

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Oct. 30, 2013, the Senate confirmed Katherine Archuleta to be the next director of the Office of Personnel Management.**

Archuleta replaces John Berry, whose term expired in April and who is now U.S. ambassador to Australia. Elaine Kaplan will leave the agency as acting director to become a judge at the Court of Federal Claims.

Katherine Archuleta most recently served as National Political Director for Obama for America, a position she held from 2011 to 2012. Prior to this, Ms. Archuleta served as Chief of Staff at the U.S. Department of Labor from 2009 to 2011. From October 2005 to May 2009, she served as a Senior Advisor on Policy and Initiatives for the City and County of Denver, Colorado. Previously, she served as the Executive Director of the National Hispanic Cultural Center Foundation from 2002 to 2005. Archuleta received a B.A. from Metropolitan State College and a M.Ed. from the University of Northern Colorado.

- **During her testimony before the House Committee on Energy and Commerce, Health and Human Services Secretary Kathleen Sebelius apologized for the wave of problems that have plagued the HealthCare.gov Obamacare enrollment website since its Oct. 1 rollout.**

The American people deserve better, Sebelius said. "I apologize. I'm accountable to you for fixing these problems."

It was Sebelius' first Congressional appearance since the HealthCare.gov website's rough launch. It came after at least two dozen House members had called on Sebelius to quit.

The website serves residents of 36 states that did not set up their own insurance exchanges. New York is among the states that have their own exchanges and its website has been running smoothly.

[HHS Secretary Kathleen Sebelius' testimony](#)

MILITARY HEALTH CARE NEWS

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

During September, among active-duty soldiers, there were nine potential suicides: One has been confirmed as a suicide and eight remain under investigation. For August 2013, the Army reported 12 potential suicides among active-duty soldiers: five have been confirmed as suicides and seven are under investigation. For CY 2013, there have been 115 potential active-duty suicides: 58 have been confirmed as suicides and 57 remain under investigation. Updated active-duty suicide numbers for CY 2012: 185 (171 have been confirmed as suicides and 14 remain under investigation).

During September 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 suicide and eight remain under investigation. For August 2013, among that same group, the Army reported eight potential suicides; however, subsequent to the report, one more case was added bringing August's total to nine (five Army National Guard and four Army Reserve): Four have been confirmed as suicides and five cases remain under investigation. For CY 2013, there have been 112 potential not on active duty suicides (70 Army National Guard and 42 Army Reserve): 81 have been confirmed as suicides and 31 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>.

- **This week Secretary of Defense Chuck Hagel announced that President Obama has nominated**

- Navy Rear Admiral (lower half) Rebecca J. McCormick-Boyle for appointment to the rank of rear admiral. McCormick-Boyle is currently serving as chief of staff, Bureau of Medicine and Surgery, Falls Church, Va.
- Air Force Brig. Gen. Paul S. Dwan for appointment to the rank of major general. Dwan is currently serving as the mobilization assistant to the surgeon general of the Air Force, Headquarters U.S. Air Force, Pentagon, Washington, D.C.
- Air Force Col. Roosevelt Allen Jr., for appointment to the rank of major general and for assignment as commander, 79th Medical Wing and assistant surgeon general for dental services, Air Force District of Washington, Joint Base Andrews, Md.

- **Stars and Stripes reports that two key Angeles City hospitals have dropped out of a Department of Defense pilot project aimed at creating a closed-network health insurance**

system for retirees in the Philippines.

The Angeles University Foundation Medical Center said it quit the program on Oct. 30 because the United States was behind on medical claim reimbursements. Sacred Heart Medical Center dropped out Oct. 15.

The loss of the major network providers around the former Clark Air Base left aging U.S. military beneficiaries and covered family members worried over their health insurance and questioning the future of a TRICARE experiment started in January.

TRICARE decided to test a closed-network health insurance model on about 11,000 retired military beneficiaries in the Philippines, because the system there has struggled for years with complaints of poor service, ballooning costs and fraud.

