

Federal Health Update

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Happy Memorial Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate Armed Services Committee approved a provision by U.S. Senator Claire McCaskill to require TRICARE to cover breastfeeding equipment, such as breast pumps, along with support and counseling to members of the military and their families to, as required by most health plans under the Affordable Care Act (ACA).**

Currently, as part of breastfeeding support, the ACA requires insurance plans to cover breast pump rental or provide breast pumps for new moms, as well as lactation counseling and support.

With TRICARE, members of the military and military spouses are left to pay the full costs out of pocket for these services. TRICARE benefits are not subject to the mandates of the ACA that affect private health insurance plans. As such, when the Health Resources and Services Administration (HRSA) determined that breastfeeding equipment and support should be covered by health insurance companies under the provisions of the ACA, this requirement did not extend to TRICARE.

- **The House passed H.R. 5914, the *National Desert Storm and Desert Shield War Memorial Act*.** This legislation would create a national memorial honoring the service members who honorably served and died in Operation Desert Shield and Desert Storm.

- **On May 23, 2014, the Senate Armed Services Committee completed its markup of the National Defense Authorization Act for Fiscal Year 2015, authorizing \$514 billion funding for the Department of Defense and the national security programs of the Department of Energy.**

Provisions on DoD's health program include:

- Authorizes \$31.8 billion for the Defense Health Program.
- Establishes higher pharmacy copays in 2015 through 2024 for non-active duty TRICARE beneficiaries; requires that non-formulary prescriptions be available through the national mail-order program; and requires that non-generic prescription maintenance medications be refilled through military treatment facility pharmacies or the national mail-order pharmacy program.
- Does not include Department proposal that would reorganize and consolidate the TRICARE program, or the proposal that would establish enrollment fees for TRICARE for Life beneficiaries.
- Provides authority for provisional TRICARE coverage for emerging health care products and services, including certain lab developed tests.
- Repeals requirement for ongoing Comptroller General reviews of viability of TRICARE Standard and Extra.
- Modifies the method by which the federal government makes accrual payments into the Department of Defense Medicare-Eligible Retiree Health Care Fund, and authorizes the Secretary to change the actuarial determination required by statute when Congress enacts significant changes in benefits after the fiscal year begins.
- Extends authority for Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund to September 30, 2016.
- Removes limits on inpatient mental health services.
- Requires Secretary of Defense to conduct a comprehensive study of family planning programs within the Department and to report on the findings of the study by no later than 180 days after the date of enactment of this Act.
- Requires Secretary of Defense to carry out a program of comprehensive, uniform medication management in military medical treatment facilities and to submit a report describing this program by no later than 180 days after the date of enactment of this Act.
- Requires the Secretary of Defense to convene an interagency working group to review and recommend collaborative approaches to improving the provision of mental health services to members of the reserve components and to submit a report on the findings and recommendations of this working group by no later than 1 year after the date of enactment of this Act.
- Requires the Secretary of Defense to submit a report evaluating the tools, processes, and best practices to improve the identification and treatment of mental health conditions and traumatic brain injury among service members by no later than 1 year after the date of enactment of this Act.
- Requires the Secretary of Defense to develop a Department-wide strategy for contracting for health care professionals for the Department of Defense.
- Requires the Comptroller General to submit a report assessing the Military Health

System Modernization Study of the Department of Defense by no later than 180 days after the date of enactment of this Act.

