

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate will begin its August recess on Aug. 6, 2012.**
- **The House's 2013 defense appropriations bill (passed July 19) included a provision prohibiting the Defense Department from spending any money to implement an enrollment fee on TRICARE for Life (TFL), according to *The Air Force Times*.**

The ban, passed by voice vote as an amendment to the 2013 defense appropriations bill, is not actually necessary to prevent a fee hike. Although the Defense Department has proposed a \$200 annual fee for the health care benefit for Medicare-eligible military retirees and their families, Congress has not authorized the payment.

Both the House and Senate versions of the 2013 defense authorization bill omit the Pentagon's plans for TFL fee increases.

- **On July 25, 2012, the House Veterans' Affairs and Armed Services Committees held a joint hearing to examine DoD and VA collaboration to assist service members returning to civilian life.**

Secretary of Veterans Affairs, Eric Shinseki and Secretary of Defense Leon E. Panetta discussed the challenges the departments face, as well as the programs implemented to help service members as they transition to civilian life. During his testimony, Shinseki noted that there is the potential for one million serving men and women to either leave military service or demobilize from active duty over the next five years.

- **Dr. Jill Biden announced a new *Joining Forces Commitment* aimed at educating all social workers, regardless of practice area or focus, to have a better understanding of issues relating to the care, culture and lifestyle of the nation's troops, veterans and military families.**

The *Joining Forces Commitment* means that more than 650,000 social will have access to training and resources to help meet the needs of our service men and women, veterans and military families.

In addition to invisible wounds such as post-traumatic stress disorder (PTSD) and

traumatic brain injury (TBI), which impact approximately one in six of our troops returning from Afghanistan and Iraq, service members and veterans have a heightened risk of substance use, unemployment, homelessness and suicide. Female veterans and those residing in rural areas are at an even greater disadvantage as they may find it difficult to access services or find resources that directly address their unique needs.

First Lady Michelle Obama and Dr. Biden created *Joining Forces* last year as a way to spark action and encourage all Americans to find ways to honor and support our service men and women, veterans and military families in their own communities.

Key social work *Joining Forces Commitments* include:

- A free online five-course training module available for all social workers: It will include military culture, advocacy, direct practice, cultural competency and standards review. This course will not be limited to social workers who specifically work with veterans and military families, but also private practitioners, clinical social workers, agency social workers, policy practitioners, educators, and researchers. This course will count toward continuing education requirements for practitioners.
- A professional Credential for Social Work with Veterans and Military Families: Based on the training module, this credential will be offered free for one year to all NASW members and is geared towards social workers that work primarily with service members, veterans, or their loved ones.
- Standards for Social Work Practice with Veterans and Military Families: These guidelines will be disseminated to all NASW members with the goal of providing a basic level of education on veterans and military families.

These materials will be forthcoming in fall 2012 and 2013.

For more information on NASW's "Social Work and Service Members: Joining Forces to Support Veterans and Military Families," visit www.socialworkers.org/military.asp

MILITARY HEALTH CARE NEWS

- **In a statement released by TRICARE Management Activity (TMA), the agency said the impact of the Express Scripts/Walgreens agreement on TRICARE beneficiaries is undetermined.**

- In its statement, TMA outlines the ways in which beneficiaries can fill their prescriptions.

To read the full statement, please visit: <http://www.tricare.mil/walgreens/>.

- **TRICARE Management Activity announced fiscal year 2013 TRICARE Prime enrollment fees for uniformed service retirees and their families, effective Oct. 1, 2012.**

The Prime enrollment fees for 2013 are \$269.28 for retirees, and \$538.56 for retirees and their family members.

Survivors of active duty deceased sponsors and uniformed services medically retired service members and their dependents are exempt from annual fee increases. Their enrollment fee is frozen at the rate in effect when they were classified and enrolled in TRICARE Prime. Their fee remains frozen as long as there is no break in their TRICARE Prime enrollment.

As always, active duty service members and their families have access to TRICARE Prime with no enrollment fee.

The 2013 fees are based on the cost of living adjustment retirees received in 2012. The adjustment was applied to the \$260 (individual) and \$520 (family) 2012 Prime enrollment fees. Because of this, most retirees who were enrolled in Prime prior to Oct. 1, 2011, will see a more significant increase since their enrollment fee remained at the 2011-levels of \$230 and \$460 per year.

To learn more about TRICARE Prime enrollment fees, please visit www.tricare.mil/costs.

- **Dr. Jonathan Woodson, assistant secretary of defense for health affairs, recently spoke at an international health security conference of military and government officials at the George C. Marshall European Center for Security Studies in Germany.**

Woodson's remarks covered partnering with other nations and the value of health engagement and health diplomacy as a smart power that can add to a country's national security strategy.

"Health engagement and building healthy populations and health infrastructure is a pillar of a stable society just as education is," Woodson said.

The Marshall Center is an international security and defense studies institute that promotes dialogue and understanding among the nations of North America, Europe and Eurasia.

Read more about [Dr. Woodson's July 17, 2012 remarks at the Marshall Center](#).

