FEDERAL HEALTH UPDATE

Mar 19, 2010

Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

To subscribe, please visit http://fedhealthinst.org/subscriber.cfm.

Sponsored by

Additional sponsorship by

www.fedhealthinst.org

Executive and Congressional News

- **On March 17, 2010, the new Military Mental Health Caucus held a meeting to discuss issues facing all of the services.**

  The group, led by Reps. Grace Napolitano (D-CA) and Tim Murphy (D-PA), heard testimony on the following topics:

  - Children's Mental Health Program by Army Col. Elspeth Cameron Ritchie, Children's Mental Health Program, Army Surgeon General
  - Family Readiness Programs by Debbie Paxton, mental health advisor to US Marine Corps Wounded Warrior Regiment, and Greg Goldstein, program manager, Combat Operational Stress Control Program, Personal and Family Readiness Division
  - Safe Harbor and Anchor Program/Family Readiness by John Baker, command director, Fleet and Family Readiness Program; Navy Rear Adm. Cindy Covell, director, Total Force Requirements Division; and Navy Capt. Richard Westphal, Navy Psychological Health Programs
  - Suicide Prevention by Air Force Col. John Forbes, deputy director of Psychological Health, Air Force Medical Support Agency (AFMSA)

For more information please visit http://napolitano.house.gov/mhcaucus/legislation.html

- **On March 18, 2010, President Obama postponed his scheduled trip to Indonesia, Australia and Guam until June to focus on the imminent Congressional vote on the health care reform bill.**

Military Health Care News

- **As of March 1, 2010, Dr. Charles L. Rice, M.D., is performing the duties of the assistant secretary of defense for health affairs and is the acting director, TRICARE Management Activity.**

  In this role, Dr. Rice will administer the $50 billion Military Health System (MHS) and serve as principal advisor to the Secretary of Defense for health issues.

  Rice will continue as president of the Uniformed Services University of the Health Sciences (USUHS). Before assuming his role at USUHS, Dr. Rice, a Navy-trained surgeon and researcher, served as the vice chancellor for health affairs at the University of Illinois, Chicago, from 1999-2004. Prior to that, he was vice dean of the UIC College of Medicine, as well as a professor of surgery and professor of physiology and biophysics.

  Rice graduated with an A.B. from the University of Georgia in 1964 and earned his medical degree from the Medical College of Georgia in 1968. He interned at Bowman Gray School of Medicine at Wake Forest University, Winston-Salem, N.C. He completed his general surgery residency at the National Naval Medical Center in Bethesda, Md., followed by a research fellowship at the Naval Medical Research Institute in Bethesda.

  Rice was commissioned as an ensign in the Naval Reserve Medical Corps in 1966. Three years later, he transferred into the regular Navy and quickly rose through the ranks. He left active duty, but remained in the Naval Reserve, through which he was promoted to Captain in 1991. He retired in 2003. His military decorations include the Legion of Merit.

  In addition to appointments at the University of Illinois, Chicago, Dr. Rice has served on the faculty of the University of Chicago, the University of Washington, and the University of Texas Southwestern Medical Center in Dallas.

  Rice outlined his priorities and goals in his first blog entry. Please read: http://www.health.mil/blog/10-03-17/From_the_Desk_of_the_ASD_HA.aspx

- **The Military Health System honored those medical personnel who gave the last measure of devotion in Iraq and Afghanistan with a remembrance ceremony at Arlington National Cemetery.**

  Dr. Charles Rice, performing the duties of the assistant secretary of defense for health affairs, hosted the Second Annual Remembrance Ceremony Dedicated to Fallen Military Medical Personnel, Operation Iraqi Freedom and Operation Enduring Freedom, 2001-2009.

  The remembrance ceremony was held in the Old Amphitheater at Arlington National Cemetery on Tuesday, March 16, 2010

  Speakers included:

  - Dr. Charles Rice, performing the duties of the assistant secretary of defense for health affairs
  - Vice Adm. Adam Robinson, surgeon general of the Navy
  - Rear Adm. David Jay Smith, staff surgeon, Joint Chiefs of Staff
  - Maj. Gen. Deborah Wheeling, deputy surgeon general of the Army National Guard
  - Lee Woodruff, author and co-founder of The Bob Woodruff Foundation, ReMind.org

  This ceremony brings family members of fallen military medical personnel together to honor the sacrifices made by their loved ones.

- **On March 17, 2010, DLA's Defense Supply Center Philadelphia awarded two contracts to Cardinal Health, a Dublin, Ohio-based pharmaceutical and medical products supplier, worth up to $807.1 million for drug distribution to U.S. military medical facilities worldwide.**

  Under a firm-fixed-price, indefinite-quantity prime vendor contract, Cardinal Health will distribute drugs to medical facilities onboard US Navy ships. The contract has a 20-month base period with two 20-month option periods and a maximum value of $150 million.

