

Federal Health Update

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

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House passed H R 3102, the Nutrition Reform and Work Opportunity Act on Sept. 19, 2013.** This bill cut food stamps for the poor by \$40 billion over a decade and end benefits for an estimated 4 million people. The White House announced President Obama would veto this bill if it made it to his desk.

MILITARY HEALTH CARE NEWS

- **The Assistant Secretary of Defense for Health Affairs announced the leadership for the new Defense Health Agency:**
 - Acting Deputy Director, DHA: Mr. Allen Middleton
 - Director, Health IT Directorate/Chief Information Officer: Mr. David Brown
 - Acting Director Business Support Directorate: Air Force Col. Darrell Landreaux
- **The Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Jonathan W. Greenert announced that Rear Adm. Clinton F. Faison will be assigned as deputy chief,**

Bureau of Medicine and Surgery, Washington, D.C. Faison is currently serving as commander, Navy Medicine West/Commander, Naval Medical Center, San Diego, Calif.

- **The Defense Department's Military Health System announced the winners of the Female Military Physician Leader Award. Honored for their contributions to military medicine and for their work mentoring others.**

The top award went to Army Col. (Dr.) Karen O'Brien, deputy commander for clinical services at Madigan Army Medical Center at Joint Base Lewis McChord in Fort Lewis, Wash. She serves as chief medical officer at the base. Being recognized in this way is particularly meaningful, O'Brien said, because of who the judges are.

O'Brien, who is deploying for the first time to Afghanistan at the end of September, went to medical school at the Uniformed Services University for the Health Sciences in Bethesda, Md. The mother of three children whose husband serves in the Army, is very aware of the critical role that mentors play. She said she helps connect young women with women who can mentor them.

Other honorees included: Air Force junior winner, Lt. Col. (Dr.) Pamela M. Williams; Navy junior winner, Cmdr. (Dr.) Kimberly Davis; Army junior winner, Lt. Col. (Dr.) Bonnie Hartstein.

Started in 2010 by the Department of Defense to help recognize and celebrate female military doctors, the award is open to female military physicians in all service branches. It is administered by the Military Health System's Chief Human Capital Office. The American Medical Association has named September Women in Medicine Month.

- **Health Net Federal Services announced that TRICARE Management Activity (TMA) honored its Program Integrity department with the 2011-2012 Team Excellence Award and the Investigation Excellence Award.**

Health Net was the only TRICARE contractor to receive the Team Excellence award three consecutive times. Both awards are announced by TMA every two years and are the highest forms of recognition given to a TRICARE contractor's Program Integrity department for the prevention, detection and deterrence of fraud and abuse in the TRICARE program. TRICARE is the health care program serving uniformed service members, retirees and their families.

The Team Excellence Award recognizes TRICARE contractors whose commitment to health care fraud detection and prevention is a model for others to follow. Following a comprehensive review of 10 measurable areas of performance, TMA recognized Health Net's exemplary program integrity with this award. In addition, the Investigation Excellence Award recognizes Health Net Federal Services' outstanding work in a case that led to a successful criminal prosecution. The Health Net Federal Services Program Integrity department received both awards on Sept. 11, 2013.

- **Concept Plus announced it has been awarded the Designated Provider/Uniformed Services Family Health Plan (USFHP) Data Support contract.**

This \$21 million contract supports the TRICARE Management Activity (TMA) Policy and Operations Directorate, in Falls Church, Va.

As prime contractor, Concept Plus is responsible for leading the Designated Provider (DP) health care delivery system in support of the Military Health System (MHS) and will be receiving support from two valued team members: URS and OptumInsight.

The Designated Providers six facilities are located in Washington, Texas, Maine, Massachusetts, Maryland and New York, and are contracted by the U.S. Department of Defense (DoD) as part of the TRICARE Benefit Program to provide care to USFHP beneficiaries. USFHP beneficiaries include over 120,000 active duty family members, military retirees, and their eligible family members.

VETERANS AFFAIRS NEWS

- **On Sept. 18, 2013, the Department of Veterans Affairs released a statement outlining the care provided to alleged Navy Yard shooter Aaron Alexis.**

To read the full statement, please visit:

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2480>.

- **Windstream, provider of advanced network communications, announced that it has been awarded a contract to provide voice, data, and Internet services for the U.S. Department of Veterans Affairs (VA) in its Region 4 area, encompassing 11 states in the northeastern United States.**

The contract is for a baseline amount of \$12 million but can extend to as much as \$20 million over five years.

Prior to this contact, the VA contracted with hundreds of vendors providing local service to thousands of its facilities throughout the United States. In 2013, the VA took steps to eliminate the administrative expenses associated with the number of telecommunications vendors by creating four geographic regions, each with multiple Veterans Information Service Networks, and contracting with a single vendor for each region. The VA's Region 4 was the first of these consolidated procurement contracts to be awarded.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services is awarding \$2.8 million to nine institutions to help veterans advance in nursing careers by building on their combat medical skills and experience and awarding academic credit for prior military training and experience.**

Over four years, these grants will enable more than 1,000 veterans to obtain baccalaureate nursing degrees.

