

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until July 9, 2013.**
- **The Obama Administration announced it is delaying the requirement that businesses with more than 50 employees provide health insurance to their workers or pay a penalty until 2015.**

The announcement is in response to the numerous complaints from businesses that the requirements were too complicated and difficult to implement in time.

The delay does not change the individual mandate, which requires most Americans to purchase insurance by Jan. 1, 2014. Some consumers may receive subsidies to help them pay for the insurance depending on their incomes.

The delay will give the IRS more time to simplify reporting requirements, as well as for businesses to get up to speed with reporting systems. The government still encourages businesses to voluntarily begin reporting in 2014 so they will be ready for 2015.

Once implemented, businesses with more than 50 employees will have to pay a fee of \$2,000 per uninsured employees after the first 30 employees. The Congressional Budget Office expects these penalties to bring in \$4 billion.

MILITARY HEALTH CARE NEWS

- **According to the *Army Times*, TRICARE will no longer cover compounded prescriptions drugs that contain ingredients not approved by the Food and Drug Administration, effective July 24, 2013.**

TRICARE pharmacy benefit manager Express Scripts sent letters this month to 44,000 TRICARE affected beneficiaries notifying them of the change. The beneficiaries will have to speak with their doctors about alternatives, or to their pharmacist to determine whether their formula can be altered to comply with the new requirement.

Compounded medications are tailored for individuals by pharmacists, combining a conventional medication with other ingredients to tweak a dosage, change delivery (from a pill to a liquid or liquid to a patch, for example) or eliminate an allergen. Many compounded prescriptions use inert ingredients such as bulk chemicals and powders that are not subject to FDA approval, and by law, TRICARE is barred from providing prescription drug coverage for compounds with unapproved ingredients. Recent changes to federal standards for pharmacy claim submissions have led to an increase in oversight of all pharmacy claims, including those in government and commercial plans.

TRICARE received roughly 500,000 compound claims from beneficiaries in 2012, worth \$330 million.

- **On June 28, 2013, the Department of Defense announced the President has nominated:**
 - Navy Rear Adm. (lower half) Colin G. Chinn has been nominated for appointment to the rank of rear admiral. Chinn is currently serving as director, Medical Resources, Plans and Policy Division, N0931, Office of the Chief of Naval Operations, and Chief of the Medical Corps, Washington, D.C.
 - Navy Rear Adm. (lower half) Elaine C. Wagner has been nominated for appointment to the rank of rear admiral. Wagner is currently serving as commander, Navy Medicine East; commander, Naval Medical Center; and chief of the Navy Dental Corps, Portsmouth, Va.

VETERANS AFFAIRS NEWS

- **The United Kingdom's National Health Service has announced it is assessing the U.S. Department of Veterans Affairs' VistA electronic health record system as it investigates how to expand the U.K.'s open-source software development programs to meet the country's health IT needs, according to *Modern Healthcare*.**

NHS said in its 52-page report, "[Safer Hospitals, Safer Wards: Achieving an Integrated Digital Care Record](#)," that the effort will be financed in part through a \$394 million technology fund announced in May by the U.K.'s health secretary to facilitate "the rapid progression to digital records."

In March, the Veterans Health Administration and NHS announced they were partnering on a three-year initiative to explore how the two agencies use health IT. The initiative involves the exchange of leaders, staff and ideas.

In the report, NHS explained it was "looking to adopt some of the ethos behind [the creation of VHA's VistA] and potentially part, or all, of the technical product, in combination with others, to

generate 'NHS VistA.'" The agency added that NHS officials had visited VHA to undertake "an initial assessment of product capability" and determine what technological customization would be required for NHS' use.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) has awarded more than \$916 million to continue improving preparedness and health outcomes for a wide range of public health threats within every state, eight U.S. territories, and four of the nation's largest metropolitan areas.**

The fiscal year 2013 funding to support health care and public health preparedness programs included approximately \$332 million awarded for the [Hospital Preparedness Program \(HPP\)](#) cooperative agreement and more than \$584 million awarded for the [Public Health Emergency Preparedness \(PHEP\)](#) cooperative agreement.

Administered by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), HPP funding supports preparedness for health care systems, organizations and coalitions. HHS' Centers for Disease Control and Prevention administers PHEP funding to strengthen national health security and advance state, local, and territorial preparedness and response capabilities.

Requirements of the HPP and PHEP cooperative agreements are complementary and aligned to minimize administrative tasks for state health departments. The programs encourage health care entities and state and local public health departments to work collaboratively with other federal health and preparedness programs in their jurisdictions to maximize resources and prevent duplicative efforts. Such coordination of activities with emergency management and homeland security programs supports "whole community" planning to improve national preparedness efforts.

To learn more about HPP and PHEP including grant awards to individual states, territories or localities, visit www.phe.gov/hpp and <http://www.cdc.gov/phpr/coopagreement.htm>.

