

Federal Health Update

MARCH 29, 2013

Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

Sponsored by:

SPECTRUM[®]
HEALTHCARE RESOURCES
www.spectrumhealth.com
800-325-3982

Additional Sponsorship Opportunities Available.

Please contact Kate Theroux if you are interested in supporting this service.

ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until April 8, 2013.**
- **On March 26, 2013, the President signed into law: H.R. 933, the "*Consolidated and Further Continuing Appropriations Act, 2013.*"**
- **Sen. Tim Johnson (D-S.D.) announced that he will retire in 2014, after a 36-year public service career.**

In 1978, Johnson was elected to the South Dakota House of Representatives, later serving in the South Dakota Senate (beginning in 1982). He was elected to the U.S. House of Representatives in 1986. After 10 years in House, Johnson was elected to the Senate in 1996.

Johnson is the chairman of the Senate Banking, Housing and Urban Affairs Committee. He also is a member of the Appropriations Subcommittee on Defense, Indian Affairs Committee and Energy and Natural Resources Committees.

MILITARY HEALTH CARE NEWS

- **The Army released suicide data today for the month of February 2013.**

During February, among active-duty soldiers, there were 11 potential suicides: three have been confirmed as suicides and eight remain under investigation. For January 2013, the Army reported 19 potential suicides among active-duty soldiers; however, subsequent to the report, another case was added bringing January's total to 20: seven have been confirmed as suicides and 13 are under investigation. For CY 2013, there have been 31 potential active-duty suicides: 10 have been confirmed as suicides and 21 remain under investigation. Updated active-duty suicide numbers for CY 2012: 183 (156 have been confirmed as suicides and 27 remain under investigation).

During February, among reserve component soldiers who were not on active duty, there were 13 potential suicides (eight Army National Guard and five Army Reserve): four have been confirmed and nine are still under investigation. For January 2013, among that same group, the Army reported 14 potential suicides; nine have been confirmed and five cases remain under investigation. For CY 2013, there have been 27 potential not on active duty suicides (14 Army National Guard and 13 Army Reserve): 13 have been confirmed as suicides and 14 remain under investigation. Updated not on active duty suicide numbers for CY 2012: 140 (93 Army National Guard and 47 Army Reserve); 136 have been confirmed as suicides and four remain under investigation.

The Army's comprehensive list of Suicide Prevention Program information is located at <http://www.preventsuicide.army.mil>.

- **The Defense Department's National Center for Telehealth and Technology has released a mobile application for military health care providers to help keep them productive and emotionally healthy as they cope with burnout and compassion fatigue.**

The Provider Resilience app, free and available for Android and Apple mobile devices, is the first mobile application for health care workers to build resilience for the stress in their lives.

The app opens with a dashboard that shows a "rest and relaxation" clock, a resilience rating and update buttons that provide easy access to the four main areas affecting the resilience rating: R&R clock, burnout assessment, professional quality of life assessment and resilience "builders and killers." The professional quality of life, or ProQOL, scale, developed at Idaho State University, allows users to rate their secondary trauma.

The personal resilience rating is a combination of the ProQOL assessment, vacation clock, burnout scale and a customizable list of questions that contribute to building or reducing resilience. The burnout scale lets users rate themselves on their feelings of being happy, trapped, satisfied, preoccupied, connected, worn out, caring, on edge, valuable and traumatized.

The app's toolbox encourages users to reduce stress with restful breaks with educational videos, inspirational cards, patient testimonials and stretching exercises.

The National Center for Telehealth and Technology, also known as T2, serves as the primary Defense Department office for cutting-edge approaches in applying technology to psychological health. T2 is a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

- **The Defense and Veterans Brain Injury Center (DVBIC) is offering online training courses for civilian health care providers to familiarize them with traumatic brain injuries (TBIs) often seen in the military population.**

Accessed through brainlinemilitary.org, the courses help providers develop skills and knowledge to effectively treat combat-related TBI symptoms, as well as common co-occurring conditions.

Two online training courses are available:

- “Identifying and Treating Concussion/mTBI in Service Members and Veterans” gives an overview of mild TBI, common symptoms and ways to elicit useful diagnostic information from patients. Providers also receive tips for care and treatment along with links to relevant resources.
- “Deployment Related Traumatic Brain Injury and Co-occurring Conditions” discusses treatment for service members who have ongoing related symptoms after sustaining a mild TBI — headaches, post-traumatic stress, mood changes, memory loss, sleep difficulties — and the role they play in patient recoveries. Providers also become familiar with resources and support systems for them as well as their patients that assist in evaluation, treatment and recovery after injury.