  Under a requirements-type prime vendor contract, the company will distribute pharmaceuticals to U.S. military medical facilities in Europe and the Pacific. That contract has a 20-month base period worth $206.4 million and two 20-month option periods, with a maximum value of $657.1 million.

  DLA also selected a small business qualifier as a secondary drug supplier to Europe and the Pacific.

  DMS Pharmaceutical Group, a Park Ridge, IL-based small business qualifer, received a contract worth up to $2.2 million, to serve as the secondary pharmaceutical vendor for U.S. facilities in Europe and the Pacific.

  For these contracts, the European region encompasses all U.S. military medical treatment facilities (MTFs) located on the Continent of Europe, including Turkey plus the surrounding seas and oceans as well as Oman and Bahrain. The Pacific region encompasses all MTFs located in the Pacific including Guam, Diego Garcia and the surrounding seas and oceans.

  The prime pharmaceutical vendor contracts for Europe and the Pacific regions were awarded under the TRICARE Management Activity program.

- **Service members who became ill or injured while serving on active duty and are then medically retired have health benefits available to them through both the Department of Defense and Department of Veterans Affairs.**

  Like all retirees, medically retired veterans can choose TRICARE Prime where it's available, or TRICARE Standard and Extra if they are not eligible for Medicare. Their family members have the same TRICARE choices. Veterans who are eligible for Medicare because of disability must maintain Medicare Parts A and B to keep their TRICARE coverage.

  Retirees with a service-connected disability rated at 50 percent or higher; are unemployable due to the service-connected disability; or are seeking care for the service-connected disability are automatically eligible but must request care from Department of Veterans Affairs (VA).

  Almost all VA health care facilities are part of the TRICARE network, however treatment of TRICARE beneficiaries is provided on a space and resource

available basis only. When choosing to use their TRICARE benefit, retirees may be authorized to receive non-service related care at participating VA medical centers, a military treatment facility (MTF) or a TRICARE network provider. Representatives are available at VA facilities to assist veterans who are eligible for TRICARE and VA health care, and VA liaisons and benefit counselors are available at many MTFs to assist veterans transferring from Defense Department to VA care.

Veterans can learn about the different financial responsibilities for TRICARE-covered services and VA benefits by contacting their TRICARE regional contractor or VA Health Benefits Service Center at 877-222-VETS. Regional contractor contact information can be found at www.tricare.mil/contactus.

- **The Defense Department is rolling out a new set of guidelines for the treatment of mild traumatic brain injury among service members in combat areas.**

  The new protocol will make head injury evaluations mandatory for service members who have been involved in incidents such as being close to explosions or blasts. In the past, service members simply decided for themselves whether to report symptoms. Moving forward, the medical staff will check everyone involved in such incidents.

  To get the incident-based protocols going, officials are using an "educate, train, track and treat" sequence. This involves:

  - Ensuring awareness at all levels in recognizing symptoms of brain injuries;
  - Training health care providers in evidence-based treatments;
  - Tracking progress to yield metrics that would show where improvements are needed.

  Researchers are looking at blast dynamics related to the direction of explosions and relationships between the magnitude of explosions in enclosed and open locations. This could help in determining ways to decrease the incidents of brain injury along with examining the nature of attacks. Research also is under way to explore psychological health and TBI.

  Part of the Defense Department's effort focuses on educating commanders and supervisors. In addition, one of the strongest initiatives in treating TBI is educating service members about the importance of sharing their symptoms, knowing what to expect for a natural recovery and developing strategies to deal with the symptoms. This has been shown repeatedly to help in decreasing symptom reporting and enhancing recovery.

- **The Department of Defense Task Force on the Prevention of Suicide will hold a meeting on April 12, 2010, in Colorado Springs, Colo.**

  The purpose of the meeting is to gather information pertaining to suicide and suicide prevention programs for members of the Armed Services. http://edocket.access.gpo.gov/2010/2010-5457.htm.

- **The Department of Defense announces that the Uniform Formulary Beneficiary Advisory Panel will meet on March 25, 2010, in Washington D.C.**

  The panel will review and comment on recommendations made to the director, TRICARE Management Activity, by the Pharmacy and Therapeutics Committee regarding the Uniform Formulary. The therapeutic classes scheduled to be reviewed include Basal Insulins and Antihemophilic Factors. The panel will also review designated newly approved drugs and drugs recommended for non-formulary placement due to non-compliance with Fiscal Year 2008, National Defense Authorization Act, Section 703. http://edocket.access.gpo.gov/2010/2010-4954.htm

Veterans Health Care News

- **The Department of Veterans Affairs (VA) has opened a national IT training center in Falling Waters, W.Va.**

  The National IT Training Academy, which opened Feb. 12, is the hub for VA's four existing regional IT training centers and three more planned to open this year. With remote virtualization capabilities, the national facility will train the trainers at the regional sites, including IT professionals working across all VA activities. The regional centers will be able to deliver training to each other simultaneously through a VA distance learning network and to train VA staff nationwide whose work involves automated data systems, including through teleconferencing with the National Academy.

