

Federal Health Update

MAY 3, 2013

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

Sponsored by:

SPECTRUM[®]
HEALTHCARE RESOURCES
www.spectrumhealth.com
800-325-3982

Additional Sponsorship Opportunities Available.

Please contact Kate Theroux if you are interested in supporting this service.

ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate and House were in recess this week.**

MILITARY HEALTH CARE NEWS

- **On April 25, the Defense Department name Air Force Maj. Gen. Douglas Robb to head the Defense Health Agency (DHA), which will replace TRICARE Management Activity on Oct. 1, 2013.**

Robb co-chaired a DoD task force that reviewed the military health system's structure and recommended creating a single defense health agency. The new body will be responsible for shared health care support services such as the TRICARE program, pharmacy services, medical education and training, logistics, acquisitions, and research and development. The agency will operate under the assistant secretary of defense for health affairs but also is designated a combat support agency with oversight from the chairman of the Joint Chiefs.

Defense officials have said a DHA would save \$50 million a year, with additional cost savings as duplicate services are eliminated.

The Army opposed the initiative, which favored creating a broader unified medical command that would have merged all the medical assets of the Army, Navy and Air Force into a single joint medical command. The Navy and Air Force both supported the

Defense Health Agency proposal.

DHA employees already have moved into consolidated offices located in Falls Church, Va.

Robb is a 34-year veteran who earned his medical degree from the Chicago College of Osteopathic Medicine in 1984. He will be leaving his post serving as staff surgeon for the Joint Chiefs.

- **The Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Jonathan W. Greenert announced Rear Adm. (lower half) Raquel C. Bono, will be assigned as director, National Capital Medical Directorate, Washington, D.C.** Bono is currently serving as fleet surgeon, U.S. Pacific Fleet/command surgeon, U.S. Pacific Command, Camp H.M. Smith, Hawaii.
- **Nexgov.com reports that the Defense Department has shifted management and oversight of health information technology, including procurements from the Military Health System and the TRICARE Management Activity, to Frank Kendall, under secretary of Defense for acquisition, technology and logistics.**

For more information, visit: <http://www.nextgov.com/health/2013/04/military-health-system-and-tricare-lose-control-over-it-budget/62893/?oref=ng-HPriver>

VETERANS AFFAIRS NEWS

- **On April 29, 2013, Deputy Veterans Affairs Secretary W. Scott Gould resigned, effective May 17.**

Gould was nominated by President Obama to serve as deputy secretary of the Department of Veterans Affairs (VA) and subsequently confirmed by the Senate Veterans Affairs Committee on April 2, 2009. In this role, Gould serves as the VA's chief operating officer, responsible for a nationwide system of health care services, benefits programs and national cemeteries for America's veterans and their dependents.

Prior to his appointment to the VA, Gould was vice president for public sector strategy at IBM Global Business Services where he focused on strategy and innovation. Previously, he was chief executive officer of The O'Gara Company, a strategic advisory and investment services firm, and chief operating Officer of Exolve, a technology services company.

Gould is a veteran of the U.S. Navy, having served at sea aboard the guided missile destroyer Richard E. Byrd. As a Naval Intelligence reservist, Capt. Gould was recalled to active duty for Operation Noble Eagle and Enduring Freedom. After President Obama's election, he served as co-chair of the VA Agency Review Team for the Presidential Transition Team.

Gould holds an AB degree from Cornell University and MBA and Ed.D. degrees from the University of Rochester. Gould is married to Michèle A. Flournoy. They have three children and reside in the Washington, D.C. area.

To read Secretary of Veterans Affairs Eric K. Shinseki's statement on Departure of

Deputy Secretary W. Scott Gould, please visit <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2439>.

- **The *Army Times* reports that one third of veterans considered to be at high risk for suicide don't receive the recommended follow-up care after they've been discharged from Veterans Affairs Department inpatient mental health care, according to a new report from the VA inspector general.**

The VA study shows that of 215 cases reviewed between April and September 2012, 65 did not receive the recommended after-care of four visits within 30 days of being discharged.

Thirty-three percent did not have any record of being contacted by a suicide prevention coordinator or case manager, as also is recommended in VA treatment policies.