DVBIC is a center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. For more information, and provider and case management resources, visit dvbic.org and dcoe.health.mil.

- **The *Navy Times* reports that Rep. Louise Slaughter, D-N.Y., a longstanding advocate of abortion rights, reintroduced the Military Access to Reproductive Care and Health (MARCH) for Military Women bill, which would permit physicians at military facilities to conduct abortions if female service members or TRICARE beneficiaries use private funds to pay for the surgeries.**

Earlier this year, Congress voted to expand access to abortion services for military health care beneficiaries, adding rape and incest to the list of permissible uses of Defense Department facilities and funds for the procedures.

Military beneficiaries also can receive abortions in military facilities if their lives would be in danger if they carried a fetus to full term.

In 1978, Congress prohibited the use of DoD funds for abortions with certain exceptions, including when the life or health of the mother was in danger or in cases of rape or incest if the crime was reported promptly.

Later modifications to the law further restricted the exceptions, and in 1988, DoD issued a memorandum barring abortions in overseas military facilities.

Between 1993 and 1995, however, military medical facilities were allowed to perform abortions if paid for with private funds, under a directive issued by President Bill Clinton. During that time, 27 abortions were performed in 1993 and 10 in 1994, although the abortions conducted in 1994 were all performed under the “life of the mother” clause, according to the Congressional Research Service.

- **Health Net Federal Services, LLC announced it will be a sponsor of the 27th National Disabled Veterans Winter Sports Clinic in Snowmass Village, Colo., March 31 - April 5, 2013.**

The annual event provides winter sports instruction to Veterans with traumatic brain injuries, spinal cord injuries, orthopedic amputations, visual impairments, certain neurological conditions and other disabilities.

Chris Devlin-Young, a Paralympic ski champion and U.S. Coast Guard Veteran, is

scheduled to appear at the clinic as a guest mentor. Health Net has partnered with Devlin-Young over the past two years to help motivate and inspire Veterans with disabilities to overcome physical and emotional challenges.

The clinic, which also is sponsored by the Disabled American Veterans and Department of Veterans Affairs (VA), is open to U.S. military veterans with traumatic injuries and other disabilities who receive care at a VA medical facility or military treatment facility. More than 400 veteran athletes are expected to attend and participate in a variety of workshops and educational sessions that will positively impact their rehabilitative journey and readjustment in their communities. For recently injured veterans, the clinic provides an opportunity to test their new-found abilities and develop new lifestyle skills.

For more information on the 27th National Disabled Veterans Winter Sports Clinic, please visit <http://www.va.gov/opa/speceven/wsc/index.asp>.

▪ **A new final rule for interpreting the Family and Medical Leave Act of 1993 (“FMLA”) expands military caregiver and qualifying exigency leave rights created by the National Defense Authorization Act of 2010.**

The bulk of the Department of Labor’s (DOL) final rule clarifies military qualifying exigency and service member caregiver leave. Significant changes to the FMLA regulations resulting from the Final Rule include the following:

Extension of Military Caregiver Rights to Veterans: The final rule implements statutory amendments to the FMLA that extend military caregiver rights to family members of veterans with serious injuries or illnesses. Specifically, the regulations define a covered veteran as a member of the Armed Forces who has been discharged or released under conditions other than dishonorable within five years prior to the date the employee’s leave. The final rule adopts a flexible definition of a serious “injury or illness” for purposes of veteran military caregiver leave coverage. Additionally, it expands the definition of serious injury or illness for current service members to include preexisting conditions aggravated by service in the line of active duty.

Expansion of Qualifying Exigency Leave: The DOL’s final rule extends qualifying exigency leave to eligible employees who are family members of military personnel of the Regular Armed Forces that are deployed to a foreign country. It also expands qualifying exigency leave to add a “parental care” category. Under this new category, an eligible employee may take qualifying exigency leave to care for a service member’s parent, who is incapable of self-care, in order for the eligible employee to:

- Arrange for alternative care;
- Provide care on an urgent, immediate need basis (but not on a routine, regular or everyday basis);
- Admit or transfer the parent to a care facility; or
- Attend meetings with staff at a care facility (but not for routine or regular meetings).

