

# Federal Health Update

AUG. 2, 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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***Federal Health Update will not be published on Aug. 9 and 23, 2013.***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until Sept. 9, 2013.**
- **On Aug. 1, 2013, the Senate Appropriations Committee passed (22-8) a \$594 billion Defense appropriations bill, with nearly \$78 billion for the war in Afghanistan.**

For specific details, please visit:

<http://www.appropriations.senate.gov/news.cfm?method=news.view&id=da1654ae-45e3-42ee-a197-0840ea856089>

## MILITARY HEALTH CARE NEWS

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

During June, among active-duty soldiers, there were 14 potential suicides: four have been confirmed as suicides and 10 remain under investigation. For May 2013, the Army reported 12 potential suicides among active-duty soldiers: two have been confirmed as suicides and 10 are

under investigation. For CY 2013, there have been 77 potential active-duty suicides: 42 have been confirmed as suicides and 35 remain under investigation. Updated active-duty suicide numbers for CY 2012: 185 (166 have been confirmed as suicides and 19 remain under investigation).

During June 2013, among reserve component soldiers who were not on active duty, there were eight potential suicides (four Army National Guard and four Army Reserve): none have been confirmed as suicides and eight remain under investigation. For May 2013, among that same group, the Army reported 10 potential suicides; however, subsequent to the report, four more cases were added bringing May's total to 14 (11 Army National Guard and three Army Reserve): two have been confirmed as a suicide and 12 cases remain under investigation.

For calendar year 2013, there have been 81 potential not on active duty suicides (51 Army National Guard and 30 Army Reserve): 40 have been confirmed as suicides and 41 remain under investigation. Updated not on active duty suicide numbers for calendar year 2012: 140 (93 Army National Guard and 47 Army Reserve): 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>.

- **On July 26, 2013, Secretary of Defense Chuck Hagel announced that the President has nominated Navy Capt. Bruce L. Gillingham for appointment to the rank of rear admiral (lower half).** Gillingham is currently serving as fleet surgeon to the commander, Fleet Forces Command, Norfolk, Va.

- **The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury announced that Navy Capt. Richard Stoltz has been named as its new director.**

DCoE oversees three centers, including the Defense and Veterans Brain Injury Center, the Deployment Health Clinical Center, and the National Center for Telehealth and Technology, which focus on psychological health and traumatic brain injuries.

Most recently, Stoltz was the commanding officer of Naval Hospital Guantanamo Bay and commander of the Joint Medical Group, Joint Task Force, Guantanamo Bay, where he directed all medical care.

Stoltz began his military career in 1986 as a clinical psychology intern at National Naval Medical Center in Bethesda, Md. He received his doctorate from the University of North Carolina at Chapel Hill the following year.

Stoltz succeeds Navy Capt. Paul S. Hammer, who was named DCoE director in January 2011.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) has appointed Marina Martin to be the next VA chief technology officer.**

Martin, a web developer and business efficiency expert, was CEO of consulting firm The Type-A Way. In August 2012, she was selected from an applicant pool of 700 people to become a [Presidential Innovation Fellow](#). The 18 fellows spent six months in Washington D.C. participating in five high-impact projects aimed at improving how the federal government serves

the public. The fellows paired with top innovators in government with a goal of delivering significant results in six months.

Martin worked on Project Open Data, a collection of code, tools, and case studies to help federal agencies adopt the [Open Data Policy](#), released by the Office of Management and Budget and the Office of Science and Technology Policy in May. The Open Data Policy was created to make previously unavailable government data accessible to entrepreneurs, researchers and the public.

Prior to joining the VA, Martin was also the first entrepreneur-in-residence at the Department of Education and head of the Education Data Initiative to make education data available in machine-readable formats. In that role, Martin collaborated with companies and startups to improve open educational data sets and standards.

