

## FEDERAL HEALTH UPDATE

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

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## Executive and Congressional News

- **On April 13, 2010, the U.S. Senate passed S. 3148, the TRICARE Affirmation Act.** The legislation explicitly states that TRICARE and Department of Defense non-appropriated fund (NAF) health plans meet the minimum essential coverage standard for individual health insurance required by the recently enacted health care reform law. The bill was sponsored by Virginia Senator Jim Webb. The bill was sent to the White House for the President's signature.
- **The House Armed Services Military Personnel Subcommittee held a hearing on April 13, 2010, to examine the Department of Defense Medical Centers of Excellence (CoE).** Dr. Charles Rice, performing the duties of the assistant secretary of defense for health affairs, and the service surgeons general testified about the impact the existing CoEs have on improving care for service members; the high expectations for future CoEs; and the current challenges of creating a governance model for each center.
- **On April 15, 2010, the Senate passed H.R. 4851, the Continuing Extension Act of 2010.** This legislation provides an \$18 billion short-term extension of unemployment benefits. The measure also extends the COBRA program, which allows individuals to continue to receive the health insurance they had from a former employer — and delays a 21 percent cut in Medicare reimbursements to doctors.
- **The Senate Appropriations Subcommittee on Military Construction and Veterans Affairs and Related Agencies held a hearing on April 15, 2010, to examine proposed budget estimates for fiscal year 2011 for the Department of Veterans Affairs.** Veterans Affairs Secretary Eric K. Shinseki presented the President's Fiscal Year 2011 budget and Fiscal Year 2012 advance appropriations request for the Department of Veterans Affairs (VA). In his testimony, Shinseki outlined the goals of the VA to address three concerns: easier access to benefits and services; reducing the disability claims backlog and the time veterans wait before receiving earned benefits; and ending the downward spiral that results in veterans' homelessness.

## Military Health Care News

- **The 2010 International Military HIV/AIDS Conference, co-hosted by the U.S. Department of Defense and the Tanzania People's Defense Force, was held this week in Arusha, Tanzania.**

The theme of this year's conference was "Building Sustainable Capacity and Leadership to Combat the Pandemic" and brought together representatives from approximately 40 militaries.

Launched in 2003 to combat global HIV/AIDS, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the largest commitment by any nation to combat a single disease in history. DoD implements PEPFAR programs by supporting HIV/AIDS prevention, treatment, and care, strategic information, human capacity development, and program and policy development in host militaries and civilian communities of more than 70 countries around the world.

Leaders from international militaries attended along with HIV/AIDS specialists, multilateral organizations, U.S. DoD/PEPFAR program managers and headquarters staff, non-governmental organizations and academia. Participants shared and learned methods to improve their HIV/AIDS programs and increase their capacity to provide effective and sustainable programs.

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

Among active-duty soldiers in March, there were 13 (11 active Army; one Army National Guard; one Army Reserve) potential suicides: one (active Army) has been confirmed as suicide, and 12 (10 active Army; one Army National Guard; one Army Reserve) remain under investigation. For February, the Army reported 14 potential suicides (11 active Army; one Army National Guard; two Army Reserve) among active-duty soldiers. Since the release of that report, two of those (two active Army) have been confirmed as suicides, and 12 (nine active Army; one Army National Guard; two Army Reserve) remain under investigation.

During March, among reserve-component soldiers who were not on active duty, there were eight (eight Army National Guard; no Army Reserve) potential suicides: none has been confirmed; all eight remain under investigation. For February, among that same group, there were eight (six Army National Guard; two Army Reserve) potential suicides. Of those, five (three Army National Guard; two Army Reserve) were confirmed as suicides and three (three Army National Guard) are pending determination of the manner of death.

For reference, the Army's total for 1st Quarter Calendar Year 2009 was 53 for active-duty and 23 for not-on-active-duty. For 1st Quarter Calendar Year 2010, the totals were 39 for active-duty and 32 for not-on-active-duty.

- **United Concordia, administrator of the TRICARE Dental Program, is sponsoring a prize giveaway for April's Month of the Military Child.**

Children of active duty, Reserve and National Guard service members are eligible for the drawings if they are enrolled in the TRICARE Dental Program. The children may enter the Web-based random drawings for gift certificates worth up to \$300, which can be used at any of the services' exchanges.

There will be first (\$300), second (\$150) and third (\$50) place winners in four age groups (up to age 17) from the TRICARE North, South and West regions in the United States, and in the TRICARE Eurasia-Africa, and Latin America and Canada regions overseas.

Go to [www.tricare dentalprogram.com](http://www.tricare dentalprogram.com) for a link to the drawing's sign-up page.

