

# Federal Health Update

AUG. 16, 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***Federal Health Update will not be published on Aug. 23, 2013.***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until Sept. 9, 2013.**

## MILITARY HEALTH CARE NEWS

- **The Department of Defense announced its plan to extend benefits to same-sex spouses of uniformed service members and Department of Defense civilian employees.**

After a review of the department's benefit policies following the Supreme Court's ruling that Section Three of the Defense of Marriage Act (DOMA) is unconstitutional, and in consultation with the Department of Justice and other executive branch agencies, the Defense Department will make spousal and family benefits available no later than Sept. 3, 2013, regardless of sexual orientation, as long as service member-sponsors provide a valid marriage certificate.

The Department of Defense remains committed to ensuring that all men and women who serve in the U.S. military, and their families, are treated fairly and equally as the law directs.

Entitlements such as TRICARE enrollment, basic allowance for housing (BAH) and family separation allowance are retroactive to the date of the Supreme Court's decision. Any claims to entitlements before that date will not be granted. For those members married after June 26,

2013, entitlements begin at the date of marriage.

We recognize that same-sex military couples who are not stationed in a jurisdiction that permits same-sex marriage would have to travel to another jurisdiction to marry. That is why the department will implement policies to allow military personnel in such a relationship non-chargeable leave for the purpose of travelling to a jurisdiction where such a marriage may occur. This will provide accelerated access to the full range of benefits offered to married military couples throughout the department, and help level the playing field between opposite-sex and same-sex couples seeking to be married.

For civilian benefits administered government-wide to federal employees, the Department of Defense will follow the Office of Personnel Management and the Department of Labor's guidance to ensure that the same benefits currently available to heterosexual spouses are also available to legally married same-sex spouses.

Read [the implementation memo from Secretary of Defense Chuck Hagel](#) online as well as [further guidance on extending benefits to same-sex spouses of military members](#) from Acting Under Secretary of Defense for Personnel and Readiness Jessica Wright.

- **The Departments of Defense (DoD) and Veterans Affairs (VA) announced the establishment of two joint research consortia, at a combined investment of \$107 million to research the diagnosis and treatment of post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI) over a five-year period.**

The Consortium to Alleviate PTSD (CAP), a collaborative effort between the University of Texas Health Science Center – San Antonio, San Antonio Military Medical Center, and the Boston VA Medical Center will attempt to develop the most effective diagnostic, prognostic, novel treatment, and rehabilitative strategies to treat acute PTSD and prevent chronic PTSD.

The Chronic Effects of Neurotrauma Consortium (CENC), a collaborative effort between Virginia Commonwealth University, the Uniformed Services University of the Health Sciences, and the Richmond VA Medical Center will examine the factors which influence the chronic effects of mTBI and common comorbidities in order to improve diagnostic and treatment options. A key point will be to further the understanding of the relationship between mTBI and neurodegenerative disease.

Since Sep. 11, 2001, more than 2.5 million American service members have been deployed to Iraq and Afghanistan. Military service exposes service members to a variety of stressors, including risk to life, exposure to death, injury, sustained threat of injury, and the day-to-day family stress inherent in all phases of the military life cycle.

Click [here](#) to see the Administration's new fact sheet on the National Research Action Plan for Improving Access to Mental Health Services for Veterans, Service Members, and Military Families.

- **On Aug. 15, 2013, Secretary Hagel released a statement on new sexual assault prevention and response measures.**

In his statement, Hagel outlined the measures to improve victim support, strengthen pretrial investigations, enhance oversight, and make prevention and response efforts more consistent across the military services. These include:

- Creating a legal advocacy program in each military service that will provide legal representation to sexual assault victims throughout the judicial process;

- Ensuring that pretrial investigative hearings of sexual assault-related charges are conducted by judge advocates general (JAG) officers;
- Providing commanders with options to reassign or transfer a member who is accused of committing a sexual assault or related offense in order to eliminate continued contact while respecting the rights of both victims and the accused;
- Requiring timely follow-up reports on sexual assault incidents and responses to be given to the first general or flag officer within the chain of command;
- Directing DoD's inspector general to regularly evaluate closed sexual assault investigations;
- Standardizing prohibitions on inappropriate behavior between recruiters and trainers and their recruits and trainees across the department, and;
- Developing and proposing changes to the Manual for Courts-Martial that would allow victims to give input during the sentencing phase of courts-martial.

