

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The federal government continues to be shut down due to the inability of Congress to pass a continuing resolution bill.**

MILITARY HEALTH CARE NEWS

- **Deputy Secretary of Defense Ashton Carter submitted his resignation, effective Dec. 4, 2013.**

Carter served for more than 4 1/2 years, first as Under Secretary of Defense for Acquisition, Technology and Logistics from April 2009 until October 2011 and then as Deputy Secretary since October 2011, and the department's chief weapons buyer. He previously served as an assistant secretary of Defense during the Clinton administration and a few key defense-related policy boards.

Carter has worked "directly and indirectly" for 11 Defense secretaries over the course of his career.

Carter received bachelor's degrees in physics and in medieval history from Yale University, summa cum laude, Phi Beta Kappa. He received his doctorate in theoretical physics from the University of Oxford, where he was a Rhodes Scholar.

- **The Department of Defense announced it is entering into an agreement with the Fisher House Foundation that will allow the federal government to provide the family members of fallen service members with the full set of benefits they have been promised, including a \$100,000 death gratuity payment.**

The current government shutdown has prevented the Department of Defense from fulfilling this most sacred responsibility in a timely manner.

The Fisher House Foundation has generously offered to make payments to these families from its own funds. In consultation with the Office of Management and Budget, DoD has determined that we can enter into a contract with the Fisher House Foundation to provide these benefits. The Fisher House Foundation will provide the families of the fallen with the benefits they so richly deserve. After the shutdown ends, DoD will reimburse the Fisher House for the costs it has incurred.

- **The Defense Health Agency reported that the Affordable Care Act will have little impact on TRICARE beneficiaries.**

Under the health care law, people will have health coverage that meets a minimum standard (called "minimum essential coverage") by Jan. 1, 2014, qualify for an exemption, or may be required to pay a fee if they have affordable options, but remain uninsured.

Beneficiaries who receive TRICARE benefits, whether at no cost, by electing to pay an enrollment fee, or by paying monthly premiums, have minimum essential coverage under the Affordable Care Act. This includes: TRICARE Prime, Prime Remote and Standard; TRICARE Reserve Select (TRS); TRICARE Young Adult (TYA); TRICARE Retired Reserve (TRR); and the Continued Health Care Benefit Program (CHCBP).

Eligibility alone for premium-based TRICARE benefit plans – TRS, TYA, TRR and CHCBP -- does not constitute minimum essential coverage. Eligible beneficiaries must purchase and be in good standing, by paying their premiums to have coverage in force, in order for these TRICARE programs to qualify as minimum essential coverage. There are two groups of TRICARE beneficiaries who do not meet the minimum essential coverage requirement: those getting care for line of duty only related conditions, and those only eligible to receive care in military hospitals or clinics.

Beginning with the 2014 tax season, and every tax year after that, the Department of Defense will send every TRICARE beneficiary the same information it sends the Internal Revenue Service. This notification will detail whether sponsors and their dependents had minimum essential coverage during the previous year. Sponsors can then use this information when they file their tax forms.

Because the information sent to the IRS is generated using beneficiaries' Social Security numbers, it's essential for sponsors to make sure their family's Defense Enrollment Eligibility Reporting System (DEERS) information is correct and up to date.

VETERANS AFFAIRS NEWS

- **Veterans Affairs Secretary Eric Shinseki testified before the House Veterans Affairs Committee on Oct. 9, 2013, describing the impact a continued government shutdown will have on veterans and their dependents.**

According to Shinseki, 3.8 million veterans will not receive disability compensation next month if the partial government shutdown continues into late October; 315,000 veterans and 202,000 surviving spouses and dependents will see pension payments stopped.

Short-term, the government shut down has delayed processing claims by an average of about 1,400 per day since the shutdown began Oct. 1. That has stalled the department's efforts to reduce the backlog of disability claims pending for longer than 125 days.

Shinseki said more than \$6 billion in benefits to about 5 million veterans and their families would be halted with an extended shutdown.

GENERAL HEALTH CARE NEWS

- **New data indicate that the quality of care patients receive in a given hospital may be linked to the type of insurance they have, according to a new study published in the October issue of *Health Affairs*.**

Researchers also found that Medicare patients, researchers say, may be particularly at risk for lower-quality care.

Christine S. Spencer, ScD, an associate professor in and executive director of the School of Health and Human Services in the College of Public Affairs, University of Baltimore, Maryland, and colleagues used the Agency for Healthcare Research and Quality's Inpatient Quality Indicators and applied them to 2006-2008 State Inpatient Database records from 1601 hospitals in 11 states.

The authors examined the risk-adjusted mortality rates for 8 surgical procedures and 7 medical conditions and then compared the rates by patients' insurance status and type of insurance. They found that privately insured patients had lower rates in 12 of the 15 procedures or conditions.

Questions raised by the researchers include why there were differences that varied by payer for patients in the same hospital undergoing the same procedure, how the differences manifest themselves in a patient's care, whether privately insured patients have more access to cutting-edge technology or more individual care from physicians, and whether coding differences could explain discrepancies. For example, hospitals may have a financial incentive to report comorbidities that existed before hospitalization.

The authors note that the Affordable Care Act has taken a big step toward insurance for all but add that these findings suggest that policymakers will need to further examine why patients' quality of care differs across payers.

The researchers encourage requiring hospitals to report outcomes by payer status on quality performance scorecards to elevate transparency and higher-quality care.

REPORTS/POLICIES

- There were no reports published this week.

HILL HEARINGS

- There are no hearings scheduled this week.

LEGISLATION

- **H.R.3245** (introduced Oct. 10, 2013): the *Medicare Home Health Fraud Reduction Act* was referred to House committee. Status: Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce
Sponsor: Representative Jim Matheson [UT-4]
- **H.R.3279** (introduced Oct. 10, 2013): the *Abortion Insurance Full Disclosure Act of 2013* was referred to the House Committee on Energy and Commerce
Sponsor: Representative Christopher H. Smith [NJ-4]

MEETINGS

- 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/>
- The AAMA 2014 Conference will be held on **Feb. 25-28, 2014**, in Las Vegas Nev. <http://aameda.org/p/cm/ld/fid=98>
- The Heroes of Military Medicine Awards will be held on **May 1, 2014**, in Washington, DC. <http://www.hjfc3.org>

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