- Authorizes breastfeeding support, supplies, and counseling during pregnancy and the postpartum period as a covered benefit for TRICARE beneficiaries.
- Directs the Secretary of Defense to include in his fiscal year 2016 budget request the funding necessary to provide health care, including behavioral health treatment and applied behavior analysis when prescribed by a physician or psychologist, for treatment of developmental disabilities, including autism spectrum disorder, or to submit a report explaining why such funding is not included.
- Requires the Comptroller General to report on the Captain James A. Lovell Federal Health Care Center demonstration project by not later than 120 days after the Secretary of Defense and Secretary of Veterans Affairs submit their evaluation report on this demonstration project.
- Authorizes transfer of \$146.9 million to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund to be used for operations of the Captain James A. Lovell Federal Health Care Center, Illinois.
- Requires the Secretary of Defense to submit a report assessing the feasibility and advisability of implementing the recommendations of the Institute of Medicine regarding certain resilience and prevention programs of the Department of Defense.
- Requires the Secretary of Defense to report on reductions in TRICARE Prime service areas.
- Requires the Secretary of Defense to conduct a review of and provide a report on the adequacy and effectiveness of Department of Defense policies, procedures, and systems in providing support to service members who experience traumatic injury as a result of a vaccination required by the Department.
- Requires the Secretary of Defense to provide annual person-to-person mental health assessments for all active duty service members and members of the selected reserve.
- Encourages the Department of Defense to broaden its interpretation of current law to include coverage for clinically appropriate treatments for obesity where other major underlying medical conditions exist.
- Requires the Secretary of Defense to report further on the quality and capability of prosthetics currently available to service members.
- Directs the Secretary of Defense to ensure that sufficient priority is given to efforts to provide timely services for autistic children of military families living in rural or underserved communities.
- Encourages ongoing collaboration between the Department of Defense and the Department of Veterans Affairs.

For more details of the Senate's markup, please visit: <http://www.armed-services.senate.gov/imo/media/doc/SASC%20NDAA%20markup%20release%2005-23-14.pdf>

MILITARY HEALTH CARE NEWS

- **The Army ousted the Col. Steven K. Brewster, commander of Womack Army Medical Center at Fort Bragg on May 27, and suspended three top deputies after two patients in their 20s unexpectedly died in the past 10 days, shortly after they sought treatment at the hospital's emergency room.**

The Fort Bragg medical center is one of about 40 across the nation that serves active duty

members of the military and their families.

A Joint Commission review required for the facility to keep its accreditation found that it had "higher-than-expected rate of surgical complications from January 2010 to July 2013," the *Times* wrote, possibly due to problems with the methods used to control infections in surgical facilities.

Defense Secretary announced a full review of the military health care system on May 27.

- **On May 27, 2014 Secretary Hagel outlined the parameters of the comprehensive review he ordered of the department's military health system:**

"The 90-day review will be led by Deputy Secretary of Defense Bob Work, with the assistance of the acting undersecretary of defense for personnel and readiness and the assistant secretary of defense for health affairs, and the direct participation of the secretaries of the military departments and the service chiefs. In addition, Secretary Hagel has asked Deputy Secretary Work to solicit the perspectives of outside experts in the areas of patient safety and quality care.

"The review will focus on the following core areas: access to health care, safety of care, and quality of care.

"Secretary Hagel has requested regular updates on the progress of the review. Additionally, Secretary Hagel expects an initial update by June 6 and the final report to be delivered to him no later than August 29.

"As the secretary has made clear, nothing is more important than the health and well-being of our people. To the degree we learn about issues affecting the health care of our military health beneficiaries, including active duty service members, retirees, and their eligible family members, we will address them."

Please click [here](#) to download a copy of Secretary Hagel's memorandum on the department's military health system review.

- **A Department of Defense program established in 2010 to raise the profile of women doctors is seeking nominations for exceptional female military physicians.**

The Military Health System Female Physician Leader Award recognizes individuals for lifetime accomplishments. Winners help to inspire the next generation of female military physicians. The program highlights a female physician for her contribution and leadership.

Applications are due to the individual services by June 15, 2014. Contact information is listed below.

Each service branch will submit their top five junior and top two senior candidates to the Military Health System Chief Human Capital Office. The categories are based on rank. Four junior winners will be selected: one each from the Army, Navy and Air Force and one from the combined Coast Guard and Public Health Service. In addition, one overall senior winner will be recognized.

