

Federal Health Update

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Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

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Happy Labor Day!

EXECUTIVE AND CONGRESSIONAL NEWS

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

MILITARY HEALTH CARE NEWS

- **On Aug. 27, 2013, the Department of Defense announced Secretary of Defense Chuck Hagel has reassigned Rosemary Williams to be deputy assistant secretary of defense (military community & family policy), Office of the Under Secretary of Defense for Personnel & Readiness.** Williams previously served as vice president, Reingold Inc., Alexandria, Va.

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

During July, among active-duty soldiers, there were 19 potential suicides: One has been confirmed as a suicide and 18 remain under investigation. For June 2013, the Army reported 14 potential suicides among active-duty soldiers: six have been confirmed as suicides and eight

are under investigation. For CY 2013, there have been 94 potential active-duty suicides: 46 have been confirmed as suicides and 48 remain under investigation. Updated active-duty suicide numbers for CY 2012: 185 (169 have been confirmed as suicides and 16 remain under investigation).

During July 2013, among reserve component soldiers who were not on active duty, there were eight potential suicides (six Army National Guard and two Army Reserve): None have been confirmed as suicides and eight remain under investigation. For June 2013, among that same group, the Army reported eight potential suicides; however, subsequent to the report, two more cases were added bringing June's total to 10 (six Army National Guard and four Army Reserve): Four have been confirmed as suicides and six cases remain under investigation. For CY 2013, there have been 90 potential not on active duty suicides (58 Army National Guard and 32 Army Reserve): 57 have been confirmed as suicides and 33 remain under investigation. Updated not on active duty suicide numbers for CY 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>.

- **The Army Times reports more than 12,000 Medicare-eligible retirees have been notified that if they receive care at a VA health facility for illnesses other than service-related conditions, they'll pay more starting Oct. 1.**

According to TRICARE, the Defense Department has mistakenly overpaid VA at least \$1 million a year in reimbursements for services provided for non-service-connected conditions to TRICARE For Life (TFL) patients.

TFL consists of Medicare as first payer and TRICARE Standard as second payer. VA facilities are not allowed to bill Medicare, so Tricare has been acting as primary payer, reimbursing VA up to 80 percent of the allowable charge for care. It should have been paying no more than 20 percent.

Beneficiaries were notified Aug. 2. They can pay more out of pocket at VA (the 80 percent that Medicare pays elsewhere); go to a non-VA doctor who takes Medicare; or speak to VA about first billing other health insurance, if available.

TRICARE officials said DoD will not try to recover the funds.

- **A human clinical trial of a malaria vaccine developed by the Navy Medical Research Center and federal and industry collaborators, showed 100 percent protection against the disease.**

This is no easy feat. The malaria parasite is incredibly complex, making it particularly difficult to develop a vaccine, researchers say.

The Defense Department has been dedicated to solving the malaria riddle since World War II because of its significant impact on U.S. military operations throughout history. Malaria continues to present major challenges to troops in tropical and subtropical regions of the world where it is rampant.

However, malaria is not a problem unique to the military. It is a major global health concern, with the World Health Organization reporting 216 million cases of malaria and an estimated 655,000 deaths in 2010.

Despite the significant need, there currently is no approved vaccine against malaria. The latest research by the Navy provides hope that a vaccine soon will be available to effectively combat malaria within the military and beyond.

The vaccine used in the clinical trial was given at varied doses by intravenous injection to 40

volunteers from October 2011 to October 2012. Navy researchers played a key role in the design of the study, particularly the assessment of vaccine efficacy and volunteer follow up.

A summary of the research was published in the journal [Science](#) on Aug. 8, 2013.

- **Last month the Military Health System made its portfolio rationalization and data analytics tool available to the open source community, providing free access to organizations and developers to combine multiple, existing databases and explore the data in an interactive format.**

SEMOSS is the first integrated knowledge analytics environment that combines data portals, visualizations, and real algorithms into a single environment to facilitate linked data analytics. It links, navigates and connects data from various owners and enables a multi-dimensional analysis of the same data. The tool supports mining disparate databases and automatic linking of data across database and cross-database visualization. Data sets controlled by different organizations can be mined, analyzed and visualized through a single environment reducing potential data isolation from unlinked and separately owned data.

In the MHS, SEMOSS supports ongoing portfolio rationalization activities and provides a holistic view of the makeup of the health IM/IT systems that are supporting the EHR needs of the MHS' more than 9.6 million beneficiaries.

This ability to forecast effects and execute "what-if" scenarios provides the MHS with the opportunity to perform cause-and-effect analysis before any actual investment is made and helps the organization reduce the risk of costly mistakes.