To read the full statement, please visit:

<http://www.defense.gov/releases/release.aspx?releaseid=16205>

- ***Military Times* reports the Department of Defense is proposing denying “working-age” retirees — under 65, not yet eligible for Medicare and who have access to health insurance from their current private-sector employer — eligibility for TRICARE as their primary coverage.**

About 3.5 million retirees and family members under 65 are eligible for military health coverage, and about 1.6 million were enrolled in Tricare Prime in 2012.

First mentioned by Defense Secretary Chuck Hagel in July, Assistant Secretary of Defense for Health Affairs Dr. Jonathan Woodson said the proposal remains in an early stage of consideration on Aug. 7 to *Military Times*.

The measure would require legislative approval from Congress, which has rejected proposals to increase fees and copays for beneficiaries in the past.

- ***The US Family Health Plan (USFHP) Alliance* announced that Henry J. “Jim” Schweiter has joined the Alliance as chief executive officer.**

Schweiter will provide strategic direction, government contract compliance advice, procurement advocacy, and public policy and government relations guidance for the health care systems that comprise the US Family Health Plan networks. Based at the Arlington, Va. office, he will support the Alliance in its interactions with Congress and the Executive Branch, as well as private-sector organizations.

Schweiter most recently worked as a partner and team leader in the government contracts and government relations departments of McKenna Long & Aldridge, LLP, an international law firm. He previously served for 15 years in several senior positions on the staff of the House Armed Services Committee, including counsel, general counsel and minority staff director. Schweiter also served as deputy assistant secretary of defense and was general counsel for the congressional Commission on the National Guard and Reserves. He has a Bachelor of Arts from Gettysburg College in Gettysburg, Pa., and a Juris Doctor from the University of Toledo in Toledo, Ohio, and has done graduate work in federal procurement law.

The US Family Health Plan Alliance is the association that represents the collective interests of

the regional US Family Health Plan networks in interactions with Congress, the Department of Defense, and the private sector. To learn about the US Family Health Plan, please visit: [www.usfhp.com](http://www.usfhp.com).

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs, the American Bar Association (ABA) and the Legal Services Corporation (LSC) announced a new partnership and pilot program aimed at reducing the claims backlog and making it easier for unrepresented veterans to receive assistance developing their claims for disability pay.**

In the coming months, ABA and LSC attorneys will provide free assistance to a targeted group of unrepresented veterans who request their help gathering and obtaining evidence required by law to support their disability claims.

The development of the claim is often the longest part of the process that determines whether a veteran is entitled to VA compensation. These steps can take more than 200 days in the rating decision process. The pilot will offer pro bono attorney assistance to veterans with claims pending at the St. Petersburg and Chicago Regional Offices who do not currently have an authorized representative.

Veterans will choose whether to accept this pro-bono assistance. Similar veterans with claims pending at other VA regional offices may also be considered for the pilot, if warranted.

The claims selected for this pilot program, which are currently -- or will soon be -- part of the claims backlog, will vary in terms of complexity and degree of completeness. VA will accredit the attorneys who choose to participate, and the ABA and LSC will provide them with specialized training that will enable them to help evaluate and develop veterans' claims and make those claims ready for a rating decision. The two initial pilot sites were selected based on proximity to ABA headquarters, and the opportunity for the biggest impact on the backlog.

