

FEDERAL HEALTH UPDATE

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Executive and Congressional News

- **On April 21, 2010, President Barack Obama announced his intent to nominate Jonathan Woodson as assistant secretary of defense for health affairs.**

Dr. Jonathan Woodson is currently associate professor of surgery and associate dean at Boston University School of Medicine and a senior attending vascular surgeon at the Boston Medical Center. He chairs the Boston University Medical Center Institutional Review Board for Human Research. He is also an adjunct assistant professor of surgery at the Uniformed Services University of the Health Sciences.

Woodson holds the rank of brigadier general in the Army Reserve and has supported several Army Medical Department missions, including Advanced Trauma Life Support Training (for active and reserve forces), military-civilian medical programs in Central America, and air medical evacuation missions in Central America. Dr. Woodson currently is assigned as assistant surgeon general for Reserve Affairs, Force Structure and Mobilization in the Office of the Surgeon General and also serves as deputy commander of the Army Reserve Medical Command.

His prior military assignments include deployments to Saudi Arabia (Operation Desert Storm), Kosovo, Operation Enduring Freedom and Operation Iraqi Freedom. He has also served as a senior medical officer with the National Disaster Medical System, under which he responded to the September 11 attack in New York City. Woodson's military awards and decorations include the Legion of Merit, the Bronze Star Medal, and the Meritorious Service Medal (with oak leaf cluster). Woodson is a graduate of the City College of New York and New York University School of Medicine.

- **On April 20, 2010, the House passed S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009.** This legislation amends title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans. This aid for caregivers would cost about \$1.7 billion over five years. The legislation would permit the Department of Veterans Affairs to expand its assistance to family members of veterans generally and calls for seven days of post-delivery care for female veterans' newborns and more accessible healthcare for veterans living in rural areas.

- **On April 14, 2010, Senator Mark Udall of Colorado, joined by Senators Mark Begich of Alaska, Claire McCaskill of Missouri and Barbara Mikulski of Maryland, introduced a bill extending TRICARE coverage for dependent children of active duty service members and retirees until age 26.**

The TRICARE Dependent Coverage Extension Act expands the TRICARE benefit to mirror the benefits offered to civilian families through recent health insurance reform legislation, which was signed in March. Separate legislation is necessary because the Department of Defense health insurance program for military service members, retirees, and their families is governed by a different section of the U.S. Code than civilian health care programs. The senators' bill is a companion to one introduced in the U.S. House of Representatives by Congressman Martin Heinrich of New Mexico.

TRICARE currently covers children to age 21, or 23 if they are full-time college students.

- **On April 19, 2010, President Obama nominated Dr. Donald Berwick to be administrator of the Centers for Medicare and Medicaid Services (CMS).**

Dr. Berwick currently serves as president and CEO of the Institute for Healthcare Improvement and is a professor at Harvard Medical School and the Harvard School of Public Health. He is also a pediatrician, adjunct staff in the Department of Medicine at Boston's Children's Hospital and a consultant in pediatrics at Massachusetts General Hospital.

A graduate of Harvard College, Dr. Berwick holds a Master in Public Policy degree from the John F. Kennedy School of Government. He received his medical degree from Harvard Medical School.

- **The Military Officers Association of America (MOAA) presented its highest annual awards to four U.S. legislators, three organizations that support military people and their families, and two congressional staff members in a ceremony on April 20, on Capitol Hill.**

MOAA's Board of Directors gave the awards to Senators Blanche Lincoln (D-AR), Ben Nelson (D-NE), and Richard Burr (R-NC), Rep. John Carter (R-TX), TriWest Healthcare Alliance, The Pease Greeters, and Our Military Kids, Inc., and two professional congressional staffers, Tony McClain and Chris Alsop.

MOAA is an independent, nonprofit association for active duty, National Guard, Reserve, retired and former military officers and their families and survivors. The association annually recognizes individuals or organizations that strongly support military men and women and their families.