  Equipped with VA's most advanced technology, the academy will educate with video conferencing and virtual desktop technology, thereby permitting more frequent training at reduced cost and the ability to reach more than 200 students at one time across the country. The new technology will also offer various presentation formats. In addition to interactive video, these include Web-based courses, on-demand recordings and live meetings.

  Desktop virtualization will permit multiple operating systems and software applications to run on a single computer.

  The IT regional training centers are classrooms in VA facilities in Arlington, Texas; Denver; Orlando, Fla.; and Washington, D.C. Future sites are in Salt Lake City and Vancouver, Wash.

- **The U.S. Veterans Affairs Office of Inspector General has launched a criminal investigation into a security breach of veterans' medical information at the Atlanta Veterans Administration Medical Center.**

  The inspector general is investigating a report that a physician assistant stored unauthorized clinical information on her personal laptop regarding veterans who were seen at one of the VA specialty clinics, according to the document.

  According to an internal document obtained by *The Atlanta Journal-Constitution*, there are reportedly two sets of patient information involved — one that includes more than 18 years of data, and another that includes up to three years of data.

  The agency has yet to determine how many veterans are affected or the degree to which the data contained personal and medical information.

  In late December, the physician assistant revealed to a VA nurse scientist that she had been recording clinical data from patient encounters on her personal laptop, the document said. The worker asked the nurse if she could use the data for "research purposes" not related to the VA.

  The nurse replied that such work was not permitted and asked the worker to destroy the data.

  "After multiple follow-up conversations and receiving no confirmation from the (physician's assistant) that she had destroyed the data, the nurse scientist notified the ... compliance officer of the issue on 2/8/10," the document said.

  The physician assistant, hired in October of 2009, resigned effective Feb. 28.

  The inspector general's office has reviewed the personal laptop and found multiple documents on the device "that appeared to have come from an unapproved research project."

- **Secretary of Veterans Affairs Eric K. Shinseki has appointed six new members to the Advisory Committee on Women Veterans, an expert panel that advises the Department of Veterans Affairs on a wide array of issues affecting women Veterans.**

  Established in 1983, the advisory committee makes recommendations to the Secretary for administrative and legislative changes. The committee members are appointed to one-, two-, or three-year terms.

  Women veterans are one of the fastest growing segments of the veterans population. There are 23 million veterans; approximately 1.8 million are women veterans. They comprise nearly 8 percent of the total veteran population and nearly 5 percent of all veterans who use VA health care services. VA estimates that by 2020 women veterans will comprise 10 percent of the veteran population.

  VA has women veterans program managers at VA medical centers and women veterans coordinators at VA regional offices to assist women veterans with health and benefits issues.

  To view a list of new members, please view: http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1868

- **On March 18, 2010, Secretary of Veterans Affairs Eric K. Shinseki announced the Department of Veterans Affairs (VA) is taking steps to make it easier for veterans to obtain disability compensation for certain diseases associated with service in the Persian Gulf War or Afghanistan.**

  Following recommendations made by VA's Gulf War Veterans Illnesses Task Force, VA is publishing a proposed regulation in the *Federal Register* that will establish new presumptions of service connection for nine specific infectious diseases associated with military service in Southwest Asia during the Persian Gulf War, or in Afghanistan on or after Sept.19, 2001.

  The proposed rule includes information about the long-term health effects potentially associated with the nine diseases: Brucellosis, Campylobacter jejuni, Coxiella burnetii (Q fever), malaria, Mycobacterium tuberculosis, Nontyphoid Salmonella, Shigella, Visceral leishmaniasis and West Nile virus.

  For non-presumptive conditions, a veteran is required to provide medical evidence that can be used to establish an actual connection between military service in Southwest Asia or in Afghanistan, and a specific disease.

  With the proposed rule, a veteran will only have to show service in Southwest Asia or Afghanistan, and a current diagnosis of one of the nine diseases. 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.

  The decision was made after reviewing the 2006 report of the National Academy of Sciences (NAS), titled, *"Gulf War and Health Volume 5: Infectious*

Diseases." The 2006 report differed from the four prior reports by looking at the long-term health effects of certain diseases determined to be pertinent to Gulf War veterans.

