

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

- The House and Senate will be in recess until June 7, 2010.
- **On May 25, 2010, the House passed H R 3885, the Veterans Dog Training Therapy Act.** This legislation directs the Secretary of Veterans Affairs to carry out a pilot program for assessing the effectiveness of addressing post-deployment mental health and post-traumatic stress disorder symptoms through a therapeutic medium of assistance dog training and handling for veterans with disabilities. It also requires such program to be carried out at Department of Veterans Affairs (VA) medical centers that can provide training areas for such purposes.
- **On May 25, 2010, the House passed H R 5145, the Assuring Quality Care for Veterans Act.** This legislation authorizes the Secretary of Veterans Affairs (VA) to reimburse any full-time board-certified health professional (under current law, physician or dentist) appointed to the VA for continuing professional education expenses incurred, up to \$1,600 per year (under current law, \$1,000).
- **On May 24, 2010, the House passed H R 1017, the Chiropractic Care Available to All Veterans Act.** This legislation amends the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 to require a program under which the Secretary of Veterans Affairs provides chiropractic care and services to veterans through Department of Veterans Affairs (VA) medical centers and clinics to be carried out at: (1) no fewer than 75 medical centers by December 31, 2010; and (2) all medical centers by December 31, 2012.
- **The AAFP, AARP, the American College of Physicians, the American Osteopathic Association and the Military Officers Association of America held a press conference on May 27, 2010 urging Congress to pass H.R. 4213, the American Jobs and Closing Tax Loopholes Act.** This legislation would provide a positive update in the Medicare physician payment rate. Without congressional intervention, physicians face a 21.3 percent reduction in the Medicare payment rate on June 1. For more information, please visit: <http://www.aafp.org/online/en/home/publications/news/news-now/government-medicine/20100526sgprpressconf.html>

Military Health Care News

- **The Department of Defense (DoD) has put in place a groundbreaking new policy that assigns responsibilities and instructions to specific department components for the military's planning and provision of medical support in international stability operations.**

Stability operations are humanitarian relief missions that the military conducts outside the U.S. in pre-conflict, conflict and post-conflict countries, disaster areas or underdeveloped nations, and in coordination with other federal agencies, allied governments and international organizations. Such missions can include reestablishing a safe environment and essential services, delivering aid, transporting personnel, providing direct health care to the population, mentoring host country military medical personnel and helping nations rebuild their health infrastructure.

Improving local medical capacity can in turn help stabilize governments and produce healthier populations. The new policy elevates the importance of such military health support in stability operations, called Medical Stability Operations (MSOs), to a DoD priority that is comparable with combat operations.

The International Health Division (IHD), within DoD's Office of Force Health Protection & Readiness (FHP&R), crafted the new policy, which is referred to as DoD Instruction 6000.16 and was officially signed into department policy by Under Secretary of Defense for Personnel and Readiness Dr. Clifford L. Stanley on May 11. DoDI 6000.16 is available at <http://www.dtic.mil/whs/directives/corres/pdf/600016p.pdf>.

The new instruction directs the MHS to prepare to establish and maintain the health sector capacity and capability of other countries when the local population, international or U.S. civilian agencies cannot do so, and to support and collaborate closely with other U.S. departments, foreign governments and security forces, nongovernmental and regional organizations.

The instruction also makes it incumbent upon DoD health care personnel to practice within their medical privileges and scope of practice when performing care on other populations. For instance, IHD officials said that when DoD physicians provide care in short-term medical assistance missions they should consider what sustainable sources of appropriate follow-up care are available to patients through local doctors or NGOs if further treatment may be needed, and make an effort to ensure those provisions are in place after they leave.

The Assistant Secretary of Defense for Health Affairs (ASD/HA) will be responsible for identifying DoD-wide MSO capabilities and gaps and recommending priorities for the department to address them; ensuring MHS research and development programs address MSO capabilities and are integrated into DoD's acquisition activities; establishing health standards of care and technical supervision for MSOs; collecting and examining MSO best practices to formulate further policy guidance; and developing measures of effectiveness to evaluate progress in achieving MSO goals.

