

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On July 17, 2013, the House voted (264-161) to delay the PPACA employer mandate, making it the 38th time Republicans have tried to eliminate, delay or defund the law since they took control of the House in 2011.**

The House also passed (251-174) a bill delaying the mandate that individuals purchase health insurance by 2014.

The White threatened to veto the legislation. Both measures are expected to die in the Senate.

- **Senate Armed Services Committee held a hearing on July 18, 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.**

Following the hearing, Senator John McCain said he was putting a hold on Dempsey's nomination. He was unsatisfied with Dempsey's answers regarding the Administration's strategy in Syria.

MILITARY HEALTH CARE NEWS

- **The Army released suicide data for the month of May 2013.**

During May, among active-duty soldiers, there were 12 potential suicides. None have been confirmed as suicides and 12 remain under investigation. For April 2013, the Army reported 11 potential suicides among active-duty soldiers: five have been confirmed as suicides and six are under investigation. For calendar year 2013, there have been 64 potential active-duty suicides: 31 have been confirmed as suicides and 33 remain under investigation. Updated active-duty suicide numbers for calendar year (CY) 2012: 183 (162 have been confirmed as suicides and 21 remain under investigation).

During May 2013, among reserve component soldiers who were not on active duty, there were 10 potential suicides (eight Army National Guard and two Army Reserve). None have been confirmed as suicides and 10 remain under investigation. For April 2013, among that same group, the Army reported 16 potential suicides; however, subsequent to the report, one more case was added bringing April's total to 17 (14 Army National Guard and three Army Reserve). None have been confirmed as suicides and 17 cases remain under investigation. For CY 2013, there have been 70 potential not on active duty suicides (45 Army National Guard and 25 Army Reserve): 22 have been confirmed as suicides and 48 remain under investigation.

Updated not-on-active-duty suicide numbers for CY 2012: 140 (93 Army National Guard and 47 Army Reserve). Of these, 138 have been confirmed as suicides and two remain under investigation.

The Army's comprehensive list of Suicide Prevention Program information is located at <http://www.preventsuicide.army.mil>.

- **The Military Health System published a list of ten things Defense employees can do to alleviate stress and make the most of furlough days.**

To view the list, please visit: [http://www.health.mil/blog/13-07-15/Make the Most of Furlough Days Psychologist Says.aspx](http://www.health.mil/blog/13-07-15/Make%20the%20Most%20of%20Furlough%20Days%20Psychologist%20Says.aspx)

- **The Air Force has launched a new website to help pregnant women.**

The [Pregnancy A to Z](#) website provides information about what women can expect while they're pregnant and after the baby is born. The site was created by the Center of Excellence for Medical Multimedia ([CEMM](#)) and features 3-D animations and videos to walk expectant moms through each trimester so they can get a clearer picture of what's happening inside their bodies.

Pregnancy A to Z also features videos of women who share their pregnancy experiences. The site also offers information about how to recognize postpartum depression, how to successfully breastfeed and ways to stay physically fit during pregnancy.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that more than 30 percent of the current disability claims inventory is now digital and accessible to claim raters in VA's electronic claims processing system.**

On Sep. 28, 2012, VA established the VCIP program to maximize the use of electronic intake for all claims, creating digital, searchable files. The document conversion service, part of VCIP, has now been implemented at all 56 VA regional claims processing offices across the country. VCIP is a capability that enables high-speed document scanning to help VA end its reliance on

paper-based claims. With VCIP, a new paper claim that is received at a regional office is recorded in VA's electronic claims processing system — called the Veterans Benefits Management System (VBMS) — and shipped to one of three document conversion locations to be scanned and converted into digital images. The document images, which are made keyword searchable in the conversion, are placed into a VBMS electronic folder for use by the VA employees who work the Veteran's claim.

Digital conversion improves processing timeliness by eliminating paper folder transport, reducing manual data entry, streamlining the review of medical records, and standardizing correspondence with Veterans and beneficiaries. To date, VA has converted more than 165 million pages of claims documents to digital images, and continues to add over 1 million images into VBMS every day.

At the same time, VA is working closely with the Department of Defense (DoD) and veterans service organizations to urge veterans and separating service members to file their disability claims electronically and, when possible, to file a [Fully Developed Claim](#) through the joint DoD/VA online portal, **eBenefits** (www.ebenefits.va.gov/ebenefits). Registered **eBenefits** users with a Premium account can file a claim online, track the status, and access information on a variety of other benefits, including pension, education, health care, home loan, and vocational rehabilitation and employment programs. Additionally, **eBenefits** users can take advantage of 50 self-service features that both VA and DoD have made available.

VA continues to prioritize disability claims for homeless Veterans, those experiencing extreme financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and veterans filing Fully Developed Claims, which is the quickest way for Veterans to receive a decision on their compensation claim (<http://www.benefits.va.gov/fdc/>).