Nine institutions were awarded funding under the *Nurse Education, Practice, Quality and Retention: Veterans' Bachelor of Science Degree in Nursing Program (VBSN)* by HHS' Health Resources and Services Administration (HRSA). Award recipients recruit veterans and prepare VBSN undergraduates for practice and employment in local communities, and also develop career ladders that include academic and social supports, career counseling, mentors and linkages with veteran service organizations and community health systems.

To view the list of awardees, please visit:

<http://www.hhs.gov/news/press/2013pres/09/20130919c.html>.

- **The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) will award contracts to replenish the nation's supply of anthrax antitoxin.**

Funded through 2018 under Project BioShield, the contracts will replenish the stockpile of anthrax antitoxin as doses currently in the Strategic National Stockpile expire. The contracts also establish, for the first time, a surge capacity to produce antitoxin if an anthrax attack occurs.

Project BioShield is the chief mechanism through which the U.S. government supports the advanced development and procurement of new medical countermeasures – drugs, vaccines, diagnostics, and medical supplies – to protect health against chemical, biological, radiological and nuclear threats.

Through the Project BioShield Act of 2004, ASPR's Biomedical Advanced Research and Development Authority (BARDA) has supported the development and procurement of two anthrax antitoxins to treat people with anthrax disease and an anthrax vaccine, as well as drugs or medical products to protect health against smallpox, botulism, and radiation injury.

Anthrax antitoxins, vaccine and antibacterial drugs will be needed to protect health in an anthrax attack. In 2001, when anthrax-laden letters were sent through the mail, antibacterial drugs were the only products available to treat people who had been exposed to anthrax but were not yet showing signs of illness.

HHS awarded the Project BioShield contracts, valued a minimum of \$100,000, to Cangene Corporation of Winnipeg, Canada; Elusys Therapeutics Inc. of Pine Brook, N.J.; Emergent Product Development of Gaithersburg, Md.; GlaxoSmithKline in Research Triangle Park, N.C., and PharmAthene of Annapolis, Md.

Under these contracts, HHS will order approximately \$196 million in antitoxin from GlaxoSmithKline. In addition, HHS will purchase materials to manufacture antitoxin. The materials include blood plasma from Cangene for approximately \$63 million and a total of \$1.6 million in cells from GlaxoSmithKline, PharmAthene, and Emergent. PharmAthene and Emergent have antitoxin at earlier stages of development than the GlaxoSmithKline and Cangene products.

The replenishment and surge capacity are part of a government-wide effort to prepare the nation to respond to security threats from chemical, biological, radiological or nuclear weapons. Federal agencies, including HHS agencies and the departments of Homeland Security, Defense, and Veterans Affairs coordinate closely to ensure programs and requirements are aligned.

For more information on national public health and medical preparedness, visit www.phe.gov and to learn more about partnering with BARDA in public health preparedness visit www.medicalcountermeasures.gov.

- **According to a new report issued by the Centers for Disease Control and Prevention, each year more than two million people in the United States get infections that are resistant to antibiotics and at least 23,000 people die as a result.**

The report, *Antibiotic Resistance Threats in the United States, 2013*, presents the first snapshot of the burden and threats posed by antibiotic-resistant germs having the most impact on human health. The threats are ranked in categories: urgent, serious and concerning.

Threats were assessed according to seven factors associated with resistant infections: health impact, economic impact, how common the infection is, a 10-year projection of how common it could become, how easily it spreads, availability of effective antibiotics, and barriers to prevention. Infections classified as urgent threats include carbapenem-resistant

Enterobacteriaceae (CRE), drug-resistant gonorrhea, and *Clostridium difficile*, a serious diarrheal infection usually associated with antibiotic use. *C. difficile* causes about 250,000 hospitalizations and at least 14,000 deaths every year in the United States.

In addition to the toll on human life, antibiotic-resistant infections add considerable and avoidable costs to the already overburdened U.S. health care system. Studies have estimated that, in the United States, antibiotic resistance adds \$20 billion in excess direct health care costs, with additional costs to society for lost productivity as high as \$35 billion a year. The use of antibiotics is the single most important factor leading to antibiotic resistance. Up to 50 percent of all the antibiotics prescribed for people are not needed or are not prescribed appropriately.

The report notes the loss of effective antibiotic treatments will undermine treatment of infectious complications in patients with other diseases. Many medical advances — joint replacements, organ transplants, cancer therapy, rheumatoid arthritis therapy — are dependent on the ability to fight infections with antibiotics. If the ability to effectively treat those infections is lost, the ability to safely offer people many of the life-saving and life-improving modern medical advances will be lost with it.

To see the full report, please visit www.cdc.gov/drugresistance/threat-report-2013/.