- **A new 72,000-square-foot center for treatment of service members and veterans diagnosed with traumatic brain injury and psychological health conditions will open June 24 at National Naval Medical Center in Bethesda, Md.**

The National Intrepid Center of Excellence, to be funded by private donations, is a project of the Intrepid Fallen Heroes Fund, a nonprofit organization begun by the Fisher family for supporting service members and their families.

The family is well known in the military community for its Fisher Houses, which provide low- or no-cost lodging for families of wounded or injured service members undergoing medical treatment or rehabilitation.

Thousands of Americans have contributed to the \$65 million effort, with donations ranging from a few dollars to a \$3 million gift from TV personality Bob Barker. Donations also have come from corporate and nonprofit organizations.

The funds have helped build and equip the center; it will now be turned over to the Defense Department to operate.

The center is designed to provide the latest treatments for wounded warriors with traumatic brain injury and/or psychological health conditions. The center also will conduct research, test new treatments and provide comprehensive training and education to patients, providers and families.

Long-term follow-up care will be provided to ensure that "once soldiers separate from the military, they do not separate from whatever continued treatment they need.

Information about improvements in screening, diagnosis, and treatment will be provided to the military and Veterans Affairs Department medical facilities across the country.

- **According to the Wausau Daily Herald, as a result of Aetna's loss of the TRICARE Region North contract, WPS Health Insurance lost its part as a subcontractor to process health benefit claims for millions of military personnel.**

The federal Government Accountability Office this month ruled that insurer Aetna Government Health Plans, which initially won the \$17 billion contract in July

The Federal Government's responsibility under the contract that would have been awarded to WPS, should have been excluded from the bidding process because of an unfair competitive advantage.

WPS will continue to support the TriWest Healthcare Alliance to process claims for the TRICARE Region West contract for TriWest, which administers the contract.

- **Naval Medical Center San Diego (NMCS) Mental Health Department in close consultation with the Naval Center for Combat and Operational Stress Control, instituted the Psychological Health Pathways (PHP) program to improve mental health care for service members who have served in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).**

The PHP program implemented in August 2009 streamlines, standardizes and manages the treatment of service members returning from combat zones who need mental health services. The PHP program provides a wide range of services to service members to include: assessing their mental health symptoms and needs, recommending appropriate comprehensive evidenced based treatments, and tracking patient progress in treatment through case management meetings and via a trauma registry to ensure active duty and discharged veterans have follow-up care at new commands.

Service members requiring mental health care, receive a comprehensive and standardized assessment that identifies a wide range of potential services. Then a case manager, mental health provider and the service member collaborate to determine the ideal treatment or combination of evidenced based treatments for the individual.

Once the service member starts to receive treatment, progress is tracked closely by the highly trained and licensed PHP program staff, who continuously tracks the service member's progress towards treatment goals.

Numerous advanced mental health treatments are available at NMCS to include: Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Prolonged Exposure therapy (PE), medication management and comprehensive substance abuse treatment.

Due to the large number of returning combat veterans in need of treatment, the PHP program hired additional social workers and registered nurse case managers, in March 2010, which provides full service psychological case management for returning veterans.

For more information on NMCS's Mental Health Department please visit: <http://www.med.navy.mil/sites/nmcsd/Patients/Pages/MedicalServices/MentalHealthServices.aspx>

Veterans Health Care News

- **Humana Veterans Healthcare Services announces its 2010 sponsorship of Rolling Thunder XXIII held Memorial Day Weekend, May 28-30 in Washington, D.C.**

Rolling Thunder is an annual event to raise awareness and support for Veterans, including prisoners of war (POW) and those missing in action (MIA). This year's event expects to draw over 400,000 Veterans to Washington, D.C. paying tribute to America's war heroes.