- **The Military Health System announced a new Navy suicide prevention public service announcement (PSA) video contest.**

The goal of the contest is to raise awareness of suicide warning signs and bystander intervention from a sailor's perspective. Contest video submissions must include at least one of two core suicide prevention messages: "It's Okay to Speak Up When You're Down" and/or "Life is Worth Living." An element of the "Ask Care Treat" (ACT) acronym to remind individuals of what they can do if they encounter a loved one who may need help should also be incorporated in all video submissions.

The contest ends Aug. 24. Criteria for evaluating entries will include storytelling ability, originality, creativity and technical quality. The competition is open to active-duty, reserve and full-time-support sailors.

The winning entry will be announced Sept. 28, to coincide with the suicide prevention awareness month campaign and will be broadcast on Direct-to-Sailor Television, the American Forces Network and the Pentagon Channel.

For more information about the contest and to read the [entry rules](#), visit the [Navy's Suicide Prevention Site](#).

VETERANS AFFAIRS NEWS

- **President Obama announced the launch of the redesigned Transition Assistance Program.**

An interagency team from the Departments of Defense, Veterans Affairs, Labor, Education, and Homeland Security as well as the Office of Personnel and Management and the Small Business Administration revamped program, called Transition GPS. It is

the first major overhaul of the transition assistance program for military members in nearly twenty years.

The effort began in response to a call from President Obama in August 2011 to ensure all service members are “career ready” when they leave the military.

The new program will offer more one-on-one counseling, separate tracks for those attending college, starting their own businesses or converting their military-learned skill into a civilian job, with more focus on the mechanics of getting a job and follow up, both at the end of the scheduled classes and after leaving the service.

A new name comes with the changes. Instead of being just TAP, it will now be TAP GPS, for “goals, planning and success,” which will provide a more personalized program.

The new program grows from three-day program to five to seven days and includes mandatory pre-separation counseling.

Pilot projects have begun or will soon begin at seven locations, involving about 1,000 troops and will be in operation nationwide by the end of calendar 2013. The pilot sites are: Fort Hood, Texas; Fort Sill, Okla.; the Army National Guard site in Utica, N.Y., Naval Air Station Jacksonville, N.C.; Naval Air Station Norfolk, Va.; Randolph Air Force Bases, Texas, and Miramar Marine Corps Air Station, Calif.

GENERAL HEALTH CARE NEWS

- **Five new collaborative studies by the Centers for Disease Control and Prevention (CDC) confirm early treatment of HIV patients’ results in better outcomes.**

The studies suggest use of viral load testing to detect treatment failure, and highlight factors associated with low rate of HIV anti-retroviral drug treatment (ART) enrollment.

- A CDC-led study conducted in Malawi concluded that starting HIV anti-retroviral drug treatment (ART) late was the main cause of early death in patients with advanced HIV disease. Early death was defined as death within the first three months of initiating ART. The research identifies a need for pre-ART care services to closely monitor HIV patients that do not yet qualify for ART.
- CDC conducted a retrospective cohort evaluation describing practices related to TB screening and TB/HIV treatment among patients enrolled in HIV care and treatment in Nyanza Province, Kenya in 2009-2010. Despite a high rate of TB screening when enrolling in HIV care, TB diagnosis was lower than recent prospective studies suggest, and start of ART for patients with TB/HIV was often delayed. The authors point to the need for interventions to improve TB screening, begin appropriate therapy early, and retain patients in care.
- CDC conducted a study in Kenya measuring viral load in women who become pregnant while on HIV treatment (ART) is useful in detecting those who are failing treatment. The results have implications for making appropriate interventions to reduce mother to child HIV transmission.
- In Tanzania, a CDC study described the population of patients who are enrolled into pre-ART care programs in five regions of the country and their outcomes. They found that a large number of patients did not have their ART eligibility determined at enrollment. These patients dropped out of the program at high rates.
- A CDC study in Kenya examined data from clinical records of 1,676 patients, 15 years and older who initiated ART between February 2003 and February 2010 in an

urban slum in Nairobi, Kenya. The findings identified several factors associated with loss to follow up: having TB at enrollment, a low CD4 cell count, and not having a baseline CD4 cell count. The study also underscores the need for early access to care as well as access to inexpensive point-of-care CD4 testing.

CDC - through PEPFAR – provides support to over 75 countries to strengthen their national HIV/AIDS programs and build sustainable public health systems. To learn more about the agency's scale-up ("treatment as prevention") and integration efforts, and scientific and technical leadership for Ministries of Health as well as achievements to date, visit:

<http://www.cdc.gov/globalaids/Global-HIV-AIDS-at-CDC/AIDS-Free.html>.

- **Health and Human Services (HHS) Secretary Kathleen Sebelius and Attorney General Eric Holder announced the launch of a partnership among the federal government, state officials, several leading private health insurance organizations, and other health care anti-fraud groups to prevent health care fraud.**

The new partnership is designed to share information and best practices to improve detection and prevent payment of fraudulent health care billings. Its goal is to reveal and halt scams that cut across a number of public and private payers. The partnership will enable those on the front lines of industry anti-fraud efforts to share their insights more easily with investigators, prosecutors, policymakers and other stakeholders. It will help law enforcement officials to more effectively identify and prevent suspicious activities, better protect patients' confidential information and use the full range of tools and authorities provided by the Affordable Care Act and other essential statutes to combat and prosecute illegal actions.

