Federal Health Update

DEC. 14, 2012

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

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Happy Holidays to All!

The Federal Health Update will not be published on Dec. 21, 2012.

EXECUTIVE AND CONGRESSIONAL NEWS

- **On Dec. 4, 2012, the Senate passed S. 3254 as amended, the 2013 National Defense Authorization Act.**

  The legislation authorizes appropriations for fiscal year 2013 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

  The House and Senate will name their conference members and begin to negotiate differences between the House and Senate versions this week.

- **According to the *Navy Times*, the Senate approved an amendment to the 2013 defense authorization bill requiring the Department of Defense provide a report identifying how many people could be forced into the more expensive TRICARE Standard fee-for-service health program, the locations of those affected by the potential loss of Prime, and what is being done to ease the transition.**

  The Defense Department plans to eliminate TRICARE Prime in several areas, beginning April 1 in Iowa, Minnesota, Oregon and the Reno, Nev., and Springfield, Mo., areas, affecting approximately 30,000 beneficiaries.

The changes appear to be the result of newly awarded TRICARE contracts for managed care that exclude some areas from Prime.

Active-duty families have no co-pays under Prime but would be responsible for 20 percent of outpatient care costs under Standard. For military retirees and their families, Prime has an outpatient co-pay of $12 and an annual enrollment fee of $269.26 for individuals and $538.56 for families. TRICARE Standard has no enrollment fee but has a 25 percent co-pay for retirees and their families.

The amendment doesn't prevent DoD from changing Prime coverage areas, but it asks for more details that could provide lawmakers ammunition to block or reverse the change.

- **On Dec. 6, 2012, President Obama appointed six people to the National Cancer Advisory Board (NCAB).**

  The NABC advises and assist the director of the National Cancer Institute (NCI) about the national cancer program. By law, the NCAB must review and approve grants (second-level review) before they can be awarded by the NCI.

  - Dr. David Christiani is the Elkan Blout professor of environmental genetics at the Harvard School of Public Health, a position he has held since 2009. Dr. Christiani received a B.S. from Fairfield University, an M.D. from Tufts University, and an M.S. and M.P.H. from Harvard University.
  - Dr. Judy E. Garber is the director of the Center for Cancer Genetics and Prevention at the Dana-Farber Cancer Institute, a position she has held since 2010. She has been a professor of medicine at Harvard Medical School since 2011. She received a B.A. from the University of Virginia and an M.D. and M.P.H. from Yale University School of Medicine.
  - Dr. Liz Jaffee is co-director of the gastrointestinal cancers program in the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University. She has been a member of the Johns Hopkins faculty since 1992. Dr. Jaffee received a B.A. from Brandeis University and an M.D. from New York Medical College.
  - Dr. Beth Karlan is the Board of Governors' Endowed chair in Gynecologic Oncology at Cedars-Sinai Medical Center, a position she has held since 1995. Dr. Karlan received a B.A. from Harvard College and an M.D. from Harvard Medical School.
  - Dr. Mack Roach III currently serves as a professor of radiation oncology and urology at the University of California at San Francisco (UCSF), a position he has held since 2000. Dr. Roach received a B.S. from Morehouse College and an M.D. from Stanford University.
  - Dr. Charles Sawyers is the chair of the human oncology and pathogenesis program at Memorial Sloan Kettering Cancer Center, a position he has held since 2006. He received an A.B. from Princeton University and an M.D. from Johns Hopkins School of Medicine.

- **The Senate has attached a supplemental for disaster assistance to the 2013 Milcon/VA appropriations bill to pay for the damage caused by Sandy.**

  The $88.3 million will cover 362 projects to repair damaged facilities and utilities, replace lost equipment, and finish cleanup in various DoD locations.

  The bill includes $235.6 million for the VA to recover from the storm, including restoring the VA Manhattan Medical Center, which was flooded and has yet to reopen.

- **On Dec. 12, 2012, the Democratic Steering Committee approved committee assignments for Democratic senators in the 113th Congress.**

  The anticipated committee assignments are subject to approval by the full Democratic caucus and approval of an organizing resolution by the full Senate when the 113th Congress convenes in January.

