

News from the federal health sector

### **○** 2014 Cost-of-Living Increase

Veterans, their families, and survivors receiving disability compensation and pension benefits received a 1.5% cost-of-living increase as of January 2014, according to a VA press release. Moreover, with this increase, they will now see their full amount of dollars and cents: For the first time, payments will not be rounded down to the nearest dollar, which had been previously required by law.

"The increase expresses in a tangible way our nation's gratitude for the sacrifices made by our service-disabled and wartime veterans," said Secretary of Veterans Affairs Eric K. Shinseki.

For veterans without dependents, the new compensation rates will range from \$130.94 per month for a disability rated at 10% to \$2,858.24 per month for 100%. The cost-ofliving adjustment also applies to recipients of disability and death pensions, survivors who receive dependency and indemnity compensation, and disabled veterans receiving automobile and clothing allowances. Under federal law, cost-of-living adjustments for VA's compensation and pension must match those for Social Security benefits. The last adjustment was in January 2013.

The VA urges veterans and service members who plan to file a disability claim to call (800) 827-1000 or visit the joint DoD/VA eBenefits online portal at http://www.eBenefits.va.gov. Users can also track the status of their claims and access other benefits-related information.

# Thirty-Two VA Medical Facilities Make "Top Performer" List

Thirty-two VA medical facilities have been recognized as "top performers"

by The Joint Commission, which evaluates more than 20,000 health care organizations for accreditation. Top performers are rated based on the commission's annual review of evidence-based care linked to positive patient outcomes.

"VA health care has been a leader in performance measurement, electronic health records, research and clinical quality for more than a decade," said VA Undersecretary for Health Dr. Robert Petzel. "I am proud of the staff that works hard every day to care for America's veterans."

The Joint Commission recognized 19 VA medical facilities as top performers in 2011/2012 and 20 in 2010. Notably, 9 have been rated as top performers for 2 consecutive years. "We are proud of the medical facilities that have been recognized for demonstrating VA's commitment to provide the high-quality care our veterans have earned through their service," said Secretary of Veterans Affairs Eric K. Shinseki. "This achievement highlights the hard work of our VA medical staff to serve veterans."

To see a list of the top VA sites cited by the Commission, visit http://www.jointcommission.org/assets/1/6/TJC\_Annual\_Report\_2013.pdf.

## ○ Care for Camp Lejeune Veterans at Risk From Contaminated Water

Veterans and family members who served on active duty or lived at Camp Lejeune in North Carolina for more than 30 days between January 1, 1957, and December 31, 1987, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals. Because of the possible health risk, they may be eligible for medical care for 15 health conditions, ranging from

cancer to miscarriage to neurobehavioral effects, under the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012.

U.S. Marine Corps Base Camp Lejeune was established in 1942. In 1982, the Marine Corps discovered specific volatile organic compounds (VOCs) in the drinking water provided by 2 of the 8 water treatment plants on base. The most contaminated wells were shut in 1985.

The Agency for Toxic Substances and Disease Registry has been assessing the effects of exposure to drinking water containing VOCs since 1993 and believes not everyone exposed to the chemicals will develop a health problem. Still, most studies of the health effects of the chemicals, such as benzene, have been done in animals or people who work with the chemicals, not in people exposed to these chemicals in their drinking water. Studies of drinking water have found health problems in children exposed in the womb from their mothers drinking contaminated water. Those health problems included leukemia, low birth weight, heart defects, and neural tube defects. People of all ages may develop non-Hodgkin lymphoma or rectal, bladder, breast, or lung cancer.

The VA proposed a regulation in late 2013 to clarify how health care for Camp Lejeune veterans will be improved, but veterans do not need to wait for the proposed regulation to become final to receive care. Veterans are already eligible if they're enrolled in VA health care. Coverage for family members is under development. When the regulations are published, the VA will be able to reimburse family members for eligible out-of-pocket expenses for the 15 covered condi-

tions. However, the VA can only pay for claims after the family member has received payment from all other health plans.

