

# Federal Health Update

NOV. 8, 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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***Happy Veterans Day!***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **On Nov. 7, 2013, the Senate passed S. 815, the Employment Non-Discrimination Act of 2013.** The legislation prohibits employment discrimination on the basis of sexual orientation or gender identity.
  
- **Two Senate Committees held hearings this week to examine the challenges facing the launch of the ACA.**
  - CMS Administrator Marilyn Tavenner testified before the Senate Health, Education, Labor & Pensions Committee on Nov. 5, answering Senators' questions about the rollout of the government's health exchange (healthcare.gov) In her opening statement, Tavenner promised the website was improving, noting more than 700,000 applications for coverage have been submitted.
  - HHS Secretary Kathleen Sebelius testified before the Senate Finance Committee on Nov. 6. During her testimony, Sebelius acknowledged that the enrollment numbers – expected to be released next week – will be low.

## MILITARY HEALTH CARE NEWS

- **The Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Jonathan W. Greenert announced that Rear Adm. (lower half) Priscilla B. Coe will be assigned as deputy chief of staff, Bureau of Medicine M7, Falls Church, Va.** Coe previously served as reserve affairs officer, Bureau of Medicine and Surgery, Falls Church, Va.
- **The Defense and Veterans Brain Injury Center has created a free online resource for service members and veterans who have sustained a traumatic brain injury and plan to go back to school.**

The “Back to School Guide to Academic Success After Traumatic Brain Injury” is available to download at [www.DVBIC.org](http://www.DVBIC.org).

Since 2000, more than 280,000 service members sustained a TBI during their service. Approximately 80 percent of those injuries happened in a non-deployed setting and are characterized as mild TBI, more commonly known as concussions.

In most cases, service members who sustain concussions recover fully and quickly. But for a small portion of service members, symptoms from a concussion can linger for months or longer, creating challenges with memory and thinking, personal relationships and other aspects of life.

The [guide](#) includes information service members and veterans need to start their academic journey, from symptom management to choosing a school and adjusting to civilian campus culture. A comprehensive student resources section gives students access to websites that will help connect them with the appropriate people and organizations to help answer questions and provide detailed information.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs announced it has reduced the backlog of disability compensation claims from 611,000 to 400,835 (34 percent) since peaking in March.**

Concurrently, VA improved the accuracy of disability ratings, and provided hundreds of thousands of claims decisions to veterans who have waited the longest.

Since the VA launched the initiative to eliminate the oldest claims first, claims processors at the 56 regional offices of the Veterans Benefits Administration (VBA) have been focused on claims that had been waiting longer than one year. As of Nov. 4, VBA has completed 93 percent of these older claims, resulting in over 476,000 decisions for veterans since the initiative began on April 19. The proportion of claims decisions that resulted in benefits being granted remained on par with historical averages—between 65 and 70 percent.

At the same time, the accuracy of rating decisions has improved. The three-month average for decision accuracy when evaluating a complete claim file is 90 percent -- a 5 percentage point improvement since 2011, and a 7 percentage point improvement since 2010. The three-month average accuracy for rating individual medical conditions inside each claim has climbed three points to 96.7 percent since December 2012.

VBA also directed 20 hours of mandatory overtime per month for claims processors, and worked with the Veterans Health Administration to place VA physicians in regional offices to review medical evidence to help speed decisions. Mandatory overtime was halted during the government shutdown in October, but has been re-established and will continue through Nov. 23. VBA anticipates mandatory overtime to continue in 2014, based on available funding. Optional overtime for claims processors will remain in effect.

- **The Department of Veterans Affairs has hired 815 Peer Specialists and Peer Apprentices, exceeding the hiring goal set in President Obama's Aug. 31, 2012 Executive Order aimed at improving access to mental health services for veterans, service members and military families.**

Peer Specialists and Peer Support Apprentices are a unique cadre of people joining VA's mental health care teams. They are veterans who have successfully dealt with their own mental health recovery for a minimum of one year. Peer Specialists are trained and certified, while Peer Support Apprentices are undergoing training and certification to become Peer Specialists. The VA will also meet the additional component from the Executive Order mandating that all training for peer counselors be complete by the end of the year.

Specialists and apprentices are working at every VA medical center throughout the country as well as at Community-Based Outpatient Clinics with over 10,000 enrollees. As the nation's largest integrated health care system, VA cares for more than 6.3 million veterans annually, and has seen an increase in the amount of service men and women who are dealing with mental health issues. VA's push to hire veterans who can provide peer support is a key part of a greater effort aimed at increasing access to mental health care services for veterans by hiring thousands of new mental health professionals.

