

# 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 Thanksgiving!***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **Beginning Nov. 25, the House is on recess until Dec. 2 and the Senate is on recess until Dec. 9, 2013.**
- **The Senate Democrats changed the rules so that federal judicial nominees and executive-office appointments can advance to confirmation votes by a simple majority of senators, rather than the 60-vote supermajority that has been the standard for nearly four decades.**
- **On Nov.21, 2013, President Obama signed into law:**
  - S. 330, the "HIV Organ Policy Equity Act," which lifts a current law ban on transplantation of organs infected with human immunodeficiency virus (HIV), establishes criteria and quality standards for the research and transplantation of such organs, and allows an exception to a Federal criminal prohibition on the knowing donation or sale of HIV infected organs; and
  - S. 893, the "Veterans' Compensation Cost-of-Living Adjustment Act of 2013," which provides for a cost-of-living adjustment (COLA) for the beneficiaries of veterans' disability compensation and dependency and indemnity compensation equal to the Social Security COLA.

- **On Nov. 21, 2013, Senate Republicans blocked a procedural vote on the National Defense Authorization Act, delaying a vote on the bill.**

Senate Republicans objected to moving forward with the bill, which authorizes \$625 billion in defense spending, because they wanted a guarantee that additional amendments to the NDAA would be considered. So far, Reid has only tried to schedule votes on amendments related to Guantanamo and military sexual assault.

Sen. Jim Inhofe, ranking member of the Senate Armed Services Committee, asked that each side be able to offer 25 amendments, but Senate Democrats rejected that request. Sen. Carl Levin, chairman of the Senate Armed Services, said he'd be willing for each side to present six amendments to the NDAA, but Republicans said that wasn't enough.

With the Senate heading into a two-week long Thanksgiving recess, the NDAA would not see another vote until almost mid-December, leaving just a few weeks for the Senate and House to hammer out an agreement in conference in the bill. And one major amendment, Sen. Kirsten Gillibrand's plan to remove the chain of command from prosecutions of military sexual assaults, remains stalled.

## MILITARY HEALTH CARE NEWS

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

Among active-duty soldiers, there were 10 potential suicides: None have been confirmed as suicide and 10 remain under investigation. For September 2013, the Army reported nine potential suicides among active-duty soldiers; however, subsequent to the report, one more case was added bringing September's total to 10: three have been confirmed as suicides and seven are under investigation. For CY 2013, there have been 126 potential active-duty suicides: 67 have been confirmed as suicides and 59 remain under investigation. Updated active-duty suicide numbers for CY 2012: 186 (172 have been confirmed as suicides and 14 remain under investigation).

During October 2013, among reserve component soldiers who were not on active duty, there were 12 potential suicides (11 Army National Guard and one Army Reserve): None have been confirmed as suicide and 12 remain under investigation. For September 2013, among that same group, the Army reported eight potential suicides: three have been confirmed as suicides and five cases remain under investigation. For CY 2013, there have been 125 potential not on active duty suicides (82 Army National Guard and 43 Army Reserve): 87 have been confirmed as suicides and 38 remain under investigation. Updated not on active duty suicide numbers for CY 2012: 140 (93 Army National Guard and 47 Army Reserve): 140 have been confirmed as suicides and none remain under investigation.

The Army's comprehensive list of Suicide Prevention Program information is located at <http://www.preventsuicide.army.mil>.

- **According to GovExec.com, the White House urged the Senate to support its effort to increase the amount military retirees pay for their health insurance.**

The current version of the fiscal 2014 Senate Defense authorization bill does not include President Obama's proposals to impose higher fees and create new enrollment fees for some plans in TRICARE, the military's massive health insurance program.

The White House believes its initiatives would “control the growth of health care costs” at the Defense Department “while keeping retired beneficiaries’ share of these costs well below the levels experienced when the TRICARE program was implemented in the mid-1990s,” said an [administration statement](#) on the fiscal 2014 Defense authorization bill (S. 1197). The administration estimated that its TRICARE proposals would save between \$902 million and \$9.3 billion through fiscal 2018.

The \$53 billion military health care program now consumes 10 percent of the Pentagon’s non-war budget.

