

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Feb. 12, 2013, Senate Armed Services Committee voted (14-11) to report Chuck Hagel's nomination to be defense chief to the full Senate.** Senate Republicans blocked a vote to confirm former Senator Chuck Hagel as secretary of defense on Feb. 14, 2013.

In a 58-to-40 vote that broke down almost strictly along party lines, Mr. Hagel, a Republican, fell just short of the 60 votes needed to cut off debate and clear the way for final consideration of his nomination. Republicans said they intended to allow a vote on their former colleague when the Senate returns from a break in 10 days.

- **New Jersey Sen. Frank Lautenberg, who has served for five terms and is the oldest member of the senate, announced that he will not seek reelection.**
- **On Feb. 14, 2013, Senate Democratic leaders unveiled a \$110 billion sequester-replacement bill that would replace \$85 billion in automatic spending cuts, mandated by the Sequester set to take effect on March 1.**

The Senate Democratic package is split evenly between spending cuts and provisions raising new tax revenues:

- \$27.5 billion in defense savings that will take effect in fiscal 2015 after the planned U.S. withdrawal from Afghanistan has been largely completed.

- \$27.5 billion in net spending reductions from farm programs.
- \$54 billion in tax revenues attributed to the new minimum tax on millionaires. The calculation of adjusted gross income would allow for first subtracting charitable contributions and the 30 percent rate would reflect the average tax rate on combined income and the taxpayer's portion of the payroll tax.
- \$3 billion from two smaller tax provisions. The first would deny tax deductions for outsourcing costs — the costs of relocating a U.S. business unit to a foreign country. The second would include oil from tar sands among the petroleum products that are subject to taxes that support the oil-spill liability trust fund.

MILITARY HEALTH CARE NEWS

- **The National Center for Telehealth and Technology (T2) has developed the [T2 Mood Tracker](#) and [BioZen](#) mobile applications.**

The free, user-friendly apps enable users to anonymously monitor, track and detail their moods, behaviors and other health information. T2 Mood Tracker, originally designed for service members, is now available for the general public. The updated app also allows users can now create and send reports to their provide

The BioZen app was designed to help service members use the therapeutic benefits of biofeedback. BioZen is the first portable, low-cost method for clinicians and patients to use biofeedback in and out of the clinic.

For more information, please visit: http://dcoe.health.mil/blog/13-02-12/2_Mobile_Apps_Help_Patient-Provider_Collaboration.aspx.

- **The Department of Defense (DoD) released a statement from Secretary of Defense Leon E. Panetta on the Extension of Benefits to Same-Sex Partners:**

“Seventeen months ago, the United States military ended the policy of “Don’t Ask, Don’t Tell.” We have implemented the repeal of that policy and made clear that discrimination based on sexual orientation has no place in the Department of Defense.

“At the time of repeal, I committed to reviewing benefits that had not previously been available to same-sex partners based on existing law and policy. It is a matter of fundamental equity that we provide similar benefits to all of those men and women in uniform who serve their country. The department already provides a group of benefits that are member-designated. Today, I am pleased to announce that after a thorough and deliberate review, the department will extend additional benefits to same-sex partners of service members.

“Taking care of our service members and honoring the sacrifices of all military families are two core values of this nation. Extending these benefits is an appropriate next step under current law to ensure that all service members receive equal support for what they do to protect this nation.

“One of the legal limitations to providing all benefits at this time is the Defense of Marriage Act, which is still the law of the land. There are certain benefits that can only be provided to spouses as defined by that law, which is now being reviewed by the United States Supreme Court. While it will not change during my tenure as secretary of defense, I foresee a time when the law will allow the department to grant full benefits to service members and their dependents, irrespective of sexual orientation. Until then, the

department will continue to comply with current law while doing all we can to take care of all soldiers, sailors, airmen, marines, and their families.

“While the implementation of additional benefits will require substantial policy revisions and training, it is my expectation that these benefits will be made available as expeditiously as possible. One of the great successes at the Department of Defense has been the implementation of DADT repeal. It has been highly professional and has strengthened our military community. I am confident in the military services”

The secretary’s memorandum extending these benefits can be viewed at:
<http://www.defense.gov/news/Same-SexBenefitsMemo.pdf>.