Members of Rolling Thunder will ride motorcycles and participate in various events held throughout the city, including:

- Candlelight vigil at the Vietnam Veterans Memorial
- Wreath laying ceremony at the U.S. Navy Memorial
- Salute of Troops on the National Mall in front of the Lincoln Memorial

Incorporated in 1995, Rolling Thunder is a non-profit organization with over 88 chartered chapters in North America, Australia, and Europe. The organization assists in promoting legislation regarding POW/MIA, Veteran affairs, and continues to raise awareness with Veteran health issues with Immature Disability Disorder (IDD) and Post Trauma Stress Disorder (PTSD). Members also provide financial aid, food, clothing and other essentials to Veterans, homeless Veterans and Veterans' families in need.

- **The 24th National Veterans Golden Age Games, the largest annual sports competition of its kind in the world, is being held in Des Moines, Iowa, May 26-31.**

Events at the National Veterans Golden Age Games are open to all U.S. military veterans age 55 or older who receive care at a VA medical facility. The games give participants the opportunity to compete in ambulatory, visually-impaired and wheelchair divisions, according to their ages. Events include swimming, cycling, bowling, croquet, air rifle, golf, shuffleboard, horseshoes, discus and shot-put, among several others.

The games are designed to improve the quality of life for older veterans, including those with a wide range of abilities and disabilities. Through a partnership with the National Senior Games Association, which is a member of the U.S. Olympic Committee, the event serves as a qualifier for participants in the National Senior Games, which take place every two years.

The Golden Age Games are co-sponsored by VA, Help Hospitalized Veterans (HHV) and the Veterans Canteen Service (VCS). This year's event is hosted by the VA Central Iowa Healthcare System in Des Moines and the Sierra Pacific Healthcare System in Mare Island, Calif.

For more information about the National Veterans Golden Age Games, log onto the game's Web site at www.veteransgoldenagegames.va.gov.

Health Care News

- **The Centers for Medicare and Medicaid Services published a proposed rule in the [Federal Register](#) to streamline credentialing processes for physicians and other practitioners providing telemedicine services.**

The rule will revise Medicare conditions of participation, which also pertain to the Medicaid program, for hospitals and critical access hospitals.

All comments must be received no later than 5 p.m. on July 26, 2010.

- **The Food and Drug Administration (FDA) and the National Institutes of Health (NIH) launched a new Web site that, when fully developed, will provide a mechanism for the reporting of pre- and post-market safety data to the federal government.**

Currently the Web site can be used to report safety problems related to foods, including animal feed, and animal drugs, as well as adverse events occurring on human gene transfer trials. Consumers can also use the site to report problems with pet foods and pet treats.

The new site, called the Safety Reporting Portal (SRP), provides greater and easier access to online reporting.

The new Web portal includes different features for different types of reporting:

- **Reportable Food Registry:** Industry will have a more user-friendly electronic portal for submitting reportable food reports that are required by law. This electronic portal collects reports from the food industry and public health officials regarding problems with articles of food, including animal feed, that present a reasonable probability of causing serious adverse health consequences or death to humans or animals.
- **Pets:** Pet owners and veterinarians will be able to use the portal to report product problems with pet foods and pet treats.
- **Animal drugs:** Animal drug manufacturers can report adverse drug events associated with animal drugs.
- **Clinical Trials:** Biomedical researchers involved in human gene transfer clinical trials can report an adverse event, indicating whether it might be an unanticipated consequence of the product being tested. Trial sponsors can use the portal to prepare a report, print it and send it to the agency to satisfy reporting requirements for investigational new drugs.

In the future, the system will encompass other types of clinical trials and, eventually, safety problems arising from products regulated by a broad array of federal agencies. This is a first step toward a common electronic reporting system that will offer one-stop shopping, allowing an individual to file a single report to multiple agencies that may have an interest in the event.

- **The Food and Drug Administration (FDA) has cleared the Simplex Influenza A H1N1 (2009), a test for the 2009 H1N1 influenza Virus in patients with signs and symptoms of respiratory infection.**

Until this clearance, tests for 2009 H1N1 Influenza were only available through an Emergency Use Authorization (EUA), which allows the FDA, based on the evaluation of available data, to authorize the use of unapproved or uncleared medical products or unapproved or uncleared uses of approved or cleared medical products, during the time a declaration of emergency is in effect.

