

## FEDERAL HEALTH UPDATE

Jul 23, 2010

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

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## Executive and Congressional News

- **Congress passed H.R. 4213, the Promoting American Jobs, Closing Tax Loopholes and Preventing Outsourcing Act, without any COBRA extension.** U.S. workers who lost their jobs as of June 1 won't be eligible for the 65 percent federal COBRA subsidy because that provision and other assistance programs were stripped from the jobless bill because of concerns about how to pay for them. It was sent to the White House for the President's signature.

## Military Health Care News

- **The Department of Defense (DoD) announced the resumption of a restructured military spouse career advancement account program — MyCAA — following a comprehensive review.**

The program will be available to spouses of service members in the pay grades of E1-E5, W1-W2 and O1-O2 beginning October 25 at 8 a.m. EDT.

Amongst the changes, eligible spouses will receive a total of \$4,000 in DoD-funded financial aid, with an annual cap of \$2,000 per fiscal year; funding must be used within a three-year time period from the start date of the first class; and funding must be used to obtain an associates' degree, licensure or certification. A waiver may be granted when fees for licensure or certification require an up-front fee greater than \$2,000 and up to the total maximum assistance of \$4,000.

Under the long-term program guidelines, career counselors will continue to work with all military spouses to help develop career and education goals and plans, and assist them in identifying and accessing available federal education benefits toward these goals.

More information can be found on the MyCAA Web site: <https://www.militaryonesource.com/MOS/FindInformation/Category/MilitarySpouseCareerAdvancement/Accounts.aspx>.

- **Lt. Col. Mary Patricia King, primary care manager, Chosen Battery, Warrior Transition Brigade, has been selected as the U.S. Army Warrior Transition Command's 2010 primary care manager of the year.**

Charged with the care of 150 to 200 wounded warriors at any given time, King is known for her tough love approach when reaching out to struggling warriors.

Since arriving at Walter Reed in June 2008, King has served as co-chair of the Walter Reed Army Medical Center Sole Provider Committee, chair of the Warrior Clinic's Quality Assurance program, and has twice completed the 110-mile "Faces of America" bike ride to bring attention to wounded warrior programs across the United States, indicative of her commitment to warrior care.

In King's nomination, WTB commander Col. James C. Larsen wrote, "Lt. Col. King has consistently handled the most complicated and medically challenging warrior cases with utmost care, compassion and dedication, daily living the Warrior Ethos."

- **According to the Army Times, researchers at the Armed Forces Health Surveillance Center found that service members tend to have higher rates of melanoma, brain, non-Hodgkin lymphoma, breast, prostate and testicular cancers than civilians.**

The study, which looked at 10 years' worth of cancer data, also found interesting differences across the services. Airmen are more likely to suffer skin cancer than other service members, for example, while sailors are the most likely to have lung cancer. Coast Guardsmen have the highest rates of testicular cancer, while Marines tend to have the lowest cancer rates overall.

Military researchers say the rates have remained stable for all cancers except for cervical and testicular.

Researchers expected to see more cases related to tobacco smoking because 31 percent of service members smoke, compared to 20 percent of civilians. However, "lung cancer cases related to current tobacco smoking may not be clinically apparent until affected members leave active service," researchers said.

The highest rates were for breast cancer. Service women ages 20 to 24 were diagnosed with breast cancer at a rate of 2.5 per 100,000, compared to civilians who were diagnosed at a rate of 1.5 per 100,000. Those numbers greatly increased for service women as they aged. Military women ages 35 to 39 were diagnosed at a rate of 77.3 per 100,000, compared to civilians who were diagnosed at a rate of 59.3 per 100,000.

While military personnel are younger and healthier than civilians, the researchers pointed out that service members have unlimited access to health care, as well as required annual exams, so they may be diagnosed more frequently and at younger ages than civilians.

But that doesn't completely explain disparities among the services, such as why Marines — who have access to the same health care as members of other branches — have significantly lower rates of these cancers than either their military peers or civilians.

This was the first report to look cancer rates in all services. Another recent study conducted by K. Zhu at the U.S. Military Cancer Institute at Walter Reed Army Medical Center compared data from the Defense Department's Automated Central Tumor Registry and from the National Cancer Institute from 1990 to 2005.

Zhu found that colorectal cancer in white troops, lung cancer in white and black male troops and white female troops, and cervical cancer in black female troops were significantly lower than similar civilian populations.

However, breast cancer and prostate cancer rates were significantly higher in both black and white troops than in civilians. Prostate cancer rates were also higher in military patients.