The 1998 Persian Gulf War Veterans Act requires the Secretary to review NAS reports that study scientific information and possible associations between illnesses and exposure to toxic agents by veterans who served in the Persian Gulf War.

Because the Persian Gulf War has not officially been declared ended, veterans serving in Operation Iraqi Freedom are eligible for VA's new presumptions. Secretary Shinseki decided to include Afghanistan veterans in these presumptions because NAS found that the nine diseases are prevalent in that country.

Last year, VA received more than one million claims for disability compensation and pension. VA provides compensation and pension benefits to over 3.8 million veterans and their beneficiaries. Presently, the basic monthly rate of compensation ranges from $123 to $2,673 to veterans without any dependents.

Disability compensation is a non-taxable, monthly monetary benefit paid to veterans who are disabled as a result of an injury or illness that was incurred or aggravated during active military service.

For more information about health problems associated with military service during operations Desert Shield, Desert Storm, Iraqi Freedom and Enduring Freedom and related VA programs go to www.publichealth.va.gov/exposures/gulfwar/ or go to www.va.gov for information about disability compensation.

Health Care News

- **The Department of Health and Human Services (HHS) has awarded $162 million to help 16 states facilitate health information exchange and advance health information technology (health IT).**

  Funded by the American Recovery and Reinvestment Act of 2009, today's awards are part of the $2 billion effort to achieve widespread meaningful use of health IT and provide use of an electronic health record by every citizen by the year 2014. Every state and eligible territory has now been awarded funds under this program.

  The health information exchange HIE awards will facilitate non-proprietary health information exchange that adheres to national standards. Health information exchange is critical to enabling care coordination and improving the quality and efficiency of health care.

  These cooperative agreements were awarded under the authority of Title XIII of ARRA, the Health Information Technology for Economic and Clinical Health (HITECH) Act which amends Title XXX of the Public Health Service Act by adding Section 3013, State Grants to Promote Health Information Technology. Section 3013 provides for the awarding of competitive grants to promote health information technology. On February 12, 2010, HHS awarded $385 million to 40 states and SDEs. The awards announced complete the awarding of cooperative agreements funded by this program.

  For a listing of the state HIE competitive agreements announced, please visit http://www.hhs.gov/news/press/2010pres/03/20100315a.html

- **The National Institutes of Health has announced a new initiative to strengthen medical education in Sub-Saharan Africa, in collaboration with the President's Emergency Plan for AIDS Relief, known as PEPFAR.**

  The program, called the Medical Education Partnership Initiative, is a joint effort of the Office of the U.S. Global AIDS Coordinator, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the Department of Defense and 19 components of NIH.

  This program is in support of PEPFAR's goal to increase the number of new health care workers by 140,000, and will also serve the related objectives of strengthening host-country medical education systems and enhancing clinical and research capacity in Africa.

  Foreign institutions and their partners in PEPFAR-supported Sub-Saharan African countries are invited to submit proposals to develop or expand models of medical education. These models are intended to contribute to the sustainability of country HIV/AIDS responses by expanding the pool of well-trained clinicians. The awards will also build the capacity of local scientists and health care workers to conduct multidisciplinary research, so that discoveries can more effectively be adapted and implemented in their communities and countries.

  The funding partners expect to award African institutions with as many as nine programmatic awards focused on PEPFAR priority areas. In addition, they plan to make six linked programmatic awards that support non-communicable diseases and priority health areas related to and beyond HIV/AIDS. Finally, the program will support one coordinating center.

  The application deadline is May 12, 2010, and awards are expected to be issued by the end of September.

  The complete Funding Opportunity Announcement, including information about how to apply, is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-10-008.html.

- **The U.S. Food and Drug Administration announced the approval of the Esteem, an implanted hearing system used to treat moderate to severe sensorineural hearing loss, a type of permanent hearing loss.**

  Sensorineural hearing loss is usually caused by genetic factors or damage to the inner ear resulting from noise, viral infections or aging. The results are reductions in perception of sounds and in the ability to understand speech.

  This differs from conductive hearing loss, which occurs when sound waves cannot transmit well through the outer or middle ear or both. Medical or surgical treatment can often restore hearing in people with a conductive hearing loss, which can be caused by earwax, fluid in the middle ear space, or a punctured eardrum.

  The Esteem system consists of external testing and programming instruments and three implantable components: a sound processor, sensor, and driver. The sensor senses vibrations from the eardrum and middle ear bones and converts these mechanical vibrations into electrical signals, which are then sent to the sound processor, which amplifies and filters the signal to compensate for the individual patient's hearing loss. The driver converts the enhanced electrical signal back to vibrations, which are then transmitted into the inner ear where they are perceived as sound.

