



Federal Health Matters

Bush Approves Emergency Funding for the VA

In a letter to House Speaker Nancy Pelosi (D-CA) on January 17, President Bush requested the release of \$3.7 billion in emergency funding for the VA. While these funds were included in the \$550-billion omnibus Consolidated Appropriations Act of 2008, which the President signed into law back in December, they could not be made available to the VA unless the President formally requested their release and designated them as an emergency requirement by January 18. Senate VA Committee Chair Daniel K. Akaka (D-HI) said that the funding is needed to help the VA expand mental health services, improve traumatic brain injury treatment, and reduce a long-standing claims backlog.

Within the VHA, portions of the emergency funding have been earmarked for medical services, administration, and facilities; medical and prosthetic research; and information technology systems. The Veterans Benefits Administration will receive funding for veterans' compensation, pensions, readjustment benefits, and insurance and indemnities. Housing loan programs for Native American veterans and homeless veterans requiring transitional housing have been allocated over \$1 million in funds. Additionally, the act allows funding to be available for military construction through September 30, 2012 and will pay for improvements in military family housing and military base closure and realignment projects.

Martin Conaster, national commander of the American Legion, called the level of 2008 VA funding a "monumental achievement." Disabled

American Veterans Spokesperson Dave Autry, however, said that the VA "needs to be able to plan for the future and can do that only with a stable budget—not with emergency appropriations year after year."

Landstuhl Adopts New Electronic Data System

As discussed at the 2008 Military Health System (MHS) Conference, held in Washington, DC from January 28 through 31, the seamless exchange of medical data between health care providers across the globe is an ongoing goal of the MHS. In a continuing effort to realize that goal, the DoD will implement a group of software programs, known as Essentris, at Landstuhl Regional Medical Center (LRMC), Landstuhl, Germany.

The largest American hospital outside the United States, LRMC is a joint-service, tertiary care facility that serves a total population of over 300,000 U.S. military personnel and their family members throughout the European theater of operations. Notably, it is the major overseas referral center for service members wounded in Operations Iraqi Freedom and Enduring Freedom.

According to the software's manufacturer, CliniComp, Intl. (San Diego, CA), the implementation of Essentris will enable health care providers at LRMC to gain integrated access to readings, orders, results, and other data from physiologic monitors, laboratory tests, and other hospital-based systems. It also holds the potential for remote access to these data, making it possible for clinicians to document patient information from different locations. Additionally, Essentris interoperates with the DoD-VA Bidirectional Health

Information Exchange, which allows clinicians from both agencies to share outpatient information.

According to the MHS, the ability to exchange patient data electronically would speed up the rate at which soldiers returning from Iraq and Afghanistan receive necessary treatment, such as for traumatic brain injury.

TRICARE to Cover Lap-Band Surgery

TRICARE announced on January 16 that it will begin providing coverage for laparoscopic adjustable gastric banding (lap-band) procedures to qualifying beneficiaries. Major General Elder Granger, deputy director of TRICARE Management Activity, said the organization has added this procedure to its list of covered benefits because "for some beneficiaries, it may be the right course of action to preserve their health."

TRICARE will cover the surgery for patients who are morbidly obese and have associated medical conditions or who have had complications during a previous surgery for obesity. Coverage is retroactive to February 1, 2007. More benefits information can be found on the TRICARE web site (<http://www.tricare.mil>). ●