To view the organizations and government agencies that have joined the partnership, please visit: [Members of Anti-Fraud Partnership](#).

For more information on this partnership and the Obama administration's work to combat health care fraud, please visit:

<http://www.healthcare.gov/news/factsheets/2011/03/fraud03152011a.html>
www.stopmedicarefraud.gov.

REPORTS/POLICIES

- **The Congressional Budget Office releases “Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision,” on July 24, 2012.**

On June 28, 2012, the Supreme Court issued a decision that essentially made the expansion of the Medicaid program under the Affordable Care Act (ACA) a state option. CBO and the staff of the Joint Committee on Taxation (JCT) have updated their estimates of the budgetary effects of the health insurance coverage provisions of the ACA to take into account the Supreme Court decision.

CBO and JCT now estimate that the insurance coverage provisions of the ACA will have a net cost of \$1,168 billion over the 2012–2022 period — compared with \$1,252 billion projected in March 2012 for that 11-year period—for a net reduction of \$84

billion. (Those figures do not include the budgetary impact of other provisions of the ACA, which in the aggregate reduce budget deficits.) However, CBO and JCT also estimate that fewer people will be covered by the Medicaid program, more people will obtain health insurance through the newly established exchanges, and more people will be uninsured.

To read the full report, please visit:

<http://www.cbo.gov/sites/default/files/cbofiles/attachments/43472-07-24-2012-CoverageEstimates.pdf>.

- ***The GAO published “Electronic Health Records: Number and Characteristics of Providers Awarded Medicare Incentive Payments for 2011,” (GAO-12-778R) on July 26, 2012.*** This report examines the impact of provisions in the Health Information Technology for Economic and Clinical Health (HITECH) Act on adoption of EHRs by providers. <http://www.gao.gov/assets/600/593078.pdf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **July 31, 2012**, to examine optimizing care for veterans with prosthetics.

LEGISLATION

- **S.3430** (introduced July 25, 2012): A bill to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes and diabetes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jeanne Shaheen [NH]
- **S.3436** (introduced July 25, 2012): A bill to amend the Child Care and Development Block Grant Act of 1990 to improve the quality of infant and toddler care was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Al Franken [MN]
- **S.3443** (introduced July 25, 2012): A bill to improve compliance with mine and occupational safety and health laws, empower workers to raise safety concerns, prevent future mine and other workplace tragedies, and establish rights of families of victims of workplace accidents, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator John D. Rockefeller, IV [WV]

MEETINGS

- The 2012 National Conference on Health Statistics will be held **August 6-8, 2012**, in Washington DC 2012 http://service.govdelivery.com/service/view.html?code=USCDC_43
- The Military Health System Research Symposium (MHSRS) will be held on **Aug. 13-16, 2012**, in Ft. Lauderdale, Fla. <https://www.atacc.org/>

- The National Conference on Pain for Frontline Practitioners: PAINWeek will be held on **Sept. 5-8, 2012**, in Las Vegas. <http://www.painweek.org/>
- HJF Military Medicine Symposium: Clinical Manifestations of TBI and PTSD will be held on **Sept. 20, 2012**, in Rockville Md. <http://www.cvent.com/d/jcqqh7>
- CFHA's 14th Annual Conference: will be held on **Oct. 4-6, 2012**, in Austin, Texas <http://www.cfha.net/?page=2012Austin>
- The American Public Health Association (APHA) 140th Annual Meeting and Exposition will be held on **Oct. 27-31, 2012**, in San Francisco, Calif. <http://www.apha.org/meetings/AnnualMeeting/>
- The International Society for Traumatic Stress Studies (ISTSS) 28th Annual Meeting will be held on **Nov. 1-3, 2012**, in Los Angeles, Calif. <http://www.istss.org/Home1.htm>
- The AMIA 2012 Annual Symposium will be held on **Nov. 7-11, 2012**, in Chicago Ill. <http://www.amia.org/amia2012>
- The 118th AMSUS Annual Continuing Education Meeting will be held **Nov. 11-15, 2012**, in Phoenix, Ariz. <http://amsusmeeting.org>
- The 2012 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 13 - 16, 2012**, San Antonio, Texas <http://www.aameda.org/Conference/Annual/AnnualMain.html>
- The Radiological Society of North America (RSNA) 2012: Patients First will be held on **Nov. 25-30, 2012**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2012 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 15-18, 2012**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>
- The International Meeting of Simulation in Healthcare (IMSH) 2013 will be held on **Jan. 26-30, 2013**, in Orlando, Fla. <http://ssih.org/events/imsh-2013-central>
- The 2013 Military Health System Conference will be held **Feb. 11-14, 2013**, in National Harbor, Md.

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