- **ExecutiveGov reports that the Defense Department may not have enough funds to run its TRICARE program if it has to cut \$46 billion from its fiscal year 2013 budget.**

Deputy Defense Secretary Ashton Carter said in prepared testimony to the Senate Armed Services Committee that nearly every budget category would be impacted by the sequestration cuts if they take effect March 1. Carter also addressed the possibility of furloughs in his prepared remarks, saying the military branches would furlough most of the Pentagon’s 800,000 civilian workers one day per week.

It is estimated that the furloughs would result in a 20 percent pay cut that would save up to \$5 billion.

- **General Dynamics Information Technology has won a \$27.3 million contract to support the Army's traumatic brain injury work.**

Under the cost-plus-fixed-fee contract, the company will support programs at the Defense and Veteran Brain Injury Center, which is a congressionally mandated collaboration of health centers of the Defense and Veteran Affairs departments that treat patients with traumatic brain injuries.

GDIT previously won a \$14.3 million task order in 2011 under the TRICARE evaluation, analysis and management support to provide the center with program management services.

Work under the new contract is expected to be completed by Sept. 16, 2017, and will be performed in Silver Spring, Md.; Bethesda, Md.; Camp Lejeune, N.C.; Camp Pendleton, Calif.; Fort Belvoir, Va.; Fort Bragg, N.C.; Fort Carson, Colo.; Fort Hood, Texas; San Diego, Calif.; Fort Sam Houston, Texas; Jamaica Plain, Mass.; Minneapolis, Minn.; and Palo Alto, Calif.

- **Secretary of Defense Leon E. Panetta announced that the President has made the following nominations:**

- Navy Reserve Capt. Priscilla B. Coe has been nominated for appointment to the rank of rear admiral (lower half). Coe is currently serving as reserve affairs officer, Bureau of Medicine and Surgery, Falls Church, Va.
- Navy Reserve Capt. Victor W. Hall has been nominated for appointment to the rank of rear admiral (lower half). Hall is currently serving as commanding officer,

Naval Reserve Navy Medicine Education and Training Command, Jacksonville, Fla.

- Navy Reserve Capt. Brian S. Pecha has been nominated for appointment to the rank of rear admiral (lower half). Pecha is currently serving as force surgeon, U.S. Marine Forces Reserve, New Orleans, La.
- Air Force Col. Dorothy A. Hogg for appointment to the grade of major general and for assignment as chief of the Air Force Nurse Corps, Office of the Surgeon General, Headquarters U.S. Air Force, Falls Church, Va.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that it has made significant progress in providing increased access to mental health care services for veterans by hiring new mental health professionals.**

As of Jan. 29, VA has hired 1,058 mental health clinical providers and 223 administrative support staff to serve veterans. The mental health professionals hired include psychiatrists, psychologists, social workers, mental health nurses, licensed professional mental health counselors, licensed marriage and family therapists, and addictions therapists.

VA provides a comprehensive system of high-quality mental health treatments and services to veterans. The department is utilizing many tools to recruit and retain one of the largest mental health care workforces in the nation to serve veterans better by providing enhanced services, expanded access, longer clinic hours, and increased tele-mental health capability to deliver services.

The number of veterans receiving specialized mental health treatment from VA has risen each year, from 927,052 in fiscal year (FY) 2006 to more than 1.3 million in FY 2012. One major reason for this increase is VA's proactive screening of all veterans to identify those who may have symptoms of depression, Post Traumatic Stress Disorder (PTSD), problem use of alcohol or who have experienced military sexual trauma (MST).

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) rejected Mississippi's application to run its own health-insurance exchange because a dispute between the state's insurance commissioner and governor over the Patient Protection and Affordable Care Act.**

HHS is encouraging the state to instead join a federal partnership for running the exchanges. The rejection of Mississippi's application is the first time the administration has turned down a state's request to set up its own exchange. Seventeen states and the District of Columbia have been approved to create state exchanges. About 7 million people are expected to get insurance through a state or federal exchange in 2014.

Mississippi's insurance commissioner had submitted a bid to build one of the insurance markets as part of PPACA without the support of Mississippi Gov. Phil Bryant, who opposes the health law and didn't want to help enact it and declared that only the governor could decide whether Mississippi would build its own exchange.

Mississippi's attorney general, Jim Hood, issued a legal opinion on Jan. 15 that Chaney could proceed on his own, according to the Jackson, Miss., Clarion-Ledger.