MOAA has awarded the Marix and Distinguished Service Awards since 1997. The congressional staff member award began in 2000. To view details of the awards, please visit: http://www.moaa.org/multimedia/multimedia_release/multimedia_release_archive/multimedia_release_2010archive/multimedia_release_100421.htm

Military Health Care News

- **The U.S. Navy hospital ship Mercy will depart its home port on May 1 for Asia and a series of humanitarian missions this summer.**

The ship, along with a contingent of military medical, dental and engineering personnel and civilian volunteer specialists, will travel to Vietnam, Cambodia, Indonesia and Timor-Leste as part of the U.S. Pacific Fleet's "Pacific Partnership 2010" mission, 3rd Fleet officials in San Diego announced. Along with Mercy, two other Navy ships, which officials did not name, will join in humanitarian civic assistance missions in Palau and Papua New Guinea.

The 894-long, 69,000-ton ship is a former oil tanker that was converted into a floating hospital. It is equipped with a helicopter flight deck, specialized laboratories, 12 operating rooms, an 80-bed intensive-care unit and enough beds to house 1,000 patients.

- **TRICARE Management Activity announced that it has extended the Enhanced Access to Autism Services Demonstration to March 14, 2012.**

The demonstration allows reimbursement for applied behavior analysis (ABA) rendered by providers (tutors) who are not otherwise eligible to be reimbursed by TRICARE for ABA services.

Providers of ABA collect data on a child's behavior and use that information to teach the child positive behaviors while suppressing harmful or undesired ones and improve their social and communication skills.

The demonstration is open to beneficiaries in the United States and the District of Columbia who are registered in TRICARE's Extended Care Health Option (ECHO) and diagnosed with an ASD. For more information about ECHO, please visit: www.tricare.mil/ECHO. To learn more about the Enhanced Access to Autism Services Demonstration, please visit www.tricare.mil/autismdemo.

- **This week, Secretary of Defense Robert M. Gates announced that President Obama has nominated:**

- Army Col. Nadja Y. West, for appointment to the rank of brigadier general. West is currently serving as commander, Womack Army Medical Center, Fort Bragg, N.C.
- Army Col. Ming T. Wong, for appointment to the rank of major general. Wong is currently serving as commander, U. S. Army Dental Command, Fort Sam Houston, Texas.
- Navy Reserve Rear Adm. (lower half) Donald R. Gintzig for appointment to the rank of rear admiral. Gintzig is currently serving as deputy commander, Navy Medicine West/deputy commander, force integration, San Diego, Calif.

- **The Department of Defense (DoD) announced a meeting of the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces will be held on May 11, 2010, in Arlington Va.**

The agenda includes briefings from various speakers addressing multiple aspects of suicide prevention in the United States and the relevance of that information on suicide prevention efforts within the Armed Forces. For more information, please visit <http://edocket.access.gpo.gov/2010/2010-9063.htm>

- **The Department of Defense (DoD) published a notice in the *Federal Register* providing the updated Continued Health Care Benefit Program (CHCBP) premiums for Fiscal Year 2011.**

Effective for services on or after Oct. 1, 2010, quarterly CHCBP Premiums for Fiscal Year 2011 are: \$988 for individuals, and \$2,213 for families. The above premiums are effective for services rendered for both existing and new enrollees.

- **To get a better handle on traumatic brain injury, the Defense Department is developing databases to track cases to aid diagnosis and treatment.**

Vice Adm. Adam Robinson, the Navy surgeon general, told the House Armed Services Subcommittee on Military Personnel on April 13 that the Navy has generated a spreadsheet for the Marine Corps to record blast injuries. Marines who have suffered three concussions from blasts — which on the surface might not seem to have caused brain damage — are required to undergo neurological examination, Robbins told lawmakers at the hearing.

Field surgeons use the spreadsheet to identify Marines who have sustained possible battlefield concussions to ensure appropriate evaluations and follow-up care. The spreadsheet also helps identify Marines who sustained a concussion, but did not seek medical care.