## Veterans Health Care News

- **On July 20, 2010, Secretary of Veterans Affairs Eric K. Shinseki announced a new contracting strategy to be known as Transformation Twenty-One Total Technology (T4), which is focused on giving veteran-owned small businesses more opportunities to support VA.**

VA will soon launch a request for proposals for an up to five-year program of multiple awards to firms that will perform as prime contractors or subcontractors to meet the full range of VA's long-term technology needs. T4 will award up to 15 prime contracts, at least four of which are reserved for service-disabled veteran-owned small businesses and three for veteran-owned small businesses.

The acquisition strategy provides greater opportunity for veteran-owned small businesses to compete as prime contractors. Over the five years, VA anticipates the program may approach \$12 billion in support of IT programs. Large firms awarded prime contracts will have very aggressive subcontracting goals for both small and veteran-owned businesses. To ensure the subcontracting goals are met, VA will have the right to reserve set-asides for those businesses at the task-order level.

T4 will be managed and administered by VA's Technology Acquisition Center in Eatontown, N.J.

Awards and results will be posted on the Web, and the goals for small businesses will be monitored aggressively. It is estimated that the T4 strategy will enable veteran-owned small businesses to receive \$800 million to \$1 billion in contracts. The strategy will also give industry greater insight into VA's total IT needs, resulting in better solutions with less risk and lower costs.

- **A wartime brain injury may increase a soldier's risk of epilepsy, even years later, according to a new study by the National Institute of Neurological Disorders and Stroke**

### Stroke and Seizure

The study found that combat veterans with a penetrating traumatic brain injury have high rates of epilepsy, with seizures becoming more severe as time passes. In addition, the development of epilepsy can occur decades after their lesion.

The report, published in the July 20 issue of *Neurology*, recommends long-term medical follow-up of soldiers who suffer brain injuries.

For the study, researchers evaluated 199 Vietnam veterans who had had a penetrating brain injury about 35 years earlier. The veterans were given intelligence tests and brain scans to uncover lesions.

The researchers found that 87 veterans had developed post-traumatic epilepsy. In 11 cases, it took more than 14 years for the epilepsy to show up. In some cases, the type of seizure changed over time, often becoming more severe or causing loss of consciousness, the team discovered.

Among young adults, post-traumatic epilepsy is the most common cause of new epilepsy, with almost 30,000 new cases diagnosed each year in the United States.

- **Standard control of a diabetic's sugar levels decreased the progression of eye disease by about one-third, according to a new study by the VA Maryland Health Care System.**

Funded by the National Institutes of Health and conducted more than 77 clinics throughout the US and Canada, the landmark study — the Action to Control Cardiovascular Risk in Diabetes (ACCORD) — included more than 10,251 patients, and of those, a subset of nearly 3,000 patients participated in the ACCORD Eye Study.

Results of the study, published in the July 15 *New England Journal of Medicine*, found none of the three treatment strategies resulted in a significant decrease in the combined rates of heart attack, stroke, or cardiovascular death compared with standard treatment. Intensive blood sugar control in conjunction with a combination of cholesterol lowering drugs called statins and fibrates, however, reduced the progression of retinopathy.

In addition to these data, results of the ACCORD Eye Study show that using a combination of lipid drug therapy reduces the progression of retinopathy by about one third.

With the growing prevalence of obesity in the U.S., heart disease and blindness associated with the trajectory of type-2 diabetes is expected to become a greater public health challenge in the coming decades, increasing the risks of heart disease, stroke, and progressive eye disease related to diabetes.

### Health Care News

- **HHS Secretary Kathleen Sebelius announced the award of \$88 million in grants to support evidence-based home visiting programs focused on improving the wellbeing of families with young children.**

Through the Maternal, Infant, and Early Childhood Home Visiting Program, nurses, social workers or other professionals meet with at-risk families in their homes, evaluate the families' circumstances and connect families help such as health care, developmental services for children, early education, parenting skills, child abuse prevention and nutrition education or assistance.

Forty-nine states, the District of Columbia, and five territories applied for and were awarded funding under this program. States and jurisdictions are conducting statewide assessments to identify existing home visiting programs and areas of high need.

The initiative is a collaboration between HRSA and the Administration for Children and Families (ACF).

Each state's governor designated the state entity to apply for and administer Home Visiting program funds on behalf of the state. The state's portion of these funds is allocated by formula based on the number of young children in families at or below 100 percent of the federal poverty level in the state as compared to the number of such children nationally. Of the federal funds provided to the states and jurisdictions, \$500,000 will be immediately available to support their needs and resource assessments and to begin planning their programs. The remainder of the grant funds will be released for use after the state or jurisdiction completes its needs assessment and, based on that needs assessment, submits an approvable plan for addressing the home visiting needs they have identified.

View the approximate funding levels [per state](#).