In the coming months, VA will identify eligible veterans to participate in the pilot program and send letters advising them of all their options for representation to help them advance their claims - from veteran service organizations, attorneys and claims agents, to pro bono attorneys participating in this pilot.

Under the partnership, the ABA and LSC will match interested veterans and attorneys on several factors, including geographic location, complexity of the claim and the veteran's and attorney's preferences on the nature and scope of representation.

- **The Department of Veterans Affairs (VA) welcomed the National Association of State Directors of Veterans Affairs (NASDVA) to the Fully Developed Claims (FDC) Community of Practice (CoP).**

CoP was established in May to speed the processing of veterans' disability compensation claims by promoting the early submission of all available evidence needed by VA to reach a disability rating decision. NASDVA joins veteran service organizations, the American Legion and Disabled American Veterans, who are charter members of the community.

Claims are considered "fully developed" when veterans submit all available supporting evidence, such as private treatment records, at the time they first file a formal claim and certify they have no additional evidence to submit. VA can typically complete FDCs in half the time of traditionally filed claims.

Last week, VA announced that veterans filing an FDC 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.

NASDVA has encouraged its member states to participate in FDC workshops at VA regional offices and to make a specific commitment to increase the percentage of FDCs submitted in their states ([www.benefits.va.gov/fdc](http://www.benefits.va.gov/fdc)).

[NASDVA](#) is made up of directors and commissioners overseeing state-run Veterans programs and represents all fifty states, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands.

- **The Department of Veterans Affairs has launched an awareness campaign and a new website, [www.va.gov/aca](http://www.va.gov/aca), to let veterans know what the Affordable Care Act means for them and their families.**

VA's health care system for veterans has no enrollment fee, no monthly premiums and no deductibles. Most veterans also have no out-of-pocket costs, though some may have small copayments for some health care or prescription drugs. Veterans receiving health care from the Department of Veterans Affairs will see no change in their benefits or out-of-pocket costs when portions of the Affordable Care Act take effect next year.

The Affordable Care Act was created to expand access to coverage, reduce rising health care costs and improve health care quality and care coordination. The Affordable Care Act creates new opportunities for coverage for uninsured Veterans and their families.

There are more than 1.3 million veterans and more than 950,000 spouses and children of veterans without health insurance. Most uninsured veterans are eligible for VA health care. For those who are not eligible for VA care – such as veterans' family members – the law created a new Health Insurance Marketplace.

In 2014, the [Marketplace](#) will be a new way to shop for and purchase private health insurance. People who purchase insurance through the Marketplace may be able to lower the costs of health insurance coverage by paying lower monthly premiums. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

Veterans can apply for VA health care at any time by visiting [www.va.gov/healthbenefits/enroll](http://www.va.gov/healthbenefits/enroll), calling 1-877-222-VETS (8387), or visiting their local VA health care facility. Full details on eligibility are available at [www.va.gov/opa/publications/benefits\\_book](http://www.va.gov/opa/publications/benefits_book)

For information about VA health care and the Affordable Care Act, VA encourages Veterans and family members to visit the new website at [www.va.gov/aca](http://www.va.gov/aca), or call 1-877-222-VETS (8387), Monday through Friday from 8 a.m. to 10 p.m. or Saturdays from 11a.m. to 3 p.m., Eastern time.

## GENERAL HEALTH CARE NEWS

- **According to a new report, black women with breast cancer have lower survival rates than their white counterparts.**

The [study](#), published in the Journal of the American Medical Association, found that black women often have differences in tumor stage and size, as well as other health problems that exacerbate their cancers. Their five-year survival rate is 56 percent compared with 69 percent for white women, according to the research.

While some of the disparity can be explained by the differences in treatment, other factors

include differences in tumor stage and size, and higher rates of chronic health conditions such as diabetes and heart failure.

While the study uncovered some of the reasons for survival differences, the study did not fully reveal why the disparity exists.