The need to provide parental care must arise directly out of the military member’s active duty status. Additionally, under the DOL’s new regulations, eligible employees now may take up to fifteen (15) days, instead of five (5), for qualifying exigency leave related to their rest and recuperation.

Clarification of Leave Certification Process: Prior FMLA regulations allowed certification of a service member’s serious injury or illness to be obtained only from representatives of the Departments of Defense or Veterans Affairs. Other health care

providers were excluded from certifying a service member's serious injury or illness. Under new FMLA regulations, any health care provider, even those unaffiliated with the Department of Defense, Department of Veterans Affairs or TRICARE, may provide required certification for an eligible employee to take military caregiver leave.

New FMLA Poster and Certification Forms: The final rule approves a revised FMLA Employer Rights and Responsibilities poster and new certification forms for FMLA leave, including a new form for military caregiver leave to care for veterans. The FMLA poster and certification forms, which are available on the DOL's website, have been revised and updated to incorporate the new language of the FMLA regulations.

The final rule became effective on March 8, 2013.

VETERANS AFFAIRS NEWS

- **A new report from the Institute of Medicine highlights the challenges troops and their families face trying to access the medical care they need.**

The study found that there was not enough medical services and support available to the 2.2 million troops returning from Iraq and Afghanistan. The report recommended that the Departments of Defense and Veterans Affairs integrate their electronic health record systems and use evidence-based treatment for returning veterans' conditions, which can include traumatic brain injury (concussion), post-traumatic stress disorder (PTSD), military sexual trauma, depression and substance abuse.

According to the report, 44 percent of returning troops have reported difficulties after they returned. Significant numbers of personnel deployed to Iraq and Afghanistan have suffered traumatic brain injuries (TBI) and many have shown symptoms of post-traumatic stress disorder (PTSD), depression, and substance misuse or abuse.

IOM recommends the departments work together to integrate demographic and deployment data for service members with data that describes their health outcomes, treatment, access to care, or employment before and after deployment. It also suggested establishing a work group to explore interagency coordination, define common goals, establish common policies and create mechanisms to share data.

DoD and VA must submit a response to the report to Congress in June 2013.

GENERAL HEALTH CARE NEWS

- **The Food and Drug Administration (FDA) announced that it has approved Botulism Antitoxin Heptavalent (A, B, C, D, E, F, G)-(Equine) to treat patients showing signs of botulism following documented or suspected exposure to botulinum neurotoxin.**

The product is derived from horse plasma and contains a mixture of antibody fragments that neutralize all of the seven botulinum nerve toxin serotypes known to cause botulism.

Botulism is a rare but serious illness caused by ingesting or inhaling a botulinum nerve toxin, or by exposure arising from toxin secreted by Clostridium bacteria in a wound or the intestine. Patients with botulism develop severe muscle weakness that progresses from the head to the rest of the body. If untreated, the illness may progress to total loss of muscle function and inability to breathe. This heptavalent antitoxin is the only product

available for the treatment of botulism in adults, and for cases of infant botulism caused by nerve toxins other than types A and B.

The safety of the product was tested in 40 healthy human volunteers and also monitored in 228 patients who received the antitoxin experimentally under a botulism treatment program administered by the Centers for Disease Control and Prevention (CDC). The most commonly observed side effects were headache, fever, chills, rash, itching and nausea.

The product is manufactured by Cangene Corporation, based in Winnipeg, Canada. It was developed with support from the Biomedical Advanced Research and Development Authority within the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response. The antitoxin will be maintained in the Strategic National Stockpile and distributed through the CDC's Drug Service.

- **The Centers for Medicare & Medicaid Services (CMS) launched a new Medicare Chronic Conditions Dashboard.**

The dashboard offers researchers, physicians, public health professionals and policymakers an easy-to-use tool to get current data on where multiple chronic conditions occur, which services they require, and how much Medicare spends helping beneficiaries with multiple chronic conditions.

The dashboard is part of the Department of Health and Human Services' (HHS) Initiative on Multiple Chronic Conditions, established in 2009. The *Multiple Chronic Conditions: A Strategic Framework* was developed to serve as a national roadmap for HHS as well as public and private stakeholders to use to coordinate and improve the health of beneficiaries with multiple chronic conditions.