Parents or legal guardians must submit entries for their children by midnight Eastern Standard Time on April 28. Only one entry is allowed per child. Winners will be announced on the TDP Web site, [www.tricare dentalprogram.com](http://www.tricare dentalprogram.com), on May 27.

- **TRICARE Management Activity published a final rule in the April 9, 2010, *Federal Register*, which implements section 1097c of Title 10, United States Code, as added by section 707 of the John Warner National Defense Authorization Act for Fiscal Year 2007, Public Law 109-364.**

This law prohibits employers from offering incentives to TRICARE-eligible employees to not enroll or to terminate enrollment in an employer-offered Group Health Plan (GHP) that is or would be primary to TRICARE. Benefits offered through cafeteria plans that comport with section 125 of the Internal Revenue Code will be permissible as long as the plan treats all similarly situated employees eligible for benefits the same and does not illegally take TRICARE eligibility into account. TRICARE supplemental insurance plans, because they are limited to TRICARE beneficiaries exclusively, are generally impermissible. Properly documented non-employer contributed TRICARE supplemental plans, however, are allowed.

The new rule is effective June 18, 2010.

## Veterans Health Care News

- **A \$14-million cooperative venture between the U.S. Air Force Academy and the Department of Veterans Affairs, funded by the Department of Defense and VA's Joint Incentive Fund, will bring much-needed ambulatory surgical care to veterans in southern Colorado.**

Medical procedures for urology, ophthalmology, orthopedics, ear, nose and throat and general surgery are scheduled to commence for veterans May 1. Medical staff from the Academy and the VA will work together as one team.

The VA will provide seven registered nurses, two technicians, three nurse anesthetists and surgeons. They will join the Academy's 19 active-duty surgeons, plus Academy nurses and technicians, and the joint operation will also include services to families.

Previously such services were limited to facilities in Denver, and veterans from southern Colorado were forced to travel to Denver for surgical care as well as for the procedures themselves. The new program will alleviate long waits for procedures.

Before the 10th Medical Group underwent changes under the 2005 Base Realignment and Closure, the facility had five operating rooms available, but two were converted for other uses. With the expansion of services to veterans, those two rooms will once again be used for their original intended purpose.

Veteran medical services at the downtown VA facility will continue, and the VA will verify eligibility and make referrals for ambulatory surgical services.

The cooperative venture will also provide additional overlap for all surgical care.

- **The Department of Veterans Affairs (VA) announced it is hiring 2,300 people to support local VA benefits offices where veterans' claims are processed.**

The new hires do not directly decide veterans' claims, but they are involved in general office administrative work supporting the professional adjudicators making compensation or pension decisions or processing changes in Veterans benefits. This frees the more highly trained personnel to spend more time on their core activities.

VA expects the additional staffing will reduce the time it takes VA to process claims, meaning veterans will receive benefits more quickly than they would otherwise.

The Recovery Act provided \$150 million for the program to hire and train the new staffers. VA has hired 500 new staff members as permanent employees. While Recovery Act funding for the temporary employees will expire in September 2010, the 2011 President's budget includes funds to retain or replace these employees on a permanent basis and to hire more than 2,000 additional new processors.

## Health Care News

- **Improvements in patient safety continue to lag, according to the 2009 *National Healthcare Quality Report* and *National Healthcare Disparities Report* issued by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality.**

Very little progress has been made on eliminating health care-associated infections (HAIs), according to a new section in the 2009 quality report. In addition, there was no change in the number of bloodstream infections associated with central venous catheter placements, which are tubes placed in a large vein in the patient's neck, chest or groin to give medication or fluids or to collect blood samples. However, rates of postoperative pneumonia improved by 12 percent.

The report found that although rates are improving incrementally, blacks, Hispanics, Asians, and American Indians are less likely than whites to receive preventive antibiotics before surgery in a timely manner.

AHRQ's annual quality and disparities reports, which are mandated by Congress, were first published in 2003. The reports show trends by measuring health care quality for the nation using a group of credible core measures. The data are based on more than 200 health care measures categorized in four areas of quality: effectiveness, patient safety, timeliness, and patient-centeredness.

The 2009 reports include a new section on lifestyle modifications, because preventing or reducing obesity is a crucial goal for many Americans and an important task for health care providers. The reports found:

- One-third of obese adults have never received advice from their doctor about exercise.
- Obese adults who are black, Hispanic, poor or have less than a high school education are less likely to receive diet advice from their doctor.
- Most overweight children and one-third of obese adults report that they have not been told by their doctor that they are overweight.
- Most American children have never received counseling from their health care provider about exercise, and almost half have never received counseling about healthy eating.

The reports also indicate that the lack of health insurance slows improvement in health care quality and reduction of disparities. For many services, not having insurance is the single strongest predictor of poor quality care, exceeding the effects of race, ethnicity, income or education.