- **Health and Human Services (HHS) Secretary Kathleen Sebelius announced \$67 million in grant awards to 105 Navigator grant applicants in Federally-facilitated and State Partnership Marketplaces.**

These Navigator grantees and their staff will serve as an in-person resource for Americans who want additional assistance in shopping for and enrolling in plans in the Health Insurance Marketplace beginning this fall. Also today, HHS recognized more than 100 national organizations and businesses who have volunteered to help Americans learn about the health care coverage available in the Marketplace.

Other resources include a 24-hours-a-day consumer call center ready to answer questions in 150 languages, more than 1,200 community health centers across the country, and a partnership with the Institute of Museum and Library Services to enlist local libraries to provide information to consumers on their options. HHS also has begun training other individuals who will be providing in-person assistance, such as agents and brokers and certified application counselors.

Navigators are trained to provide unbiased information in a culturally competent manner to consumers about health insurance, the new Health Insurance Marketplaces, qualified health plans, and public programs including Medicaid and the Children's Health Insurance Program.

Navigators will be required to adhere to strict security and privacy standards, be required to complete 20-30 hours of training to be certified with additional training throughout the year, and will renew their certification yearly. All types of enrollment assisters – including in-person assisters, Certified Application Counselors, and agents and brokers – are required to complete specific training and are subject to federal criminal penalties for violations of privacy or fraud statutes, on top of any relevant state law penalties.

For a list of Navigator awardees or more information about Navigators and other in-person assisters, please visit: <http://cciio.cms.gov/programs/exchanges/assistance.html>

- **Excessive alcohol use causes a large economic burden to states and the District of Columbia, according to a new study released by the Centers for Disease Control and Prevention (CDC).**

Excessive alcohol use cost states and D.C. a median of \$2.9 billion in 2006, ranging from \$420 million in North Dakota to \$32 billion in California. This means the median cost per state for each alcoholic drink consumed was about \$1.91.

Binge drinking, which is defined as consuming five or more drinks on an occasion for men or four or more drinks on an occasion for women, was responsible for more than 70 percent of excessive alcohol use related costs in all states and D.C. The District of Columbia had the highest per-person cost (\$1,662), while Utah had the highest cost per drink (\$2.74). Furthermore, about \$2 of every \$5 in state costs were paid by government, ranging from 37 percent of the costs in Mississippi to 45 percent of the total costs in Utah.

The study found that costs due to excessive drinking largely resulted from losses in workplace productivity, health care expenses, and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage. Across all states and D.C., excessive drinking costs due to productivity losses ranged from 61 percent in Wyoming to 82 percent in D.C., and the share of costs due to health care expenses ranged from 8 percent in

Texas to 16 percent in Vermont.

Excessive alcohol consumption is responsible for an average of 80,000 deaths and 2.3 million years of potential life lost in the United States each year. Binge drinking is responsible for over half of these deaths and two-thirds of the years of life lost.

For more information about the prevention of excessive alcohol use, visit <http://www.cdc.gov/alcohol/>.

- **The U.S. Food and Drug Administration has awarded a \$5.6 million contract to Harvard University's Wyss Institute for Biologically Inspired Engineering to apply its breakthrough organs-on-chips technology to assess medical countermeasures for treating acute radiation syndrome (ARS), also known as radiation sickness.**

Organs-on-chips are microchips that mimic the functions of and tissue structures present in living organs, such as the lung, heart and intestine. The technology replicates the interactions between the living tissues within human organs on chips the size of a thumb drive. Under the contract, Wyss Institute scientists will develop models of radiation damage in lung, gut and bone marrow organs-on-chips and then use these models to test candidate medical countermeasures.

ARS, an illness affecting a combination of organs, occurs when the body receives a high dose of radiation over a short period of time—as would be expected to occur after a nuclear or radiological incident. Developing medical countermeasures to treat ARS is a high-priority for the U.S. government, but presents complex scientific challenges. ARS may involve many organ systems, which makes it hard to study candidate medical countermeasures that target the radiation effects on one specific organ system in animal models. Also, certain candidate medical countermeasures cannot be effectively studied in animal models because their activity is specific to humans. The Wyss Institute's organs-on-chips offer a unique opportunity to potentially address some of these challenges.