In addition, the Marine Corps plans to develop a non-medical database for field commanders to better identify which of their troops have been exposed to concussive events. The system will be integrated with Navy medical systems to advance the research and treatment of traumatic brain injury, he said.

Air Force Col. Michael Jaffee, director of the Defense and Veterans Brain Injury Center, said there has been a shift in how the Department of Defense (DoD) tracks brain injuries in combat, moving from self-reporting to an incident-based tracking system. The department plans to release a policy on the new approach in the coming months.

DoD aims to merge operational information with medical data in a single database to track and identify traumatic brain injuries. This would take information from a battlefield incident — such as a mine-resistant ambush-protected vehicle hitting a mine — and correlating it with the personnel on board, along with their medical evaluations. DoD hopes this type of database will help identify personnel who could have sustained a blast injury versus those who sustained injury by hitting their head on the wall of the vehicle.

DoD also uses data compiled by the National Football League to study the effect of impact on the brain, Jaffee said. Football players can experience G forces of 100 Gs from a hit to the head, more than 10 times the force an *F-15 fighter pilot* experiences coming out of a dive, he said.

DoD's Blast Injury Research Program Coordinating Office at the Army Medical Research and Materiel Command at Fort Detrick, Md., is evaluating information from helmet sensors worn by 5,000 soldiers and 2,000 Marines in Iraq and Afghanistan from March 2008 to March 2009. The Army recorded 600 blast events from internal helmet sensors and more than 500 from external sensors, downloading the data to a secure database for review.

Veterans Health Care News

- **Health Net Federal Services, LLC, announced it has been re-awarded a contract by the VA Southern Nevada Healthcare System (VASNHS).**

The contract requires Health Net to provide primary health care, women's services, preventive care and chronic disease management services to veterans enrolled in the Department of Veterans Affairs (VA) Community Based Outpatient Clinic (CBOC) located in Henderson, Nev.

The clinic currently serves approximately 5,500 enrolled veterans in the Henderson community located near Las Vegas.

Health Net has partnered with the VASNHS to deliver individualized, patient-centered primary care at the Henderson clinic since 1998. Services provided at the clinic include preventive care, health screenings, immunizations, diagnosis and treatment, appropriate specialist referral and follow-up, diabetes and weight management programs. The Henderson clinic also provides support for VASNHS mental health professionals.

For more information about Health Net's VA Programs, visit the company's Web site at www.hnfs.net/va.

- **The Department of Veterans Affairs has approved a \$17.1 million grant for the new 120-bed Tucson State Veterans Home in Arizona.**

The grant will cover 65 percent of the total costs for the \$26.4 million facility.

Last year, VA spent more about \$2.1 billion on behalf of the state's 560,000 veterans. VA operates major medical centers in Phoenix, Prescott and Tucson, as well as two dozen outpatient clinics and Vet Centers.

For more information about the Arizona state Veterans homes, contact the Arizona Department of Veterans Services or visit www.azdvs.gov.

- **The Department of Veterans Affairs (VA) celebrates National VA Research Week on April 26-30, 2010.**

For 85 years, the VA has been conducting medical research to help veterans and all Americans live healthier lives.

VA, which has the largest integrated health care system in the country, also has one of the largest medical research programs. This year, nearly 3,400 researchers will work on more than 2,300 projects, funded by nearly \$1.9 billion.

For more information, please visit: <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1887>

- **The Department of Veterans Affairs has approved \$24.2 million in grants for new North Carolina state veterans homes in Kinston and Swannanoa**

The grants will cover 65 percent of the total costs for both 100-bed facilities. In Swannanoa, VA has approved a \$13.5 million grant with Recovery Act funds for the new veterans home. In Kinston, VA's grant using Recovery Act funds totals \$10.7 million.

VA has targeted \$1.4 billion in Recovery Act funds to a wide range of issues affecting veterans, from improvements in state cemeteries and the installation of energy-saving infrastructure in VA medical centers to the hiring of extra staff to process veterans' claims for VA benefits.

