirmed as suicides and seven are under investigation. For 2013, there have been 41 potential active-duty suicides: 15 have been confirmed as suicides and 26 remain under investigation. Updated active-duty suicide numbers for 2012: 184 (158 have been confirmed as suicides and 26 remain under investigation).

During March 2013, among reserve component soldiers who were not on active duty, there were 12 potential suicides (eight Army National Guard and four Army Reserve): none have been confirmed as suicides and 12 remain under investigation. For February 2013, among that same group, the Army reported 14 potential suicides (eight Army National Guard and six Army Reserve); six have been confirmed as suicides and eight cases remain under investigation. For 2013, there have been 40 potential not on active duty suicides (22 Army National Guard and 18 Army Reserve): 19 have been confirmed as suicides and 21 remain under investigation. Updated not on active duty suicide numbers for 2012: 140 (93 Army National Guard and 47 Army Reserve); 138 have been confirmed as suicides and two remain under investigation.

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

- **On Wednesday, May 1, from 12-1 p.m., EST, the Navy and Marine Corps Public Health Center's Health Promotion and Wellness department is hosting a "Got Sleep?" webinar.**

This webinar will identify signs and symptoms of sleep problems and common sleep disorders, describe prevalence of sleep problems, and summarize health behavior strategies to help mitigate sleep disturbances. This session will be conducted on Defense Connect Online and certified health education specialists may receive one continuing education contact hour for the session.

To register for the webinar, please visit:

<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs has launched a new hotline — 1-855-VA-WOMEN — to receive and respond to questions from veterans, their families and caregivers about the many VA services and resources available to women veterans.**

The hotline, launched on April 23, is staffed by knowledgeable VA employees who can provide information about benefits including health care services for women. Callers can be linked to information on claims, education or health care appointments as well as information about VA cemeteries and memorial benefits. Staff can answer urgent questions and provide referrals to homeless and mental health services as well as provide Vet Center information.

Women make up nearly 15 percent of today's active duty military and 18 percent of National Guard and Reserve forces. The population of women veterans using VA benefits including health care is growing rapidly. Since 2000, the number of women using VA health care more than doubled, from nearly 160,000 in 2000 to more than 354,000 in 2012. Based on the upward trend of women in all branches of service, the number of women veterans—and female VA users—will keep climbing.

- **The Department of Veterans Affairs (VA) is implementing an initiative to expedite compensation claims decisions for veterans who have waited one year or longer.**

Effective April 19, the VA will begin to make provisional decisions on the oldest claims in inventory, which will allow veterans to begin collecting compensation benefits more quickly, if eligible. This initiative provides a one-year safety net to submit further evidence should it become available and protects the veteran's right to appeal the decision.

**For the oldest claims, VA will make a provisional rating based on all current evidence associated with the claim.**

- When benefits are awarded in the provisional decision, the veteran will begin receiving compensation immediately.
- These will be decisions based on all evidence VA has received to date and during the time the claim has been pending.
- Provisional rating notices will note the evidence on which the decision was based and list any documentation that has not been provided or VA has been unable to obtain.

- Exams will be provided by VHA in an expedited manner if they are required for a rating

**The veteran has a safety net – up to one year to submit additional evidence or request VA obtain additional evidence to change the provisional decision.**

- Any awarded benefits will be retroactive to the original date the claim was submitted.
- If no additional evidence is obtained, the provisional decision will become final after one year (or earlier if the veteran requests), at which time a final decision and appeal rights will go into effect.
- These veterans then will have the standard year to appeal the decision, effectively extending the current appeal window, while also providing them with near-term decisions and benefits, if eligible, based on the evidence in the claims file.
- As a result of this initiative, metrics used to track benefits claims will experience significant fluctuations. Average Days to Complete (ADC) – the average amount of time it takes VA to process a claim – will rise significantly in the near term as the oldest claims are completed.
- Average Days Pending (ADP) – the average age of a claim in the inventory – will decrease since the oldest claims will no longer be part of the inventory.