In the past, beneficiaries were required to fill out claims for medical services and send them to a TRICARE contractor in the U.S. before being reimbursed. The closed network allows hospitals and doctors to directly bill TRICARE and only charge beneficiaries their copay amounts.

The experimental system will be tested for three years and could become a model for beneficiaries elsewhere overseas. A second phase of the network is scheduled to open Dec. 1 in Cavite, with the final rollout in Iloilo City in July.

The new network opened to a rocky start in January. Frustrated beneficiaries reported confusion among providers over covered services and filing claims. Some predicted the network would fail; the loss of providers this month has fueled criticism.

- **According to the Army Times, the Defense Department will lift its restriction prohibiting TRICARE from covering certain drug therapies used in substance abuse treatment on Nov. 21, 2013.**

The change involves medications such as buprenorphine and methadone, considered potentially addictive for prolonged detoxification or long-term maintenance therapy.

The drugs work by easing cravings for painkillers and blocking their effects, as well as suppressing withdrawal symptoms such as nausea, tremors and depression.

Previous rules allowed TRICARE to cover the medications only for short-term, intense detoxification or pain management. But the medical community has found them to be effective as part of an overall treatment plan to wean patients from opiate painkillers such as OxyContin, Percocet and Vicodin.

The proposal has been in the works for at least three years but gained steam after an Institute of Medicine panel in September 2012 urged the Pentagon to change the restrictions. In a report prepared for DoD, top IOM researchers recommended updating TRICARE's substance abuse treatment policies "to reflect the practice of contemporary health plans and be consistent with the range of treatments available."

Pain medication abuse remains a concern in the military, where prescriptions for such drugs have skyrocketed in the past decade.

According to data compiled by the Armed Forces Health Surveillance Center, the incident rate of opioid abuse diagnoses among active-duty troops soared from 15 per 100,000 person-years in 2000 to 80 per 100,000 person-years in 2011.

A person-year is a statistical measure of the number of years that members of a population have been affected by a particular condition multiplied by the number of members in that population. It is often used in military epidemiological studies to account for the changing numbers of personnel serving in the military each year.

A 2011 survey of active-duty members indicated that about five percent of troops taking any prescription in the year preceding the survey said they had abused prescription painkillers.

A similar survey conducted in 2008 showed that prescription drug misuse among service members nearly tripled from 2005 to 2008, from four percent to 11 percent.

- **The US Family Health Plan, for eligible military beneficiaries in six regions of the United States, has achieved a 2013 overall member satisfaction rating of 92.5 percent, far surpassing the satisfaction rates of other managed care plans for 19 consecutive years.**

The national benchmark for member satisfaction with their health plan is 65.2 percent, as calculated by The Myers Group (of Duluth, Ga.) -- a National Committee for Quality Assurance (NCQA) certified survey vendor -- and based on 203 Commercial Audit Survey results which were submitted to the NCQA in 2013. Compared with those 203 health plans, the US Family Health Plan is in the 99th percentile for overall member satisfaction. Customer service and the ability to get needed care have been substantiated as among the key drivers of the US Family Health Plan's consistently high member satisfaction rating.

The independent assessment of 5,106 US Family Health Plan members was conducted by The Myers Group utilizing the most widely used set of metrics in the managed care industry, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey, to measure performance on key dimensions of care and service.

The US Family Health Plan, a TRICARE Prime option, serves active-duty family members, including activated National Guard and Reserve family members, and retirees and their family members. The local health care networks through which members receive care include Brighton Marine Health Center (serving Massachusetts, Rhode Island and northern Connecticut), CHRISTUS Health (serving southeast Texas and southwest Louisiana), Johns Hopkins Medicine (serving Maryland, Washington D.C. and parts of Pennsylvania, Virginia, Delaware and West Virginia), Martin's Point Health Care (serving Maine, New Hampshire, Vermont, upstate and western New York, and the northern tier of Pennsylvania), Pacific Medical Centers (PacMed Clinics, serving the Puget Sound area of Washington State), and St. Vincent Catholic Medical Centers (serving New York City, Long Island, southern Connecticut, New Jersey, and Philadelphia and area suburbs).