  The system is designed to alleviate the effects of hearing loss in patients ages 18 years and older. Other criteria for the device include: stable bilateral sensorineural hearing loss, a normally functioning Eustachian tube, and normal middle ear anatomy. A patient's ability to understand speech using Esteem should be similar to that of conventional hearing aids.

  As a condition of FDA approval, Esteem manufacturer, Envoy Medical Corporation of St. Paul, Minn., must conduct two post-approval studies. In one study, Envoy must continue to follow-up on 61 subjects from the original study for five years to study safety and effectiveness. Another study of 120 newly enrolled subjects will include an evaluation of the incidence of facial paralysis at one month after implantation, and evaluate the effectiveness of Esteem five years after implantation.

- **Four of the nation's leading consumer advocate groups endorsed the Obama administration's definition of what constitutes an electronic health record, a requirement clinicians and facilities must meet to receive federal funds.**

  The Consumers Union and AARP have given their support to the proposed meaningful use rule as outlined by the Health and Human Services Department and the Centers for Medicare and Medicaid Services.

  The Consumer Partnership for eHealth, which includes the National Partnership for Women and Families, and the Pacific Business Group on Health, a coalition of companies and public sector groups that work to improve quality of care and reduce costs, also urged CMS to keep the proposed rules, arguing they will reduce medical errors and improve patient safety.

  If adopted, the rules will govern who receives federal incentive payments of up to $44,000 each for doctors and up to $2 million each for hospitals that follow the proposed meaningful use definition when establishing electronic health record systems. The subsidies are part of the economic stimulus package Congress passed in February 2009, which included about $20 billion for health information technology.

  CMS established 25 meaningful use standards and in a February letter to David Blumenthal, national health IT coordinator at HHS, the chairmen of the policy committee urged HHS and CMS to provide clinicians flexibility this year when meeting standards for deploying electronic health records.

  If HHS adopts the recommendations, health care providers will be required to meet only one of the following standards:

  - Record demographic information as structured data;
  - Report quality of care measures to the Centers for Medicare and Medicaid Services;
  - Use a computerized patient order entry system;
  - Generate and transmit prescriptions electronically.

  The comment period closed on Monday, March 15, 2010.

- **A special branch of the U.S. Court of Federal Claims established to handle claims of injury from vaccines ruled on March 12, 2010, that the vaccine additive thimerosal is not to blame for autism.**

  While expressing sympathy for the parents involved in the emotionally charged cases, the court concluded they had failed to show a connection between the mercury-containing preservative and autism.

mercury containing preservative thimerosal.

Congress designed the victim compensation program only for families whose injuries or deaths can be shown to be linked to a vaccine and that has not been done in this case.

The ruling came in the so-called vaccine court, a special branch of the U.S. Court of Federal Claims established to handle claims of injury from vaccines. It can be appealed in federal court.

The court's decision that autism is not caused by thimerosal alone follows a parallel ruling in 2009 that autism is not caused by the combination of vaccines with thimerosal and other vaccines.

More than 5,500 claims have been filed by families seeking compensation through the government's Vaccine Injury Compensation Program, and the rulings dealt with test cases to settle which if any claims had merit.

Autism is best known for impairing a child's ability to communicate and interact. Recent data suggest a 10-fold increase in autism rates over the past decade, although it's unclear how much of the surge reflects better diagnosis.

Worry about a vaccine link first arose in 1998 when a British physician, Dr. Andrew Wakefield, published a medical journal article linking a particular type of autism and bowel disease to the measles vaccine. The study was later discredited.

- **On March 18, 2010, the U.S. Food and Drug Administration (FDA) issued a final rule containing a broad set of federal requirements designed to significantly curb access to and the appeal of cigarettes and smokeless tobacco products to children and adolescents in the United States.**

  Titled *Regulations Restricting the Sale and Distribution of Cigarettes and Smokeless Tobacco to Protect Children and Adolescents*, the new rule restricts the sale, distribution, and promotion of these products to make them less accessible and less attractive to kids. Among other things, the rule prohibits the sale of cigarettes or smokeless tobacco to people younger than 18, prohibits the sale of cigarette packages with less than 20 cigarettes, prohibits distribution of free samples of cigarettes, restricts distribution of free samples of smokeless tobacco, and prohibits tobacco brand name sponsorship of any athletic, musical or other social or cultural events. The rule becomes effective on June 22, 2010.

  Enforcement of the new rule will begin once it becomes effective on June 22, 2010. FDA will work closely with states and territories to ensure that retailers comply with the rule. FDA will also work with the retail community over the coming months to educate them about the new requirements and assist them in understanding how to comply with them and help protect our children and adolescents from these addictive products.