Claims for Wounded Warriors separating from the military for medical reasons will continue to be handled separately and on a priority basis with DoD through the Integrated Disability Evaluation System (IDES).

Veterans can learn more about disability benefits, and register and/or upgrade to a free Premium account on the joint Department of Defense/VA web portal eBenefits at www.ebenefits.va.gov.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) released a report that finds premiums in the Health Insurance Marketplace will be nearly 20 percent lower in 2014 than previously expected.**

The Affordable Care Act requires health insurers in every state to publicly justify any premium rate increases of 10 percent or more. Health insurance companies now generally have to spend at least 80 cents of every premium dollar on health care or improvements to care, or provide a rebate to their policy holders. In addition, when the Health Insurance Marketplace opens for enrollment on Oct. 1, 2013, consumers will be able to make apples to apples comparisons of quality health insurance plans.

Specifically the report finds that:

- In the 11 states (including the District of Columbia) that have made information available for the individual market, proposed premiums for 2014 are on average 18 percent lower than HHS' estimate of 2014 individual market premiums derived from CBO publications.
- In the six states that have made information available in the small group market, proposed premiums are estimated to be on average 18 percent lower than the

premium a small employer would pay for similar coverage without the Affordable Care Act.

- Both estimates are based on premium proposals for the lowest cost silver plan in the individual and small group markets. Actual premiums in 2014 may be even lower when health plans are offered in the Marketplace this fall. Already, in a number of states (DC, OR, RI, VT), the rate review process and competition are resulting in final rates that are significantly below what was proposed earlier this spring.
- Preliminary premiums appear to be affordable even for young men. For example, in Los Angeles - the county with the largest number of uninsured Americans in the nation - the lowest cost silver plan in 2014 for a 25-year-old individual costs \$174 per month without a tax credit, \$34 per month for an individual whose income is \$17,235, and a catastrophic plan can be purchased for \$117 per month for an individual.
- Further, data from the Medical Expenditure Panel Survey Insurance Component shows that the average premiums for employer sponsored insurance increased by only three percent from 2011 to 2012, the lowest rate of increase observed since the data series started in 1996.

Already the 80/20 rule, or medical loss ratio, has saved 77.8 million consumers \$3.4 billion up front on their premiums as insurance companies operated more efficiently and spent more on health care than administrative expenses, and 8.5 million consumers can expect an average rebate of approximately \$100 per family. Since the health law's rate review provisions were implemented, the number of requests for insurance premium increases of 10 percent or more has dropped dramatically, from 75 percent to 14 percent.

- The report is available at:
http://aspe.hhs.gov/health/reports/2013/MarketCompetitionPremiums/rb_premiums.pdf

- **Residents of the South regardless of race, and blacks throughout the United States, have lower healthy life expectancy at age 65, according to a report released by the Centers for Disease Control and Prevention.**

Healthy life expectancy (HLE) is a population health measure that estimates expected years of life in good health for people at a given age.

CDC used 2007-2009 data from the National Vital Statistics Systems, U.S. Census Bureau, and Behavioral Risk Factor Surveillance System to calculate HLEs by sex and race for each of the 50 states and Washington, D.C., for all people aged 65 years.

For all adults at 65, the highest HLE was observed in Hawaii (16.2 years) and the lowest was in Mississippi (10.8 years). By race, HLE estimates for whites were lowest among Southern states. For blacks, HLE was comparatively low throughout the United States, except in Nevada and New Mexico. HLE was greater for females than for males in all states, with the difference ranging from 0.7 years in Louisiana to 3.1 years in North Dakota and South Dakota.

Other findings:

- HLE was greater for whites than for blacks in all states and Washington, D.C., that had sufficient data, except Nevada and New Mexico.
- HLE for males at age 65 years varied between a low of 10.1 years in Mississippi and a high of 15.0 years in Hawaii.
- HLE for females at age 65 years varied between a low of 11.4 years in Mississippi and a high of 17.3 years in Hawaii.

HLE estimates can predict future health service needs, evaluate health programs, and identify

trends and inequalities. Furthermore, examining HLE as a percent of life expectancy can reveal populations that might be enduring illness or disability for years. Public health officials, health care providers, and policymakers can use HLE to monitor and understand the health status of a population.

For the full report, please visit <http://www.cdc.gov/mmwr>.

- **The Centers for Medicare & Medicaid Services (CMS) released new data that demonstrate that doctors and hospitals are using electronic health records (EHRs) to provide more information securely to patients and are using that information to help manage their patients' care.**

Doctors, hospitals, and other eligible health care providers that have adopted or meaningfully used certified EHRs can receive incentive payments through the [Medicare and Medicaid EHR Incentive Programs](#). Approximately 80 percent of eligible hospitals and more than 50 percent of eligible professionals have adopted EHRs and received incentive payments from Medicare or Medicaid.