VETERANS AFFAIRS NEWS

- **On Oct. 27, 2013, the House voted to approve a measure to slash bonuses for workers at the Department of Veterans Affairs by at least 14 percent, as the agency continues to face criticism over its backlog of disability claims.**

The VA currently pays \$400 million in bonuses to its workers each year, but the bill caps total annual bonus payments at \$345 million through fiscal year 2018.

A House Veterans Affairs Committee report on the legislation says lawmakers have grown frustrated with the VA for "maintaining an agency where a growing inventory of claims and poor workload management practices abound." The report said that in 2011, more than two-thirds of claims processors received a total of \$5.5 million in bonuses, as the backlog of claims swelled by 155 percent.

The VA is pushing to eliminate the backlog by 2015.

GENERAL HEALTH CARE NEWS

- **In 2011, 1,925 malaria cases were reported in the United States, representing a 14 percent increase from 2010 and the highest number since 1971, according to data published by the Centers for Disease Control and Prevention (CDC).**

Almost all of the malaria cases reported in the U.S. were acquired overseas. More than two-thirds (69 percent) of the cases were imported from Africa, and nearly two-thirds (63 percent) of those were acquired in West Africa. For the first time, India was the country from which the most cases were imported. Cases showed seasonal peaks in January and August.

Malaria is caused by a parasite transmitted by the bite of an infective female *Anopheles* mosquito. In 2010, it caused an estimated 660,000 deaths and 219 million cases globally. The signs and symptoms of malaria illness are varied, but the majority of patients have fever. Other common symptoms include headache, back pain, chills, increased sweating, muscle pain, nausea, vomiting, diarrhea, and cough. Untreated infections can rapidly progress to coma, kidney failure, respiratory distress, and death.

Travelers to areas with malaria transmission can prevent the disease by taking steps such as use of antimalarial drugs, insect repellent, insecticide-treated bed nets, and protective clothing.

Travelers in the United States should consult a health-care provider prior to international travel to receive needed information, medications, and vaccines. CDC provides advice on malaria prevention recommendations on-line (<http://www.cdc.gov/malaria/travelers/drugs.html>).

- **The Centers for Medicare & Medicaid Services (CMS) announced that health care reform efforts are eliciting significant out-of-pocket savings for Medicare beneficiaries, pointing to zero growth in 2014 Medicare Part B premiums and deductibles, and more than \$8 billion in cumulative savings in the prescription drug coverage gap known as the “donut hole.”**

According to CMS, since the Affordable Care Act provision to close the prescription drug donut hole took effect, more than 7.1 million seniors and people with disabilities who reached the donut hole have saved \$8.3 billion on their prescription drugs. In the first nine months of 2013 nearly 2.8 million people nationwide who reached the donut hole this year have saved \$2.3 billion, an average of \$834 per beneficiary. These figures are higher than at this point last year (2.3 million beneficiaries had saved \$1.5 billion for an average of \$657 per beneficiary).

The health care law gave those who reached the donut hole in 2010 a one-time \$250 check, then began phasing in discounts and coverage for brand-name and generic prescription drugs beginning in 2011. The Affordable Care Act will provide additional savings each year until the coverage gap is closed in 2020.

CMS said the standard Medicare Part B monthly premium will be \$104.90 in 2014, the same as it was in 2013. The premium has either been less than projected or remained the same, for the past three years. The Medicare Part B deductible will also remain unchanged at \$147. The last five years have been among the slowest periods of average Part B premium growth in the program's history.

People with Medicare don't need to sign up for the new Health Insurance Marketplace, as they are already covered by Medicare. The Marketplace won't affect Medicare choices, and no matter how an individual gets Medicare, whether through Original Medicare or a Medicare Advantage Plan, they still have the same benefits and security they have now.

- **The U.S. Food and Drug Administration is taking two actions to further enhance the agency's ongoing efforts to prevent and resolve drug shortages, a significant public**

health threat that can delay, and in some cases even deny, critical care for patients.

Following the President's 2011 Executive Order on reducing drug shortages, the number of new shortages in 2012 was 117, down from 251 in 2011.