- **The Department of Health and Human Services (HHS) announced that Illinois has been conditionally approved to operate a State Partnership Marketplace (Exchange), which will be ready for open enrollment in October 2013.**

This partnership will allow Illinois to make key decisions and tailor the marketplace to local needs and market conditions. Illinois makes the twentieth state to be conditionally approved to partially or fully run a marketplace. The remaining states have until Feb. 15, 2013, to apply for a State Partnership Marketplace.

For more information on the new health insurance marketplace, visit: www.healthcare.gov/marketplace/.

- **Hospitals in the U.S. continue to make progress in the fight against central line-associated bloodstream infections and some surgical site infections, according to a report issued by the Centers for Disease Control and Prevention (CDC).**

According to the study, in 2011:

- There was 41 percent reduction in central line-associated bloodstream infections since 2008, up from the 32 percent reduction reported in 2010. Progress in preventing these infections was seen in intensive care units (ICU), wards, and neonatal ICUs in all reporting facilities.
- Surgical site infections fell 17 percent since 2008, up from the seven percent reduction reported in 2010. This improvement was not evident for all procedure types, and there is still substantial opportunity for improvement across a range of operative procedures.
- Catheter-associated urinary tract infections dropped seven percent since 2009, which is the same percentage of reduction that was reported in 2010. While there were modest reductions in infections among patients in general wards, there was essentially no reduction in infections reported in critical care locations. Catheter-associated urinary tract infections among ICU patients are an area of significant concern because patients who get these infections are more likely to need antibiotics. While antibiotics are critical for treating bacterial infections, they can also put patients at risk for other complications including a deadly diarrhea caused by the bacteria *Clostridium difficile*.

As part of the [National Action Plan to Prevent Healthcare-Associated Infections](#) that was established in 2008, HHS has set goals for reducing central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections by December 2013. The data included in this report indicate that steady progress is occurring towards the goal of a 50 percent reduction in central line-associated bloodstream infections and a 25 percent reduction goal for surgical site infections over the course of five years. Although progress towards the 25 percent reduction goal for catheter-associated urinary tract infections is moving more slowly, with sustained prevention efforts, the 2013 goal remains attainable.

To access the full report, see CDC's website: <http://www.cdc.gov/hai/national-annual-sir/index.html>.

- **The U.S. Food and Drug Administration approved the Argus II Retinal Prosthesis**

System, the first implanted device to treat adult patients with advanced retinitis pigmentosa (RP).

The device, which includes a small video camera, transmitter mounted on a pair of eyeglasses, video processing unit (VPU) and an implanted retinal prosthesis (artificial retina), replaces the function of degenerated cells in the retina (a membrane inside the eye) and may improve a patient's ability to perceive images and movement. The VPU transforms images from the video camera into electronic data that is wirelessly transmitted to the retinal prosthesis.

RP is a rare genetic eye condition that damages the light-sensitive cells that line the retina. In a healthy eye, these cells change light rays into electrical impulses and send them through the optic nerve to the area of the brain that assembles the impulses into an image. In people with RP, the light-sensitive cells slowly degenerate resulting in gradual loss of side vision and night vision, and later of central vision. The condition can lead to blindness.

The Argus II system is intended for use in adults, age 25 years or older, with severe to profound RP who have bare light perception (can perceive light, but not the direction from which it is coming) or no light perception in both eyes, evidence of intact inner layer retina function, and a previous history of the ability to see forms. Patients must also be willing and able to receive the recommended post-implant clinical follow-up, device fitting, and visual rehabilitation.

In addition to a small video camera and transmitter mounted on the glasses, the Argus II Retinal Prosthesis System has a portable video processing unit (VPU) and an array of electrodes that are implanted onto the patient's retina. The VPU transforms images from the video camera into electronic data that is wirelessly transmitted to the electrodes. The electrodes transform the data into electrical impulses that stimulate the retina to produce images. While the Argus II Retinal Prosthesis System will not restore vision to patients, it may allow them to detect light and dark in the environment, aiding them in identifying the location or movement of objects or people.

The FDA approved the Argus II Retinal Prosthesis System as a humanitarian use device, an approval pathway limited to those devices that treat or diagnose fewer than 4,000 people in the United States each year. To obtain approval for humanitarian use, a company must demonstrate a reasonable assurance that the device is safe and that its probable benefit outweighs the risk of illness or injury. The company also must show that there is no comparable device available to treat or diagnose the disease or condition.