- **The U.S. Department of Veteran Affairs (VA) has awarded a multi-million dollar, five-year contract to a Rutgers University-based research partnership to conduct a first-of-its kind genotyping study to improve the health of veterans.**

The contract, valued at \$7.5 million in the first year and undisclosed afterward, will be handled by the BioProcessing Solutions Alliance, a partnership consisting of RUCDR Infinite Biologics, a Busch Campus biorepository that collects and stores biological materials for investigation, and private company BioStorage Technologies.

RUCDR Chief Operating Officer Andrew Brooks said the landmark contract will improve research into medical issues affecting veterans and enable scientists to better predict what kinds of diseases veterans may encounter as a function of service or in civilian life.

Genotyping is the process of determining differences in the genetic makeup of an individual by examining DNA sequencing.

The contract calls for quality control and analysis of 100,000 DNA samples from U.S. military veterans who volunteered to participate from around the country. The program will build a database of genetic, military exposure, lifestyle, and health information.

VA will collect blood samples from volunteering veterans at its hospitals and medical centers and submit DNA samples to the university's research facilities. According to officials, 220,000 veterans have already agreed to participate, exceeding expectations, and 107,000 DNA samples are expected to be collected this year. Recruitment for additional volunteers will continue throughout the contract.

- **The Department of Veterans Affairs' Office of Information and Technology (OIT) has awarded SRA International, Inc., a contract to provide software development support for its Enterprise Veteran Self-Service Portal Platform (EVSSPP).**

The one-year contract carries a total value of \$20.4 million and all options have been exercised.

Currently managed as separate projects, VA's portals share very similar technology and

architecture. SRA will lead the integration of VA portals into a single platform with an aim to reduce costs and deliver a consistent user experience for veterans and veterans' service organizations (VSOs).

As the steward for all VA's information technology assets and resources, OIT delivers available, adaptable, secure and cost-effective technology services to the VA. A crucially important element of the agency's technology plan is the ability to enable convenient seamless interactions between the VA, veterans, service members, VSOs, and the community of VA business partners and stakeholders providing services for the veteran.

EVSSPP streamlines access by providing a fully functional and secure entry point to web-based systems for information and services accessed by, and on behalf of, veterans and the VA. SRA will lead the software development effort to provide key improvements to the technology and delivery of these systems.

## GENERAL HEALTH CARE NEWS

- **The U.S. Health and Human Services has awarded \$150 million in awards to support 236 new health center sites across the country.**

These investments, funded by the Affordable Care Act, will help care for approximately 1.25 million additional patients.

Community health centers work to improve access to comprehensive, culturally competent, quality primary health care services. Community health centers play an especially important role in delivering health care services in communities with historically high uninsured rates. Community health centers are also on the front line of helping uninsured residents enroll in new health insurance options available in the Health Insurance Marketplaces under the Affordable Care Act, through expanded access to Medicaid in many states, and new private health insurance options and tax credits.

Today, approximately 1,200 health centers operate more than 9,000 service delivery sites that provide care to over 21 million patients in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Since the beginning of 2009, health centers have added 4 million patients and more than 35,000 new full-time positions.

Health Center New Access Point grants, listed by organization and state, are available at [www.hrsa.gov/about/news/2013tables/newaccesspointawards/](http://www.hrsa.gov/about/news/2013tables/newaccesspointawards/).

- **About one in three adults aged 50 to 75 years have not been tested for colorectal cancer as recommended by the United States Preventive Services Task Force (USPSTF), according to a new Centers for Disease Control and Prevention report.**

Despite research that shows colorectal cancer screening tests saves lives, screening rates remain too low.

Colorectal cancer is the second leading cancer killer among men and women in the United States, after lung cancer. Screening tests can prevent cancer or detect it at an early stage, when treatment can be highly effective. Adults aged 50 years and older should get tested with one or a combination of these screening tests:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) done at home every year,

- Flexible sigmoidoscopy, done every five years, with FOBT/FIT done every three years,
- Colonoscopy done every 10 years.

A colonoscopy can detect cancer early, and it can find precancerous polyps so they can be removed before they turn into cancer. An FOBT/FIT is a simple at-home test that can detect cancer early by identifying blood in the stool, a possible sign of cancer. People are not always offered a choice of colorectal cancer tests, but studies have shown that people who are able to choose the test they prefer are more likely to get the test done.

CDC researchers reviewed colorectal cancer screening data from CDC's 2012 Behavioral Risk Factor Surveillance System to estimate the percentage of people aged 50 to 75 years who reported getting screened as recommended by type of test.

