

# Federal Health Update

MAY 31, 2013

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

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***Happy Memorial Day!***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until June 3, 2013.**

## MILITARY HEALTH CARE NEWS

- **The Department of Defense (DoD) announced the launch of The Safe HelpRoom created in response to Safe Helpline users who identified a need for peer support services.**

The new service allows victims of sexual assault to participate in group chat sessions to connect with and support one another in a moderated secure online environment at SafeHelpline.org. The moderator is also available to provide referrals as necessary and ensure all ground rules are adhered to prior to chat postings.

Safe HelpRoom sessions will begin immediately and are available twice weekly in two-hour sessions. The session schedule can be found at SafeHelpline.org, along with polls to determine session topics to address specific concerns. The Safe HelpRoom and Safe Helpline are administered by DoD and operated by the non-profit Rape, Abuse and Incest National Network (RAINN), the nation's largest anti-sexual violence organization, through a contractual agreement with DoD Sexual Assault Prevention and Response Office (SAPRO).

When users visit Safe Helpline, the staff provides one-on-one tailored assistance and offers a variety of up-to-date service referrals for resources on and off military bases and installations. Service referrals include information for sexual assault response coordinators, along with legal, medical, mental health, and spiritual military resources. The referral database also houses information for local civilian and the Department of Veterans Affairs resources for helpline users seeking information and crisis support away from the military response system.

Additional information regarding DoD SAPRO and DoD Safe Helpline/Safe HelpRoom can be found at <http://www.sapr.mil/>.

- **The Democratic Minority of the House Appropriations Committee released a sequestration update, which predicts the Defense Health Program (DHP) is at risk of losing \$2.6 billion due to sequestration, and as a result may run out of money by the end of the summer.**

DHP provides direct care for military personnel at its medical facilities, as well as through TRICARE health programs.

The report states the DoD's top priority would be maintaining operations at its medical treatment facilities and other in-house DoD hospitals and clinics that care for service members, their dependents and eligible retirees. The shortfall, according to the report is "likely to fall on our TRICARE contracts."

- **TRICARE announced it is instituting authorization of the primary care manager (PCM) medical waiver and an "Emergency Refill Too Soon" waiver to beneficiaries in Moore Oka., following the May 20, EF5-strength tornado.**

The PCM waiver is effective from May 20 through June 19, 2013 in the Tinker Air Force Base Prime Service Area. For more information, go to the [Oklahoma disaster alert page](#). In emergencies, the Department of Defense (DoD) can approve a waiver of PCM referrals. Waiving the PCM referral requirement allows affected beneficiaries to get care from TRICARE-authorized providers without a PCM referral, avoiding point-of-service charges.

The "Emergency Refill Too Soon" waiver authorizes early prescription refills for affected beneficiaries through June 17 in Cleveland, Lincoln, McClain, Oklahoma and Pottawatomie counties. When a prescription waiver is authorized for an impacted area, information about early refills is posted on the TRICARE website. Beneficiaries who've signed up for TRICARE e-mail updates at [www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions) receive the update directly. Also check TRICARE's social media pages for updates.

Severe weather can happen at any time, during any season. Disaster preparation is important and being prepared is just as essential as knowing how to get help. Everyone should have an emergency "Go To" kit, and copies of important documents like the Uniformed Services ID card or other health insurance card, driver's license, Social Security card and other items like a list of prescriptions and shot records.

TRICARE suggests that beneficiaries have the numbers to family doctors and the regional contractor close at hand for help getting care, and have a disaster plan and practice it. In case of injury, get emergency care. TRICARE has a downloadable contact wallet card with all the contacts you need for help with your health plan. There is also fact sheet that explains TRICARE coverage during natural disasters. They are both available at [www.tricare.mil/disasterinfo](http://www.tricare.mil/disasterinfo).

- **The Military Health System announced the nomination process is underway for the next “Stronger Female Physician Leaders in the Military Health System” awards program.**

Now in its fifth year, the program seeks to raise the profile of women in military medicine. It recognizes individuals for their outstanding accomplishments and identifies role models to inspire and lead the next generation of female military physicians.

The program presents an opportunity to recognize female military physicians for leadership and medical service. The Army, Navy, Air Force, Coast Guard and United States Public Health Service are accepting applications for the award until June 28.

Each service will then forward their top five junior and top two senior packages to the MHS Chief Human Capital Office (CHCO). One junior winner from the Army, Navy and Air Force and one from the combined Coast Guard and PHS will be selected. In addition, one overall MHS-wide senior winner will be recognized.

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

View sample submission form [letter](#).

Download the [nomination](#) form.

- **The TRICARE Young Adult (TYA) program will remain an available health coverage option for adult children of troops and military retirees under a final rule issued in the [Federal Register](#).**

The rule makes permanent the program, available to unmarried children under age 26 of TRICARE-eligible sponsors who don't qualify for their own health insurance or meet the age requirements to remain on regular Tricare — age 21, or 23 if the beneficiary is a full-time college student.