President Obama [proposed](#) military health care reforms in his fiscal 2014 budget, including higher fees and new enrollment fees for some TRICARE plans phased in over time. For example, the administration wants to increase TRICARE Prime enrollments fees, increase TRICARE Standard/Extra deductibles, and implement an enrollment fee for new TRICARE for Life beneficiaries. None of the proposals would affect active duty members.

TRICARE premiums for beneficiaries have not kept up with inflation and the overall increase in health care costs during the past two decades. Congress agreed to raise TRICARE Prime annual enrollment fees for retirees in 2011 -- the first time the fees have gone up since 1995. Right now, TRICARE Prime retirees pay \$273.84 annually for individual coverage and \$547.68 per year for family coverage through Sept. 30, 2014. Under Obama’s plan, for example, family coverage for that group would rise to a minimum of \$558 annually to a maximum of \$900 in fiscal 2015, depending on a beneficiary’s income level.

Congress has resisted the Obama administration’s TRICARE proposals so far, opting instead for more modest increases in TRICARE enrollment fees and prescription drug co-payments. The House fiscal 2014 defense authorization bill, which the chamber passed in June, rejected most of the administration’s proposed increases to TRICARE fees for retirees and other changes to the military’s health care system.

## VETERANS AFFAIRS NEWS

- **Thirty-two Department of Veterans Affairs medical facilities were recently recognized as “top performers” by The Joint Commission.**

The Joint Commission is a not-for-profit organization that ensures the quality of U.S. health care by its intensive evaluation of more than 20,000 health care organizations.

While all 151 VA medical facilities are accredited by The Joint Commission, the list recognizes facilities that are the top performers based on The Joint Commission’s annual review of evidence-based care that is closely linked to positive patient outcomes. This program recognizes Joint Commission-accredited hospitals for a significant achievement in accountability and performance measures.

The Joint Commission recognized 19 VA medical facilities as top performers in 2011/2012 and 20 VA medical facilities in 2010. Nine VA facilities have been rated as top performers for two consecutive years – a noteworthy distinction.

The top VA performers cited by the commission can be found at:  
<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2497>.

- **The Department of Veterans Affairs (VA) is partnering with Delta Dental and MetLife to allow eligible veterans, plus family members receiving care under the Civilian Health and**

**Medical Program (CHAMPVA), to purchase affordable dental insurance beginning Nov. 15, 2013.**

More than 8 million veterans who are enrolled in VA health care can choose to purchase one of the offered dental plans. This three-year pilot has been designed for veterans with no dental coverage, or those eligible for VA dental care who would like to purchase additional coverage. Participation will not affect entitlement to VA dental services and treatment.

There are no eligibility limitations based on service-connected disability rating or enrollment priority assignment. People interested in participating may complete an application online through Delta Dental, [www.deltadentalvadip.org](http://www.deltadentalvadip.org), or MetLife, [www.metlife.com/vadip](http://www.metlife.com/vadip) beginning Nov. 15. Coverage for this new dental insurance will begin Jan. 1, 2014, and will be available throughout the United States and its territories.

Also eligible for the new benefits are nearly 400,000 spouses and dependent children who are reimbursed for most medical expenses under VA's CHAMPVA program. Generally, CHAMPVA participants are spouses, survivors or dependent children of Veterans officially rated as "permanently and totally" disabled by a service-connected condition.

Dental services under the new program vary by plan and include diagnostic, preventive, surgical, emergency and endodontic/restorative treatment. Enrollment in the VA Dental Insurance Plan (VADIP) is voluntary. Participants are responsible for all premiums, which range from \$8.65 to \$52.90 per month for individual plans. Copayments and other charges may apply.

For more information on VADIP, visit [www.va.gov/healthbenefits/vadip](http://www.va.gov/healthbenefits/vadip), or contact Delta Dental at 1-855-370-3303 or MetLife at 1-888-310-1681.