Major findings:

- Among adults who were screened as recommended, colonoscopy was by far the most common screening test (62 percent). Use of the other USPSTF-recommended tests was much lower: fecal occult blood test (10 percent), and flexible sigmoidoscopy in combination with FOBT/FIT (less than 1 percent).
- The highest percentage of adults who were up-to-date with colorectal cancer screening was in Massachusetts (76 percent).
- The percentage of people screened for colorectal cancer using the fecal occult blood test within one year was more than twice as high in California (20 percent) when compared with most states.
- Blacks and whites had similar screening rates, but a higher percentage of blacks across all income and education levels used FOBT.

Research shows that more people may get tested if health care providers used an organized approach to identify people who need to be screened; contact them at their home or community setting; advise them of each test; and carefully monitor to make sure they complete their test.

For more information about CDC's efforts to prevent colorectal cancer, please visit <http://www.cdc.gov/cancer/colorectal/>.

- **The Food and Drug Administration (FDA) announced its preliminary determination that partially hydrogenated oils (PHOs), the primary dietary source of artificial trans fat in processed foods, are not “generally recognized as safe” for use in food.**

The FDA's preliminary determination is based on available scientific evidence and the findings of expert scientific panels. This is the first step to ban trans fats in foods.

The agency has opened a 60-day comment period on this preliminary determination to collect additional data and to gain input on the time potentially needed for food manufacturers to reformulate products that currently contain artificial trans fat should this determination be finalized.

Consumption of trans fat raises low-density lipoprotein (LDL), or “bad” cholesterol, increasing the risk of coronary heart disease. The independent Institute of Medicine (IOM) has concluded that trans fat provides no known health benefit and that there is no safe level of consumption of artificial trans fat. Additionally, the IOM recommends that consumption of trans fat should be as low as possible while consuming a nutritionally adequate diet.

In recent years, many food manufacturers and retailers have voluntarily decreased trans fat levels in many foods and products they sell. Trans fat can be found in some processed foods, such as certain desserts, microwave popcorn products, frozen pizzas, margarines and coffee creamers. Numerous retailers and manufacturers have already demonstrated that many of these

products can be made without trans fat.

Thanks to these efforts, along with public education, the consumption of trans fat in American diets has been significantly reduced. Since trans fat content information began appearing in the Nutrition Facts label of foods in 2006, trans fat intake among American consumers has declined from 4.6 grams per day in 2003 to about 1 gram per day in 2012.

Following a review of the submitted comments, if the FDA finalizes its preliminary determination, PHOs would be considered “food additives” and could not be used in food unless authorized by regulation. If such a determination were made, the agency would provide adequate time for producers to reformulate products in order to minimize market disruption. The FDA’s preliminary determination is only with regard to PHOs and does not affect trans fat that naturally occurs in small amounts in certain meat and dairy products.

## REPORTS/POLICIES

- **The GAO published “*Defense Health Care Reform: Additional Implementation Details Would Increase Transparency of DOD’s Plans and Enhance Accountability*,” (GAO-14-49) on Nov. 6, 2013.** This report addresses the extent to which DoD’s March and June 2013 submissions detailing its plan to reform its MHS governance structure meets with the statutory requirements and key management practices contained in GAO’s *Business Process Reengineering Assessment Guide* and other relevant GAO work. <http://www.gao.gov/assets/660/658775.pdf>
- **The Institute of Medicine (IOM) published “*Identifying and Addressing the Needs of Adolescents and Young Adults with Cancer - Workshop Summary*,” on Nov. 4, 2013.** This report examines the gaps and challenges in caring for AYA cancer patients and potential strategies and actions to improve the quality of their care. <http://www.iom.edu/Reports/2013/Identifying-and-Addressing-the-Needs-of-Adolescents-and-Young-Adults-with-Cancer.aspx>

## HILL HEARINGS

- 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

- **S.1642** (introduced Nov. 4, 2013): A bill to permit the continuation of certain health plans was referred to the Committee on Finance.  
Sponsor: Senator Mary L. Landrieu [LA]
- **S.1653** (introduced Nov. 5, 2013): A bill to amend the Federal Food, Drug, and Cosmetic Act to strengthen requirements related to nutrient information on food labels, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Richard Blumenthal [CT]
- **S.1655** (introduced Nov. 6, 2013): A bill to require the Secretary of Health and Human Services

to approve waivers under the Medicaid Program under title XIX of the Social Security Act that are related to State provider taxes that exempt certain retirement communities was referred to the Committee on Finance.

Sponsor: Senator John Boozman [AR]

- **S.1657** (introduced Nov. 6, 2013): A bill to reduce prescription drug misuse and abuse was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Tom Udall [NM]

## MEETINGS

- 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](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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