Initial analysis has already revealed that by implementing 82 common services, more than 1,800 unique point-to-point interfaces that exist to transfer data or business logic between systems can be removed. Ultimately this can translate to long term cost savings associated with no longer having to pay for and maintain those costly, individual interfaces, a concept that cannot be ignored.

With SEMOSS, planners can continuously explore the data and answer a variety of questions and data owners can grant other organizations access to the tool. Additionally, organizations do not have to worry about costs associated with user licenses.

For more information on SEMOSS by visiting www.semass.org.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs announced William & Mary Law School's Lewis B. Puller, Jr. Veterans Benefits Clinic has joined the Fully Developed Claims (FDC) Community of Practice.**

The Puller Clinic is the first law school clinic in the nation to join the FDC Community of Practice.

The FDC Community of Practice was established in May to promote the submission of FDCs and speed the processing of Veterans' disability compensation claims by providing all available evidence needed by VA to reach a disability rating decision. The Puller Clinic joins veterans service organizations, the American Legion and Disabled American Veterans, and the National Association of State Directors of Veterans Affairs, who are current 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.

VA is currently conducting workshops at its regional offices around the country to help veteran advocates learn the importance of FDCs and how to help veterans prepare them.

VA also recently announced that veterans filing their first-ever compensation claims as FDCs 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.

Veterans can learn more about disability benefits on the joint Department of Defense-VA web portal *eBenefits* at www.ebenefits.va.gov.

GENERAL HEALTH CARE NEWS

- **Health and Human Services (HHS) Secretary Kathleen Sebelius and Young Invincibles announced the *Healthy Young America* video contest in an effort to inform young people about health insurance coverage and new options under the Affordable Care Act.**

People can submit entries and vote for their favorite videos at www.healthyyoungamerica.org.

The Affordable Care Act is making health care more affordable and accessible for 19 million uninsured young adults across the country. Three million previously uninsured young adults have joined their parents' health insurance plan because of the health care law.

Young Invincibles is in the midst of a nationwide campaign designed to inform young adults about coming changes and new options. The campaign includes health care "train the trainers" to help inform community leaders about new changes. A website with frequently-asked questions and a mobile app to help consumers learn about their options, find local health care services, and get information on enrollment events this fall are also included in the campaign.

Young people can access a variety of online tools now, through HealthCare.gov, and count on in-person help to get answers to their questions to help them enroll October 1. Young people can use HealthCare.gov to join web chats or call toll free 1-800-318-2596, to get help from a trained customer service representative.

There will also be people in local communities who can provide direct help with their coverage choices. Last week, HHS awarded \$67 million to 105 Navigator grant applicants and recognized more than 100 national organizations and businesses who have volunteered to help Americans learn about the Marketplace. More than 1,200 community health centers across the country are preparing to help enroll uninsured Americans in coverage, and a partnership with the Institute of Museum and Library Services will help trusted local libraries be a resource for consumers who want information on their options.

For contest rules, to submit a video or vote for your favorite video, visit healthyyoungamerica.org.

- **School districts nationwide are showing improvements in measures related to nutritional policies, physical education and tobacco policies, according to the 2012 School Health Policies and Practices Study (SHPPS).**

SHPPS is the largest and most comprehensive survey to assess school health policies. Key findings include:

Nutrition:

- The percentage of school districts that allowed soft drink companies to advertise soft

drinks on school grounds decreased from 46.6 percent in 2006 to 33.5 percent in 2012.

- Between 2006 and 2012, the percentage of districts that required schools to prohibit offering junk food in vending machines increased from 29.8 percent to 43.4 percent.
- Between 2006 and 2012, the percentage of districts with food procurement contracts that addressed nutritional standards for foods that can be purchased separately from the school breakfast or lunch increased from 55.1 percent to 73.5 percent.
- Between 2000 and 2012, the percentage of districts that made information available to families on the nutrition and caloric content of foods available to students increased from 35.3 percent to 52.7 percent.

Physical education/physical activity:

- The percentage of school districts that required elementary schools to teach physical education increased from 82.6 percent in 2000 to 93.6 percent in 2012.
- More than half of school districts (61.6 percent) had a formal agreement, such as a memorandum of agreement or understanding, between the school district and another public or private entity for shared use of school or community property. Among those districts, more than half had agreements with a local youth organization (e.g., the YMCA, Boys or Girls Clubs, or the Boy Scouts or Girl Scouts) or a local parks or recreation department.

Tobacco:

- The percentage of districts with policies that prohibited all tobacco use during any school-related activity increased from 46.7 percent in 2000 to 67.5 percent in 2012.
- SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels. SHPPS assesses the characteristics of eight components of school health: health education, physical education and activity, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement.
- SHPPS was conducted at all levels in 1994, 2000, and 2006. The 2012 study collected data at the state and district levels only. The school- and classroom-level data from SHPPS will be collected in 2014 and released in 2015.