## GENERAL HEALTH CARE NEWS

- **Income, education level, sex, race, ethnicity, employment status and sexual orientation are all related to health and health outcomes for a number of Americans, according to a new report by the Centers for Disease Control and Prevention (CDC).**

The latest report looks at disparities in deaths and illness, use of health care, behavioral risk factors for disease, environmental hazards and social determinants of health. This year's report contains 10 new topics including access to healthier foods, activity limitations due to chronic diseases, asthma attacks, fatal and nonfatal work-related injuries and illnesses, health-related quality of life, periodontitis in adults, residential proximity to major highways, tuberculosis and unemployment.

Some of the report's findings include:

- The overall birth rate for teens 15-19 years old fell dramatically -- by 18 percent -- from 2007 to 2010. Birth rate disparities also decreased because the rates fell by more among racial and ethnic minority populations that had higher rates. However, across states, there was wide variation, from no significant change to a 30 percent reduction in the rate from 2007 to 2010.
- Working in a high risk occupation -- an occupation in which workers are more likely than average to be injured or become ill -- is more likely among those who are Hispanic, are low wage earners, were born outside of the United States, have no education beyond high school, or are male.
- Binge drinking is more common among persons aged 18-34 years, men, non-Hispanic whites, and persons with higher household incomes.
- While the number of new tuberculosis cases in the United States decreased 58 percent from 1992 to 2010, tuberculosis continues to disproportionately affect racial and ethnic minorities,

including foreign-born individuals.

The report also underscores the need for more consistent data on population characteristics that have often been lacking in health surveys, such as disability status and sexual orientation. To help ensure that such data are more available in the future, the Affordable Care Act required the U.S. Department of Health and Human Services to develop a set of uniform data collection standards for national population health surveys. These standards were published in 2011.

The full "CDC Health Disparities and Inequalities Report — United States, 2013" and related information on the individual chapters is available at <http://www.cdc.gov/DisparitiesAnalytics> .

▪ **CDC Director Dr. Tom Frieden releases Winnable Battles Progress Report 2010-2015.**

To keep pace with emerging public health challenges and to address the leading causes of illness, injury, disability, and death, the Centers for Disease Control and Prevention (CDC) initiated an effort to achieve measurable impact on selected Winnable Battles. These Winnable Battles were chosen based on the magnitude of the health problems and our ability to make significant progress to improve outcomes.

There are evidence-based strategies available now to address the critical health challenges presented by each of the Winnable Battles areas. We have established important indicators and targets for measuring progress. Together with our partners, we can have a meaningful impact on health through a dedicated focus on these Winnable Battles.

- In 2010, CDC identified the following Winnable Battles:
- Tobacco – Tobacco use is the leading preventable cause of disease, disability, and death in the U.S.
- Nutrition, Physical Activity, and Obesity – More than 72 million adults and 12 million youth in the U.S. are obese
- Food Safety – Foodborne diseases sicken 1 out of 6 Americans each year
- Healthcare-Associated Infections (HAIs) – 1 out of 20 hospitalized patients contracts an HAI
- Motor Vehicle Safety – Motor vehicle crashes are a leading cause of death among Americans ages 1 to 54
- Teen Pregnancy – The U.S. has one of the highest rates of teen pregnancy of any developed nation in the world
- HIV – More than 1 million people in the U.S. are living with HIV

The report found that all of the areas except food-borne illness and reducing the number of people infected HIV have made progress towards the goals established or on target to reaching the goal by 2015.

To learn about the progress made and read the full report, please visit:

<http://www.cdc.gov/winnablebattles/targets/pdf/winnablebattlesprogressreport.pdf>

▪ **The Food and Drug Administration announced it is allowing the marketing of four diagnostic devices used for high throughput gene sequencing, often referred to as “next generation sequencing” (NGS).**

These instruments, reagents, and test systems allow labs to sequence a patient’s DNA (deoxyribonucleic acid). The new technology also gives physicians the ability to take a broader look at their patients’ genetic makeup and can help in diagnosing disease or identifying the

cause of symptoms.

Two of the newly cleared devices are used to detect DNA changes in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, which can result in cystic fibrosis (CF), an inherited chronic disease that affects the lungs, pancreas, liver, intestines, and other organs of those who inherit a faulty CFTR gene from both parents.