In calendar year 2011, spending for Medicare beneficiaries with two or more chronic conditions was about \$276 billion, about 93 percent of all Medicare spending. Analytics based on Dashboard data can be an important tool to support policies to help slow the growth in costs for beneficiaries with multiple chronic conditions in years ahead.

The Dashboard helps users find, analyze, and apply summarized data from CMS' Chronic Conditions Data Warehouse. The Dashboard will promote better understanding of overlapping medical conditions related to overall patient health, helping to identify common concurrent conditions and areas where prevention and treatment can improve care and lower costs.

CMS's Medicare Chronic Conditions Dashboard may be accessed at <http://www.ccwdata.org/business-intelligence/chronic-conditions/index.htm>.

- **The U.S. Food and Drug Administration approved Tecfidera (dimethyl fumarate) capsules to treat adults with relapsing forms of multiple sclerosis (MS).**

MS is a chronic, inflammatory, autoimmune disease of the central nervous system that disrupts communication between the brain and other parts of the body. It is among the most common causes of neurological disability in young adults and occurs more frequently in women than men.

For most people with MS, episodes of worsening function (relapses) are initially followed by recovery periods (remissions). Over time, recovery periods may be incomplete, leading to progressive decline in function and increased disability. MS patients often experience muscle weakness and difficulty with coordination and balance. Most people

experience their first symptoms of MS between the ages of 20 and 40.

Results from two clinical trials showed that those taking Tecfidera had fewer MS relapses compared to people taking an inactive pill (placebo). One of the trials showed that those taking Tecfidera experienced a worsening of disability less often than patients taking a placebo.

Tecfidera is made by Biogen Idec, Weston, Mass.

REPORTS/POLICIES

- **The Institute of Medicine (IOM) published “*Returning Home from Iraq and Afghanistan: Readjustment Needs of Veterans, Service Members, and Their Families*,” on March 27, 2013.** This report studies veterans’ physical and mental health, as well as other readjustment needs. Following its [phase one report](#), this report presents the IOM’s comprehensive assessment of the physical, psychological, social, and economic effects of deployment on service members, veterans, their families, and their communities. <http://www.iom.edu/Reports/2013/Returning-Home-from-Iraq-and-Afghanistan.aspx>
- **The Institute of Medicine (IOM) published “*The Economics of Genomic Medicine - Workshop Summary*,” on March 26, 2013.** To better understand the health economic issues that may arise in the course of integrating genomic data into health care, the IOM studied the many factors that may influence this implementation. <http://www.iom.edu/Reports/2013/Economics-of-Genomic-Medicine.aspx>

HILL HEARINGS

- The Senate Armed Services Committee will hold a hearing on **April 11, 2013**, to examine the Department of the Air Force in review of the Defense Authorization Request for fiscal year 2014 and the Future Years Defense Program; with the possibility of a closed session in SVC-217 following the open session.
- The Senate Armed Services Committee will hold a hearing on **April 25, 2013**, to examine the Department of the Navy in review of the Defense Authorization Request for fiscal year 2014 and the Future Years Defense Program; with the possibility of a closed session in SVC-217 following the open session.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- 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**.

- The Global Health & Innovation Conference (GHIC) will be held **April 2-4, 2013**, in New Haven Conn. <http://www.uniteforsight.org/conference/>
- 10th Annual World Healthcare Congress will be held **April 8-10, 2013**, in Washington DC <http://www.worldcongress.com/events/HR13000/>
- The 16th Annual Conference on Vaccine Research will be held on **April 22-24, 2013**, in Baltimore, Md. <http://www.cvent.com/events/16th-annual-conference-on-vaccine-research/event-summary-db97bedd5ee041eeb09d971650f76be0.aspx>
- 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>
- The AMSUS Annual Continuing Education Meeting will be held **Nov. 3-8, 2013**, in Seattle Wash. AMSUSMeeting.org
- The 29th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.7-9, 2013**, in Philadelphia, Pa. <http://www.istss.org/Home.htm>
- The AMIA 2013 Annual Symposium will be held on **Nov. 16-20, 2013**, in Washington DC. <http://www.amia.org/amia2013>
- The 2013 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 19 - 22, 2012**, Las Vegas, Nev. <http://www.aameda.org/Conference/Annual/AnnualMain.html>
- The Radiological Society of North America (RSNA) 2013: **Dec. 1-3, 2013**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2013 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 14-17, 2012**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>

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.