  On the Senate Appropriations Committee, Sen. Daniel Inouye (HI) will remain chairman. The rest of the Democratic members of the committee will include:

  - Patrick Leahy (VT)
  - Tom Harkin (IA)
  - Barbara Mikulski (MD)
  - Patty Murray (WA)
  - Dianne Feinstein (CA)
  - Richard Durbin (IL)
  - Tim Johnson (SD)
  - Mary Landrieu (LA)
  - Frank Lautenberg (NJ)
  - Mark Pryor (AR)
  - Jon Tester (MT)
  - Tom Udall (NM) *new to the committee*
  - Jeanne Shaheen (NH) *new to the committee*
  - Jeff Merkley (OR) *new to the committee*

  Sen. Carl Levin retains his chairmanship of the Senate Armed Services Committee. In order of seniority, the rest of this committee will include:

  - Jack Reed (RI)
  - Bill Nelson (FL) *new to the committee*
  - Claire McCaskill (MO)
  - Mark Udall (CO)
  - Kay Hagan (NC)
  - Mark Begich (AK)
  - Joe Manchin (WV)
  - Jeanne Shaheen (NH)
  - Kirstin Gillibrand (NY)
  - Richard Blumenthal (CT)
  - Joe Donnelly (IN) *Freshman; was in the House*
  - Tim Kaine (VA) *Freshman*
  - Angus King (ME) *Freshman*

  For the Veterans Affairs Committee, Sen. Bernard Sanders (I-VT) will be chairman. The other members will be:

  - John Rockefeller (WV)
  - Patty Murray (WA)
  - Sherrod Brown (OH)
  - Jon Tester (MT)
  - Mark Begich (AK)
  - Richard Blumenthal (CT) *new to the committee*
  - Mazie Hirono (HI) *Freshman*

- **On Dec. 13, 2012, the Senate passed S. 3313, the *Women Veterans and Other Health Care Improvement Act of 2012*, by unanimous consent.**

  The bill builds upon previous law to improve VA services for women veterans and veterans with families and ends the ban on in vitro fertilization (IVF) services at VA to help severely wounded veterans start families.

  The Department of Defense currently provides access to IVF services and coverage at no charge to severely combat wounded service members. This legislation would provide veterans with the same access through TRICARE, the military healthcare system.

  The bill will now move on to the House of Representatives where Rep. Rick Larsen has introduced a companion version of the bill (H.R.6527).

MILITARY HEALTH CARE NEWS

- **TRICARE Management Activity (TMA) awarded Delta Dental, San Francisco, Calif., a fixed-price contract to provide TRICARE Retiree Dental Program (TRDP) coverage to all eligible personnel retired from the uniformed services, un-remarried surviving spouses, eligible dependents, former members of the armed forces who are Medal of Honor recipients and their eligible dependents.**

  The total estimated contract value, including the approximate 12-month base period and five one-year option periods for dental care, plus a transition-out period, is estimated at $2.5 billion. Enrollment in the TRDP is voluntary and all premium costs are paid by the enrollee; no government funds are obligated for this contract.

  The program offers worldwide coverage for dental services. The work to be performed includes management of provider networks, enrollment, claims processing, and customer service. This contract was competitively procured using the Best Value Tradeoff Source Selection process with three offers received. The TRICARE Management Activity, Aurora, Colo., is the contracting activity (HT9402-13-C-0006).

- **Secretary of Defense Leon E. Panetta visited Walter Reed National Military Medical Center, marking the one year anniversary of its opening.**

  During a ceremony, he honored more than 300 health care professionals, for their outstanding performance, calling them "miracle workers."

  "I want to thank you for your leadership, because what you have here is a world-class center for healing, for compassion, and for empowerment," Panetta said.

  Panetta awarded a Secretary's Challenge Coin to each of the civilian and military honorees, who were nominated by their directorates for recognition.

  The defense secretary, who also presided over the ribbon cutting when the facility opened, expressed words of thanks to the military and civilian doctors, nurses and technicians for their teamwork and dedication in making WRNMMC a renowned institution.