The quality and disparities reports are available online at <http://www.ahrq.gov/qual/qdr09.htm>.

- **The Agency for Healthcare Research and Quality recently released a [set of recommendations](#) urging health IT vendors to focus on the needs of consumers when developing electronic health record systems, [Government Health IT reports](#).**

According to the report, health IT tools should help consumers manage their health information from multiple sources.

The report recommends that health IT vendors conduct more research to help them develop tools that are more useful to consumers and allow patients to control access to their personal health information. In addition, vendors should assess health IT system design and usability among different segments of the patient population, according to the report.

The report also urges health IT developers to experiment with applications that can be used with common technologies, such as cable TV, mobile phones and social networking Web sites.

- **The Department of Labor's Employment and Training Administration is [soliciting applications](#) from organizations interested in creating and implementing an online platform aimed at improving access to health care opportunities, including health IT-related jobs.**

The 2009 federal economic stimulus package includes \$13.2 million in grant funding for the online platform.

The grants will be awarded in two categories:

- Healthcare Virtual Career Platform.
- Enhancing the Ability of Community- and Faith-Based Organizations To Deliver Virtual Career Exploration Services, Including Health Care Careers.

Under the first category, ETA will award one grant worth up to \$6.6 million to establish and manage an HVCP. Eligible applicants include private not-for-profit organizations with a nationally focused mission.

ETA plans to award the grants by June 30, and the grant start date is expected to be July 1.

- **Although the number of U.S. residents using personal health records has more than doubled since 2008, usage rates remain relatively low at seven percent, according to a [survey released](#) by the California HealthCare Foundation.**

Lake Research Partners conducted the survey of about 1,850 U.S. residents in December 2009 and January 2010.

When asked about the most useful elements of PHRs, researchers found that:

- 64 percent of respondents said they appreciate the ability to check whether their health data is correct;
- 57 percent said they like using PHRs to look at test results; and
- 50 percent said they value the ability to contact their health care providers.

The survey found that younger, highly educated individuals with higher incomes are more likely to use PHRs.

However, researchers noted that low-income people with less education and multiple chronic conditions are likely to reap greater benefits from the technology. The survey also found that 40 percent of people without access to PHRs expressed interest in using such tools.

When non-PHR users were asked about how they would like to access a PHR:

- 58 percent cited their health care provider;
- 50 percent cited their health plan;
- 36 percent cited Medicare or another government group;
- 35 percent cited a not-for-profit organization;
- 25 percent cited a third-party organization such as Google or Microsoft; and
- 25 percent cited their employer.

The survey also found that 68 percent of respondents expressed concerns about medical privacy in PHRs. However, among those who use PHRs, 47% said that they are "not too worried" about their data privacy while 11 percent said they were "very worried."

Michael Perry, partner at Lake Research Partners, added that 66 percent of respondents said privacy concerns should not hinder efforts to adopt new technology designed to improve care.

## Reserve/Guard

- As of March 30, 2010, the total number of Guard and Reserve currently on active duty has **increased** by 128 to 134,637. The totals for each service are Army National Guard and Army Reserve 104,270; Navy Reserve, 6,432; Air National Guard and Air Force Reserve, 16,777; Marine Corps Reserve, 6,443; and the Coast Guard Reserve, 715. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- The Institute of Medicine (IOM) published a consensus report, "Future Directions for the National Healthcare Quality and Disparities Reports," on April 14, 2010.** In this report, IOM provides the Agency for Healthcare Research and Quality (AHRQ) recommendations on how to improve its annual National Healthcare Quality Report (NHQR) and the National Healthcare Disparities Report (NHDR). <http://www.iom.edu/Reports/2010/Future-Directions-for-the-National-Healthcare-Quality-and-Disparities-Reports.aspx>
- The Institute of Medicine (IOM) published a summary of the October 2009 Forum on the Future of Nursing: Acute Care on April 14, 2010.** The forum focused on quality and safety, technology and interdisciplinary collaboration in acute care; and offered new strategies to allow nurses to provide higher-quality care. <http://www.iom.edu/Reports/2010/A-Summary-of-the-October-2009-Forum-on-the-Future-of-Nursing-Acute-Care.aspx>
- The Institute of Medicine (IOM) published "Gulf War and Health: Volume 8. Health Effects of Serving in the Gulf War," on April 9, 2010.** In 2008, the IOM began an update to look at existing health problems and identify possible new ones, considering evidence collected since the initial summary in 2006. In this report, the IOM determines that Gulf War service causes post-traumatic stress disorder (PTSD) and that service is associated with multi-symptom illness; gastrointestinal disorders such as irritable bowel syndrome; alcohol and other substance abuse; and anxiety disorders and other psychiatric disorders. <http://www.iom.edu/Reports/2010/Gulf-War-and-Health-Volume-8-Health-Effects-of-Serving-in-the-Gulf-War.aspx>