- **The number of prescription painkiller overdose deaths increased five-fold among women between 1999 and 2010, according to a [Vital Signs](#) report released today by the Centers for Disease Control and Prevention.**

While men are more likely to die of a prescription painkiller overdose, since 1999 the percentage increase in deaths was greater among women (400 percent in women compared to 265 percent in men). Prescription painkiller overdoses killed nearly 48,000 women between 1999 and 2010.

The study includes emergency department visits and deaths related to drug misuse/abuse and overdose, as well as analyses specific to prescription painkillers. The key findings include:

- About 42 women die every day from a drug overdose.
- Since 2007, more women have died from drug overdoses than from motor vehicle crashes.
- Drug overdose suicide deaths accounted for 34 percent of all suicides among women compared with eight percent among men in 2010.
- More than 940,000 women were seen in emergency departments for drug misuse or abuse in 2010.

Prescription painkillers have been a major contributor to increases in drug overdose deaths among women.

- More than 6,600 women, or 18 women every day, died from a prescription painkiller

overdose in 2010.

- There were four times more deaths among women from prescription painkiller overdose than for cocaine and heroin deaths combined in 2010.
- In 2010, there were more than 200,000 emergency department visits for opioid misuse or abuse among women; about one every three minutes.

For the Vital Signs report, CDC analyzed data from the National Vital Statistics System (1999-2010) and the Drug Abuse Warning Network public use file (2004-2010).

Previous research has shown that women are more likely to have chronic pain, be prescribed prescription painkillers, be given higher doses, and use them for longer time periods than men. Studies have also shown that women may become dependent on prescription painkillers more quickly than men and may be more likely than men to engage in “doctor shopping” (obtaining prescriptions from multiple prescribers).

CDC's Injury Center works to protect the safety of everyone, every day. For more information about prescription drug overdoses, please visit www.cdc.gov/HomeandRecreationalSafety/Poisoning.

- **The Department of Health and Human Services (HHS) announced nearly \$32 million in grants for efforts to identify and enroll children eligible for Medicaid and the Children's Health Insurance Program (CHIP).**

The *Connecting Kids to Coverage Outreach and Enrollment Grants* were awarded to 41 state agencies, community health centers, school-based organizations and non-profit groups in 22 states; two grantees are multistate organizations.

Efforts to streamline Medicaid and CHIP enrollment and renewal practices, combined with robust outreach activities, have helped reduce the number of uninsured children. Since 2008, 1.7 million children have gained coverage and the rate of uninsured children has dropped to 6.6 percent in 2012.

Grants were made in five focus areas:

- **Engaging schools** in outreach, enrollment and retention activities (9 awards);
- **Reducing health coverage disparities** by reaching out to subgroups of children that are less likely to have health coverage (8 awards);
- **Streamlining enrollment** for individuals participating in other public benefit programs such as nutritional or other assistance programs (3 awards);
- **Improving application assistance** resources to provide high quality, reliable Medicaid and CHIP enrollment and renewal services in local communities (13 awards); and
- **Training communities** to help families understand the new application and enrollment system and to deliver effective assistance to families with children eligible for Medicaid or CHIP (8 awards).

These awards are part of the \$140 million included in the Affordable Care Act and the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 for enrollment and renewal outreach.

The grants will build on the Secretary's [Connecting Kids to Coverage Challenge](#) to find and enroll all eligible children and support outreach strategies that have been shown to be successful.

Grant amounts range from \$190,000 to \$1 million. For a list of grantees, please visit: <http://www.insurekidsnow.gov/>.

REPORTS/POLICIES

- **The Congressional Budget Office published “Approaches to Reduce Federal Spending on the Defense Health System,” on July 1, 2013.**
http://www.cbo.gov/publication/44393?utm_source=feedblitz&utm_medium=FeedBlitzEmail&utm_content=812526&utm_campaign=0
- **The GAO published “Patient Protection and Affordable Care Act: HHS's Process for Awarding and Overseeing Exchange and Rate Review Grants to States,” (GAO-13-543) on July 1, 2013.** This report examines the process HHS uses to award exchange and rate review grants to states; the amounts of grants and key activities states funded through the grants; and HHS's process for overseeing states' use of the grants.
<http://www.gao.gov/assets/660/654994.pdf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a legislative hearing on **July 9, 2013**, to examine the Long-Term Care Veterans Choice Act; H.R. 1443; H.R. 1612; H.R. 1702; H.R. 2065.
- The Senate Armed Services Committee will hold hearings on **July 16, 2013**, to examine the nominations of General Martin E. Dempsey, USA for reappointment to the grade of general and reappointment as Chairman of the Joint Chiefs of Staff, and Admiral James A. Winnefeld, Jr., USN for reappointment to the grade of admiral and reappointment as Vice Chairman of the Joint Chiefs of Staff, both of the Department of Defense.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- The Learning in Disaster Health: A Continuing Education Workshop will be held on **Sept. 17-18, 2013**, in Washington DC. <http://hjfcvent.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 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/>

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