Learn more about the [selection criteria](#).

Download the [nomination form](#).

Read about [last year's winners](#).

VETERANS AFFAIRS NEWS

- **On May 28, 2014, Veterans Affairs Inspector General confirmed that 1,700 patients at the Phoenix VA hospital were put on unofficial wait lists and subjected to treatment delays of up to 115 days.**

Other findings from the report include:

About 1,400 veterans were on an electronic waiting list and had appointments for care;

A statistical sample of 226 veterans seeking health care at the Phoenix VA facilities found that they waited an average 115 days for their first appointment, but records were falsified to show they had waited only an average 24 days. About one-fourth of those patients received some level of care during the interim, such as in the emergency room or at a walk-in clinic.

The Phoenix system's executives "significantly understated the time new patients waited for their primary care appointment in their FY 2013 performance appraisal accomplishments, which is one of the factors considered for awards and salary increases."

Looking at other VA facilities, investigators concluded that inappropriate scheduling practices were a systemic problem nationwide.

No determination has been made — but investigators are still looking into — allegations that delayed care led to patient deaths.

Since 2005, the VA inspector general has issued 18 reports that identified deficiencies in scheduling at both the national and local levels.

- **On May 28, 2014, VA Secretary Shinseki released the following statement on the VA OIG Interim Report regarding the Phoenix VA Health Care System:**

"I respect the independent review and recommendations of the Office of Inspector General (OIG) regarding systemic issues with patient scheduling and access. I have reviewed the interim report, and the findings are reprehensible to me, to this Department, and to Veterans. I am directing that the Phoenix VA Health Care System (VAHCS) immediately triage each of the 1,700 Veterans identified by the OIG to bring them timely care.

"I have already placed the Phoenix VAHCS leadership on administrative leave, and have directed an independent site team to assess scheduling and administrative practices at the Phoenix VAHCS. This team began their work in April, and we are already taking action on multiple recommendations from this report.

"We will aggressively and fully implement the remaining OIG recommendations to ensure that we contact every single Veteran identified by the OIG. I have directed the Veterans Health Administration (VHA) to complete a nation-wide access review to ensure a full understanding of VA's policy and continued integrity in managing patient access to care. Further, we are accelerating access to care throughout our system and in communities where Veterans reside.

"It is important to allow OIG's independent and objective review to proceed until completion. OIG has requested that VA take no additional personnel actions in Phoenix until their review is complete."

GENERAL HEALTH CARE NEWS

- **On May 29, 2014, the Center for Disease Control and Prevention (CDC) announced that the ongoing measles outbreak in the United States has reached a record for any year since the disease was eliminated in this country 14 years ago.**

There are 288 cases reported in 18 states with the largest measles clusters in Ohio (138 confirmed cases), California (60) and New York (26). Almost all (97 percent) have been brought into the country by travelers, mainly Americans, who contracted the disease abroad. About half of those were people who picked up the disease in the Philippines, where a large measles outbreak has affected more than 32,000 people, causing 41 deaths, since January.

In this country, the biggest outbreak is centered in the Amish community in Ohio, where many of the residents are unvaccinated, the CDC reported.

Measles is a highly contagious respiratory disease that generally affects young children, causing fever, a runny nose, a cough and a distinctive rash all over the body. This year, however, more than half the people who have come down with measles are 20 years old or older, according to CDC data.

About one in 10 children also gets an ear infection and one in 20 comes down with pneumonia. A person with measles is contagious as long as four days before the symptoms are apparent. Parents and even physicians who haven't seen measles in years may be unaware of the early warning signs.

The largest number of confirmed cases of measles since the infection was eliminated in 2000 occurred in 2011, when 220 were recorded. The CDC hasn't seen this many cases so early in the year since 1994, when 764 people were infected by this time. In the past 20 years, a concerted public health campaign, especially among lower-income families, has made measles outbreaks rare in the United States.

