

Federal Health Update

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ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House Republican leadership has delayed a vote on keeping the government open past Sept. 30 until the week of Sept.23.**

The continuing resolution, which is linked to a concurrent resolution to defund the 2010 Affordable Care Act, would fund federal agencies from the start of fiscal 2014 on Oct. 1 until Dec. 15. Republican leadership acknowledged they didn't have the votes from Tea Party representatives.

- **The *Military Times* reports that President Obama issued instructions to the Military Retirement and Compensation Modernization Commission on Sept. 12, 2013.**

The task force was created by Congress to inform and jump start efforts to overhaul the current military pay and benefits system.

In a letter sent to Congress, Obama said that the commission would not alter the current retirement system for those already serving, retired or in the process of retiring.

The president informed the nine-member Military Compensation and Retirement Modernization Commission that, along with a review of compensation, it should also look at the "interrelationship of the military's current promotion system ... as well as associated force shaping tools."

The commission was established by Congress as part of the 2013 National Defense Authorization Act. Under the act, Obama appointed one member, with the majority and ranking members of the Democrat and Republican parties in the Senate and House appointing two each.

In the letter he sent out, Obama says the commission must review “the full breadth of the . . . systems,” including healthcare, military family support, and any federal government programs that could influence current or future service member to stay in uniform or leave.

Obama detailed a number of areas for the commission to study and upon which to make recommendations, including manpower and compensation interrelationship; living standards; pay; effectiveness; flexibility; what motivates people to advance.

On the first item, Obama said compensation and retirement systems should consider differences between service in the military and other uniformed services, differences between regular and reserve military service, and “facilitate, as appropriate, the use of the reserve . . . to support regular military service.”

Also, he said, “while military compensation and retirement systems should prove a reasonable standard of living, they should be fiscally sustainable and impose the least burden on the American taxpayer.”

Compensation, meanwhile, to the extent possible should be comparable to pay in the American economy. It should be competitive externally with private-sector pay and internally to incentivize service members to continue to acquire skills and accept challenging assignments, to recognize hardships and danger. It should also facilitate the distribution and separation of service members when appropriate, he wrote.

MILITARY HEALTH CARE NEWS

- **The Defense and Veterans Brain Injury Center announced that Army Col. Sidney R. Hinds joined as its national director.**

Hinds will oversee the center to ensure that it continues to provide state-of-the-art medical care to active duty military personnel and veterans with traumatic brain injuries, and conduct innovative clinical research.

The Defense and Veterans Brain Injury Center is part of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

Hinds, a graduate of the U.S. Military Academy, earned his medical degree at the University of Connecticut. He is board-certified in neurology and nuclear medicine. He has held multiple appointments and academic posts, including nuclear medicine consultant for the North Atlantic Regional Medical Command.

Hinds deployed to Afghanistan in 2012 as a neurology consultant to oversee the standardization of care at 11 concussion care centers. His other positions include deputy director of the Armed Forces Radiobiology Research Institute for Military Medical Operations and chief of Nuclear Medicine Services at Walter Reed National Military Medical Center. The center, which was established by the Departments of Defense and Veterans Affairs in 1992, supports 16 treatment sites nationwide; conducts clinical research; educates service members, medical personnel, and caregivers; and collects data on traumatic brain injuries.

- **The Military Health System announced that AfterDeployment.org is adding more tools to address sexual trauma, suicide prevention, chronic pain, and TBI.**

The online wellness resource for military members, marking its fifth anniversary this month, offers an array of free and anonymous assessment tools, videos and resources for the Defense Department community, veterans and their families that are available around the clock.

The initial intent of creating the site was to serve the more than two million active duty, National Guard and reserve service members, Bradshaw added. But since then, about 2.2 million troops have deployed. The site now serves as a place they can visit online to find the tools they need to manage life's stressors.

AfterDeployment.org initially served as a resource only on matters of post-traumatic stress and traumatic brain injury. The site has since expanded its focus to address anxiety, depression, relationships, resilience, stress, health and wellness.

The website allows users to be anonymous, which is important for service members who may be reluctant to seek out psychological help for fear that it will impact their duties.

While AfterDeployment.org provides access to tools and resources, it does not diagnose illnesses. Service members should see their health care providers to diagnose any mental health conditions. It does make recommendations that may include seeking some further assistance, then provides the service members with resources to find providers in their area who can help.

The site is now focused on educating health care providers by collaborating with Seattle University's nursing department to create a product that will educate nurses who work with service members and veterans. The effort will help nurses better understand military culture and how to address PTSD, TBI, and other post-deployment challenges.

In addition, the site is working on is becoming more mobile for service members who are on the go and don't have time to use a desktop computer to access the website.

- **On Oct. 1, 2013, at the Defense Health Headquarters in Falls Church, there will be the casing of the colors of the TRICARE Management Activity and the raising of a flag to celebrate the creation of a new activity called the Defense Health Agency (DHA), which will be fully operational in the fall of 2015.**

Led by Air Force Maj. Gen. Douglas J. Robb this Oct. 1, 2013, the Defense Health Agency will stand up with the mission to change how military medicine does business, streamlining processes, reducing complex operations and realizing actual cost reductions with an end state of improving care to beneficiaries.