REPORTS/POLICIES

- **The GAO published “Defense Health: Actions Needed to Help Ensure Combat Casualty Care Research Achieves Goals,” (GAO-13-209) on Feb. 13, 2013.** This report assesses whether DoD uses a coordinated approach to plan combat casualty care research and development programs; and monitors and assesses this research to determine the extent to which it fills capability gaps and achieves other goals. <http://www.gao.gov/assets/660/652139.pdf>
- **The GAO published “VA Health Care: Reported Outpatient Medical Appointment Wait Times Are Unreliable,” (GAO-13-363T) on Feb. 1, 2013.** This report offers key findings from GAO's December 2012 report that describes needed improvements in the reliability of the Veterans Health Administration (VHA's) reported medical appointment wait times, scheduling oversight, and VHA initiatives to improve access to timely medical

appointments. <http://www.gao.gov/assets/660/652104.pdf>

HILL HEARINGS

- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 26, 2013**, to receive Legislative Presentation of the Disabled American Veterans (DAV)
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 28, 2013**, to receive to receive Legislative Presentation of Multiple Veterans Service Organizations (VSOs).
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 5, 2013**, to receive to receive Legislative Presentation of the Veterans of Foreign Wars (VFW).
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 6, 2013**, to receive Legislative Presentation of Multiple Veteran Service Organizations (VSOs).

LEGISLATION

- **H.R.628** (introduced Feb. 13, 2013): To amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Grace F. Napolitano [CA-32]
- **H.R.635** (introduced Feb. 13, 2013): To amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes was Referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Stevan Pearce [NM-2]
- **H.R.660** (introduced Feb. 13, 2013): To amend the Public Health Service Act to create a National Neuromyelitis Optica Consortium to provide grants and coordinate research with respect to the causes of, and risk factors associated with, neuromyelitis optica, and for other purposes referred to the House Committee on Energy and Commerce.
Sponsor: Representative Barbara Lee [CA-13]
- **H.R.669** (introduced Feb. 13, 2013): To amend the Public Health Service Act to improve the health of children and help better understand and enhance awareness about unexpected sudden death in early life was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Frank Pallone, Jr. [NJ-6]
- **H.R.671** (introduced Feb. 13, 2013): To amend title 38, United States Code, to improve the disability compensation evaluation procedure of the Secretary of Veterans Affairs for veterans with mental health conditions related to military sexual trauma, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Chellie Pingree, [ME-1]
- **H.R.676** (introduced Feb. 13, 2013): To provide for comprehensive health insurance coverage for all United States residents, improved health care delivery, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Natural Resources.
Sponsor: Representative John Conyers, Jr. [MI-13].

- **S.271** (introduced Feb. 11, 2013): A bill to improve Arctic health was referred to the Committee on Health, Education, Labor, and Pensions..
Sponsor: Senator Mark Begich [AK]
- **S.294** (introduced Feb. 13, 2013): A bill to amend title 38, United States Code, to improve the disability compensation evaluation procedure of the Secretary of Veterans Affairs for veterans with mental health conditions related to military sexual trauma, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Jon Tester [MT]
- **S.314** (introduced Feb. 13, 2013): A bill to amend the Public Health Service Act to improve the health of children and help better understand and enhance awareness about unexpected sudden death in early life was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Frank R. Lautenberg [NJ]
- **S.315** (introduced Feb. 13, 2013): A bill to reauthorize and extend the Paul D. Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008 was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Amy Klobuchar [MN]

MEETINGS

- Digital Health Communication Extravaganza will be held on **Feb. 20-22, 2013**, in Orlando, Fla. <http://dhcx.hhp.ufl.edu/>.
- Annual HIMSS Conference & Exhibition will be held **March 3-7, 2013**, in New Orleans, La. <http://www.himssconference.org/>
- The International Conference on Emerging Infectious Diseases 2013 (ICEID) will be held on **Feb. 15-18, 2013**, in Vienna, Austria. www.imed.isid.org/downloads/IMED2013_FirstAnn.pdf
- The National Center for Disaster Medicine and Public Health (NCDMPH) rescheduled [Learning in Disaster Health: A Continuing Education Workshop](#) from April 2-3, 2013 to **Sept. 17-18, 2013**.
- 10th Annual World Healthcare Congress will be held **April 8-10, 2013**, in Washington DC <http://www.worldcongress.com/events/HR13000/>
- AAMA Presents: "3-in-1" Conference - Bringing Together Cardiovascular, Neuroscience & Oncology Leaders will be held on **April 10-12 2013**, in Las Vegas, Nev. <http://www.aameda.org/Conference/ACCA/ACCAMain.html>

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.