More than 10 million Americans are CF carriers and approximately 30,000 children and adults in the U.S. are affected with CF. Most children with CF are diagnosed by age 2 and the average life span for people with CF who live to adulthood is approximately 37 years.

The cleared devices include:

- The Illumina MiSeqDx Cystic Fibrosis 139-Variant Assay, which checks specific points in the patient's CFTR gene sequence to detect known variants in the gene. Information about which DNA changes are associated with symptoms of cystic fibrosis is found in the Clinical and Functional TRanslation of CFTR database ([CFTR2](#)).
- The Illumina MiSeqDx Cystic Fibrosis Clinical Sequencing Assay, which sequences a large portion of the CFTR gene to detect any difference in the CFTR gene compared to a reference CFTR gene.

The FDA also granted de novo petitions for the Illumina MiSeqDx instrument platform and the Illumina Universal Kit reagents, two devices that make up the first FDA-regulated test system that allows laboratories to develop and validate sequencing of any part of a patient's genome. The Universal Kit reagents isolate and create copies of genes of interest obtained from patient blood samples, and the MiSeqDx platform analyzes the genes. The software compares the patient's genomic sequence to a reference sequence and reports back any differences between the patient and the reference.

The FDA reviewed the Illumina MiSeqDx instrument platform and the Illumina Universal Kit reagents through its de novo classification process, a regulatory pathway for some novel low-to-moderate risk medical devices that are not substantially equivalent to an already legally marketed device.

Illumina MiSeqDx instrument platform, Universal Kit reagents, MiSeqDx Cystic Fibrosis 139-Variant Assay, and MiSeqDx Cystic Fibrosis Clinical Sequencing Assay are manufactured by Illumina, Inc. in San Diego, Calif.

- **Due to gaps in health insurance coverage and proper primary care, poor health-related behaviors and living conditions for a significant proportion of the U.S. population life expectancy in the United States has not increased as quickly as other countries, according to a new Organization for Economic Co-operation and Development (OECD) report.**

*Health at a Glance 2013* reports that life expectancy in the United States stood at 78.7 years in 2011: an increase of almost eight years since 1970, but significantly less than the ten year gain registered across OECD countries. Life expectancy is now more than a year below the OECD average of 80.1, compared to one year above the average in 1970. The gap between the United States and leading countries has also widened. For example, the life expectancy for U.S. men in 2011 was 4.2 years shorter than in Switzerland (up from less than 3 years in 1970); for U.S. women, it was 4.8 years shorter than in Japan in 2011 (while there was no gap in 1970).

The United States spends much more on health per capita than all other OECD countries, with spending of 8500 USD in 2011, two-and-a-half times greater than the OECD average (3322 USD) and 50 percent higher than Norway and Switzerland (the next biggest spending countries). Higher health spending per capita tends to be associated with lower mortality rates and higher life expectancy, but this is not the case for the United States. The relatively low life expectancy of

Americans is particularly striking given how much they spend on their health care.

The U.S. health care system performs very well in the area of cancer care, achieving higher rates of screening and survival for several types of cancer than most other developed countries. However, the United States performs badly in preventing costly hospital admissions for chronic conditions, such as asthma, chronic obstructive pulmonary disease or diabetes, which should normally be managed through proper primary care.

The United States is one of the few OECD countries that has not achieved yet universal health coverage for a core set of services. In 2011, it had the highest proportion of its population without health coverage among all OECD countries, with 15percent of the U.S. population uninsured. The Affordable Care Act is expected to expand health insurance coverage, which will become mandatory for nearly all citizens and legal residents from January 2014.

The obesity rate among adults in the United States is the highest of all OECD countries, with the rate reaching 36.5 percent in 2010, up from 30.7 percent in 2000. This is more than twice as high as the OECD average, although the obesity rate in several countries is under-estimated because it is based on self-reports of height and weight. As is the case in several other countries, the obesity rate in the United States tends to be higher among disadvantaged socio-economic groups, especially in women. Mortality from diseases including cardiovascular diseases and many cancers increases progressively once people become obese.

