



# Federal Health Matters

## Obama Details 2010 Budget Requests for Federal Health

Last month, President Obama released an appendix to his fiscal year (FY) 2010 budget and the VA, the DoD, and the IHS issued statements about their particular requests. These descriptions helped to flesh out the budget overview released by Obama on February 26 and adopted by Congress, in a modified form, through a non-binding resolution on April 29.

Obama's budget calls for the VA to receive a total of \$47.4 billion in discretionary funding for medical care—an increase of \$4.6 billion (11%) from FY 2009. The VA says that this amount would enable it to treat about 6.1 million patients in FY 2010, or 122,000 more than in FY 2009. The appropriation also would help the VA to continue its gradual expansion of health care access for Priority 8 veterans, with the goal of providing access to 500,000 previously ineligible veterans by 2013.

The VA budget request includes \$5.8 billion for long-term care, an increase of \$663 million from FY 2009. This appropriation would “be used to meet the growing demand for extended care services for veterans, including those suffering from severe injuries such as traumatic brain injury and polytrauma,” according to the department. The VA would receive \$4.6 billion—\$288 million more than in FY 2009—for residential and outpatient mental health programs. In addition, \$1.9 billion would go toward constructing 12 medical facility projects; \$440 million toward improving access to care for rural veterans; \$360 million toward developing and implementing the electronic health record, My HealtheVet; and

\$183 million—\$15 million more than in FY 2009—toward women veterans' gender-specific health care needs.

On May 21, Ellen P. Embrey, the DoD's acting assistant secretary of defense for health affairs, told the House Appropriation Committee's Subcommittee on Defense that the DoD's budget request includes a total of \$47.4 billion (the same amount as the VA's health care request) for health care. Of this amount, \$27.9 billion—\$2.1 billion more than in FY 2009—would go toward the Defense Health Program (DHP), which supports the Military Health System. The DHP would spend \$27 billion on daily, operational costs and \$600 million on research.

The DoD's request also includes \$10.8 billion for its Medicare-Eligible Retiree Health Care Fund and \$7.7 billion for its health care providers. Another \$3.3 billion would go toward “enhanced care for wounded, ill, or injured service members; new infrastructure to house and care for them; and research efforts to mitigate the effects of psychological health and traumatic brain injuries,” according to Embrey.

The IHS would receive \$4.03 billion—\$453.5 million (13%) more than it received for FY 2009—under Obama's budget. The IHS said that it would spend \$167 million more than it did in FY 2009 on “increased costs associated with pay raises, population growth, inflation, and staffing and operating costs for new/expanded facilities.” Other spending increases would include an additional \$117 million for contracting for health care that the IHS is unable to provide and an additional \$16.3 million for the agency's health information system. These increases would come in

addition to the \$500 million allocation—\$415 million for improving IHS health care facilities and \$85 million for enhancing health information technology—that the IHS received under the American Recovery and Reinvestment Act, signed by President Obama on February 17.

## Sebelius and Roubideaux Confirmed for HHS Positions

Two key HHS positions were filled in late April and early May when the Senate confirmed Kathleen Sebelius as HHS secretary and Yvette Roubideaux, MD, MPH as director of the IHS.

Sebelius was nominated by President Obama on February 6 and confirmed by a vote of 65 to 31 on May 28. She replaced Charles E. Johnson, who had served as acting HHS secretary since January.

Sebelius, 60, was elected governor of Kansas as a Democrat in 2002 and reelected in 2006; she resigned as governor after she was confirmed as HHS secretary. Previously, she had served for eight years as the Kansas state insurance commissioner. During the confirmation process, some senators and anti-abortion groups criticized Sebelius's support for abortion rights.

As HHS secretary, Sebelius heads the department that encompasses the PHS, which includes the IHS, the CDC, the FDA, the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health. Obama's original nominee for the position was Thomas A. Daschle, a former Democratic

senator from South Dakota. Daschle withdrew from consideration on February 3, after it was discovered that, prior to his nomination, he had failed to pay \$128,000 in taxes.

Obama nominated Roubideaux for the IHS role on March 23, and she was confirmed unanimously on May 6. She replaced Robert G. McSwain, who served as director of IHS from May 2008 to May 2009 and has returned to his previous role as deputy director of the agency.

Roubideaux, 66, had most recently served an assistant professor of fam-

ily and community medicine at the University of Arizona College of Medicine in Tucson. She also worked for the IHS as a clinical director and medical officer at the San Carlos Service Unity on the San Carlos Apache Indian Hospital on the Gila River Indian Reservation, AZ; served as codirector of the Special Diabetes Program for Indians Demonstration Project; and coedited the book *Promises to Keep: Public Health Policy for American Indians and Alaska Natives in the 21st Century*. A member of the Rosebud Sioux tribe, she is the first woman to

serve as IHS director since the agency was founded in 1955.

In an interview with *Modern Healthcare*, Roubideaux described her main goals for the position as strengthening the agency's partnerships with tribes, reforming the agency in the larger context of health care reform, improving quality and access to care, and ensuring transparency and accountability. She also expressed concern that the IHS is underfunded: "It's really clear that in order for us to improve, we're going to need a significant increase in resources." ●