  The joint military medical facility opened on Nov. 10, 2011.

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

  During November, among active-duty soldiers, there were 12 potential suicides: one has

been confirmed as a suicide and 11 remain under investigation. For October, the Army reported 20 potential suicides among active-duty soldiers; since the release of that report, one case has been removed for a total of 19 cases: nine have been confirmed as suicides and 10 remain under investigation. For 2012, there have been 177 potential active-duty suicides: 113 have been confirmed as suicides and 64 remain under investigation. Active-duty suicide number for 2011: 165 confirmed as suicides and no cases under investigation.

During November, among reserve component soldiers who were not on active duty, there were 15 potential suicides (12 Army National Guard and three Army Reserve): two have been confirmed as suicide and 13 remain under investigation. For October, among that same group, the Army reported 13 potential suicides; since the release of that report, one case has been removed for a total of 12 cases (eight Army National Guard and four Army Reserve); six have been confirmed as suicides and six remain under investigation. For 2012, there have been 126 potential not on active-duty suicides (84 Army National Guard and 42 Army Reserve): 97 have been confirmed as suicides and 29 remain under investigation. Not on active-duty suicide numbers for 2011: 118 (82 Army National Guard and 36 Army Reserve) confirmed as suicides and no cases under investigation.

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

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) and Indian Health Service (IHS) have entered into a joint national agreement enabling VA to reimburse IHS for direct care services provided to eligible American Indian and Alaska Native veterans**

  While the national agreement applies only to VA and IHS, it will inform agreements negotiated between the VA and tribal health programs. VA copayments do not apply to direct care services provided by IHS to eligible American Indian and Alaska Native Veterans under this agreement.

  This reimbursement agreement between the VA and the IHS will help improve health care services for American Indian and Alaska Native veterans and further the IHS mission and federal responsibility of raising the health status of American Indians and Alaska Natives. The IHS-VA agreement will allow federal facilities to work with the VA more closely, implementing a provision in the recently reauthorized Indian Health Care Improvement Act.

  To view the national agreement, please visit: www.va.gov. To find out additional information about American Indian and Alaska Native veteran programs, please visit: www.va.gov/tribalgovernment and http://www.ihs.gov/.

- **The Department of Veterans Affairs published a proposed regulation in the *Federal Register* that would change its rules to add five diagnosable illnesses, which are secondary to service-connected Traumatic Brain Injury (TBI).**

  VA proposes to add a new subsection to its adjudication regulation by revising 38 CFR 3.310 to state that if a veteran who has a service-connected TBI also has one of the five illnesses, then the illness will be considered service connected as secondary to the TBI.

  Service connection under the proposed rule depends in part upon the severity of the TBI

(mild, moderate or severe) and the period of time between the injury and onset of the secondary illness. However, the proposed rule also clarifies that it does not preclude a veteran from establishing direct service connection even if those time and severity standards are not met. It also defines the terms mild, moderate, and severe, consistent with Department of Defense (DoD) guidelines.

VA's decision is based on a report by the National Academy of Sciences, Institute of Medicine (IOM), "Gulf War and Health, Volume 7: Long-Term Consequences of TBI." In its report, the IOM's Committee on Gulf War and Health concluded that "sufficient evidence of a causal relationship" - the IOM's highest evidentiary standard - existed between moderate or severe levels of TBI and diagnosed unprovoked seizures. The IOM found "sufficient evidence of an association" between moderate or severe levels of TBI and Parkinsonism; dementias (which VA understands to include pre-senile dementia of the Alzheimer type and post-traumatic dementia); depression (which also was associated with mild TBI); and diseases of hormone deficiency that may result from hypothalamo-pituitary changes.

Comments on the proposed rule will be accepted over the next 60 days. A final regulation will be published after consideration of all comments received.

Specific information about the Defense and Veteran Brain Injury Center is available at http://www.dvbic.org/.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) launched a new education initiative and set of online tools to provide health care providers and organizations practical tips on ways to protect their patients' protected health information when using mobile devices such as laptops, tablets and smartphones.**

  The initiative is called *Mobile Devices: Know the RISKS. Take the STEPS. PROTECT and SECURE Health Information* and is available at www.HealthIT.gov/mobiledevices. It offers educational resources such as videos, easy-to-download fact sheets, and posters to promote best ways to safeguard patient health information.