Last year, VA spent more nearly \$3.4 billion on behalf of the North Carolina's 770,000 veterans. VA operates major medical centers in Asheville, Durham, Fayetteville and Salisbury, plus 11 outpatient clinics, five Vet Centers and four national cemeteries.

For more information about state benefits for veterans, contact the North Carolina Division of Veterans Affairs at www.doa.state.nc.us/vets.

- **The Department of Veterans Affairs has awarded \$20.2 million to install solar energy systems at 18 VA medical centers.**

The solar projects are projected to be operational by September 2010 at 18 facilities in eight states and American Samoa. The solar energy projects will increase use of renewable energy sources. The solar cell installations will have a total capacity of 3,020 kilowatts.

VA is using crystalline silicon modules for its solar panels. Feasibility studies determined that using crystalline silicon was the best option for all of the facilities. These solar panels will be installed on roof tops or carports, or be ground-mounted, depending on the facility.

VA is conducting solar feasibility studies at 31 additional facilities using Recovery Act funding.

To view the list of VA Facilities Receiving Solar Panels, please visit: <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1889>.

- **In support of ongoing renewable energy initiatives, the Department of Veterans Affairs (VA) has conducted studies evaluating the potential use of renewable fuels in energy plants supplying 38 VA medical centers around the country.**

The studies were completed in January 2010 for the 38 medical centers, located in 15 states and Puerto Rico. VA selected these sites based on factors including availability of renewable fuels, energy plant characteristics and local utility rates.

The findings will help VA determine the ideal locations for renewably fueled energy plants, while ensuring cost savings in the long run.

Renewable fuels under consideration include methane gas from landfills (biogas) and agricultural waste such as decaying trees and landscape waste, scrap wood and wheat or corn stalks (biomass).

Along with renewable fuels, the studies assessed the potential for updating VA's existing energy plants to incorporate combined heat and power, or cogeneration technologies. Cogeneration is an energy-efficient system that simultaneously produces electricity and steam, hot water or chilled water. VA already has a renewably fueled cogeneration system at the Mountain Home VA Medical Center in Johnson City, Tenn., which uses waste methane that is produced from a local municipal landfill.

Health Care News

- **The Certification Commission for Health Information Technology has named Karen Bell, M.D., as its new chair, effective immediately. She succeeds the retiring Mark Leavitt, M.D.**

Bell most recently served as senior vice president of health information services at Masspro, the quality improvement organization of Massachusetts. She previously served in several positions within the HHS Office of the National Coordinator for Health Information Technology, including director of the office of health information technology adoption and acting deputy of ONC.

A graduate of Tufts University School of Medicine in Boston with experience as an internal medicine practitioner, Bell also has served as division director for the quality improvement group in the office of standards and quality at HHS, and medical director at Blue Cross Blue Shield of Rhode Island, among other positions.

Leavitt will provide assistance during a transition period. Alisa Ray will remain as executive director at CCHIT. More information is available at cchit.org.

- **The *Washington Post* reports that most Social Security and other federal benefits payments will be made by direct deposit by 2013.**

The decision will eliminate about 136 million paper checks sent by the Social Security Administration, Department of Veterans Affairs, Railroad Retirement Board and Office of Personnel Management.

The switch is part of a broader plan to shift away from paper-based payments and transactions, and it will require businesses using Federal Tax Deposit coupons to move to electronic tax payments. The Treasury also plans to cut the purchase of paper savings bonds through payroll sales. The plans should save taxpayers about \$400 million in processing, postage and paper costs in the first five years.

Americans who enroll on or after March 1, 2011, for benefits payments will receive them by direct deposit or be enrolled in the government's [Direct Express Debit MasterCard](#) program if they do not provide bank account information. Beneficiaries now receiving payments will switch to direct deposit or the debit card by March 1, 2013, after agencies inform them of the changes, Treasury said.