The 2012 law applies to health care, not to disability compensation. At this time, the VA says, there is insufficient scientific and clinical evidence to establish a "presumptive association" between service at Camp Lejeune during the critical period and the development of certain diseases. However, the VA is "closely monitoring" new research (available at http://www.publichealth.va.gov/ex posures/camp-lejeune/research.asp). Meanwhile, veterans may file a claim for disability compensation for health problems they believe are related to exposure to contaminated water at Camp Lejeune, and the VA will decide the claims on a case-by-case basis.

Veterans who want to be included in the VA's Camp Lejeune database can call (877) 222-8387. They will be contacted when the regulations are published. The VA cautions veterans not to cancel any health insurance; the program only covers the 15 specified health conditions and does not meet the minimum standard for health coverage under the Affordable Care Act.

#### ♠ Affordable Dental Insurance

Now more than 8 million veterans and nearly 400,000 family members who receive care under the Civilian Health and Medical Program can buy affordable dental insurance through the VA Dental Insurance Plan (VADIP). The program is offered through the VA's partnership with Delta Dental and MetLife, the VA announced. "This new dental program is another example of VA creating partnerships with the private sector to deliver a range of high-quality care at an affordable cost," said Secretary of Veterans Affairs Eric K. Shinseki.

Coverage for the new dental insurance began on January 1, 2014. Den-

tal services offered under the new program vary by plan and include diagnostic, preventive, surgical, emergency, and endodontic and restorative treatment.

This 3-year pilot program has been designed for veterans with no dental coverage and for those who are eligible for VA dental care who would like to buy additional coverage. Enrollment in VADIP is voluntary. Participation will not affect entitlement to VA dental services and treatment. Historically, VA's free dental services have gone to veterans with dental problems connected to a medical condition that is officially certified as "service-connected." Those free services will continue. There are no eligibility limitations based on service-connected disability ratings or enrollment priority assignments.

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.

Those interested in participating can complete an application online at http://www.deltadentalvadip.org or http://www.metlife.com/vadip. For more information on VADIP, visit www.va.gov/healthbenefits/vadip or call Delta Dental ([855] 370-3303) or MetLife ([888] 310-1681).

## Helping Native American Children Get Healthy

One of every 2 Native American children is likely to develop type 2 diabetes, but the Indian Health Service (IHS) and the Notah Begay III Foundation (NB3F) are determined to change that. They're collaborating to support Let's Move! in Indian Country (LMIC), part of First Lady Michelle Obama's Let's Move! initiative. The partnership will include sharing best practices in implementing community-based activities directed at addressing childhood obesity in Indian Country, according to

an IHS press release.

The LMIC program seeks to advance the work tribal leaders and community members are already doing to improve the health of Native American youth. "With the LMIC, we've seen tribal leaders engage their communities by creating food policy councils and reintroducing sports like lacrosse into schools, but we know there is more work to be done to ensure all our children have the healthy futures they deserve," said Sam Kass, the executive director of Let's Move! and the White House senior policy advisor on nutrition.

The NB3F is a nonprofit organization established to address the profound health and wellness issues facing Native American children. Its mission includes reducing the incidences of obesity and diabetes and promoting physical activity. To that end, NB3F develops community-driven, sustainable, evidence-based, and innovative wellness programs (such as soccer and golf programs) designed by Native Americans. According to NB3F, the scalable and replicable prevention models have seen statistically significant outcomes in reducing body mass index and enhanced understanding of nutrition. In August 2013, NB3F launched Native Strong: Healthy Kids, Healthy Futures, a national initiative that focuses on strategic grant making, research, and advocacy to combat type 2 diabetes and obesity among Native American children.

Dr. Yvette Roubideaux, acting director of the IHS, says, "Tribal leaders have asked us to focus more on prevention efforts, especially with our youth. Our new partnership with the NB3F gives us an opportunity to identify and share best practices from all of our prevention efforts....We are excited to partner with them as they establish a new center focused on these issues."

For more information, visit http://www.nb3foundation.org.