  Despite providers' increasing use of using mobile technology for clinical use, research has shown that only 44 percent of survey respondents encrypt their mobile devices. Mobile device benefits — portability, size, and convenience — present a challenge when it comes to protecting and securing health information.

  Along with theft and loss of devices, other risks, such as the inadvertent download of viruses or other malware, are top among reasons for unintentional disclosure of patient data to unauthorized users.

  For more information, tips, and steps on protecting and securing health information when using a mobile device visit www.HealthIT.gov/mobiledevices.

- **The Center for Disease Control and Prevention's National Center for Health Statistics (NCHS) reports that the percentage of doctors adopting electronic health records has increased from 48 percent in 2009 to 72 percent in 2012.**

  In addition, a National Coordinator for Health Information Technology (ONC) report shows that since 2009, the percent of physicians with computerized capabilities to e-

prescribe has more than doubled, from 33 percent to 73 percent. Within the past year, more physicians (56 percent) have the computerized capabilities to engage with patients and their families by providing patients with summaries after visits, an increase of 46 percent.

The data brief, *Physician Adoption of Electronic Health Record Technology to Meet Meaningful Use Objectives*, found that since the Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted in 2009, the percentage of doctors that are meeting five meaningful use core objectives has increased by at least 66 percent. The HITECH Act authorized incentive payments under the Medicare and Medicaid EHR Incentive Program to eligible professionals and hospitals for the adoption and meaningful use of certified EHR technology. To participate in incentive programs, professionals are required to demonstrate computerized capabilities that meet defined meaningful use objectives. The data are reported from the 2012 mail survey of physicians in the National Electronic Health Record Survey conducted by NCHS.

The new data brief also shows the percent of doctors using EHRs meeting nine meaningful use measures increased by at least 21 percent in the past year. Furthermore, two thirds or more of physicians have computerized capability to improve patient safety through electronic tools such as drug interaction checks and electronic medication lists.

- **The U.S. Food and Drug Administration expanded the approved use of Zytiga (abiraterone acetate) to treat men with late-stage (metastatic) castration-resistant prostate cancer prior to receiving chemotherapy.**

  The FDA initially approved Zytiga in April 2011 for use in patients whose prostate cancer progressed after treatment with docetaxel, a chemotherapy drug. Zytiga is a pill that decreases the production of male sex hormone testosterone.

  In prostate cancer, testosterone stimulates prostate tumors to grow. Drugs or surgery are used to reduce testosterone production or to block testosterone's effects. Some men have castration-resistant prostate cancer, meaning the prostate cancer cells continue to grow even with low levels of testosterone.

  The FDA reviewed Zytiga's application for this new indication under the agency's priority review program. The program provides for an expedited six-month review for drugs that may offer major advances in treatment or provide a treatment when no adequate therapy exists.

  Zytiga's safety and effectiveness for its expanded use were established in a clinical study of 1,088 men with late-stage, castration-resistant prostate cancer who had not previously received chemotherapy. Participants received either Zytiga or a placebo (sugar pill) in combination with prednisone.

  The study was designed to measure the length of time a patient lived before death (overall survival) and the length of time a patient lived without further tumor growth as assessed by imaging studies (radiographic progression-free survival, or rPFS).

  Patients who received Zytiga had a median overall survival of 35.3 months compared with 30.1 months for those receiving the placebo. Study results also showed Zytiga improved rPFS. The median rPFS was 8.3 months in the placebo group and had not yet been reached for patients treated with Zytiga at the time of analysis.

- **Americans are living longer due to several medical advances, but unhealthy behavior and preventable illness threaten quality of life, according to United Health Foundation's 2012 America's Health Rankings.**

While premature, cardiovascular and cancer deaths have declined since 1990 by 18.0 percent, 34.6 percent and 7.6 percent, respectively, Americans are experiencing troubling levels of obesity (27.8 percent of the adult population), diabetes (9.5 percent of the adult population), high blood pressure (30.8 percent of the adult population) and sedentary behavior (26.2 percent of the adult population).