TYA was established in 2011, providing military dependents the same extension of coverage required by the Affordable Care Act, which directed private health insurers to extend coverage for dependent children to age 26.

The monthly TYA premiums in 2013 are \$176 for Prime and \$152 for Standard.

## VETERANS AFFAIRS NEWS

- **The American Legion, in partnership with Soldier's Wish, is on-site in Moore, Okla., to provide emergency supplies to victims of the tornado devastation.**

Additionally, The American Legion is allocating \$1 million to aid veterans and their families affected by the Oklahoma tornados. The American Legion is committed to the welfare of all veterans and has been on the front lines with veterans and their families in times like these since 1919 per American Legion National Commander James E. Koutz.

The Legion is allocating \$1 million to veterans affected by the tornadoes in Oklahoma. Veterans and their families whose homes were devastated by the disaster can request funds to cover relocation expenses incurred during the immediate aftermath of the disaster.

The American Legion has set up a hotline - (800)-504-4098 - for veterans in Moore, Okla., who wish to request this emergency assistance. Individuals wishing to donate directly to victims in Oklahoma can donate online may do so at: [https://www.members.legion.org/CGI-BIN/lansaweb?webapp=TALFUNDR+webtrn=WR\\_donorinfo+ml=LANSA:XHTML+part=tal+lang=ENG+f%28trantype%29=OKL](https://www.members.legion.org/CGI-BIN/lansaweb?webapp=TALFUNDR+webtrn=WR_donorinfo+ml=LANSA:XHTML+part=tal+lang=ENG+f%28trantype%29=OKL).

## GENERAL HEALTH CARE NEWS

- **The Departments of Health and Human Services (HHS) and Department of Agriculture (USDA) announced the appointment of 15 nationally recognized experts to serve on the 2015 Dietary Guidelines Advisory Committee.**

The Committee's recommendations and rationale will serve as a basis for the eighth edition of the *Dietary Guidelines for Americans*.

The *Dietary Guidelines* serve as the foundation for national nutrition programs, standards, and education. In addition, the *Dietary Guidelines* provide key recommendations for the general population as well as specific population groups to help people choose an overall healthy diet that works for them.

Every five years, the *Dietary Guidelines for Americans* are updated and published jointly by HHS and USDA. The administrative responsibility for leading the process alternates between Departments. The Office of Disease Prevention and Health Promotion at HHS is the administrative lead for the 2015 process.

The inaugural meeting of the Committee is scheduled for June 13-14, 2013 and will be open to the public. For additional information, including meeting details, press releases, and fact sheets, please visit: [www.DietaryGuidelines.gov](http://www.DietaryGuidelines.gov).

To read about the members of the *2015 Dietary Guidelines Advisory Committee*, please visit <http://www.hhs.gov/news/press/2013pres/05/20130531a.html>.

- **The U.S. Departments of Health and Human Services, Labor and the Treasury issued final rules on employment-based wellness programs.**

The final rules support workplace health promotion and prevention as a means to reduce the burden of chronic illness, improve health, and limit growth of health care costs, while ensuring that individuals are protected from unfair underwriting practices that could otherwise reduce benefits based on health status.

The final rules continue to support "participatory wellness programs," which generally are available without regard to an individual's health status. These include programs that reimburse for the cost of membership in a fitness center; that provide a reward to employees for attending a monthly, no-cost health education seminar; or that reward employees who complete a health risk assessment, without requiring them to take further action.

The rules also outline standards for nondiscriminatory "health-contingent wellness programs," which generally reward individuals who meet a specific standard related to their health. Examples of health-contingent wellness programs include programs that provide a reward to those who do not use, or decrease their use of, tobacco, or programs that reward those who achieve a specified health-related goal such as a specified cholesterol level, weight, or body mass index, as well as those who fail to meet such goals but take certain other healthy actions.

The final rules ensure flexibility for employers by increasing the maximum reward that may be offered under appropriately designed wellness programs, including outcome-based programs. The final rules also protect consumers by requiring that health-contingent wellness programs be reasonably designed, uniformly available to all similarly situated individuals, and accommodate recommendations made at any time by an individual's physician based on medical appropriateness.

The final rules will be effective for plan years beginning on or after Jan. 1, 2014.

To view the final rule, visit <http://www.ofr.gov/inspection.aspx>.

- **In 2011, 20 percent of U.S. adults reported at least one emergency room visit in the past year, and seven percent reported two or more visits, according to [Health, United States, 2012](#).**

The 36th annual report includes a compilation of health data from state and federal health agencies and the private sector.