Martin replaces Peter Levin, who resigned in March. Levin served as the department's CTO for more than three years. He is known for leading health record modernization initiatives at VA, including the creation of Blue Button technology for veterans to share electronic health records with physicians.

- **The Department of Veterans Affairs on Tuesday showcased its “telehealth” system, a service designed to allow thousands of veterans from remote parts of the country to consult with specialists in medical facilities hundreds of miles away.**

According to the VA, about 80,000 veterans took part in more than 200,000 telehealth consultations with doctors and therapists in 2012.

The virtual appointments included vets receiving care and counseling for chronic medical conditions and for mental health counseling. The virtual appointments are making a difference in the lives and health of patients who otherwise may have had to drive significant distances to keep their in-person appointments.

On display at the event were various monitors that the VA is able to place in the homes of veteran patients to regularly monitor heart rate, blood pressure and more. Linked to a home computer, or even the telephone, data from the monitor is instantly transmitted to the veteran's VA provider for review.

The VA says the telehealth program has reduced veterans' bed days by 58 percent and admissions by 38 percent.

- **The Department of Veterans Affairs announced that veterans filing an original Fully Developed Claim (FDC) for service-connected disability compensation may be entitled to up to one-year of retroactive disability benefits.**

The retroactive benefits, which are in effect Aug. 6, 2013, through Aug. 5, 2015, are a result of a comprehensive legislative package passed by Congress and signed into law by President Obama last year.

Filing an FDC is typically the fastest way for veterans to receive a decision on their claims because Fully Developed Claims require veterans to provide all supporting evidence in their possession when they submit their claims. Often, this is evidence that VA legally must attempt to collect on the veteran's behalf, which is already in the veteran's possession, or is evidence the veteran could easily obtain, like private treatment records.

When veterans submit such evidence with their claims, it significantly reduces the amount of time VA spends gathering evidence from them or other sources -- often the longest part of the claims process. While VA will still make efforts to obtain federal records on the veterans' behalf, the submittal of non-federal records (and any federal records the Veteran may have) with the

claim allows VA to issue a decision to the Veteran more quickly. Typically, VA processes FDCs in half the time it takes for a traditionally filed claim.

FDCs can be filed digitally through the joint, DoD-VA online portal, *eBenefits* ([www.ebenefits.va.gov](http://www.ebenefits.va.gov)). VA encourages veterans who cannot file online to work with an accredited veterans service organization (VSO) who can file claims digitally on veterans' behalf. While submitting an FDC provides a faster decision for any compensation or pension claim, only veterans who are submitting their very first compensation claim as an FDC are potentially eligible for up to one-year of retroactive disability benefits under the newly implemented law.

FDCs help eliminate VA's claims backlog because they increase production of claims decisions and decrease waiting times. Also, VA assigns FDCs a higher priority than other claims which means Veterans receive decisions to their claim faster than traditional claims.

VA continues to prioritize other specific categories of claims, including those of seriously wounded, terminally ill, Medal of Honor recipients, former Prisoners of War, the homeless and those experiencing extreme financial hardship. As part of its drive to eliminate the claims backlog in 2015, VA also gives a priority to claims more than a year old.

## GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) released data showing that the average premium for a basic prescription drug plan in 2014 is projected to remain stable, at an estimated \$31 per month.**

This news comes as seniors and people with disabilities continue to save money on out of pocket drug costs. Yesterday, HHS announced that more than 6.6 million people with Medicare have saved over \$7 billion on prescription drugs as a result of the Affordable Care Act, an average of \$1,061 per beneficiary. The Affordable Care Act closes the donut hole over time.

For the fourth straight year, the average Medicare Part D monthly premium will remain steady, and is projected to be \$31. For the last three years – for plan years 2011, 2012, and 2013 – the average premium was projected to be \$30. Today's projection for the average premium for 2014 is based on bids submitted by drug and health plans for basic drug coverage during the 2014 benefit year, and calculated by the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary.