For the sixth year in a row, Vermont is the nation's healthiest state. Hawaii is ranked second, followed by New Hampshire, Massachusetts and Minnesota. The five least healthy states are South Carolina (46), West Virginia (47), Arkansas (48), and Mississippi and Louisiana, which tied for the 49th slot. States that showed the most substantial improvement in rankings include: New Jersey (nine slots), Maryland (five slots), and Alabama, Colorado, Massachusetts, Nebraska, Oklahoma and Rhode Island (three slots).

This year's rankings saw stark differences between the five healthiest states and the five least healthy states. In comparing the top five and bottom five states, it is evident that the least healthy states face formidable challenges related to behavioral determinants of health and to socioeconomic factors that influence health.

Obesity continues to be at epidemic levels and is one of the fastest-growing health challenges confronting our nation. The national median of obese adults is 27.8 percent; that means more than 66 million adults are obese, more than the entire population of the United Kingdom. In even the least obese state, Colorado, more than 20 percent of the population is obese. The combination of sedentary behavior and poor diet inevitably lead to increasing levels of obesity, which contributes to diabetes, cardiovascular disease, cancer and other negative health outcomes.

Diabetes is also at epidemic levels. The percentage of adults with diabetes is as high as 12.0 percent in West Virginia, South Carolina and Mississippi. The national median of adults with diabetes is 9.5 percent.

While smoking rates in the five healthiest states range from 16.8 percent to 19.4 percent of the adult population, smoking rates are between 23.1 percent and 28.6 percent in the five least healthy states. Likewise, 27.2 percent to 36.0 percent of the population leads sedentary lives in the five least healthy states, compared to between 21.0 percent and 23.5 percent of the population in the five healthiest states.

To see the rankings in full, visit: www.americashealthrankings.org.

REPORTS/POLICIES

- **The GAO published *"Medicare Program Integrity: Greater Prepayment Control Efforts Could Increase Savings and Better Ensure Proper Payment,"* (GAO-13-102) on Dec. 10, 2012.** The report examines the extent to which CMS and its contractors employed prepayment edits; CMS has designed adequate processes to determine the need for and to implement edits based on national policies; and CMS provides information, oversight, and incentives to MACs to promote use of effective edits. http://www.gao.gov/assets/650/649968.pdf

HILL HEARINGS

- There are no hearings scheduled this week.

LEGISLATION

- **H.R.6626** (introduced Dec. 3, 2012): the *Health Care Innovation and Marketplace Technologies Act of 2012* was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Small Business
  Sponsor: Representative Michael M. Honda. [CA-15]
- **H.R.6635** (introduced Dec. 5, 2012): the *TRICARE Protection Act* was referred to the House Committee on Armed Services
  Sponsor: Representative Greg Walden [OR-2]
- **H.R.668** (introduced Dec. 5, 2012): the *S.A.F.E. Compounded Drugs Act of 2012* was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Rosa L. DeLauro [CT-3]
- **S.3659** (introduced Dec. 5, 2012): the *Quality Improvement Organization Program Restoration Act* was referred to the Committee on Finance.
  Sponsor: Senator Kent Conrad [ND]

MEETINGS

- The 2012 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 15-18, 2012**, in Tampa, Fla. http://www.specialoperationsmedicine.org/
- The International Meeting of Simulation in Healthcare (IMSH) 2013 will be held on **Jan. 26-30, 2013**, in Orlando, Fla. http://ssih.org/events/imsh-2013-central
- The 2013 Military Health System Conference will be held **Feb. 11-14, 2013**, in National Harbor, Md. http://www.health.mil/2013MHSConference/Registration.aspx
- 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
- Learning in Disaster Health: A Continuing Education Workshop will be held on **April 2-3 2013**, in Washington D.C. http://www.cvent.com/events/learning-in-disaster-health-a-continuing-education-workshop/event-summary-8688867233a844d3b5a3afeccebbf288.aspx
- 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

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