On April 26, 2009, the U.S. Department of Health and Human Services declared a public health emergency due to the 2009 H1N1 Influenza Virus. EUAs for devices will cease to be effective when the public health emergency declaration expires.

Using specimens from nasal swabs or nasal aspirates, the Simplex Influenza A H1N1 (2009) test simultaneously amplifies and detects two regions of the influenza virus genome and an internal control. A positive result indicates that the patient is infected with the 2009 H1N1 influenza virus, but the test does not indicate the stage of infection. A negative result does not preclude influenza virus infection.

The United States experienced its first wave of 2009 H1N1 Influenza Virus in the spring of 2009, followed by a second wave in the fall. The U.S. Centers for

The United States experienced its first wave of 2009 H1N1 influenza virus in the spring of 2009, followed by a second wave in the fall. The U.S. Centers for Disease Control and Prevention estimates that between 43 million and 88 million cases of 2009 H1N1 occurred between April 2009 and March 13, 2010.

The Simplexa Influenza A H1N1 (2009) test is manufactured by Focus Diagnostics Inc. in Cypress, Calif.

- **The U.S. Food and Drug Administration (FDA) is collaborating [Drugs.com](#) to expand access to the FDA's consumer health information.**

Drugs.com seeks to provide patients with information to better manage their own health care and to assist in the reduction of medication errors. It attracts more than 12 million unique visitors each month.

The FDA's partnership with Drugs.com will provide consumers with a joint resource on the Drugs.com site featuring FDA Consumer Update articles, videos, and slideshows. The partnership will also provide access to FDA health information on Drugs.com's mobile phone platform.

The complete terms and components of the partnership with Drugs.com are described in a Memorandum of Understanding published in the May 26, 2010, [Federal Register](#).

- **Many states do not have the policy or environmental measures in place to help their residents meet the recommended levels of physical activity to promote health, according to a report released by the Centers for Disease Control and Prevention.**

The [State Indicator Report on Physical Activity 2010](#) includes data about individual behaviors related to physical activity, as well as the presence or absence of physical features and policies that can make being physically active either easy or hard to do.

The report looks at community access to parks or playgrounds, community centers, and sidewalks or walking paths in neighborhoods. The data showed substantial limits to the number of parks and other areas where physical activity would be convenient.

According to the report, only 20 percent of blocks have parks within a half mile of their boundaries, and only 17 percent of blocks have a fitness or recreation center within that distance.

The report also noted that only 17 percent of the nation's high school students say they get at least an hour of physical activity each day, the minimum recommended for this age group.

One underlying reason for adolescents' sedentary lifestyles may be the lack of easy ways for youth to be physically active in their communities and schools. Only 50 percent of young people reported having access to parks, playgrounds, community centers, and sidewalks that make physical activity convenient.

The report also finds that schools and childcare centers cannot be counted on as a place where young people can get the physical activity they need during the week. Only eight states require children to be engaged in moderate or vigorous physical activity in their licensed, regulated child care centers. Only 20 states require or recommend scheduled recess for elementary students, while 37 states require elementary, middle and high schools to teach physical education.

Reserve/Guard

- As of May 25, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 2,005 to 129,061. The totals for each service are Army National Guard and Army Reserve 96,849; Navy Reserve, 6,280; Air National Guard and Air Force Reserve, 18,451; Marine Corps Reserve, 6,647; and the Coast Guard Reserve, 834. www.defenselink.mil