## REPORTS/POLICIES

- **The GAO published “Federal Autism Activities: Better Data and More Coordination Needed to Help Avoid the Potential for Unnecessary Duplication,” (GAO-14-16) on Nov 20, 2013.** In this report, GAO analyzes the extent to which federal agencies fund potentially duplicative autism research, and assesses the extent to which IACC and agencies coordinate and monitor federal autism activities. <http://www.gao.gov/assets/660/659147.pdf>
- **The Congressional Budget Office released “Long-Term Implications of the 2014 Future Years Defense Program,” on Nov. 21, 2013.** <http://www.cbo.gov/sites/default/files/cbofiles/attachments/44683-FYDP.pdf>

## HILL HEARINGS

- There are no hearings scheduled next week.

## LEGISLATION

- **H.R.3508** (introduced Nov. 15, 2013): To amend title 38, United States Code, to clarify the qualifications of hearing aid specialists of the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Sean P. Duffy [WI-7]
- **H.R.3512** (introduced Nov. 15, 2013): The *Seniors' Health Care Choice Act of 2013* was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.

Sponsor: Representative Joseph J. Heck [NV-3]

- **H.R.3516** (introduced Nov. 15, 2013): The *Veterans and Armed Forces Health Promotion Act of 2013* was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services.  
Sponsor: Representative Tim Ryan [OH-13]
- **H.R.3517** (introduced Nov. 15, 2013): The *Federal and State Insurance Exchange Access Fairness and Penalty Delay Act of 2013* was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.  
Sponsor: Representative Kurt Schrader [OR-5]
- **H.R.3522** (introduced Nov. 18, 2013): The *Employee Health Care Protection Act of 2013* was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means  
Sponsor: Representative Bill Cassidy[LA-6]
- **H.R.3528** (introduced Nov. 18, 2013): the *National All Schedules Prescription Electronic Reporting Reauthorization Act of 2013* was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Ed Whitfield [KY-1]
- **H.R.3541** (introduced Nov. 19, 2013): the *Obamacare Taxpayer Bailout Prevention Act* was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Tim Griffin [AR-2]
- **H.R.3548** (introduced Nov. 20, 2013): The *Improving Trauma Care Act of 2013* was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Bill Johnson [OH-6]
- **H.R.3554** (introduced Nov. 20, 2013): To amend the Public Health Service Act to designate certain medical facilities of the Department of Veterans Affairs as health professional shortage areas, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Bruce L. Braley [IA-1]
- **H.R.3577** (introduced Nov. 20, 2013): To establish the Commission on Health Care Savings through Innovative Wireless Technologies was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Scott H. Peters [CA-52]
- **H.R.3591** (introduced Nov. 21, 2013): To amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority communities was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Maxine Waters [CA-43]
- **H.R.3595** (introduced Nov. 21, 2013): To require the disclosure of determinations with respect to which Congressional staff will be required to obtain health insurance coverage through an Exchange was referred to the House Committee on House Administration.  
Sponsor: Representative Tom Cotton [AR-4]
- **H.R.3616** (introduced Nov. 21, 2013): To amend title XVIII of the Social Security Act to distribute additional information to Medicare beneficiaries to prevent health care fraud, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.  
Sponsor: Representative Raul Ruiz [CA-36]
- **S.1724** (introduced Nov. 19, 2013): A bill to provide that the reinsurance fee for the transitional reinsurance program under the Patient Protection and Affordable Care Act be applied equally to all health insurance issuers and group health plans was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator John Thune [SD]



- **S.1726** (introduced Nov. 19, 2013): The Obamacare Taxpayer Bailout Prevention Act was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Marco Rubio [FL]
- **S.1729** (introduced Nov. 19, 2013): A bill to amend the Patient Protection and Affordable Care Act to provide further options with respect to levels of coverage under qualified health plans was referred to the Committee on Health, Education, Labor, and Pensions

## MEETINGS

- 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>
- ACHE's Congress on Administration will be held on **March 24-27, 2014**, in Chicago Ill. <http://www.ache.org/congress/>.
- The Heroes of Military Medicine Awards will be held on **May 1, 2014**, in Washington, DC. <http://www.hjfc3.org>

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**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](mailto:katetheroux@federalhealthcarenews.com).**