  Manufacturers and retailers who do not comply with the rule may be subject to enforcement action.

  The rule was originally crafted in the 1990s by the Food and Drug Administration. After being set aside by the Supreme Court, it was included as a key provision of the 2009 Family Smoking Prevention and Tobacco Control Act.

  For additional information, including a copy of the final rule, fact sheets and a set of general questions and answers, please go to www.fda.gov/protectingkidsfromtobacco. This site will be updated to reflect the latest information on the rule.

- **The number of licensed registered nurses (RNs) in the United States grew to a new high of 3.1 million between 2004 and 2008, according to a report by the Health Resources and Services Administration (HRSA).**

  This increase of more than 5 percent also reflects growing diversity in the backgrounds of nurses in the United States.

  The survey found that the RN workforce is gradually becoming more diverse. In 2008, 16.8 percent of nurses were Asian, Black/African-American, American Indian/Alaska Native, and/or Hispanic; an increase from 12.2 percent in 2004. The two largest groups represented were non-Hispanic Asian (5.5 percent) and non-Hispanic Black/African- American (5.4 percent).

  Published every four years by HRSA's Bureau of Health Professions, the National Sample Survey of Registered Nurses is the preeminent source of statistics on trends over time for the nation's largest health profession. The report, *The Registered Nurse Population: Initial Findings from the 2008 National Sample Survey of Registered Nurses*, includes comparisons from eight recurring surveys, 1980 through 2008. The 2008 survey was sent to 55,171 nurses with active RN licenses, with representation from all 50 States and the District of Columbia. A final report with the complete findings will be published in summer 2010.

- **An estimated 1.7 million deaths, hospitalizations, and emergency department visits related to traumatic brain injury (TBI) occur in the United States each year, according to a report released by the Centers for Disease Control and Prevention (CDC).**

  The report, *"Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Death,"* is based on data from 2002-2006 and identifies the leading causes of TBI and incidence by age, race, and gender.

  There were 52,000 deaths and 275,000 hospitalizations annually, the report said. Almost 1.4 million, or 80 percent, of the people who sustained a TBI were treated and released from an emergency department.

  According to the report, TBIs contribute to nearly a third or 30.5 percent of injury-related deaths in the United States.

  The report also said:

  - Children from birth to 4 years of age, older adolescents aged 15 to 19 years, and adults aged 65 years and older are most likely to sustain a TBI.
  - Falls are the leading cause of TBI (35.2 percent). Rates are highest for children from birth to 4 years and for adults aged 75 years and older.
  - Among all age groups, road traffic injury is the second leading cause of TBI (17.3 percent) and results in the largest percentage of TBI-related deaths (31.8 percent).
  - In every age group, TBI rates are higher for males than for females.

  A TBI is caused by a bump, blow or jolt to the head that disrupts the normal function of the brain. TBI is an important public health issue that has far-reaching consequences impacting the daily lives of those injured as well as the lives of their families. Individuals with TBI may have short- or long-term consequences that affect thinking, perception, language, or emotions, and these consequences may not be readily apparent.

- **An ambitious plan to build a vaccine factory in the Pittsburgh area is gaining momentum with the announcement of three new partners in the University of Pittsburgh Medical Center project.**

  Battelle, IBM and Merck & Co. Inc. are partnering with the University of Pittsburgh Medical Center in the development of a first of its kind vaccine factory.

  The new partners join GE Healthcare in pursuing construction of the facility, which UPMC wants to operate in partnership with the federal government as a way to respond quickly to chemical, biological or radiological threats such as a bioterrorist attack.

  The plant would be funded by the federal government and operate as a nonprofit UPMC subsidiary. The cost of the plan had been estimated at $900 million, but recent estimates were lower. An exact figure was not available.

  21CB is the nonprofit corporation created by UPMC last year to own and operate the facility, which will create 1,000 jobs directly and up to 6,000 jobs indirectly.

  Battelle, the world's largest independent research and development organization, has agreed to provide pre-clinical research and development services, including infectious disease model development and product safety and efficacy evaluations, services that will support licensure of new vaccines and therapeutics. Battelle also will provide project management support and senior leadership.

  IBM will provide information technology that is necessary to support vaccine manufacturing processes and operations. The infrastructure will be able to handle massive amounts of data and scale quickly to changing demand.

  Drug maker Merck has agreed to provide drug development and bioprocess counsel as part of a planned consortium of other biopharmaceutical companies.

  The new partners join GE Healthcare, which announced in October 2009 that it would provide manufacturing and design and development expertise, production equipment and manufacturing processes. The new facility will be designed to produce multiple vaccines simultaneously and would be capable of quickly switching production from one vaccine to another to respond to a crisis.