Highlights of this year's special section on emergency care include:

- During 2001 through 2011, both children under age 18 and adults aged 18–64 with Medicaid coverage were more likely than uninsured Americans and those with private insurance coverage to have at least one emergency room visit in the past year.
- In 2009–2010, cold symptoms were the most common reason for emergency room visits by children (27 percent), and injuries were the most common reason for visits by adults (14 percent.)
- Between 2000 and 2010, 35 percent of emergency room visits included an x-ray, while the use of advanced imaging scans (CT or MRI) increased from 5 percent to 17 percent of visits.
- In 2009–2010, 81 percent of emergency department visits were discharged for follow-up care as needed, 16 percent ended with the patient being admitted to the hospital, 2 percent ended with the patient leaving without completing the visit, and less than 1 percent ended in the patient's death.
- In 2009–2010, 59 percent of emergency department visits (excluding hospital admissions) included at least one drug prescribed at discharge.
- During 2001-2011, the percentage of persons with at least one emergency department visit in the past year was stable at 20 percent to 22 percent, and the percentage of persons reporting two or more visits was stable at 7 percent to 8 percent.
- Other highlights from the report include:
  - Between 2010 and 2011, the percentage of adults aged 19-25 who were uninsured decreased from 34 percent to 28 percent.
  - Expenditures for hospital care accounted for 31 percent of all national health care expenditures in 2010. Physician and clinical services accounted for 20 percent of the total, followed by prescription drugs (10 percent), and nursing care facilities and continuing care retirement communities (6 percent).
  - In 2011, 48 percent of adults aged 18 and over did not meet the 2008 federal physical activity guidelines.

- **On May 31, 2013, the Medicare Trustees projected that the trust fund that finances Medicare's hospital insurance coverage will remain solvent until 2026, two years beyond what was projected in last year's report.**

A number of factors have contributed to the improved outlook, including lower-than-expected Part A spending in 2012, and lower projected Medicare Advantage program costs. Recent data from the Medicare Advantage program indicate that certain provisions of the Affordable Care Act will help reduce the growth of spending in this program by more than was previously projected. Partially offsetting these lower spending projections are somewhat lower projected levels of tax revenue.

Medicare spending per beneficiary has grown quite slowly over the past few years and is

projected to continue growing slowly over the next several years. From 2010 to 2012, Medicare spending per beneficiary grew at 1.7 percent annually, more slowly than the average rate of growth in the Consumer Price Index, and substantially more slowly than the per capita rate of growth in the economy. Thanks in part to the cost controls implemented in the Affordable Care Act, spending is projected to continue to grow slower than the overall economy for the next several years.

The benefits of this slower growth accrue to both tax payers and beneficiaries. For example, although the Part B premium for 2014 will not be determined until later this year, the preliminary estimate in the Report indicates that it will remain unchanged from the 2013 premium.

To read the report, please visit: <http://downloads.cms.gov/files/TR2013.pdf>.

## REPORTS/POLICIES

- **The GAO published “VA Health Care: Management and Oversight of Fee Basis Care Need Improvement,” (GAO-13-441) on May 31, 2013.** In this report, the GAO reviews fee basis care program spending and utilization and factors that influence VAMC fee basis utilization. This report examines how fee basis care spending and utilization changed from fiscal year 2008 to fiscal year 2012, factors that contribute to the use of fee basis care, and VA’s oversight of fee basis care program spending and utilization. <http://www.gao.gov/assets/660/654979.pdf>
  
- **The GAO published “Health Insurance: Seven States’ Actions to Establish Exchanges under the Patient Protection and Affordable Care Act,” (GAO-13-486) on May 30, 2013.** In this report, the GAO examines states’ responsibilities for establishing exchanges, and actions selected states have taken to establish exchanges and challenges they have encountered. <http://www.gao.gov/assets/660/654331.pdf>
  
- **The GAO published “Patient Protection and Affordable Care Act: Enrollment and Spending in the Early Retiree Reinsurance and Pre-existing Condition Insurance Plan Programs,” (GAO-13-391) on May 30, 2013.** This report provides updated information on ERRP and PCIP spending and describes the current status of ERRP and PCIP enrollment and spending as well as projected PCIP spending and how CCIO is ensuring that program funding is sufficient through 2013. <http://www.gao.gov/assets/660/654260.pdf>
  
- **The GAO published “Defense Health Care: Department of Defense Needs a Strategic Approach to Contracting for Health Care Professionals,” (GAO-13-322) on May 30, 2013.** This report examines the contracting practices used by the departments and their cost effectiveness; the extent to which the departments consolidate health care staffing requirements; the percentage and associated costs of contract health care professionals working at on-base facilities versus off base; the training requirements for and experience of medical services contracting personnel; and the extent to which the departments’ policies address legislated quality standards for contract civilian health care professionals and for staffing companies that provide these professionals. <http://www.gao.gov/assets/660/654847.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.2216** (introduced May 28, 2013): the Military Construction and Veterans Affairs, and Related Agencies Appropriations Act, 2014 was placed on the Union Calendar. Sponsor: Representative John Abney Culberson [TX-7]

## 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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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).