For more information, go to www.cdc.gov/shpps.

- **The Centers for Disease Control and Prevention (CDC) announced an award to states of about \$75.8 million to help states and communities strengthen core epidemiology and laboratory capacity needed to track and respond quickly to a variety of infectious diseases.**

CDC provides funding to all 50 state health departments, six local health departments (Los Angeles County, Philadelphia, New York City, Chicago, Houston and the District of Columbia), and eight territories or U.S. affiliates. to help pay for more than 1,000 full- and part-time positions in the state, territorial, local and tribal health departments.

The funding supports surveillance, detection and outbreak response efforts in many infectious disease areas, including zoonotic and vector-borne diseases, foodborne diseases, influenza, and healthcare-associated infections. In addition, the ELC provides health departments with resources to rapidly identify and respond to outbreaks of new and emerging infectious disease threats, such as Middle East Respiratory Syndrome, Severe Acute Respiratory Syndrome and monkeypox.

This crucial CDC investment helps build a competent public health workforce, able surveillance

systems, modern and efficient laboratory facilities and information networks. This support is critical to combating the ongoing and increasing threat posed by emerging and re-emerging infectious diseases and to improving public health.

Details on state-by-state funding are available at: <http://www.cdc.gov/ncezid/dpei/epidemiology-laboratory><http://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html-capacity.html>.

- **The Department of Health and Human Services (HHS) issued a memo clarifying that all beneficiaries in private Medicare plans have access to equal coverage when it comes to care in a nursing home where their spouse lives.**

This is the first guidance issued by HHS in response to the recent Supreme Court ruling, which held section 3 of the Defense of Marriage Act unconstitutional.

Under current law, Medicare beneficiaries enrolled in a Medicare Advantage plan are entitled to care in, among certain other skilled nursing facilities (SNFs), the SNF where their spouse resides (assuming that they have met the conditions for SNF coverage in the first place, and the SNF has agreed to the payment amounts and other terms that apply to a plan network SNF). Seniors with Medicare Advantage previously may have faced the choice of receiving coverage in a nursing home away from their same-sex spouse, or dis-enrolling from the Medicare Advantage plan which would have meant paying more out-of-pocket for care in the same nursing home as their same-sex spouse.

The new guidance clarifies that this guarantee of coverage applies equally to all married couples. The guidance specifically clarifies that this guarantee of coverage applies equally to couples who are in a legally recognized same-sex marriage, regardless of where they live.

- **One in 25 American adults has used a prescription sleeping aid over the past 30 days, according to new data from the Centers for Disease Control and Prevention.**

Researchers from the CDC's National Center for Health Statistics examined surveys of adults ages 20 and older who were asked whether they had taken a prescription sleep aid in the previous 30 days. The experts found some [distinct patterns](#) among sleeping pill users:

- The percentage of adults using a prescription sleep aid increased with age and education. More adult women (5.0%) used prescription sleep aids than adult men (3.1%).
- Non-Hispanic white adults were more likely to use sleep aids (4.7%) than non-Hispanic black (2.5%) and Mexican-American (2.0%) adults.
- Prescription sleep aid use varied by sleep duration and was highest among adults who sleep less than 5 hours (6.0%) or sleep 9 or more hours (5.3%).
- One in six adults with a diagnosed sleep disorder and one in eight adults with trouble sleeping reported using sleep aids.

Sedative and hypnotic medications, often referred to as sleep aids, are used to induce or maintain sleep by suppressing activities in the central nervous system. In the past two decades, both popular media and pharmaceutical companies have reported an increased number of prescriptions filled for sleep aids in the United States. In fact, a market research firm has reported a tripling in sleep aid prescriptions from 1998 to 2006 for young adults aged 18–24.

REPORTS/POLICIES

- **The GAO published “VA Health Care: Actions Needed to Improve Administration of the Provider Performance Pay and Award Systems,” (GAO-13-536) on Aug. 23, 2013.** This report examines whether VA's performance pay and award policies ensure appropriate administration of this compensation, and (VHA's oversight of medical centers' compliance with policy requirements. <http://www.gao.gov/assets/660/656185.pdf>
- **The GAO published “Medicare Program Integrity: Increasing Consistency of Contractor Requirements May Improve Administrative Efficiency,” (GAO-13-522) on Aug. 22, 2013.** This report describes these contractors and assesses the extent to which requirements for post-payment claims reviews differ across the contractors and whether differences, if any, could impede effective and efficient claims reviews. <http://www.gao.gov/assets/660/656132.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://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, 2013**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>

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