Prior efforts at mandating direct payments have failed because the government had not established the debit card program for people who don't have bank accounts.

- **The U.S. Food and Drug Administration launched the Center for Devices and Radiological Health (CDRH) Transparency Web site.**

The new Web site will provide information about medical device and radiation-emitting product regulatory processes and decisions, and summaries of data that provide the rationale for agency actions. It is part of an ongoing effort within CDRH, across the FDA and across the Department of Health and Human Services to enhance public communication and transparency. CDRH's previous site provided information about approved products, industry guidance, medical device safety and adverse event reports. On the new Web site, this and additional information are displayed in a more user-friendly format.

The site includes information related to the following topics:

- Pre-market submissions for approved and cleared products – summaries of FDA's review of the documents and data that companies submit to FDA when requesting clearance or approval to market a new or improved device, and the systems FDA uses to evaluate these submissions
- Post-market performance and safety – documents and data describing how well devices perform after they are on the market, and information about how FDA monitors medical device safety
- Compliance and enforcement – official actions that FDA has taken in response to problems with devices or device companies
- Science and research - research programs at CDRH or sponsored by CDRH
- Educational resources – information to help industry and others understand CDRH requirements and processes
- CDRH performance data – metrics about CDRH programs

The site also features a searchable Total Product Life Cycle database, which integrates premarket and post-market medical device information from multiple data sources into a single snapshot. It also includes a feedback feature that will allow FDA to collect input and suggestions from the public about the information provided

In the coming months, FDA will expand the CDRH Transparency Web site to include premarket approval and clearance reviews.

- **A new report by Express Scripts quantifies the hidden health care costs of very common behaviors related to prescription drugs, such as forgetfulness and procrastination, estimating the annual wasteful spending at \$163 billion.**

The [Express Scripts 2009 Drug Trend Report](#) measures changes in drug spending on a year-to-year basis and details the costly effects of irrational behaviors on pharmacy-related costs. Express Scripts, one of the nation's largest pharmacy benefit managers, has produced the *Drug Trend Report* for each of the past 14 years.

The Express Scripts 2009 Drug Trend Report creates a set of personas, such as Robert the Loyalist, to illustrate common behaviors that contribute to the billions wasted each year. Express Scripts is the first company to apply behavioral science to address health care challenges that individuals, policymakers and employers have faced for years.

According to the report, if every individual's behavior relating to prescription drugs were addressed, the U.S. could achieve savings that in five years would cover the projected costs of the recently passed national health care reform legislation.

The \$163 billion in wasteful spending results from three key factors:

- \$106 billion from medical costs of non-adherence to therapy.
- \$51 billion in missed opportunities related to lower-cost medication alternatives, both brand and generic.
- \$6 billion in missed opportunities related to lower-cost options for delivery of medications.

The 2009 Drug Trend Report is the first to link spending to both market forces and behavioral factors. Overall, drug spending for the United States increased 6.4 percent in 2009, reversing a pattern of lower increases in previous years, the report says. Market forces drove trend up by 8.3 percent, while behavior drove down trend by nearly 2 percent.

For example, within traditional prescription drugs, Express Scripts clients saved \$1.4 billion through the increased use of generics and lower-cost brands. More than half of that savings, \$790 million, came from Express Scripts' behavior-centric programs in partnership with clients. Those savings were over and above some market factors that also helped hold down spending, such as the expiration of branded patents, which allows development of lower-cost generic drugs.

Through the lens of behavior, Express Scripts also has broken down the behavior-related waste by therapy class. For example, more than one-third of the annual spend (35.5 percent) on high cholesterol medication could be saved with better behavior.

Other notable trends found in the Drug Trend Report include that diabetes is the top driver of total cost increases in the traditional drug sector because of growth in utilization and cost per prescription. Spending for drugs used to treat viral infections increased by approximately 25 percent, primarily because of increased prevalence of use in agents used to treat influenza.