**The most vulnerable veterans will continue to be fast tracked.**

- Wounded, ill and injured veterans from the wars in Iraq & Afghanistan will continue to have priority through the Integrated Disability Evaluation System.
- VA will continue to prioritize veterans who are homeless, terminally ill, former Prisoners of War, and Medal of Honor recipients, those facing financial hardship and our most seriously injured.
- Fully Developed Claims will continue to receive priority processing

Veterans can learn more about disability benefits on the joint Department of Defense—VA web portal **eBenefits** at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).

▪ **The 33rd National Veterans Wheelchair Games will be held July 13-18, 2013, in Tampa, Fla.**

The Games, representing the largest annual wheelchair sports event in the world, are presented by the Department of Veterans Affairs and the Paralyzed Veterans of America. More than 500 veterans from across the United States, Puerto Rico and Great Britain are expected to compete in the event. ,

The games are open to all U.S. military veterans who use wheelchairs for sports competition due to spinal cord injuries, neurological conditions, amputations or other mobility impairments. The 33rd Games will be co-hosted by the James A. Haley VA Medical Center and the Paralyzed Veterans of America, Florida Gulf Coast Chapter.

Competitive events will take place at the Tampa Convention Center, Marriott Waterside Hotel & Marina, Pin Chasers Bowling Lanes, Clearwater Long Center, Raymond James Stadium, Silver Dollar Shooter’s Club, Jefferson High School, Hillsborough Community College and the Tampa Bay Times Forum. The 33rd Games will include competitions in 18 different events such as swimming, basketball, table tennis, archery, and wheelchair slalom, which is a timed obstacle course. The athletes compete in all events against

others with similar athletic ability, competitive experience or age.

In addition to the competitions and the opening and closing ceremonies, the Games will include a "Kids Day at the Games" on Monday, July 15, at Jefferson High School. Local children with disabilities will have the opportunity to interact with the athletes, participate in sporting events, and watch the veterans compete.

The public is invited to attend any of the sports competitions throughout the week of the Games, and admission is free. Up-to-date information is available on the official National Veterans Wheelchair Games website, [www.wheelchairgames.va.gov](http://www.wheelchairgames.va.gov).

## GENERAL HEALTH CARE NEWS

- **Health and Human Services Secretary Kathleen Sebelius announced a proposed rule that would increase rewards paid to Medicare beneficiaries and others whose tips about suspected fraud lead to the successful recovery of funds to as high as \$9.9 million.**

In addition, a new funding opportunity released this month supports the expansion of Senior Medicare Patrol (SMP) activities to educate Medicare beneficiaries on how to prevent, detect and report Medicare fraud, waste and abuse.

Over the last three years, the administration has recovered over \$14.9 billion in fraud, some of which resulted from fraud reporting by individuals – a proven tool in helping the government detect fraud, waste and abuse in the Medicare program. Under the proposed changes, a person that provides specific information leading to the recovery of funds may be eligible to receive a reward of 15 percent of the amount recovered, up to nearly \$10 million. HHS currently offers a reward of 10 percent up to \$1,000 under the current incentive reward program. The changes are modeled on an IRS program that has returned \$2 billion in fraud since 2003.

The proposed rule would also strengthen certain provider enrollment provisions including allowing HHS to deny enrollment of providers who are affiliated with an entity that has unpaid Medicare debt, deny or revoke billing privileges for individuals with felony convictions, and revoke privileges for providers and suppliers who are abusing their billing privileges.

The SMP is a national, volunteer-based program that empowers Medicare beneficiaries to prevent and report Medicare fraud, waste, and abuse. To expand the SMP program's capacity to reach more Medicare beneficiaries, the Administration for Community Living issued a new funding opportunity. Each of the current 54 SMP projects is eligible for varying funding levels, up to a total of \$7.3 million across the program.

These proposed changes will support the administration's comprehensive approach to program integrity, including the work being done with the Health Care Fraud Prevention and Enforcement Action Team, a joint effort between HHS and the Department of Justice to fight health care fraud. This joint effort recovered a record \$4.2 billion in taxpayer dollars in fiscal year 2012.

To read a fact sheet about the proposed rule visit:  
[http://www.cms.gov/apps/media/fact\\_sheets.asp](http://www.cms.gov/apps/media/fact_sheets.asp).