According to the report, patients who weren't deemed at high risk for suicide fared slightly better: VA requires that patients discharged from acute mental health hospitalizations receive an evaluation within seven days of discharge, and the inspector general found that 78 percent of 475 patients had received some type of evaluation within the expected time frame. But 79 of those patients had received only phone calls, and 30 of them did not get an appointment with a provider or even a telehealth counseling session in two weeks after discharge.

Nearly three-fourths of patients did not receive any follow-up evaluation within 48 hours.

The inspector general found that one of the main concerns was missed appointments: More than 40 percent of the medical records reviewed of patients considered at high risk of suicide showed they'd missed at least one appointment. The report found that staff did not document follow-up attempts for missed appointments for eight percent of these patients.

A recent VA study found that the number of veterans committing suicide per day rose from 18 in 2007 to 22 in 2010.

- **Senior Veterans Affairs executives responsible for processing veterans benefit claims will not receive performance bonuses this year following congressional complaints that the government has been too slow to process disability claims, according to *CNN*.**

Josh Taylor, a spokesman for the Veterans Administration, said the Veterans Benefits Administration has eliminated bonuses to ensure executives responsible for a backlog of claims are not rewarded since performance goals were not achieved.

"Instead, the funds will be reinvested to accelerate elimination of the backlog. We remain confident that VBA senior executives are dedicated to our nation's veterans, and they will continue to lead our drive toward VA's goal: eliminating the claims backlog in 2015," Taylor said.

The total bonus payout for career VA executives in fiscal year 2012 was \$2.3 million, funds that will now be used to eliminate the backlog.

Political appointees, like Veterans Affairs Secretary Eric Shinseki, do not receive bonuses.

GENERAL HEALTH CARE NEWS

- **HHS Secretary Kathleen Sebelius announced that the United States Senate confirmed William Schultz as General Counsel on April 26, 2013.**

Mr. Schultz has been acting general counsel of the U.S. Department of Health and Human Services since March 2011. Prior to joining HHS, Mr. Schultz was a partner at the law firm Zuckerman Spaeder. From 1999 to 2000, he was deputy assistant attorney general for the Civil Division at the U.S. Department of Justice where he was responsible for overseeing all Civil Division appellate litigation and the Department's Tobacco Litigation Team.

Mr. Schultz began his career as a law clerk to Judge William B. Bryant of the U.S. District Court for the District of Columbia and for 14 years he litigated public interest law cases at Public Citizen Litigation Group. Mr. Schultz was also an adjunct professor at Georgetown University Law Center for 10 years, teaching courses in litigation and food and drug law. Mr. Schultz received his B.A. from Yale University and his J.D. from the University of Virginia School of Law.

- **The Centers for Medicare & Medicaid Services (CMS) announced that the application for health coverage has been simplified and significantly shortened.**

The application for individuals without health insurance has been reduced from twenty-one to three pages; the application for families is reduced by two-thirds. The consumer friendly forms are much shorter than industry standards for health insurance applications today.

In addition, for the first time consumers will be able to fill out one simple application and see their entire range of health insurance options, including plans in the Health Insurance Marketplace, Medicaid, the Children's Health Insurance Program (CHIP) and tax credits that will help pay for premiums.

The new applications, which can be submitted starting on October 1, can be found here: <http://cciiio.cms.gov/resources/other/index.html#hie>

The online version of the application will be a dynamic experience that shortens the application process based on individuals' responses. The paper application was simplified and tailored to meet personal situations based on important feedback from consumer groups.

Consumers can apply online, by phone or paper when open enrollment begins Oct. 1, 2013. There will be clear information provided about how to complete the application, and how to access help applying and enrolling in coverage.

For more information about the Health Insurance Marketplace, visit: www.HealthCare.gov.

- **On April 29 2013, Health and Human Services (HHS) Secretary Kathleen Sebelius announced a new program to help military veterans with health care experience or training, such as medics, pursue nursing careers.**

The program is designed to help veterans get bachelor's degrees in nursing by building on their unique skills and abilities. Administered by the Health Resources and Services Administration (HRSA) at HHS, the Veterans' Bachelor of Science in Nursing Program

will fund up to nine cooperative agreements, of up to \$350,000 a year. Funding of \$3 million is expected to be awarded by the end of fiscal year 2013 (September 30).

Program funding will go to accredited schools of nursing to increase veterans' enrollment in and completion of baccalaureate nursing programs, and to explore ways to award academic credit for prior military health care experience or training. The institutions will also train faculty to provide mentorships and other supportive services.