- **A National Institutes of Health work group released a report highlighting 11 key categories of diseases and other health consequences that are occurring or will occur due to climate change.**

The report, [A Human Health Perspective on Climate Change](#), provides a starting point for coordination of federal research to better understand climate's impact on human health. The recommendations of the working group include research to identify who will be most vulnerable, and what efforts will be most beneficial.

The white paper highlights the state-of-the-science on the human health consequences of climate change on:

- Asthma, respiratory allergies, and airway diseases
- Mental health and stress-related disorders
- Cancer
- Neurological diseases and disorders
- Cardiovascular disease and stroke
- Waterborne diseases
- Foodborne diseases and nutrition
- Weather-related morbidity and mortality
- Heat-related morbidity and mortality
- Vectorborne and zoonotic diseases (like malaria, which can be transmitted from animals to humans)
- Human developmental effects

The report also examines a number of cross-cutting issues for federal research in this area, including susceptible, vulnerable, and displaced populations; public health and health care infrastructure; capacities and skills needed; and communication and education efforts.

The ad hoc Interagency Working Group on Climate Change and Health was formed following a 2009 Institute of Medicine Roundtable on Environmental Health Sciences, Research, and Medicine meeting on climate change. Led by Christopher Portier, Ph.D., from NIEHS, membership of the working group also includes representatives from the National Institutes of Health Fogarty International Center, the U.S. Department of Agriculture, the U.S. Department of State, the White House Office of Science and Technology Policy, and the U.S. Department of Health and Human Services, with support and input from the U.S. Global Change Research Program and others.

- **On April 19, 2010, the Centers for Medicare & Medicaid Services (CMS) proposed the fiscal year (FY) 2011 policies and payment rates for inpatient services furnished to people with Medicare coverage by both acute care hospitals and long-term care hospitals.**

The proposals, published in the [Federal Register](#), are intended to ensure that Medicare pays appropriately for high quality, efficient and safe inpatient care. The proposed rule does not address inpatient hospital related provisions of the recently enacted Patient Protection and Affordable Care Act, as amended by the Health Care and Education Affordability Reconciliation Act (collectively referred to as the Affordable Care Act). CMS expects to provide further information on the implementation of health care reform provisions in these laws that affect FY 2010 and FY 2011 IPPS payments in the near future.

CMS is proposing to update acute care hospital rates by 2.4 percent for inflation, a slight increase over the FY 2010 inflation rate, and apply an adjustment of -2.9 percentage points to recoup one-half of the estimated excess spending in FY 2008 and 2009 aggregate payments, due to changes in hospital coding practices that did not reflect increases in patients' severity of illness. Under legislation passed in 2007, CMS is required to recoup the entire amount of FY 2008 and 2009 excess spending from changes in hospital coding practices by FY 2012. CMS estimates that payments to general acute care hospitals under the proposed rule for operating expenses in FY 2011 will decline by 0.1 percent, or \$142 million, compared with FY 2010, and taking into account all factors that would affect spending.

CMS is similarly proposing to update long-term care hospital (LTCH) rates by 2.4 percent for inflation and apply an adjustment of -2.5 percentage points for the estimated increase in spending in FYs 2008 and 2009 due to documentation and coding that did not reflect increases in patients' severity of illness. Based on these two proposed provisions and other proposed changes, CMS estimates that payments to LTCHs would increase by 0.8 percent or \$41 million.

The projected inflation updates for both types of hospitals may be revised in the final rule based on more recent data.

The proposed rule would apply to approximately 3,500 acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), and approximately 420 long-term care hospitals paid under the Long-Term Care Hospital Prospective Payment System (LTCH PPS), beginning with discharges occurring on or after Oct. 1, 2010.

CMS will accept comments on this proposed rule until June 18, and will respond to them in a final rule to be issued by Aug. 1, 2010.