- First, the FDA is releasing a strategic plan called for in the Food and Drug Administration Safety and Innovation Act (FDASIA) of 2012 to improve the agency's response to imminent or existing shortages, and for longer term approaches for addressing the underlying causes of drug shortages. The plan also highlights opportunities for drug manufacturers and others to prevent drug shortages by promoting and sustaining quality manufacturing.
- Second, the FDA issued a proposed rule requiring all manufacturers of certain medically important prescription drugs to notify the FDA of a permanent discontinuance or a temporary interruption of manufacturing likely to disrupt their supply. The rule also extends this requirement to manufacturers of medically important [biologic](#) products. The proposed rule implements the expanded [early notification](#) requirements included in FDASIA.

The FDA has established a separate docket for the public to provide comment on the [proposed rule](#).

- **The U.S. government has released its first-ever set of guidelines for managing children's food allergies at school - a health concern that affects far more kids today than it did just a decade ago.**

According to the Centers for Disease Control and Prevention (CDC), food allergies among children increased 18 percent from 1997-2007, and 88 percent of schools in 2006 were found to have one or more child with a food allergy, according to the CDC.

The [guidelines](#) include information for how schools can create awareness of children with allergies among faculty and staff, recommendations for school cafeteria workers, and what to do when a child has an allergic reaction.

The report also includes a list of typical symptoms communicated by children who are having an allergic reaction. Kids might say something like, "It feels like something is poking my tongue," "My tongue feels like there is hair on it," or "My tongue (or mouth) is tingling (or burning)."

Schools are advised to have epinephrine on hand to respond to anaphylaxis emergencies. Parents of kids with food allergies are to provide "at least one or two" epi-pen injectors prescribed to their child by a doctor, and schools are responsible for storing them in an accessible place and training staff in their use.

REPORTS/POLICIES

- **The GAO published "Biomedical Research: NIH Should Assess the Impact of Growth in Indirect Costs on Its Mission," (GAO-13-760), Oct. 31, 2013.** This report identifies changes in reimbursements by NIH to universities for indirect costs of NIH-funded research; and examines key factors affecting NIH reimbursement to universities for indirect costs and what assessment NIH has done to address any impact of these costs on NIH's research mission.
<http://www.gao.gov/assets/660/658087.pdf>
- **The GAO published "VA Health Care: Additional Guidance, Training, and Oversight Needed to Improve Clinical Contract Monitoring," (GAO-14-54) on Oct 31, 2013.** This report

examines the extent to which VA establishes complete performance requirements for contract providers, challenges VA staff encounter in monitoring contract providers' performance, and the extent to which VA oversees VAMC staff responsible for monitoring contract providers.

<http://www.gao.gov/assets/660/658685.pdf>

HILL HEARINGS

- The Senate [Veterans' Affairs](#) Committee will hearing on **Nov. 6, 2013**, to examine the nominations of Sloan D. Gibson, of the District of Columbia, to be Deputy Secretary, Linda A. Schwartz, of Connecticut, to be Assistant Secretary for Policy and Planning, and Constance B. Tobias, of Maryland, to be Chairman of the Board of Veterans' Appeals, all of the Department of Veterans Affairs.
- The House Veterans' Affairs: Subcommittee on Disability Assistance and Memorial Affairs will hold a hearing on **Nov. 7, 2013**, focusing on VBA outreach, accessibility, leadership and staffing efforts to meet the needs of veterans living in areas remote from a regional office.
- The Senate Armed Services Committee will hold a hearing on **Nov. 7, 2013**, to examine the impact of sequestration on the national defense; with the possibility of a closed session in SVC-217, following the open session.
- The House Veterans Affairs Subcommittee on Economic Opportunity will hold a hearing on **Nov. 13, 2013**, to examine VA's Independent Living Program-A Program Review.

