

Feds Focus on Fraud in FY 2011 Budget Proposal

BY MARY ELLEN SCHNEIDER

The Obama administration wants to combat waste, fraud, and abuse in the Medicare and Medicaid programs and plans to spend more than \$500 million to do it.

As part of the administration's budget proposal for fiscal year 2011, the Health and Human Services department is proposing to invest \$561 million in discretionary funding to fight health care fraud, a \$250 million increase over FY 2010. Specifically, the department plans to expand the Health Care Fraud Prevention and Enforcement Action Team (HEAT), which brings together high-level officials at HHS and the U.S. Department of Justice to spot trends and develop new fraud prevention tools.

HHS said the new funding also will be used to minimize inappropriate payments, pinpoint potential weaknesses in program oversight, and target emerging fraud schemes. Department officials estimate that the efforts to fight fraud and abuse will save \$9.9 billion over the next decade.

HHS also expects to squeeze more savings out of the Medicare and Medicaid programs by giving more scrutiny to the provider enrollment process, increasing oversight of claims, improving the data analysis within Medicare, and reducing the overutilization of prescription drugs in Medicaid.

"This budget sends a clear message to those who commit fraud: Stop stealing from seniors and tax payers or we'll put you behind bars," Kathleen Sebelius, HHS Secretary, said during a press conference to release the HHS budget proposal.

The FY 2011 budget proposal focuses on fraud prevention, wellness, and building the public health infrastructure. While the budget documents note that the HHS proposal lays the "groundwork" for health reform, it is a stark contrast to last year's proposal, which included a \$635 billion "reserve fund" dedicated to health reform over the next

decade. With the prospect for passing comprehensive health reform legislation waning, there was a much smaller emphasis on health reform in the current budget proposal.

Ms. Sebelius said that while the current budget proposal tries to increase coverage and curb costs, it would do little to affect the overall trajectory of health care costs if it is not accompanied by health reform legislation. The FY 2011 budget aims to invest in wellness, health information technology, and comparative effectiveness research, but it won't significantly alter the rise in health care costs, fill the coverage gap, or provide security to those with coverage that they can remain insured.

Overall, the Obama administration is seeking \$911 billion in funding for HHS in FY 2011, an increase of \$51 billion over the current fiscal year. Since the bulk of HHS's funding is tied up in mandatory obligations including Medicare and Medicaid,

the budget includes \$81 billion in discretionary program spending, an increase of \$2.3 billion over last year.

The Obama administration's budget request assumes that Congress will step in to correct the Medicare physician payment formula, known as the Sustainable Growth Rate. At press time, physicians were scheduled to face a 21% across-the-board cut to their Medicare payments on March 1, unless Congress passed legislation to avert the cut. The budget proposal assumes no growth in Medicare physician payment over the next 10 years, at a cost of \$371 billion, Ms. Sebelius said.

The budget request also calls for a \$290 million investment in community health centers, bringing their funding to \$2.5 billion. The increase should allow the health centers to continue to serve the new patients they began caring for when the centers got an infusion of funding under the American Recovery and Reinvestment Act (stimulus bill) last year. HHS estimates that community health centers will be able to serve more than 20 million patients in FY 2011. ■

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Emergency Contraceptives: Fall In

Women in the U.S. military now have easier access to emergency contraception, thanks to a recent decision by the Department of Defense to make the hormone pills available to all U.S. military hospitals and health centers around the world. The change came after the Pentagon's Pharmacy and Therapeutics Committee recommended that the medications be offered at all bases overseas. The move was praised by the American Civil Liberties Union and Planned Parenthood. "We applaud the Pentagon for ensuring that every woman honorably serving our country and the spouses of military personnel stationed around the world will have access to the same basic reproductive health care available to women in the United States," Planned Parenthood President Cecile Richards said in a statement. "For far too long, politics trumped medical reason."

IVF Produces Well-Adjusted Kids

Children conceived through in vitro fertilization are generally as healthy and well adjusted as the general population, according to a study published in *Fertility and Sterility*. Researchers at Eastern Virginia Medical School analyzed 90-item questionnaires returned by 173 young adults who were conceived through IVF at the school's reproductive medicine clinic between 1981 and 1990. However, the individuals conceived through IVF had more clinical depression and attention deficit or attention-deficit/hyperactivity disorder and did more binge drinking than other studies have shown in the general population. The gap was large for AD/ADHD, which affects 3%-5% of the general population, but was reported as a current or past diagnosis in 27% of the IVF group. "It is comforting to see that the data bears out what we have believed, that children conceived via IVF are generally as healthy as other children, even as those children become adults," Dr. James Goldfarb, president of the Society for Assisted Reproductive Technology, said in a statement. "While the finding of increased depression and AD/ADHD is notable, other studies have not shown these increases."

Obama Budget Gets Mixed Reviews

The Obama administration's budget proposal for fiscal year 2011 is a mixed bag when it comes to reproductive health, according to abortion rights groups. The proposal includes "modest" improvements to family planning programs run by the federal government and increased funding for teen pregnancy prevention, according to the Guttmacher Institute. For example, the Title X family planning pro-

gram would get a 3%, or \$10 million, increase, pushing its budget to \$327 million. The Center for Reproductive Rights criticized the administration for staying silent about current restrictions on federal funding for abortions. "Failure to provide access to abortion services—a medical procedure that only women need and that one in three will have in their lifetime—is discrimination, plain and simple," Nancy Northup, president of the Center for Reproductive Rights, said in a statement. "Bans on public funding for abortion services further disadvantage women who are already struggling to obtain timely, high-quality health care."

ACOG Wants a 'Just' Health System

Although most people think about politics and economics as the main drivers of the health care reform debate, a new committee opinion from the American College of Obstetricians and Gynecologists says it is primarily a moral issue (*Obstet. Gynecol.* 2010;115:672-7). The opinion, from the Committee on Ethics, reiterates the college's policy that health care should be available to all U.S. residents, regardless of citizenship or employment status. It also states that meaningful health care reform must include an emphasis on wellness, not just efficiencies in medical practice. The committee opinion reminded ob.gyns. that as experts in health care, they have an opportunity to influence the policy debate.

HPV Vaccination as Parenting

The decision by parents to have their daughters get the human papillomavirus (HPV) vaccine is more likely to be influenced by parents' own health habits rather than purely medical considerations, according to a study. For example, current and former smokers, as well as parents who get regular exercise, were more likely to say they'd let their daughters get the vaccine. Researchers analyzed survey data from more than 1,300 parents who had daughters under age 18 and had answered the 2007 Health Information National Trends Survey. "Some prior research suggests that risky health behaviors tend to co-occur (i.e., smoking, alcohol use) and are associated with lower uptake of harm prevention strategies, such as vaccinations," lead author Carolyn Y. Fang, Ph.D., said in a statement. "This was not the case in the current study. It may be that parents who are former or current smokers have a heightened awareness of cancer and its related risks, therefore, may be more willing to vaccinate their daughters to prevent cancer." The study was published in the February issue of *Cancer Epidemiology, Biomarkers & Prevention*.

—Mary Ellen Schneider

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