- **The U.S. Food and Drug Administration announced draft guidance that would expand transparency and disclosure when the agency grants a conflict of interest waiver to permit an individual's participation at an FDA advisory committee meeting.**

The draft guidance would expand the information disclosed about waivers prior to committee meetings. Specifically, the FDA proposes to post online the name of the company or institution associated with the financial interest along with the type of conflict of interest.

Scientific advisory committees provide expert advice on significant scientific, technical, and policy matters to assist in the FDA's mission to protect and promote the public health. The committees provide advice on specific regulatory decisions, such as product approvals, and general policy matters, including regulations and guidance.

At times, the FDA believes it is appropriate to seek advice from experts who are top authorities in specific areas and who may have conflicts of interest.

FDA Commissioner Margaret Hamburg listed three steps, consistent with existing agency policy, to minimize concerns when needed experts may have a conflict of interest

- Consideration of the nature of the conflict of interest, recognizing that not all conflicts are created equal. For example, an academic researcher whose institution receives grants from an affected company but who does not personally participate in the studies has a more tangential relationship to the conflict than the researcher who conducts studies for the company directly.
- Consideration of the type of advice to be provided by the advisory committee. A waiver may be more appropriate for a meeting about a policy issue affecting a class of entities or products than for a meeting focusing on approval of a specific product.
- Justification of waiver recommendations with a description of the search for equally expert advisors without conflicts and an explanation of why the individual's participation is needed to afford the advisory committee essential expertise.

Reserve/Guard

- As of April 20, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,688 to 132,949. The totals for each service are Army National Guard and Army Reserve 102,469; Navy Reserve, 6,272; Air National Guard and Air Force Reserve, 16,991; Marine Corps Reserve, 6,386; and the Coast Guard Reserve, 831. www.defenselink.mil

Reports/Policies

- **The GAO published "Poorly Performing Nursing Homes: Special Focus Facilities Are Often Improving, but CMS's Program Could Be Strengthened," (GAO-10-197) on April 19, 2010.** In this report, the GAO determines the factors states consider in selecting SFFs and how SFFs differed from other nursing homes; evaluates CMS regional office and state adherence to program guidance and the program's impact on homes' performance; and identifies other strategies that have been used to improve poorly performing homes. <http://www.gao.gov/new.items/d10197.pdf>
- **The Institute of Medicine released "Strategies to Reduce Sodium Intake in the United States," on April 20, 2010.** In this report, the IOM estimates that population-wide reductions in sodium could prevent more than 100,000 deaths annually. IOM concludes that reducing sodium content in food requires new government standards for the acceptable level of sodium. Manufacturers and restaurants need to meet these standards so that all sources in the food supply are involved. The goal is to slowly, over time, reduce the sodium content of the food supply in a way that goes unnoticed by most consumers as individuals' taste sensors adjust to the lower levels of sodium. <http://www.iom.edu/Reports/2010/Strategies-to-Reduce-Sodium-Intake-in-the-United-States.aspx>
- **The Institute of Medicine released "Student Mobility: Exploring the Impacts of Frequent Moves on Achievement," on April 16, 2010.** This report is a summary of a joint National Research Council/IOM committee workshop in which participants examined how many children are affected by frequent moves between homes and schools; how these moves affect them and what problems moving may cause; and how policymakers and educators can help these children learn and grow. <http://www.iom.edu/Reports/2010/Student-Mobility-Exploring-the-Impacts-of-Frequent-Moves-on-Achievement.aspx>
- **The GAO published "VA's Fiduciary Program: VA Plans to Improve Program Compliance and Policies, but Sustained Management Attention is Needed," (GAO-10-635T) on April 22, 2010.** This report found that VA did not always take required actions to monitor fiduciaries within established time frames or document in the beneficiary's case file that these actions were taken. <http://www.gao.gov/new.items/d10635t.pdf>