The technology will provide a capability to evaluate candidate medical countermeasures for ARS within the specific context of a target human organ system, which could yield valuable information for facilitating development.

- **According to a new report by researchers at the Robert Wood Johnson Foundation at Columbia University, one in five American deaths can be attributed to obesity.**

The study published online August 15 in the *American Journal of Public Health*, suggests obesity's toll on Americans is more than three times previous estimates. The study found being overweight and obesity were associated with 18.2 percent of all deaths among adults from 1986 through 2006 in the United States. Previous estimates of the effect of obesity on mortality, published in *Demography* in 2009, established an obesity-related death rate of approximately five percent.

The study also showed that the more recent the birth year, the greater effect obesity has on mortality rates. Further, contrary to claims in much public health literature, obesity is not protective for the elderly.

The authors write that prior estimates ignored various factors such as low participation in public health surveys by obese people. In addition, previous studies often relied on average obesity rates, even though such averages blur the substantial differences among various age groups.

Using data from 19 consecutive waves of the National Health Interview Survey covering 1986 through 2004, and linking those data with mortality information in the National Death Index

through 2006, the researchers analyzed obesity and mortality among 290,383 white men, 41,710 black men, 324,131 white women, and 61,344 black women, all aged between 40 and 84.9 years.

The authors excluded people aged 85 years and older to avoid biases induced by the National Health Interview Survey coding of 85+ years. They also excluded the one percent of the sample with a BMI less than 18.5 kg/m<sup>2</sup>, which can be an indicator of illness, frailty, or mortality risk, according to the authors.

## REPORTS/POLICIES

- **The GAO published “Veterans' Health Care Budget: Improvements Made, but Additional Actions Needed to Address Problems Related to Estimates Supporting President's Request,” (GAO-13-715) on Aug. 8, 2013.** This report examines changes in how VA used the EHCPM to develop VA's budget estimate supporting the President's budget request for fiscal year 2014 and changes in how VA reported information related to this estimate in its budget justification; key changes to the President's fiscal year 2014 budget request compared to the advance appropriations request for the same year; and the extent to which VA has addressed problems previously identified by GAO related to information in VA's congressional budget justifications. <http://www.gao.gov/assets/660/656701.pdf>
- **The Institute of Medicine (IOM) published “Partnering with Patients to Drive Shared Decisions, Better Value, and Care Improvement - Workshop Proceedings,” on Aug. 15, 2013.** This report examines how patients can play to bring about progress in all facets of the U.S. health care system. <http://www.iom.edu/Reports/2013/Partnering-with-Patients-to-Drive-Shared-Decisions-Better-Value-and-Care-Improvement.aspx#sthash.M3tQKqkh.dpuf>
- **The Congressional Budget Office (CBO) published its cost analysis of S. 851, Caregivers Expansion and Improvement Act of 2013 on Aug. 15, 2013.** In this report, CBO finds that the proposed legislation, expanding the eligibility for the Family Caregivers program administered by the Department of Veterans Affairs (VA), would cost \$9.5 billion over the 2014-2018 period, assuming appropriation of the estimated amounts. However, enacting S. 851 would not affect direct spending or revenues; therefore, pay-as-you go procedures do not apply. <http://www.cbo.gov/sites/default/files/cbofiles/attachments/s851.pdf>

## HILL HEARINGS

- There are no hearings scheduled this week.

## 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://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, 2013**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>

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**If you need further information on any item in the *Federal Health Update*, please contact Kate Theroux at (703) 447-3257 or by e-mail at [katetheroux@federalhealthcarenews.com](mailto:katetheroux@federalhealthcarenews.com).**