- **The National Institutes of Health announced that it is creating a public database that researchers, consumers, health care providers and others can search for information submitted voluntarily by genetic test providers.**

  The Genetic Testing Registry (GTR) aims to enhance access to information about the availability, validity, and usefulness of genetic tests.

  Currently, more than 1,600 genetic tests are available to patients and consumers, but there is no single public resource that provides detailed information about them. GTR is intended to fill that gap.

  The overarching goal of the GTR is to advance the public health and research into the genetic basis of health and disease.

  The GTR project will be overseen by the NIH Office of the Director. The National Center for Biotechnology Information (NCBI), part of the National Library of Medicine at NIH, will be responsible for developing the registry, which is expected to be available in 2011. GTR genetic test data will be integrated with

Medicine at NIH, will be responsible for developing the registry, which is expected to be available in 2011. GTR genetic test data will be integrated with information in other NIH/NCBI genetic, scientific, and medical databases to facilitate the research process. This integration will allow scientists to make, more easily and effectively, the kinds of connections that ultimately lead to discoveries and scientific advances.

During the development process, NIH will engage with stakeholders — such as genetic test developers, test kit manufacturers, health care providers, patients, and researchers — for their insights on the best way to collect and display test information. In addition, other federal agencies, including the Food and Drug Administration and the Centers for Medicare and Medicaid Services, will be consulted.

More information about the Genetic Testing Registry and NCBI is available at: http://www.ncbi.nlm.nih.gov/gtr/.

Reserve/Guard

- As of March 9, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 51 to 138,166. The totals for each service are Army National Guard and Army Reserve 108,647; Navy Reserve, 6,228; Air National Guard and Air Force Reserve, 16,062; Marine Corps Reserve, 6,515; and the Coast Guard Reserve, 714. www.defenselink.mil

Reports/Policies

- **The GAO published *"Medicare Part D: Spending, Beneficiary Out-of-Pocket Costs, and Efforts to Obtain Price Concessions for Certain High-Cost Drugs,"* (GAO-10-529T) on March 17, 2010.** In this report, GAO examined Part D spending on these drugs in 2007, the most recent year for which claims data were available; how different cost-sharing structures could be expected to affect beneficiary out-of-pocket costs; how negotiated drug prices could be expected to affect beneficiary out-of-pocket costs; and information Part D plan sponsors reported on their ability to negotiate price concessions. http://www.gao.gov/new.items/d10529t.pdf

- **The GAO published *"Environmental Health: High-level Strategy and Leadership Needed to Continue Progress toward Protecting Children from Environmental Threats,"* (GAO-10-205) on Jan. 28, and released the report on March 17, 2010.** This report assesses the extent to which EPA has institutionalized consideration of children's health through strategies and priorities; key offices and other child-focused resources; and participation in interagency efforts. http://www.gao.gov/new.items/d10205.pdf

- **The Congressional Budget Office (CBO) and the staff of the Joint Committee on Taxation (JCT) published its preliminary estimate of the direct spending and revenue effects of an amendment in the nature of a substitute to H.R. 4872, the Reconciliation Act of 2010 on March 18, 2010.**

  The estimate is presented in three ways:

  - An estimate of the budgetary effects of the reconciliation proposal, in combination with the effects of H.R. 3590, the Patient Protection and Affordable Care Act (PPACA), as passed by the Senate;1
  - An estimate of the *incremental* effects of the reconciliation proposal, over and above the effects of enacting H.R. 3590 by itself;
  - An estimate of the budgetary impact of the reconciliation proposal under the assumption that H.R. 3590 is not enacted.

  The reconciliation proposal includes provisions related to health care and revenues, many of which would amend H.R. 3590. http://www.cbo.gov/ftpdocs/113xx/doc11355/hr4872.pdf