- **The U.S. Food and Drug Administration (FDA) and the National Institutes of Health (NIH), as part of an on-going interagency partnership, have awarded a total of up to \$53 million to fund tobacco-related research in fiscal year 2013 to create 14 Tobacco Centers of Regulatory Science (TCORS).**

Despite decades of work to reduce tobacco use in the United States, it continues to be the leading cause of preventable death and disease. A new, first-of-its-kind regulatory science tobacco program, TCORS is designed to generate research to inform the regulation of tobacco products to protect public health. Using designated funds from FDA, TCORS will be coordinated by NIH's Office of Disease Prevention, and administered by three NIH institutes: the National Cancer Institute, the National Institute on Drug Abuse, and the National Heart, Lung, and Blood Institute.

The TCORS program brings together investigators from across the country to aid in the development and evaluation of tobacco product regulations. Each TCORS application identified a targeted research goal. Taken together, the TCORS sites will increase knowledge across the full spectrum of basic and applied research on tobacco and addiction. The program also provides young investigators with training opportunities to ensure the development of the next generation of tobacco regulatory scientists.

New research from TCORS will help inform and assess the impact of FDA's prior, ongoing and potential future tobacco regulatory activities. In addition, the TCORS investigators will have the flexibility and capacity to begin new research to address issues raised in today's rapidly evolving tobacco marketplace.

The TCORS awards represent a significant investment in federal tobacco regulatory science, including \$53 million in the first year and a potential total of more than \$273 million over the next five years. TCORS funding may not exceed \$4 million in total costs per year per center, and an investigator could request a project period of up to five years.

For a list of the awardees, please visit:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm368992.htm>.

REPORTS/POLICIES

- **The GAO published “Environmental Health: EPA Has Made Substantial Progress but**

HILL HEARINGS

- There are no hearings scheduled this week.

LEGISLATION

- **H.R.3102** (introduced Sept. 16, 2013): Nutrition Reform and Work Opportunity Act of 2013 was referred to the Committee on Agriculture, and in addition to the Committees on Education and the Workforce, and Foreign Affairs
Sponsor: Representative Frank D. Lucas [OK-3]
- **H.R.3113** (introduced Sept. 17, 2013): To amend title III of the Public Health Service Act to provide for the establishment and implementation of guidelines on best practices for diagnosis, treatment, and management of mild traumatic brain injuries (MTBIs) in school-aged children, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Bill Pascrell, Jr. [NJ-9]
- **H.R.3119** (introduced Sept. 18, 2013): To prohibit enrollment under Health Care Exchange plans until privacy protections are certified as being in place, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Erik Paulsen [MN-3]
- **H.R.3120** (introduced Sept. 18, 2013): To improve access to oral health care for vulnerable and underserved populations was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Natural Resources, Veterans' Affairs, and Armed Services.
Sponsor: Representative Elijah E. Cummings [MD-7]
- **H.R.3121** (introduced Sept. 18, 2013): To repeal the Patient Protection and Affordable Care Act and related reconciliation provisions, to promote patient-centered health care, and for other purposes was referred to House committee. Status: Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, the Judiciary, Natural Resources, House Administration, Appropriations, and Rules.
Sponsor: Representative David P. Roe [TN-1]
- **H.R.3126** (introduced Sept. 18, 2013): To amend the Patient Protection and Affordable Care Act to prohibit a government subsidy for the purchase of a health plan by a Member of Congress was referred to the House Committee on House Administration.
Sponsor: Representative Stephen Lee Fincher [TN-8]
- **S.1516** (introduced Sept. 18, 2013): A bill to amend title II of the Public Health Service Act to provide for the establishment and implementation of guidelines on best practices for diagnosis, treatment and management of mild traumatic brain injuries (MTBIs) in school-aged children, and for other purposes was referred to the Committee on Health, Education, Labor and Pensions.
Sponsor: Senator Robert Menendez [NJ]
- **S.1517** (introduced Sept. 18, 2013): A bill to amend the Public Health Services Act and the Social Security Act to extend health information technology assistance eligibility to behavioral health, mental health, and substance abuse professionals and facilities, and for other purposes was referred to the Committee on Finance.
Sponsor: Senator Sheldon Whitehouse [RI]
- **S.1522** (introduced Sept. 18, 2013): A bill to improve access to oral health care for vulnerable and underserved populations referred to the Committee on Finance.
Sponsor: Senator Bernard Sanders [VT]

- **S.1525** (introduced Sept. 18, 2013): A bill to ensure that the personal and private information of Americans enrolling in Exchanges established under the Patient Protection and Affordable Care Act is secured with proper privacy and data security safeguards was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Orrin G. Hatch [UT]

MEETINGS

- The MGMA 2013 Annual Conference will be held on **Oct. 6-9, 2013**, in San Diego, Calif. <http://www.mgma.com/mgma-conference/>
- 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 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, 2013**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>

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