But today, the number of unvaccinated children has begun to become a problem. Some people are choosing not to have their children immunized for personal reasons and others are unaware of, or unable to get, vaccinations, before they arrive in the U.S. Some adults lose their immunity over time and may need to be re-vaccinated.

Adults born before 1957 likely had the measles and should be immune. The vaccine became available in 1963.

- **The U.S. Food and Drug Administration (FDA) issued a final order, reclassifying sunlamp products and ultraviolet (UV) lamps intended for use in sunlamp products from low-risk (class I) to moderate-risk (class II) devices.**

The order also requires that sunlamp products carry a visible black-box warning on the device that explicitly states that the sunlamp product should not be used on persons under the age of 18 years. In addition, certain marketing materials for sunlamp products and UV lamps must include additional and specific warning statements and contraindications.

Sunlamp products, which include tanning beds and tanning booths, emit UV radiation that may cause skin cancer. According to the American Academy of Dermatology, people who have been exposed to UV radiation from indoor tanning experience a 59 percent increase in the risk of melanoma, the deadliest type of skin cancer. This risk increases each time they use a sunlamp product.

Manufacturers will now have to submit a premarket notification (also called a "510(k)") to the FDA and obtain FDA clearance – prior to marketing these devices, which until now were exempt from premarket review. Manufacturers also will now have to show that their products meet certain performance testing requirements and address certain product design characteristics, and will have to include certain warnings and contraindications on sunlamp products and in certain marketing materials for sunlamp products and UV lamps that present consumers with clear information on the risks of use.

In addition to a warning placed on the sunlamp product advising that the product not be used on children under 18, certain marketing materials promoting sunlamp products and UV lamps must carry additional warnings and contraindications, including "Persons repeatedly exposed to UV radiation should be regularly evaluated for skin cancer."

The FDA's final order for the reclassification of sunlamp products and UV lamps follows the recommendations from a panel meeting of outside experts convened in March 2010. This panel of outside experts evaluated the risks of sunlamp products, and recommended that FDA increase regulation of these devices and certain members of the panel recommended that children and teenagers not use the products.

REPORTS/POLICIES

- There were no new reports published this week.

HILL HEARINGS

- The Senate Veterans Affairs Committee will hold a hearing on **June 5, 2014**, to examine pending legislation.

LEGISLATION

- **H.R.4750** (introduced May 28, 2014): To clarify the treatment of health care provider standards of care under Federal health care provisions was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary.
Sponsor: Representative Phil Gingrey [GA-11]

MEETINGS/WEBINARS

- The National Center for Disaster Medicine and Public Health will host the 2014 Learning in Disaster Health Workshop on **Sept. 9-10, 2014**, in the Washington DC area.
<http://ncdmph.usuhs.edu/>
 - The AUSA 2014 Annual Meeting & Exposition will be held **Oct. 13-15, 2014**, in Washington DC. <http://www.ausa.org/meetings/2014/Pages/AnnualMeeting.aspx>
 - The 30th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.6-8, 2014**, in Miami, Fla. <http://www.istss.org/MeetingsEvents.htm>
 - The AMIA 2014 Annual Symposium will be held on **Nov. 15-19, 2014**, in Washington DC. <http://www.amia.org/amia2014>
 - AMSUS Annual Continuing Education Meeting will be held **Dec. 2-5, 2014**, in Washington, DC <http://amsusmeetings.org>
 - The 100th Annual Meeting of Radiological Society of North America (RSNA) 2014: **Dec. 5-9, 2014**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
 - The 2014 Special Operations Medical Association (SOMA) Science Assembly will be held on **Dec. 8-11, 2014**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/Pages/scientificassembly.aspx>
 - The AAMA 2015: The National Summit of Medical Administrators will be held on **Jan. 19-21, 2015**, in Clearwater, Fla. <http://aameda.org/p/cm/ld/fid=159>
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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.