CMS has already announced that key parameters for Part D will actually be lower in 2014 than in 2013. For example, the Part D deductible will fall from \$325 to \$310, producing additional savings for enrollees.

The upcoming annual open enrollment period, from Oct. 15 to Dec. 7, allows people with Medicare to choose their plans for next year by comparing their current coverage and quality ratings to other plan offerings. New benefit choices are effective Jan. 1, 2014.

- **On July 30, the Department of Health and Human Services (HHS) recognized the 48<sup>th</sup> anniversary of Medicare and Medicaid.**

To read HHS Secretary Kathleen Sebelius statement, please visit:  
<http://www.hhs.gov/news/press/2013pres/07/20130730a.html>

## REPORTS/POLICIES

- **The GAO published “Drug Compounding: Clear Authority and More Reliable Data Needed to Strengthen FDA Oversight,” (GAO-13-702) on July 31, 2013.** In this report, GAO addresses the status of FDA's authority to oversee drug compounding, and the gaps, if any, between state and federal authority; how FDA has used its data and authority to oversee drug compounding; and the actions taken or planned by states or national pharmacy organizations to improve oversight of drug compounding. <http://www.gao.gov/assets/660/656388.pdf>
  
- **The GAO published “Department of Veterans Affairs: Available Data Not Sufficiently Reliable to Describe Use of Consulting Services,” (GAO-13-714R) on July 30, 2013.** This report assesses how VA has used consulting services and what is known about the costs of these services. <http://www.gao.gov/assets/660/656309.pdf>
  
- **The Institute of Medicine (IOM) published “Crisis Standards of Care: A Toolkit for Indicators and Triggers,” on July 31, 2013.** This report offers key concepts, guidance, and practical resources to help actors across the emergency response system develop plans for crisis standards of care and response to a catastrophic disaster. The resources in report may be used by federal, state, and local governments; public health agencies; emergency medical services; emergency management and public safety agencies; hospitals; and out-of-hospital health care organizations and agencies. <http://www.iom.edu/Reports/2013/Crisis-Standards-of-Care-A-Toolkit-for-Indicators-and-Triggers.aspx#sthash.Sim58EQ4.dpuf>

## HILL HEARINGS

- There are no hearings scheduled this week.

## LEGISLATION

- **H.R.2833** (introduced July 25, 2013): the *Safeguarding Care Of Patients Everywhere Act* was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Phil Gingrey [GA-11]
- **H.R.2835** (introduced July 25, 2013): the *Restoring Access to Medication Act of 2013* was referred to the House Committee on Ways and Means  
Sponsor: Representative Lynn Jenkins [KS-2]
- **H.R.2841** (introduced July 25, 2013): the *Guard and Reserve Equal Access to Health Act* was referred to the House Committee on Armed Services  
Sponsor: Representative Nick J. Rahall, II [WV-3]
- **H.R.2853** (introduced July 30, 2013): To amend the Public Health Service Act to provide for the public disclosure of charges for certain hospital and ambulatory surgical center treatment episodes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Daniel Lipinski [IL-3]
- **H.R.2894** (introduced July 31, 2013): To discontinue eligibility of former Members of Congress and their dependents for coverage under the Federal Employees Health Benefit Program (FEHBP) if the Patient Protection and Affordable Care Act is repealed was referred to the Committee on House Administration, and in addition to the Committee on Oversight and Government Reform.  
Sponsor: Representative Reid J. Ribble [WI-8]
- **S.1411** (introduced July 31, 2013): A bill to specify requirements for the next update of the

current strategic plan for the Office of Rural Health of the Department of Veterans Affairs for improving access to, and the quality of, health care services for veterans in rural areas was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Al Franken [MN]

- **S.1416** (introduced July 31, 2013): A bill to protect miners from pneumoconiosis (commonly known as black lung disease), and for other purposes referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator John D. Rockefeller, IV [WV]

## 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://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 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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