The implementation of DHA is expected to reduce operating costs by consolidating services. There are ten shared services that will be placed under the DHA umbrella. The movement will be transitional. The first five: Facility Planning, Medical Logistics, Health Information Technology, the TRICARE Health Plan, and Pharmacy Programs move over Oct. 1, 2013. The remaining shared services of Public Health, Acquisition, Budget and Resource Management, Medical Education and Training, and Medical Research and Development will be part of DHA by 2015.

The establishment of the DHA is slated as "... the biggest structural organizational change" in military health system history, acting TRICARE Deputy Director Allen Middleton sees these changes as "relevant" and will eventually make the Defense Medical System "stronger."

Large-scale relocations are not expected, and entitlements such as pay, leave, and benefits remain the same. Employees will not be expected to compete for positions. Only those in key leadership positions within the DHA will have this issue. As for job security, the secretary of

defense has made it clear we are in for some tough financial decisions in FY14 that will impact the work force. This is a concern of many government organizations and should not be a surprise.

- **Government Executive reports that the Air Force will no longer offer free influenza shots to non-military employees, due to budget constraints.**

In 2012, about 12,000 civilians received the free flu vaccines.

For the past two years, Air Force Materiel Command has provided flu shots for all employees free of charge. Approximately 20 percent of the civilian workforce took advantage of the program. Now, only TRICARE beneficiaries will receive the free shots. The Air Force will instead invest in programs like the Civilian Health Promotion Services, which provide health education classes and screening programs.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs has awarded a contract to Childress Klein Properties and a Washington, D.C., partner to design and build a \$150 million medical complex that would be the VA's second location in Charlotte.**

Construction is expected to start early next year on the 295,000-square-foot health center on 35 acres at the intersection of Tyvola Road and Cascade Pointe Boulevard, near the Tyvola/Billy Graham Parkway interchange.

The Charlotte Health Care Center is expected to open for patients in the summer of 2016. It will be operated by the W.G. (Bill) Hefner VA Medical Center in Salisbury. A second health center will open in Kernersville about the same time.

The new Charlotte health center will help meet the area's growing demand for health services by veterans. More than 140,000 veterans live in the Charlotte metropolitan area, about 60,000 in Mecklenburg County alone. The Mid-Atlantic region has seen "the highest and most consistent rate of growth" in the number of veterans over the last 10 years, according to Daniel Hoffmann, the VA's Mid-Atlantic Health Care Network director.

The Childress Klein-Cambridge team will also work with a financial partner, Halle Enterprises of Washington D.C.; a Charlotte-based architecture firm, RPA Design; and the general contractor, J.E. Dunn Construction Co. of Charlotte.

The new group will own the building, and the VA will pay an annual rent of \$11.3 million for the 20-year contract.

- **The American Legion released a new report finding that the Departments of Defense and Veterans Affairs provide "limited and inadequate" treatment for post-traumatic stress disorder and traumatic brain injury.**

The report, called "*The War Within*," was based on two years of research by a Legion committee that visited military, VA and private medical facilities. It is being distributed to members of Congress, the Obama administration and VA officials.

The committee conducted six meetings and made site visits to numerous facilities, including Mt. Sinai Hospital, Louisiana State University, Walter Reed Army Medical and Tampa VA Medical Center. The committee received briefings from leading DoD and VA clinicians, policy analysts

and researchers, and from active-duty service members and veterans receiving treatment for TBI and PTSD.

To read the report, please visit: <http://legion.org/documents/legion/pdf/american-legion-war-within.pdf>.

GENERAL HEALTH CARE NEWS

- **The Secretary Sebelius is announcing HHS' first winner in the contest, Jason Girouard from Brimfield, Mass. Girouard's video called "We are not invincible, we are human" took home our early bird prize of \$1,500. The early bird submission deadline was Sept. 2.**

The Healthy Young America Video Contest is designed to inform young people about the importance of health insurance and the new options available to them through the Affordable Care Act. The early bird prize is the first awarded in a prize pool of more than 100 prizes and \$30,000.

While the early bird submission deadline has passed, contestants still have the opportunity to win the grand prize or prizes awarded in one of three unique genres: short film, music performance, and animation. Contestants have until the end of September to submit videos. Voting starts at the beginning of October with prize announcements at the end of the month. The grand prize winner will be announced in early November.

To view the video, please visit: <http://www.youtube-nocookie.com/embed/jyIIPmZPds>.

- **This year marks the 20th Anniversary of passage of the legislation that created the Vaccines for Children Program (VFC), one of our nation's most successful public-private partnerships for improving public health.**

This national program helps provide vaccines to children whose parents or guardians may not be able to afford them, and helps many more children have a better chance of getting their vaccines according to the recommended immunization schedule, protecting babies, children and adolescents from 16 serious diseases including measles, mumps, whooping cough, chickenpox, flu and diphtheria.