- **The U.S. Food and Drug Administration (FDA) has joined Tox21 collaboration.**

The Tox21 collaboration merges federal agency resources (research, funding and testing tools) to develop ways to more effectively predict how chemicals will affect human health and the environment. The collaboration was established in 2008 to develop models that will be able to better predict how chemicals will affect humans. FDA will provide additional expertise and chemical safety information to improve current chemical testing methods.

FDA will collaborate with other Tox21 members to prioritize chemicals that need more extensive toxicological evaluation and develop models that can better predict human response to chemicals.

A major part of the Tox21 partnership is the robotic screening and informatics platform at NCGC that uses fast, automated tests to screen thousands of chemicals a day for toxicological activity in cells.

Participating agencies include: Environmental Protection Agency (EPA), the National Institute of Environmental Health Sciences National Toxicology Program (NTP) and the National Institute of Health Chemical Genomics Center (NCGC).

- **Today's older Americans enjoy longer lives and better health than did previous generations, according to a new study by Federal Interagency Forum on Aging-Related Statistics.**

The report, *Older Americans 2010: Key Indicators of Well-Being*, is a unique, comprehensive look at aging in the United States. It is the fifth report prepared by the Forum since 2000, and provides an updated, accessible compendium of indicators, drawn from the most reliable official statistics about the well-being of Americans primarily age 65 and older. The indicators are categorized into five broad areas — population, economics, health status, health risks and behaviors, and health care. The 155-page report contains data on 37 key indicators.

The Forum — a consortium representing 15 agencies with responsibilities for federal data collection, programs serving older Americans, and research — assembles these data and makes them available to a wide constituency including other agencies, policy makers, researchers, and the public.

- **National Institutes of Health's Office of Research on Women's Health (ORWH) has awarded almost \$6 million to investigators and programs to help researchers in the early stages of careers in women's health research.**

The money will go to 12 new and continuing Building Interdisciplinary Research Careers in Women's Health (BIRCWH) programs nationwide. This is the fifth funding round of an innovative, interdisciplinary career development program for men and women junior faculty in women's health research.

BIRCWH was developed to increase the cadre of women's health researchers through the support of career development programs that would facilitate the progression of junior investigators to become independent researchers by pairing scholars with senior investigators in a mentored, interdisciplinary scientific environment. The first BIRCWH programs were established in the fall of 2000 and to date, 62 programs have been awarded at 40 institutions.

More than 378 scholars have participated in the program, of whom 79 percent are women. The majority have gone on to obtain independent grant funding.

- **The Infectious Diseases Society of America (IDSA) has formally asked federal health officials to recommend making influenza vaccination mandatory for healthcare workers (HCWs).**

The IDSA made the recommendation in a [letter](#) commenting on proposed revisions in the Centers for Disease Control and Prevention's (CDC's) guidance for controlling flu in healthcare settings.

In the revised guidance, released in June, the CDC stresses the importance of flu shots for HCWs but does not call for requiring them. The proposed guidance also relaxes the CDC's respiratory protection advice somewhat, saying that workers should wear a surgical mask during routine care of flu patients, rather than an N-95 respirator as recommended previously.

In a July 15 letter to CDC Director Thomas Frieden, IDSA President Richard Whitley, MD, said the proposed guidance doesn't go far enough on flu shots for HCWs. "We feel the CDC should provide a definitive recommendation for mandatory influenza vaccination of healthcare providers," he wrote.

His letter cites several reasons for the IDSA stand, including evidence that organizations that require vaccination have much higher immunization rates than those with voluntary programs and that immunizing staff members helps protect patients from flu.

Voluntary approaches, including education programs, declination policies and easy access to flu shots have modestly improved immunization coverage in many healthcare systems but have not effected "acceptable levels of coverage," Whitley wrote. "Most successful education programs bring coverage only to between 40 percent and 70 percent."

In the CDC's proposed guidance, flu vaccinations for HCWs top the list of recommendations. The guidance suggests several strategies for improving voluntary

coverage, including requiring workers who refuse vaccination to sign a declination form showing they are aware of the risks.

#### Reserve/Guard

- As of July 20, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,782 to 116,877. The totals for each service are Army National Guard and Army Reserve 88,668; Navy Reserve, 6,391; Air National Guard and Air Force Reserve, 16,181; Marine Corps Reserve, 4,853; and the Coast Guard Reserve, 784. [www.defenselink.mil](http://www.defenselink.mil)