By meaningfully using EHRs, doctors and other health care providers prove they have been able to increase efficiency while safeguarding privacy and improving care for millions of patients nationwide. Since the EHR Incentive Programs began in 2011:

- More than 190 million electronic prescriptions have been sent by doctors, physician's assistants and other health care providers using EHRs, reducing the chances of medication errors.
- Health care professionals sent 4.6 million patients an electronic copy of their health information from their EHRs.
- More than 13 million reminders about appointments, required tests, or check-ups were sent to patients using EHRs.
- Providers have checked drug and medication interactions to ensure patient safety more than 40 million times through the use of EHRs.
- Providers shared more than 4.3 million care summaries with other providers when patients moved between care settings resulting in better outcomes for their patients.

- **The U.S. Food and Drug Administration announced it is allowing marketing of the first medical device based on brain function to help assess attention-deficit/hyperactivity disorder (ADHD) in children and adolescents 6 to 17 years old.**

When used as part of a complete medical and psychological examination, the device can help confirm an ADHD diagnosis or a clinician's decision that further diagnostic testing should focus on ADHD or other medical or behavioral conditions that produce symptoms similar to ADHD.

The device, the Neuropsychiatric EEG-Based Assessment Aid (NEBA) System, is based on electroencephalogram (EEG) technology, which records different kinds of electrical impulses (waves) given off by neurons (nerve cells) in the brain and the number of times (frequency) the impulses are given off each second.

The NEBA System is a 15- to 20-minute non-invasive test that calculates the ratio of two standard brain wave frequencies, known as theta and beta waves. The theta/beta ratio has been shown to be higher in children and adolescents with ADHD than in children without it.

ADHD is one of the most common neurobehavioral disorders in childhood. According to the American Psychiatric Association, nine percent of U.S. adolescents have ADHD and the average age of diagnosis is seven years old. Children with ADHD have difficulty with attention, hyperactivity, impulsivity and behavioral problems.

NEBA Health of Augusta, Ga., manufactures the NEBA System.

REPORTS/POLICIES

- **The GAO published “Patient Protection and Affordable Care Act: Status of CMS Efforts to Establish Federally Facilitated Health Care Exchanges and the Federal Data Services Hub,” (GAO-13-786T) on July 17, 2013.** This report describes the federal government's role in establishing FFEs for operation in 2014 and state participation in that effort; the status of federal and state actions taken and planned for FFEs and the data hub; and CMS spending to support establishment of FFEs and the data hub. <http://www.gao.gov/assets/660/655905.pdf>
- **The GAO published “VA Health Care: Additional Steps Needed to Strengthen Beneficiary Travel Program Management and Oversight,” (GAO-13-632) on July 15, 2013.** In this report, GAO examined recent efforts developed or implemented to improve VHA's Beneficiary Travel Program. <http://www.gao.gov/assets/660/655861.pdf>

HILL HEARINGS

- There are no hearings scheduled this week.

LEGISLATION

- **H.R.2688** (introduced July 15, 2013): To improve healthcare-related, tax-preferred savings accounts and to provide for cooperative governing of individual and group health insurance coverage across State lines and for other purposes was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.
Sponsor: Representative Dennis A. Ross [FL-15]
- **H.R.2700** (introduced July 16, 2013): the *Health Care Waiver Fairness 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 Mike J. Rogers [MI-8]
- **H.R.2703** (introduced July 17, 2013): To amend the Public Health Service Act to provide liability protections for volunteer practitioners at health centers under section 330 of such Act was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Tim Murphy [PA-18]
- **H.RES.300** (introduced July 16, 2013): Providing for consideration of the bill (H.R. 2668) to delay the application of the individual health insurance mandate; and providing for consideration of the bill (H.R. 2667) to delay the application of the employer health insurance mandate, and for other purposes was agreed to without objection.
Sponsor: Representative Michael C. Burgess [TX-26].
- **S.1296** (introduced July 15, 2013): the *Service member's Electronic Health Records Act of 2013*

was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Bill Nelson [FL] to Senate committee. Status: Read twice and referred to the Committee on Veterans' Affairs.

- **S.1306** (introduced July 16, 2013): A bill to amend the Elementary and Secondary Education Act of 1965 in order to improve environmental literacy to better prepare students for postsecondary education and careers, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jack Reed [RI]
- **S.1315** (introduced July 17, 2013): A bill to prohibit the Secretary of the Treasury from enforcing the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 was placed on Senate Legislative Calendar under Read the First Time.
Sponsor: Senator John Cornyn [TX]

MEETINGS

- The 2013 Military Health System Research Symposium will be held on **Aug. 12-16, 2013**, Fort Lauderdale, Fla. <https://www.mhsrs.org/>
- 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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