Legislation

- **H.R.4846** (introduced March 15, 2010): To authorize the Secretary of Health and Human Services to conduct programs to screen adolescents, and educate health professionals, with respect to bleeding disorders was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Carolyn McCarthy [NY-4]
- **S.3107** (introduced March 11, 2010): A bill to amend title 38 , United States Code, to provide for an increase, effective December 1, 2010, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes was referred to the Committee on Veterans' Affairs
  Sponsor: Senator Daniel K. Akaka [HI]
- **S.3114** (introduced March 15, 2010): A bill to improve communication to consumers when there is a food recall was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Kirsten E. Gillibrand [NY].
- **S.3117** (introduced March 15, 2010): A bill to strengthen the capacity of eligible institutions to provide instruction in nanotechnology was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Ron Wyden [OR]
- **S.3118** (introduced March 16, 2010): A bill to amend title 38, United States Code, to provide that monetary benefits paid to veterans by States and municipalities shall be excluded from consideration as income for purposes of pension benefits paid by the Secretary of Veterans Affairs was referred to the Committee on Veterans' Affairs.
  Sponsor: Senator John F. Kerry [MA]
- **S.3130** (introduced March 16, 2010): A bill to provide that, if comprehensive health care reform legislation provides Americans access to quality, affordable health care is not enacted by June 30, 2010, then Members of Congress may not participate or be enrolled in a Federal employees health benefits plan under chapter 89 of title 5, United States Code was referred to the Committee on Homeland Security and Governmental Affairs.
  Sponsor: Senator Michael F. Bennet [CO]
- **S.3133** (introduced March 17, 2010): A bill to provide for the construction, renovation, and improvement of medical school facilities, and other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Robert P. Casey, Jr. [PA]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **March 24, 2010**, to examine the VA Regional Office disability claims quality review methods.
- The Department of Defense Task Force on the Prevention of Suicide will hold a meeting on **April 12, 2010**, in Colorado Springs, Colo. http://edocket.access.gpo.gov/2010/2010-5457.htm.

Meetings / Conferences

- The 27th Annual Behavioral Risk Factor Surveillance System Conference will be held on **March 20–24, 2010,** in San Diego, Calif. http://www.cdc.gov/brfss/conference/index.htm
- BIT Life Sciences' 2nd World Congress of Vaccine: *Next Generation Vaccines* will be held on **March 24-26, 2010**, in Beijing, China. http://www.bitlifesciences.com/wcv2010
- The Battlefield Healthcare Conference will be held on **March 29-31, 2010**, in Tyson's Corner, Vienna, Va. www.battlefieldhealthcare.com
- The Military Medical Technology Conference will be held on **March 31 – April 2, 2010**, in Tyson's Corner, Vienna, Va. www.miltitarymedicaltechnology.com
- The 10th Annual World Vaccine Congress will be held on **April 19-22, 2010**, in Washington, D.C. http://www.terrapinn.com/2010/wvcdc/index.stm
- The 5th Annual Conference on Amygdala, Stress and PTSD will be held on **April 21, 2010**, in Bethesda Md. http://www.amygdalaconference.org/
- The Military Health Management 2010 Conference will be held on **April 26-28, 2010**, in Arlington, Va. www.MilitaryHealthManagement.com
- The 13th Annual Conference on Vaccine Research will be held on **April 26 - 28, 2010**, in Bethesda Md. http://www.nfid.org/conferences/
- The 81st Annual Scientific Meeting of the Aerospace Medical Association will be held on **May 9-13, 2010**, in Phoenix, Ariz. http://www.asma.org/meeting/
- The 15th Annual International Meeting of the American Telemedicine Association will be held **May 16-18, 2010**, in San Antonio, Texas. http://medtechiq.ning.com/events/15th-annual-international
- The Electronic Health Records Summit will be held on **May 24-26, 2010**, in Washington D.C. www.electronichealthrecordssummit.com
- The National Conference on Immunization and Health Coalitions will be held on **May 26-28, 2010,** in Chicago, Ill. http://www.ilmaternal.org/ncihc/registration.html
- The 9th National Conference on Immunization and Health Coalitions will be held on **May 26 - 28, 2010**, in Chicago, Ill. http://www.ilmaternal.org/ncihc2010.html
- The 9th Annual Optimizing Hospital Patient Flow Conference will be held on **June 9 -10, 2010**, in Chicago, Ill. www.worldrg.com/patientflow
- The Military Healthcare Convention & Conference will be held on **June 22-25, 2010**, in San Antonio, Texas. www.MilitaryHealthcareConvention.com
- The 24th International Congress and Exhibition on Computer Assisted Radiology will be held on **June 23-26, 2010**, in Geneva Switzerland. http://www.cars-int.org/
- The International Papillomavirus Conference & Clinical and Public Health Workshop is scheduled for **July 3-8, 2010**, in Montreal, Canada. http://hpv2010.org/main/
- The CDC 7th International Conference on Emerging Infectious Diseases will be held on **July 11-14, 2010**, in Atlanta, Ga. http://www.iceid.org/
- 13th Annual Force Health Protection Conference: *"Military Preventive Medicine and Public Health"* will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz.

- 13th Annual Force Health Protection Conference: *"Military Preventive Medicine and Public Health"* will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz. http://www.theconferencewebsite.com/conference-info/FHPC-2010

If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at katetheroux@fedhealthinst.org. To subscribe, please visit http://fedhealthinst.org/subscriber.cfm. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

Back issues availiable at Federal Health Update Archives.

5185 MacArthur Blvd. NW, Suite 104-656, Washington, DC 20016
(202)271-5814 postmaster@fedhealthinst.org