

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On June 20, 2014, the House passed H.R. 4870, the Defense Appropriations Act, providing \$570.4 billion for the Department of Defense for the fiscal year ending September 30, 2015, and for other purposes.**

MILITARY HEALTH CARE NEWS

- **Texas Gov. Rick Perry joined Lt Gen. Mark Milley, commanding general, III Corps and Fort Hood along with representatives from the Intrepid Fallen Heroes Fund to break ground, June 12, on the new home of the Fort Hood Intrepid Spirit, satellite to the National Intrepid Center of Excellence at Walter Reed National Military Medical Center in Bethesda, Md.**

The Fort Hood Intrepid Spirit is the fifth of nine satellite centers to be constructed by the Intrepid Fallen Heroes Fund. When completed, the Fort Hood Intrepid Spirit will provide services to military members with complex medical conditions including traumatic brain injury, behavioral health, chronic pain and other related ailments.

- **Enlisted military service members in the Air Force and Army now have an opportunity to prepare for future careers as uniformed physicians thanks to a new program headquartered at the F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences in Bethesda, Md.**

The “Enlisted to Medical Degree Preparatory Program,” or EMDP2, is a 24-month program for highly-qualified enlisted service members interested in a career as a military doctor. Candidates will attend school full-time at George Mason University-Prince William (GMU-PW) campus in Manassas, Va., to prepare them to apply to medical school, while remaining on active duty. Candidates must possess a baccalaureate degree from an accredited academic institution with a minimum of a 3.2 grade point average and meet Service requirements for commissioning.

The inaugural EMDP2 class, up to 10 students, will report to USU at the end of July to begin the program, which will include full-time medical school preparatory coursework in a traditional classroom setting at GMU-PW, structured pre-health advising, formal Medical College Admission Test (MCAT) preparation, dedicated faculty and peer mentoring at USU, and integrated clinical exposure. Students completing the program successfully will qualify to apply to most U.S. medical schools.

- **The *Military Times* reports that a \$5 million study is underway at the Walter Reed National Military Medical Center in Bethesda, Md., to evaluate whether and how training service dogs may help patients with traumatic brain injury or post-traumatic stress disorder.**

Participating troops are paired with puppies that they will raise for two years to serve as assistance dogs for other injured veterans.

Anecdotal personal stories aside, a handful of studies have suggested that working with dogs releases oxytocin, the feel-good hormone that promotes bonding. The new research seeks to quantify these observations.

The research is modeled on a program started five years ago at the Veterans Affairs Palo Alto Health System in California.

Rick Yount, executive director of the nonprofit Warrior Canine Connection, which breeds golden and Labrador retrievers to become service dogs, said the program succeeds by combining the power of the human-animal bond with the “warrior ethos” of helping brothers-in-arms.

Being in need of mental health treatment is “contrary” to how combat troops see themselves, Yount said, “but tell them you need volunteers to help train service dogs, and a lot of hands go up.”

The study involves at least 40 service members, half of whom will train dogs.

The research will follow participants through the program, examining physiological responses — such as heart rate and stress markers — as well as any psychiatric changes before, during and after the study period.

If the results are anything like what Palo Alto has seen, Yount said troops will benefit, and a new crop of hard-working service dogs will be available for injured vets.

The study is the first Defense Department research to examine the interaction between dogs and humans with head injuries or mental health conditions.

A larger, different study is just getting underway at the Veterans Affairs Department, but that research will focus on the effectiveness of trained psychiatric service dogs as well as companion dogs — pets — to ease PTSD symptoms.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs announced that Dr. Robert L. Jesse, who has been serving as the department's acting under secretary for health, and Will A. Gunn, the department's general counsel are leaving their posts.**

Dr. Jesse had stepped in last month as what is effectively the department's head of health care, replacing Dr. Robert A. Petzel, who was ousted by Eric Shinseki, the Veterans Affairs secretary, just months before he was scheduled to retire. Mr. Shinseki himself stepped down two weeks later.

Dr. Jesse, who had served as the department's principal deputy under secretary for health since 2010, will be succeeded by Dr. Carolyn M. Clancy, who has served at the department since August as the assistant deputy under secretary for health for quality, safety and value.

The department's principal deputy general counsel, Tammy Kennedy, will step in after Mr. Gunn's departure to serve as acting general counsel.

- **Acting Secretary of Veterans Affairs Sloan Gibson released a statement following the Office of Special Counsel's letter to the President regarding VA whistleblowers:**

"At VA, we depend on the service of VA employees and leaders who place the interests of Veterans above and beyond self-interest, and who live by VA's core values of Integrity, Commitment, Advocacy, Respect, and Excellence.