## Legislation

- H.R.4993** (introduced April 13, 2010): To amend title XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare Program was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.  
Sponsor: Representative Allyson Y. Schwartz [PA-13]
- H.R.4995** (introduced April 13, 2010): To restore the American people's freedom to choose the health insurance that best meets their individual needs by repealing the mandate that all Americans obtain government-approved health insurance was referred to the Committee on Ways and Means, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.  
Sponsor: Representative Ron Paul [TX-14]
- H.R.4999** (introduced April 13, 2010): To amend the Internal Revenue Code of 1986 to repeal the mandate that individuals purchase health insurance referred to the House Committee on Ways and Means.  
Sponsor: Representative Scott Garrett [NJ-5]
- H.R.5000** (introduced April 13, 2010): To amend the Employee Retirement Income Security Act of 1974 to ensure health care coverage value and transparency for dental benefits under group health plans was referred to the House Committee on Education and Labor.  
Sponsor: Representative Robert E. Andrews [NJ-1]
- H.R.5014** (introduced April 14, 2010): To clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage was referred to the House Committee on Ways and Means.  
Sponsor: Representative Bob Filner [CA-51]
- H.R.5025** (introduced April 14, 2010): To amend the Public Health Service 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 Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.  
Sponsor: Representative Patrick J. Kennedy [RI-1]
- S.3192** (introduced April 12, 2010): A bill to amend title 38, United States Code, to provide for the tolling of the timing of review for appeals of final decisions of the Board of Veterans' Appeals, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Arlen Specter [PA]
- S.3199** (introduced April 14, 2010): A bill to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Olympia J. Snowe [ME]
- S.3201** (introduced April 14, 2010): A bill to amend title 10, United States Code, to extend TRICARE coverage to certain dependents under the age of 26 was referred to the Committee on Armed Services  
Sponsor: Senator Mark Udall [CO]

## Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **April 22, 2010**, to examine VA's fiduciary program: and how VA can better protect vulnerable veterans and their families.
- The House Veterans Affairs Committee will hold a hearing on **April 29, 2010**, to examine status of veterans Small Businesses.
- The House Veterans Affairs Committee will hold a hearing on **May 5, 2010**, to examine health effects of the Vietnam War.
- The Senate Veterans Affairs Committee will hold a hearing on **May 5, 2010**, to examine Veterans Affairs (VA) Disability Compensation, focusing on presumptive disability decision-making.
- The Senate Veterans Affairs Committee will hold a hearing on **May 19, 2010**, to review pending legislation.

## Meetings / Conferences

- 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](http://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 7th Annual Nutrition & Health Conference will be held on **May 10-12, 2010**, in Atlanta, Ga. <http://www.nutritionandhealthconf.org/>
- 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 2009 National Influenza Vaccine Summit will be held on **May 17-19, 2009**, in Scottsdale, Ariz. <http://www.preventinfluenza.org/nivs.asp>
- The 6th Annual World Health Care Congress Europe 2010 will be held on **May 19-20, 2010**, in Brussels Belgium. <http://www.worldcongress.com/events/HR10015/index.cfm>
- The Electronic Health Records Summit will be held on **May 24-26, 2010**, in Washington D.C. [www.electronichealthrecordssummit.com](http://www.electronichealthrecordssummit.com)
- The 9th National Conference on Immunization and Health Coalitions will be held on **May 26 - 28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/nchc2010.html>
- The 9th Annual Optimizing Hospital Patient Flow Conference will be held on **June 9 - 10, 2010**, in Chicago, Ill. [www.worldrg.com/patientflow](http://www.worldrg.com/patientflow)
- The 2010 America's Health Insurance Plans (AHIP) Institute's *Embracing Our Common Humanity* will be held on **June 9-11, 2010**, in Las Vegas, Nev. <http://www.ahip.org/links/institute2010/>
- The Military Healthcare Convention & Conference will be held on **June 22-25, 2010**, in San Antonio, Texas. [www.MilitaryHealthcareConvention.com](http://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 are 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/>
- The 8th Annual Health Care Quality Congress (HCQ 2009) will be held on **Aug. 2-4, 2010**, in Boston Mass. <http://www.worldcongress.com/events/HL10025/>
- 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/>
- National Conference on Health Statistics will be held **Aug. 16-18, 2010**, in Washington, D.C. <http://www.cdc.gov/nchs/events/nchs.htm>
- The 2010 Advanced Technology Applications for Combat Casualty Care (ATACCC) Conference will be held **Aug. 16-19, 2010**, in St. Pete Beach, Fla. <https://www.atacc.org/>

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*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](mailto:katetheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.*

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