Executive and Congressional News

On Sept. 22, 2010, Bob Filner (D-CA), Chairman of the House Committee on Veterans Affairs, and Daniel Akaka (D-HI), Chairman of the Senate Veterans Affairs Committee, conducted a joint hearing to receive an in-depth presentation from The American Legion.

More than 100 Legionnaires and family members attended the hearing to support the National Commander of The American Legion, Jimmie Foster, as he delivered a comprehensive analysis of the Department of Veterans’ Affairs’ (VA) capability to serve millions of the country’s veterans.

Foster offered testimony on an array of issues affecting veterans, including persistent homelessness, barriers to educational and job attainment, access to healthcare, compensation, and the steadily increasing claims backlog. According to Foster, the VA has made significant progress in the last few years but lawmakers must continue to push for policies that would improve the lives of thousands of veterans.

On Sept. 23, 2010, the House passed:

- **H.R. 5710**, the **National All Schedules Prescription Electronic Reporting Reauthorization Act of 2010**. This bill amends the National All Schedules Prescription Electronic Reporting Act of 2005 to include forecasting the establishment of state administered controlled substance monitoring systems in order to ensure that appropriate law enforcement, regulatory, and state professional licensing authorities have access to prescription history information to investigate drug diversion and prescribing and dispensing practices of errant prescribers or pharmacists.

- **H.R. 1745**, the **Family Health Care Accessibility Act of 2010**. This legislation amends the Public Health Service Act to deem volunteer practitioners at health centers as employees of the Public Health Service for purposes of any civil action that may arise due to providing services to patients at such health center.

- **H.R. 3199**, the **Emergency Medic Transition Act of 2010**. This bill amends the Public Health Service Act to direct the Secretary of Health and Human Services (HHS) to award grants to state entities with jurisdiction over emergency medical personnel to provide for the expedited training and licensing, as emergency medical technicians, of veterans who received training as such a technician while serving in the armed forces.

Military Health Care News

**TRICARE Management Activity (TMA)** announced that a TRICARE “fourth generation” (T-4) work group is undertaking a year-long project to make recommendations that will shape future TRICARE contracts.

The T-4 work group, which began its work Sept. 20, 2010, is charged with evaluating options and opportunities for the design of future TRICARE contracts to provide the best possible health care for more than 9.6 million Military Health System beneficiaries from 2015 onward.

Co-hosted by the assistant secretary of defense for health affairs, TMA, and the Industrial College of the Armed Forces at National Defense University (NDU), the T-4 group includes military health system leaders and subject matter experts under the mentorship of Dr. Guy Clifton. Dr. Clifton, a professor of surgery at the Uniformed Services University of the Health Sciences, is author of the book Flatlined: Resuscitating American Medicine, and a former Robert Wood Johnson Health Policy Fellow.

During the opening day of the T-4 seminar, prominent military, government and industry experts discussed challenges ranging from rising health care costs; how to engage patients in their own health care; making better use of electronic health information; and how medical staff can improve care through better coordination.

As their work proceeds, the T-4 work group will explore historical and future MHS perspectives; transformation studies such as findings of the Task Force on the Future of Military Health Care; and how the TRICARE program operates globally within a framework of legal, acquisition and financial considerations. Over the course of the next year, the work group will participate in seminars and conduct site visits to other health systems, government agencies and professional organizations and businesses to determine best practices.

Key areas for evaluation include:

- Leveraging federal partnerships and national health reform.
- Exploring alternate health care delivery and finance models.
- Addressing adoption of best practices and services for diverse populations, meaningful use of health information technology.
- Shaping the scope of the benefit while making it easier to use.

A report of the group’s recommendations for changes and the shape of the T4 contracts will be presented to senior MHS leadership in the summer of 2011.