Legislation

- **H.R.5033** (introduce April 15, 2010): To authorize the Secretary of Health and Human Services to carry out programs to provide youth in racial or ethnic minority or immigrant communities the information and skills needed to reduce teenage pregnancies was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Lucille Roybal-Allard [CA-34].
- **H.R.5040** (introduce April 15, 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]
- **H.R.5044** (introduce April 15, 2010): To provide for enhanced penalties to combat Medicare and Medicaid fraud, a Medicare data-mining system and biometric technology pilot program, and a GAO study on Medicare administrative contractors 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 Ron Klein [FL-22]
- **H.R.5045** (introduce April 15, 2010): 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 House Committee on Veterans' Affairs.
Sponsor: Representative John H. Adler [NJ-3]
- **H.R.5054** (introduce April 15, 2010): To prohibit the Internal Revenue Service from hiring new employees to enforce the federal government's invasion into the health care lives of American citizens was referred to the House Committee on Ways and Means.

- Sponsor: Representative J. Randy Forbes [VA-4].
- **H.R.5064** (introduce April 16, 2010): 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 House Committee on Veterans' Affairs.
Sponsor: Representative John H. Adler [NJ-3]
 - **H.R.5066** (introduce April 20, 2010): To prohibit the hiring of additional employees by the Internal Revenue Service to implement, administer, or enforce health insurance reform was referred to the House Committee on Ways and Means.
Sponsor: Representative John Fleming [LA-4]
 - **H.R.5073** (introduce April 20, 2010): To repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 and enact the OPTION Act of 2009 was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, Appropriations, the Judiciary, Natural Resources, House Administration, and Rules, 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 Paul C. Broun [GA-10]
 - **H.R.5090** (introduce April 21, 2010): To amend the Richard B. Russell National School Lunch Act to promote the health and well-being of schoolchildren in the United States through effective local wellness policies, technical assistance, training, and support for healthy school foods, nutrition promotion and education, and for other purposes was referred to the Committee on Education and Labor, and in addition to the Committee on the Budget, 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 Jared Polis [CO-2]
 - **H.R.5106** (introduce April 21, 2010): To direct the Secretary of Defense to establish a commission on urotrauma was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 Zachary T. Space [OH-18]
 - **S.3211** (introduce April 15, 2010): A bill to amend title XVIII of the Social Security Act to improve access to diabetes self-management training by designating certain certified diabetes educators as certified providers for purposes of outpatient diabetes self-management training services under part B of the Medicare Program was referred to the Committee on Finance.
Sponsor: Senator Jeanne Shaheen, [NH]
 - **S.3216** (introduce April 15, 2010): A bill to amend title XVIII of the Social Security Act to ensure Medicare beneficiary access to physicians, to ensure equitable reimbursement under the Medicare program for all rural States, and to eliminate sweetheart deals for frontier States was referred to the Committee on Finance.
Sponsor: Senator Chuck Grassley [IA]
 - **S.3220** (introduce April 15, 2010): A bill to amend the Employee Retirement Income Security Act of 1974 and the Public Health Service Act to provide parity under group health plans and group health insurance coverage for the provision of benefits for prosthetics and custom orthotics and benefits for other medical and surgical services was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Olympia J. Snowe [ME]
 - **S.3223** (introduce April 19, 2010): A bill to amend the Employee Retirement Income Security Act of 1974 and the Public Health Service Act to provide parity under group health plans and group health insurance coverage for the provision of benefits for prosthetics and custom orthotics and benefits for other medical and surgical services was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Olympia J. Snowe [ME]
 - **S.3239** (introduce April 21, 2010): A bill to repeal unwarranted provisions from the Patient Protection and Affordable Care Act and to more efficiently use taxpayer dollars in health care spending was referred to the Committee on Finance.
Sponsor: Senator Russell D. Feingold [WI]

Hill Hearings

- 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 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 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://medtechq.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
- 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 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
- 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://hpx2010.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/>
- The 9th International Rotavirus Symposium will be held **Aug. 2-3, 2010**, in Johannesburg, South Africa. <http://www.rotavirus2010.com>
- 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/>

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/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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