LEGISLATION

- **H.R.3348** (introduced Oct. 28, 2013): the *Obamacare Choice Act of 2013* was referred to the House Committee on Ways and Means
Sponsor: Representative Joe Barton [TX-6]
- **H.R.3350** (introduced Oct. 28, 2013): the *Keep Your Health Plan Act of 2013* was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means
Sponsor: Representative [Fred](#) Upton [MI-6]
- **H.R.3359** (introduced Oct. 28, 2013): the *Delay Until Fully Functional Act of 2013* was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce
Sponsor: Representative Trey Radel [FL-19]
- **H.R.3362** (introduced Oct. 29, 2013): To amend the Patient Protection and Affordable Care Act to require transparency in the operation of American Health Benefit Exchanges was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Lee Terry [NE-2]
- **H.R.3367** (introduced Oct. 29, 2013): To amend section 9010 of the Patient Protection and Affordable Care Act to delay the application of the health insurance provider annual fee until 2016 and to provide a process to return to consumers any amounts attributable to the expected application of the annual fee to 2014 or 2015 was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.
Sponsor: Representative Charles W. Boustany, Jr. [LA-3]
- **H.R.3376** (introduced Oct. 29, 2013): To provide a 12-month exemption from the health insurance mandate for individuals whose employer-sponsored health plan coverage or individual health insurance coverage is terminated for a plan year beginning during 2014, and for other

purposes was referred to the House Committee on Ways and Means.
Sponsor: Representative Billy Long [MO-7]

- **H.R.3387** (introduced Oct. 30, 2013): To amend title 38, United States Code, to improve the mental health treatment provided by the Secretary of Veterans Affairs to veterans who served in classified missions was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Kyrsten Sinema [AZ-9]
- **H.R.3391** (introduced Oct. 30, 2013): To amend the Internal Revenue Code of 1986 to exclude from gross income payments under the Indian Health Service Loan Repayment Program and certain amounts received under the Indian Health Professions Scholarships Program was referred to the House Committee on Ways and Means.
Sponsor: Representative David G. Valadao [CA-21]
- **H.R.3396** (introduced Oct. 30, 2013): To provide for the issuance of a Veterans Health Care Stamp was referred to the Committee on Oversight and Government Reform, and in addition to the Committee on Veterans' Affairs was referred to the Committee on Oversight and Government Reform, and in addition to the Committee on Veterans' Affairs.
Sponsor: Representative Michael C. Burgess [TX-26]
- **H.R.3404** (introduced Oct. 30, 2013): To require that every mammography summary delivered to a patient after a mammography examination, as required by section 354 of the Public Health Service Act (commonly referred to as the "Mammography Quality Standards Act of 1992"), contain information regarding the patient's breast density and language communicating that individuals with more dense breasts may benefit from supplemental screening tests, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Rosa L. DeLauro [CT-3]
- **H.R.3406** (introduced Oct. 30, 2013): To amend the Patient Protection and Affordable Care Act to ensure that individuals can keep their health insurance coverage was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Ron DeSantis [FL-6].
- **H.R.3419** (introduced Oct. 30, 2013): To amend the Internal Revenue Code of 1986 to exempt certain small businesses from the employer health insurance mandate and to modify the definition of full-time employee for purposes of such mandate was referred to the House Committee on Ways and Means.
Sponsor: Representative Jack Kingston [GA-1]
- **H.R.3425** (introduced Oct. 30, 2013): To amend the Patient Protection and Affordable Care Act to delay the individual health insurance mandate and any penalties for violating the individual mandate until after there is a certification that the healthcare.gov website is fully operational, and for other purposes was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.
Sponsor: Representative Daniel Lipinski [IL-3]
- **S.1602** (introduced Oct. 30, 2013): A bill to establish in the Department of Veterans Affairs a national center for the diagnosis, treatment, and research of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces, to provide certain services to those descendants, to establish an advisory board on exposure to toxic substances, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Richard Blumenthal [CT]
- **S.1604** (introduced Oct. 30, 2013): A bill to amend title 38, United States Code, to expand and enhance eligibility for health care and services through the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Bernard Sanders [VT]
- **S.1617** (introduced Oct. 30, 2013): A bill to amend the Patient Protection and Affordable Care Act to ensure that individuals can keep their health insurance coverage was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Ron Johnson [WI]

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 will be held **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>

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.