In 1989 - 1991, a measles epidemic in the United States resulted in tens of thousands of cases of measles and hundreds of deaths. Upon investigation, CDC found that more than half of the children who had measles had not been immunized, even though many of them had seen a health care provider.

In partial response to that epidemic, Congress included the creation of the Vaccines for Children Program in the Omnibus Budget Reconciliation Act (OBRA) of 1993, which passed on August 10, 1993. VFC became operational October 1, 1994.

Funding for the VFC program is approved by the Office of Management and Budget (OMB) and allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). CDC buys vaccines at a discount and distributes them to enrolled VFC providers at no charge.

Nationwide, there are more than 44,000 doctors enrolled in the VFC Program. Each state's VFC Coordinator can provide a list of doctors enrolled in the VFC Program. Other places that provide vaccinations are:

- Public Health Clinic
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

The VFC program has contributed directly to a substantial increase in childhood immunization coverage levels and has made a significant contribution to the elimination of disparities in vaccination coverage among young children. These improvements in childhood immunization coverage have, in turn, led to the lowest vaccine-preventable disease incidence ever recorded. Today, nearly 20 years later, the VFC program continues to play a vital role in protecting our nation's health by sustaining high childhood immunization coverage levels to ensure vaccine-preventable disease incidence remains low.

REPORTS/POLICIES

- **The GAO published “Environmental Health: EPA Has Made Substantial Progress but Could Improve Processes for Considering Children's Health,” (GAO-13-254) on Sept. 11, 2013.** The report determines the extent to which EPA has implemented GAO's 2010 recommendations on children's health protection; and the role, if any, that OCHP has played in ensuring that key EPA program offices consider children's health protection in their regulatory activities. <http://www.gao.gov/assets/660/656922.pdf>
- **The GAO published “Dental Services: Information on Coverage, Payments, and Fee Variation,” (GAO-13-754) on Sept. 12, 2013.** This report examines trends in coverage for, and use of, dental services; trends in payments by individuals and other payers for dental services; and the extent to which dental fees vary between and within selected communities across the nation. <http://www.gao.gov/assets/660/657454.pdf>
- **The Institute of Medicine (IOM) published “Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis,” Sept. 12, 2013.** The report examines the quality of cancer care in the United States and formulates recommendations for improvement. <http://www.iom.edu/Reports/2013/Delivering-High-Quality-Cancer-Care-Charting-a-New-Course-for-a-System-in-Crisis.aspx>

HILL HEARINGS

- The House Veterans Affairs Subcommittee on Health will hold a hearing on **Sept. 17, 2013**, to examine the barriers for veterans accessing effective mental health care.
- The House Committee on Veterans Affairs will hold a hearing on **Sept. 19, 2013**, to examine VA cooperation with Congress in meeting its oversight responsibilities on behalf of veterans.
- **The Senate Armed Services Committee will hold a hearing on Sept. 19, 2013, to examine** the nominations of Deborah Lee James, of Virginia, to be Secretary of the Air Force, Jessica Garfolo Wright, of Pennsylvania, to be Under Secretary for Personnel and Readiness.

LEGISLATION

- **H.R.3067** (introduced Sept. 9, 2013): the No Obamacare Subsidies for Members of Congress Act of 2013 was referred to the House Committee on House Administration

Sponsor: Representative Shelly Moore Capito [WV-2]

- **H.R.3093** (introduced Sept. 9, 2013): To exclude individuals who receive health insurance coverage pursuant to the terms of a collective bargaining agreement from tax credits and reductions in cost-sharing under the Patient Protection and Affordable Care Act was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.

Sponsor: Representative Diane Black [TN-6]

- **S.1487** (introduced Sept. 9, 2013): A bill to limit the availability of tax credits and reductions in cost-sharing under the Patient Protection and Affordable Care Act to individuals who receive health insurance coverage pursuant to the provisions of a Taft-Hartley plan was referred to the Committee on Finance.

Sponsor: Senator John Thune [SD]

- **S.1488** (introduced Sept. 9, 2013): A bill to delay the application of the individual health insurance mandate, to delay the application of the employer health insurance mandate, and for other purposes was referred to the Committee on Finance.

Sponsor: Senator Daniel Coats [IN]

- **S.1494** (introduced Sept. 11, 2013): A bill to amend the Child Care and Development Block Grant Act of 1990 to improve child safety and reduce the incidence of preventable infant deaths in child care settings was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Dianne Feinstein [CA]

- **S.1503** (introduced Sept. 12, 2013): A bill to amend the Public Health Service Act to increase the preference given, in awarding certain asthma-related grants, to certain States (those allowing trained school personnel to administer epinephrine and meeting other related requirements) was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Rickard Durbin [IL]

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 MGMA 2013 Annual Conference will be held on Oct. 6-9, 2013, in San Diego, Calif. <http://www.mgma.com/mgma-conference/>
- 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/>

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.