#### Reports/Policies

- The GAO published "Direct-To-Consumer Genetic Tests: Misleading Test Results Are Further Complicated by Deceptive Marketing and Other Questionable Practices," (GAO-10-847T) on July 22, 2010.** This reports the findings of the GAO's undercover investigation of the current DTC genetic tests on the market to determine how accurate they are. <http://www.gao.gov/new.items/d10847t.pdf>
- The GAO published "Military Base Realignments and Closures: DoD Is Taking Steps to Mitigate Challenges but Is Not Fully Reporting Some Additional Costs," (GAO-10-725R) on July 21, 2010.** The GAO report assesses the challenges, if any, DoD faces in implementing BRAC recommendations and DoD's efforts to mitigate any challenges and the extent to which any costs related to those mitigation efforts are being reported as BRAC implementation costs. <http://www.gao.gov/new.items/d10725r.pdf>

#### Legislation

- H.R.5783** (introduced July 20, 2010): *Investing in Our Future Act of 2010* was referred to the Committee on Ways and Means, and in addition to the Committee on Foreign 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 Fortney Pete Stark [CA-13].
- H.R.5786** (introduced July 20, 2010): *Safe Cosmetics Act of 2010* 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 Janice D. Schakowsky [IL-9]
- H.R.5795** (introduced July 20, 2010): *Personalize Your Care Act of 2010* 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 Earl Blumenauer [OR-3]
- H.R.5802** (introduced July 20, 2010): To repeal a provision of the *Patient Protection and Affordable Care Act* providing for funds to a health care facility and rescind funds made available under such section was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Fred Upton [MI-6]
- H.R.5803** (introduced July 21, 2010): *Home Health Care Access Protection Act of 2010* 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 James P. McGovern [MA-3].
- H.R.5808** (introduced July 21, 2010): To amend the Patient Protection and Affordable Care Act to establish a public health insurance option was referred to the House Committee on Energy and Commerce was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Lynn C. Woolsey [CA-6]
- S.3609** (introduced July 19, 2010): A bill to extend the temporary authority for performance of medical disability examinations by contract physicians for the Department of Veterans Affairs was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Daniel K. Akaka [HI]
- S.3615** (introduced July 19, 2010): *Military Construction and Veterans Affairs, and Related Agencies Appropriations Act, 2011* was placed on Senate legislative calendar.  
Sponsor: Senator Tim Johnson [SD]

#### Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **July 27, 2010**, to examine Gulf War Illness: and the future for unsatisfied veterans.
- The Senate Veterans Affairs Committee will hold a business meeting on **Aug. 5, 2010**, to consider pending calendar business.
- The Senate Veterans Affairs Committee will hold a hearing on **Sept. 22, 2010**, to examine a legislative presentation focusing on the American Legion.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 23, 2010**; examine Veterans' Affairs disability compensation, focusing on presumptive disability decision-making.

#### Meetings / Conferences

- The 2nd Annual Mobile Health (mHealth) Summit will be **July 29-30, 2010**, in Boston, Mass. [www.worldcongress.com/mHealth](http://www.worldcongress.com/mHealth)
- 2010 National Medical Association Annual Convention & Scientific Assembly will be held on **July 31 – Aug. 4, 2010**, in Orlando, Fla. [http://www.nmanet.org/index.php/ConvJspargo/convention\\_overview](http://www.nmanet.org/index.php/ConvJspargo/convention_overview)
- Association for Healthcare Resource and Materials Management's Annual Conference will be held on **Aug. 1-4, 2010**, in Denver, Colo. [http://www.ahrmm.org/ahrmm\\_app/conference/annualconf10/index.jsp](http://www.ahrmm.org/ahrmm_app/conference/annualconf10/index.jsp)
- 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>
- TRICARE Communications & Customer Service Conference will be held on **Aug. 3-5, 2010**, in New Orleans, La. <http://www.tricare.mil/conferences/ccs2010/Default.aspx>
- 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 Immunotherapeutics & Vaccine Summit will be held on **Aug. 17-19, 2010**, in Cambridge, Mass. <http://www.healthtech.com/imi/overview.aspx>
- 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/>
- AHRA 2010 Annual Meeting and Exposition will be held on **Aug. 22-26, 2010**, in National Harbor, Md. <http://www.ahraonline.org/AM/Template.cfm?Section=AnnualMeetingRegistration>
- 13th Battlefield Healthcare event: Pre and Post Deployment Combatant Care will be held **Sept. 20-22, 2010**, in San Diego, Calif. <http://www.battlefieldhealthcare.com/Event.aspx?id=331874>
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept. 23, 2010**, in Washington D.C. [www.hjf.org/symposium](http://www.hjf.org/symposium)
- The 5<sup>th</sup> Annual Obesity Congress will be held on **Sept. 28-30, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10088/>
- 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/>
- The World Health Care Congress 8th Annual Health IT/ Interoperability Summit will be held on **April 4-6, 2011**, in Washington D.C. <http://www.worldcongress.com/events/HR11000/>

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 [kate.theroux@fedhealthinst.org](mailto:kate.theroux@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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