- **The Centers for Medicare & Medicaid Services (CMS) announced the availability of new funding to support Navigators in Federally-facilitated and State Partnership Marketplaces.**

Navigators are individuals and entities that will provide unbiased information to consumers about health insurance, the new Health Insurance Marketplace, qualified health plans, and public programs including Medicaid and the Children's Health Insurance Program.

The funding opportunity announcement is open to eligible self-employed individuals and private and public entities applying to serve as Navigators in states with a Federally-facilitated or State Partnership Marketplace. The new funding opportunity provides up to \$54 million in total funding and applications are due by June 7, 2013.

To access the funding opportunity announcement, visit: <http://www.grants.gov>, and search for CFDA # 93.750.

To access the proposed rule, visit: <http://www.gpo.gov/fdsys/pkg/FR-2013-04-05/pdf/2013-07951.pdf>.

- **By 2030, every U.S. taxpayer could be paying \$244 a year to care for heart failure patients, according to an American Heart Association policy statement.**

The statement, published online in the American Heart Association journal *Circulation: Heart Failure*, predicts the number of people with heart failure could climb 46 percent from 5 million in 2012 to 8 million in 2030. It also predicts that direct and indirect costs to treat heart failure could more than double from \$31 billion in 2012 to \$70 billion in 2030.

The rising incidence is fueled by the aging population and an increase in the number of people with conditions like ischemic heart disease, hypertension and diabetes — contributors to the development of heart failure. Being older, a smoker, a minority or poor are also risk factors.

Heart failure is a life-threatening condition that occurs when the heart has been weakened from heart disease, high blood pressure, diabetes and other underlying conditions, and can no longer pump enough oxygen- and nutrient-rich blood throughout the body. It is the leading cause of hospitalization for Americans over age 65. Patients are often fatigued and have breathing problems, as the heart enlarges and pumps faster to try to meet the body's needs.

To lessen the impact of heart failure and manage the rising number of Americans with the condition, AHA recommends:

- More effective dissemination and use of guideline-recommended therapy to prevent heart failure and improve survival.
- Improving the coordination of care from hospital to home to achieve better outcomes and reduce rehospitalizations.
- Specialized training for physicians, nurses, pharmacists and other healthcare professionals to meet the future demands of advanced heart failure care.
- Reducing disparities for heart failure prevention and care among racial, ethnic, and socioeconomic subgroups to help close the gap in health outcomes.
- Increasing access to palliative and hospice care, for patients with advanced-stage heart failure.

Also, being an ethnic minority and of a lower socio-economic status were both cited as risk factors for heart failure, so more access to health care may help reduce overall risk.

## REPORTS/POLICIES

- There were no reports published this week.

## HILL HEARINGS

- 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.1666** (introduced April 23, 2013): To create a patient-centered quality of care initiative for seriously ill patients through the establishment of a stakeholder strategic summit, quality of life education and awareness initiative, health care workforce training, an advisory committee, and palliative care focused research, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Emanuel Cleaver [MO-5]
- **H.R.1675** (introduced April 23, 2013): To amend the Internal Revenue Code of 1986 to permit health plans without a deductible for prenatal, labor and delivery, and postpartum care to be treated as high deductible plans with respect to health savings accounts was referred to the House Committee on Ways and Means.  
Sponsor: Representative Bill Cassidy [LA-6]
- **H.R.1698** (introduced April 24, 2013): To amend titles XIX and XXI of the Social Security Act to provide for 12-month continuous enrollment of individuals under the Medicaid program and Children's Health Insurance Program, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Gene Green [TX-29]
- **S.800** (introduced April 24, 2013): the *Treto Garza Far South Texas Veterans Inpatient Care Act of 2013* was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator John Cornyn [TX]
- **S.804** (introduced April 24, 2013): A bill to streamline and address overlap in the Federal workforce investment system, steer Federal training dollars toward skills needed by industry, establish incentives for accountability through a Pay for Performance pilot program, and provide new access to the National Directory of New Hires, to measure performance and better connect the unemployed to jobs, and for other purposes.  
Sponsor: Senator Rob Portman [OH]

## MEETINGS

- 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](http://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](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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