"I respect and welcome the letter and the insights from the Office of Special Counsel. I am deeply disappointed not only in the substantiation of allegations raised by whistleblowers, but also in the failures within VA to take whistleblower complaints seriously.

"VA accepts the OSC recommendations in today's letter to the President. Accordingly, I have directed a comprehensive review of all aspects of the Office of Medical Inspector's operation, to be completed within 14 days. This will include a review of process, structure, resourcing, and how recommendations are tracked and reviewed. Additionally, this review will include consideration of personnel actions and will designate an official to assess the conclusions and the proposed corrective actions in OSC reports."

- **After close consultation with the Department of Justice (DOJ), the Department of Veterans Affairs (VA) is providing guidance to same-sex married couples on the benefits and services to which they are entitled under current laws and regulations.**

The U.S. Supreme Court overturned section 3 of the Defense of Marriage Act (DOMA), which governed the definitions of "marriage" and "spouse" for all federal agencies. However, there remain certain provisions of federal law governing veterans' benefits and services that, like DOMA, define a spouse as a member of the opposite sex. In September 2013, the U.S. Attorney General announced President Obama's directive to cease enforcement of those VA-specific definitional provisions.

However, another provision of the law governing VA – 38 U.S.C. § 103(c) – requires the Department to look to the place of residency rather than the place of celebration to determine whether a veteran's marriage is recognized for the purposes of VA benefits. This statutory requirement to look at the laws governing marriage in the place where the veteran or veteran's spouse resided at the time of the marriage or at the time they filed their claim or application

precludes VA from recognizing certain same-sex marriages, such as when a couple has never lived in a state that recognizes same-sex marriages. VA has worked with DOJ to develop guidance to process claims and applications for same-sex married couples while still following the statutory requirement to look to the place of residency.

VA is committed to treating all veterans and their spouses as equally as possible under the law. Since the Windsor decision, VA has worked with DOJ to develop guidance to process claims and applications for same-sex married couples while still following the statutory requirement to look to the place of residency. Importantly, the administrations within VA will aim to apply the same level of scrutiny to all veterans' marriages, regardless of whether it is a same-sex or opposite-sex marriage. VA will therefore process claims and applications involving same-sex marriage in the same manner that VA processes claims based on opposite-sex marriage without any additional scrutiny or development. This means generally that VA will accept a claimant or applicant's assertion that he or she is married as sufficient evidence to establish a veteran's marriage for the purpose of VA benefits. VA has made efforts to ensure that claimants will not be negatively impacted as a result of the time that has passed while developing this guidance.

VA is now processing all claims and applications involving same-sex marriages that were previously being held by the program offices. VA launched a new website and is continuing to update forms to inform veterans and beneficiaries of the recent changes in the law and procedures. The new website provides important information to help veterans and beneficiaries understand the eligibility requirements under federal law and VA regulations, and answers frequently asked questions.

Veterans can learn more about VA's guidance regarding same-sex marriages at <http://www.va.gov/opa/marriage/> or by reaching out to one of our Call Centers at 1-800-827-1000.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services (HHS) expects to announce its plans for helping existing Marketplace consumers get auto-enrolled for next year. These plans would give existing consumers a simple way to remain in the same plan next year unless they want to shop for another plan and choose to make changes.**

In today's health insurance market, the vast majority of consumers are generally auto-enrolled in their plan year after year. For example, about 88 percent of employees receiving coverage through the Federal Employee Health Benefits Program don't choose to change plans and are instead auto-enrolled in their current plan with updated premiums and benefits. These guidelines aim to bring the Marketplace in line with this practice in the existing insurance market.

As with existing open enrollment periods for employer-based coverage, consumers are strongly encouraged to use the open enrollment period as an opportunity to update their information and reevaluate their health coverage needs for the coming year.

Consumers always have the ability to return to the system for shopping, changing plans, or reporting life changes, or a change to their annual income to ensure they are getting the lowest cost possible on their monthly premium. And, to help ensure the program integrity of how taxpayer dollars are spent, while also protecting consumers from having to pay back tax credits they are no longer eligible for, under the approach that the federally-facilitated Marketplace would use in 2015, the small number of consumers whose updated income information suggests they no longer qualify for a tax credit next year, will still be auto-enrolled in their current plan, but without a tax credit. State-based Marketplaces may take this approach as well, or propose an alternative.

Under the plans that HHS expects to announce, consumers in the Federally-facilitated

Marketplace will receive notices from the Marketplace informing them how to update their information to get a tailored and updated tax credit that keeps up with any income changes. Consumers will receive information from their health insurance company about the premium and the amount they are eligible to save on their monthly bill close to the beginning of the open enrollment period, when they will be able to take action should they choose to do so.