- **The Department of Defense announced that Paul D. Patrick has been appointed to the Senior Executive Service.**
  He will be assigned as deputy assistant secretary of defense for reserve affairs (readiness, training and mobilization), Office of the Secretary of Defense, Reserve Affairs. Office of the Under Secretary of Defense (Personnel and Readiness), Washington, D.C. Patrick previously served as a major general, U.S. Army Reserve, principal advisor to commanding general, U.S. Army Europe.

- **The Medical Research and Material Command was chosen as the 2010 Research and Development Laboratory of the Year.**
  The Department of the Army Research and Development Laboratory of the Year Awards program is an annual event in which Army laboratories are evaluated on technical accomplishment and impact on the Army. The awards program was established in 1975 to honor Army research and development labs that have made outstanding contributions in science and technology, providing the Army’s warfighters with the best capabilities in the world. It recognizes labs for their outstanding contributions and their impact on enhancing the capability of Army operational forces worldwide.

  USAMRMC competed against five Army labs this year to win the top honor.

  The review board is made up of distinguished science and technology experts from academia, industry and government.

  The award will be presented Oct. 24, in Arlington, Va.

- **On Sept. 21, 2010, TRICARE published a news release encouraging all pregnant beneficiaries to be vaccinated against seasonal influenza.**
  The Centers for Disease Control and Prevention (CDC) recently teamed up with leaders from several health care groups to stress the importance of pregnant women’s being vaccinated against the flu this year. CDC data show pregnant women account for only 1 percent of the population but represented 5 percent of H1N1 deaths. Even though there is no H1N1 scare this year, influenza is serious for pregnant women.

  This year’s influenza vaccine provides protection from three strains of influenza, including the 2009 H1N1 virus. Only one shot is needed for full protection against influenza.

  TRICARE covers age-appropriate doses of vaccines recommended by the CDC. Beneficiaries can visit participating TRICARE retail network pharmacies to receive seasonal flu vaccines at no cost. To find a participating pharmacy, go to www.expres-scripts.com/TRICARE or call Express Scripts at 1-877-363-1303.

  **TRICARE’s participation in a Medicare pilot project allowing TRICARE For Life (TFL) beneficiaries living in South Carolina to maintain their health records electronically through an electronic personal health record (PHR) will soon be complete.**
The project with My Personal Health Record, South Carolina (MyPHRSC), draws to a close Sept. 30, 2010. MyPHRSC gives users access to their Medicare information from the past 24 months, including medical conditions, hospitalizations and doctor visits. The tool also allows users to enter their own information such as medications, allergies and notes about the services they have received. CMS ensures strict privacy and security safeguards to protect all user data.

In January 2009, an agreement between Medicare and the Department of Defense (DoD) allowed Medicare-eligible TRICARE beneficiaries in South Carolina to add TFL pharmacy data to their PHR through a secure download from the DoD.

The DoD notified CMS in May it had met DoD's goals for participating in the pilot project. During the pilot project 278 TRICARE for Life beneficiaries participated in MyPHRSC and added their TRICARE pharmacy data to their PHR.

The Spokane VA Medical Center and Fairchild Air Force Base, in Spokane, will partner with Inland Northwest Health Services (INHS), a health information exchange (HIE), to securely exchange EHR information using the Nationwide Health Information Network (NHIN) as a next step toward implementation of the Nationwide Virtual Lifetime Electronic Record (VLER).

VA will invite veterans who already receive health care from VA and from selected hospitals and providers in the Spokane area to sign up for the pilot, with the understanding that their information will not be shared through the program without their authorization.

By the end of 2010, VRM will deliver improved telephone services to enable veterans to reach a call center agent faster. Recording and review of calls will ensure the quality of services provided to veterans. To help guarantee success, VRM enhancements will be rolled out in six-month increments.

The Spokane VA Medical Center, in Spokane, will partner with Inland Northwest Health Services (INHS), a health information exchange (HIE), to securely exchange EHR information using the Nationwide Health Information Network (NHIN) as a next step toward implementation of the Nationwide Virtual Lifetime Electronic Record (VLER).