This new program is an important step forward in addressing needs identified in the February 2013 White House report, ["The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans, and Their Spouses."](#)

For information on applying for this funding opportunity, visit www.grants.gov.

- **The U.S. Food and Drug Administration announced that it has approved an amended application submitted by Teva Women's Health, Inc. to market Plan B One-Step (active ingredient levonorgestrel) for use without a prescription by women 15 years of age and older.**

After the FDA did not approve Teva's application to make Plan B One-Step available over-the-counter for all females of reproductive age in December 2011, the company submitted an amended application to make the product available for women 15 years of age and older without a prescription.

Plan B One-Step is an emergency contraceptive intended to reduce the possibility of pregnancy following unprotected sexual intercourse – if another form of birth control (e.g., condom) was not used or failed. Plan B One-Step is a single-dose pill (1.5 mg tablet) that is most effective in decreasing the possibility of unwanted pregnancy if taken immediately or within 3 days after unprotected sexual intercourse.

Plan B One-Step will not stop a pregnancy when a woman is already pregnant, and there is no medical evidence that the product will harm a developing fetus.

On April 5, 2013, a federal judge in New York ordered the FDA to grant a 2001 citizen's petition to the agency that sought to allow over-the-counter access to Plan B (a two dose levonorgestrel product) for women of all ages and/or make Plan B One-Step available without age or point of sale restrictions. However, Teva's application to market Plan B One-Step for women 15 and older was pending with the agency prior to the ruling.

The U.S. Justice Department, on behalf of the FDA, is appealing the ruling and asking to temporarily stop its order from taking effect while the appeal is pending.

- **The new guidelines from the U.S. Preventive Services Task Force (USPSTF), a government-backed panel of doctors and scientists, now align with longstanding recommendations by the U.S. Centers for Disease Control and Prevention for testing of all adults aged 15 to 65, regardless of their risk.**

Guidelines issued by the USPSTF in 2005 had recommended HIV screening for high-risk individuals.

Experts said the change, published on in the [Annals of Internal Medicine](#), will likely trigger coverage for the tests as a preventive service under the Affordable Care Act. Currently, the healthcare law recommends coverage of HIV testing for adolescents and adults who are at high risk of infection.

For doctors, the new recommendations should help clear up any confusion about testing among some primary-care doctors who have not been offering the test to all their adult patients.

Despite strides in reducing cases of HIV infection in the United States in the past three decades, as many as 50,000 Americans become infected with the virus each year. The CDC estimates that almost 1.2 million people in the United States are infected with HIV, yet 20 percent to 25 percent of them do not know it.

REPORTS/POLICIES

- **The GAO published “CMS: Activities, Staffing, and Funding for the Center for Strategic Planning,” (GAO-13-377R) on May 1, 2013.** This report examines CMS’ Center for Strategic Planning (CSP) to facilitate the agency’s strategic planning efforts, describing CSP’s current activities and staffing, as well as CSP’s funding for the most recent full fiscal year. <http://www.gao.gov/assets/660/653481.pdf>
- **The GAO published “VA and IHS: Further Action Needed to Collaborate on Providing Health Care to Native American Veterans,” (GAO-13-354) on April 26, 2013.** This report examines the extent to which the agencies have established mechanisms through which the MOU can be implemented and monitored; and key challenges the agencies face in implementing the MOU and the progress made in overcoming them. <http://www.gao.gov/assets/660/654223.pdf>

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.1780** (introduced April 26, 2013): To provide that the only health plans that the Federal Government may make available to the President, Vice President, Members of Congress, and Federal employees are those created under the Patient Protection and Affordable Care Act or offered through a health insurance exchange was referred to the Committee on Oversight and Government Reform, and in addition to the Committees on Energy and Commerce, and House Administration.
Sponsor: Representative Dave Camp [MI-4]
- **H.R.1790** (introduced April 26, 2013): the *Health IT Modernization for Underserved Communities Act of 2013* was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Karen Bass [CA-37]

- **H.R.1798** (introduced April 26, 2013): the *Dental Insurance Fairness Act of 2013* was referred to the House Committee on Education and the Workforce.
Sponsor: Representative Paul A. Gosar [AZ-4]
- **H.R.1801** (introduced April 26, 2013): the *Cancer Drug Coverage Parity Act of 2013* 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 Brian Higgins [NY-26]

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
- 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/>

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.