To read today's proposed rule visit: http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508_CMS-9941-P-OFRv-6-26-14.pdf

- **Excessive alcohol use accounts for one in 10 deaths among working-age adults ages 20-64 years in the United States, according to a report from the Centers for Disease Control and Prevention published in [Preventing Chronic Disease](#).**

Excessive alcohol use led to approximately 88,000 deaths per year from 2006 to 2010, and shortened the lives of those who died by about 30 years. These deaths were due to health effects from drinking too much over time, such as breast cancer, liver disease, and heart disease; and health effects from drinking too much in a short period of time, such as violence, alcohol poisoning, and motor vehicle crashes. In total, there were 2.5 million years of potential life lost each year due to excessive alcohol use.

Nearly 70 percent of deaths due to excessive drinking involved working-age adults, and about 70 percent of the deaths involved males. About 5 percent of the deaths involved people under age 21. The highest death rate due to excessive drinking was in New Mexico (51 deaths per 100,000 population), and the lowest was in New Jersey (19.1 per 100,000).

Excessive drinking includes binge drinking (4 or more drinks on an occasion for women, 5 or more drinks on an occasion for men), heavy drinking (8 or more drinks a week for women, 15 or more drinks a week for men), and any alcohol use by pregnant women or those under the minimum legal drinking age of 21. Excessive drinking cost the United States about \$224 billion, or \$1.90 per drink, in 2006. Most of these costs were due to lost productivity, including reduced earnings among excessive drinkers as well as deaths due to excessive drinking among working age adults.

For more information about excessive drinking, including binge drinking, and how to prevent this dangerous behavior, visit the CDC's Alcohol and Public Health website at <http://www.cdc.gov/alcohol/index.htm>.

For state-specific estimates of deaths and years of potential life lost due to excessive drinking by condition, visit the ARDI online application at <https://apps.nccd.cdc.gov/ardi/HomePage.aspx>.

- **The U.S. Food and Drug Administration allowed marketing of the first motorized device intended to act as an exoskeleton for people with lower body paralysis (paraplegia) due to spinal cord injury.**

ReWalk is a motorized device worn over the legs and part of the upper body that helps an individual sit, stand, and walk with assistance from a trained companion, such as a spouse or home health aide.

According to the U.S. Centers for Disease Control and Prevention there are about 200,000 people in the United States living with a spinal cord injury, many of whom have complete or partial paraplegia.

ReWalk consists of a fitted, metal brace that supports the legs and part of the upper body; motors that supply movement at the hips, knees, and ankles; a tilt sensor; and a backpack that contains the computer and power supply. Crutches provide the user with additional stability when walking,

standing, and rising up from a chair. Using a wireless remote control worn on the wrist, the user commands ReWalk to stand up, sit down or walk.

ReWalk is for people with paraplegia due to spinal cord injuries at levels T7 (seventh thoracic vertebra) to L5 (fifth lumbar vertebra) when accompanied by a specially trained caregiver. It is also for people with spinal cord injuries at levels T4 (fourth thoracic vertebra) to T6 (sixth thoracic vertebra) where the device is limited to use in rehabilitation institutions. The device is not intended for sports or climbing stairs.

Prior to being trained to use ReWalk, patients should be able to stand using an assistive standing device (e.g., standing frame), and their hands and shoulders should be able to support crutches or a walker. Patients should not use the device if they have a history of severe neurological injuries other than spinal cord injury, or have severe spasticity, significant contractures, unstable spine, unhealed limb fractures or pelvic fractures. Patients should also not use the device if they have severe concurrent medical diseases such as infection, circulatory conditions, heart or lung conditions, or pressure sores.

Patients and their caregivers must undergo training developed by the manufacturer to learn and demonstrate proper use of the device.

REPORTS/POLICIES

- **The GAO published “Private Health Insurance: The Range of Average Annual Premiums in the Small Group Market by State in Early 2013,” (GAO-14-524R) on May 28, 2014.** This report examines the range of premiums in the small group market in 2013. <http://www.gao.gov/assets/670/663622.pdf>

HILL HEARINGS

- There are no hearings scheduled this week.

LEGISLATION

- **H.R.4930** (introducing June 20, 2014): To amend titles XIX and XXI of the Social Security Act to provide States with the option of providing services to children with medically complex conditions under the Medicaid program and Children’s Health Insurance Program through a care coordination program focused on improving health outcomes for children with medically complex conditions and lowering costs, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Joe Barton [TX-6]

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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