Reports/Policies

- **The GAO published "[Herbal Dietary Supplements: Examples of Deceptive or Questionable Marketing Practices and Potentially Dangerous Advice](#)," (GAO-10-662T) on May 26, 2010.** In this report, the GAO examined whether sellers of herbal dietary supplements are using deceptive or questionable marketing practices and whether selected herbal dietary supplements are contaminated with harmful substances. http://www.gao.gov/new_items/d10662t.pdf
- **The GAO published "[Food Safety: FDA Has Begun to Take Action to Address Weaknesses in Food Safety Research, but Gaps Remain](#)," (GAO-10-182R) on May 24, 2010.** This report focuses on FDA's progress in addressing selected recommendations identified by the Science Board; incorporation of scientific and risk analysis into its oversight of the accuracy of food labeling, fresh produce, and the safety of dietary supplements; and a new computer screening tool that may improve its efforts to screen imports using a risk-based approach. http://www.gao.gov/new_items/d10182r.pdf
- **The GAO published "[Nursing Homes: Some Improvement Seen in Understatement of Serious Deficiencies, but Implications for the Longer-Term Trend Are Unclear](#)," (GAO-10-434R) on May 27, 2010.** The GAO examined the surveys conducted by CMS to determine missed deficiencies, which can occur when a state surveyor fails to cite a deficiency altogether, or cases where state surveyors cite deficiencies at too low a level. http://www.gao.gov/new_items/d10434r.pdf

Legislation

- **H.R.5385** (introduced May 25, 2010): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish a toll-free hotline to assist mental health professionals at institutions of higher learning, to provide training to mental health professionals at institutions of higher learning, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Christopher P. Carney [PA-10].
- **H.R.5392** (introduced May 25, 2010): To establish a Council on Integration of Health Care Education, to provide for implementation of the recommendations of the Council, and for other purposes was referred to the Committee on Energy and Commerce, 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 Patrick J. Kennedy [RI-1]
- **H.R.5417** (introduced May 26, 2010): To amend titles XIX and XVIII of the Social Security Act, as amended by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, with respect to payment of disproportionate share hospitals (DSH) under the Medicare and Medicaid programs 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 Eddie Bernice Johnson [TX-30]
- **S.3401** (introduced May 24, 2010): A bill to provide for the use of unobligated discretionary stimulus dollars to address AIDS Drug Assistance Program waiting lists and other cost containment measures impacting State ADAP programs was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Richard Burr [NC]
- **S.3407** (introduced May 25, 2010): A bill to improve the quality of care in nursing homes, help families make informed decisions, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Russell D. Feingold [WI]
- **S.3413** (introduced May 25, 2010): A bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries was referred to the Committee on Finance.
Sponsor: Senator Russell D. Feingold [WI]
- **S.3414** (introduced May 25, 2010): A bill to ensure that the Dietary Supplement Health and Education Act of 1994 and other requirements for dietary supplements under the jurisdiction of the Food and Drug Administration are fully implemented and enforced, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Tom Harkin [IA]
- **S.3415** (introduced May 25, 2010): A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to the importation of prescription drugs and to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Russell D. Feingold [WI]
- **S.3418** (introduced May 25, 2010): A bill to amend the Public Health Service Act to specifically include, in programs of the Substance Abuse and Mental Health Services Administration, programs to research, prevent, and address the harmful consequences of pathological and other problem gambling, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jeff Merkley [OR]
- **S.3425** (introduced May 26, 2010): A bill to amend title 10, United States Code, to require the provision of behavioral health services to members of the reserve components of the Armed Forces necessary to meet pre-deployment and post-deployment readiness and fitness standards, and for other purposes was referred to the Committee on Armed Services.
Sponsor: Senator Patty Murray [WA]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **June 9, 2010**, to examine the U.S. Department of Veterans Affairs Office of Inspector General's open recommendations.

- The House Veterans Affairs Committee will hold a hearing on **June 10, 2010**, to mark-up pending legislation.
- The Senate Veterans Affairs Committee will hold a hearing on **June 16, 2010**, to examine veterans' claims processing, focusing on if current efforts are working.

Meetings / Conferences

- 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://hvp2010.org/main/>
- The International Society for Infectious Diseases Neglected Tropical Diseases Meeting will be held on **July 8-10, 2010**, in Boston, Mass. <http://www.isid.org/>
- 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/>
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept. 23, 2010**, in Washington D.C. www.hjf.org/symposium
- The 6th Annual World Healthcare Innovation and Technology Congress (WHIT v.6.0) will be held **Nov. 8-10, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10010/>

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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