VA’s Office of Small and Disadvantaged Business Utilization (OSDBU) collaborated with other VA acquisition professionals to achieve the high rating. VA led the federal government in procurements with service-disabled veteran-owned small businesses. While the government-wide statutory goal for contract awards in this category was 3 percent of all agency procurements, VA awarded nearly 17 percent of its acquisition dollars to service-disabled veteran-owned small businesses.

Each agency’s small business procurement performance was assessed along three quantitative measures — prime contracting, subcontracting and progress achievement. Previous scorecards only addressed prime contracting achievement and did not offer an overall grade. SBA’s Small Business Procurement Scorecard reports for all federal agencies can be found on the SBA.gov Web page under “Goaling Program.”

The Office of Small and Disadvantaged Business Utilization serves as VA’s advocate to assist and support the interests of veteran-owned small businesses. A related mission of that office is to (large and small) and other members of the private sector concerning acquisition-related issues. In addition, the office is responsible for monitoring VA implementation and execution of the small business procurement programs.

The Department of Veterans Affairs is launching a multi-year initiative called Veterans Relationship Management (VRM) designed to improve veterans’ access to health care and benefits information.

The VA hopes the VRM will transform veterans’ interactions by allowing VA employees to quickly convey accurate, up-to-date information through call centers and the Internet.

VRM will offer enhanced self-service capabilities, and provide VA employees the best tools to serve veterans, their families and survivors.

By the end of 2010, VRM will deliver improved telephone services to enable veterans to reach a call center agent faster. Recording and review of calls will ensure the quality of services provided to veterans. To help guarantee success, VRM enhancements will be rolled out in six-month increments.

An important component of VRM is the Internet site, which puts the veteran in the driver’s seat for information. VA collaborated with the Department of Defense to provide a single sign-on capability for both service members and veterans. Single sign-on will quickly establish an individual’s identity and allow that person to complete transactions without having to re-enter information.

The Department of Veterans Affairs (VA) has been recognized by the Small Business Administration with a rating of “A” on its Small Business Scorecard for its success in contracting with small businesses.

The Spokane VA Medical Center and Fairchild Air Force Base, in Spokane, will partner with Inland Northwest Health Services (INHS), a health information exchange (HIE), to securely exchange EHR information using the Nationwide Health Information Network (NHIN) as a next step toward implementation of the Nationwide Virtual Lifetime Electronic Record (VLER).

The DoD notified CMS in May it had met DoD’s goals for participating in the pilot project. During the pilot project 278 TRICARE for Life beneficiaries participated in MyPHRSC and added their TRICARE pharmacy data to their PHR.

The Spokane VA Medical Center, in Spokane, will partner with Inland Northwest Health Services (INHS), a health information exchange (HIE), to securely exchange EHR information using the Nationwide Health Information Network (NHIN) as a next step toward implementation of the Nationwide Virtual Lifetime Electronic Record (VLER).

VA will invite veterans who already receive health care from VA and from selected hospitals and providers in the Spokane area to sign up for the pilot, with the understanding that their information will not be shared through the program without their authorization.

The Department of Veterans Affairs (VA) has been recognized by the Small Business Administration with a rating of “A” on its Small Business Scorecard for its success in contracting with small businesses.

The Spokane VA Medical Center and Fairchild Air Force Base, in Spokane, will partner with Inland Northwest Health Services (INHS), a health information exchange (HIE), to securely exchange EHR information using the Nationwide Health Information Network (NHIN) as a next step toward implementation of the Nationwide Virtual Lifetime Electronic Record (VLER).

The DoD notified CMS in May it had met DoD’s goals for participating in the pilot project. During the pilot project 278 TRICARE for Life beneficiaries participated in MyPHRSC and added their TRICARE pharmacy data to their PHR.

The Spokane VA Medical Center, in Spokane, will partner with Inland Northwest Health Services (INHS), a health information exchange (HIE), to securely exchange EHR information using the Nationwide Health Information Network (NHIN) as a next step toward implementation of the Nationwide Virtual Lifetime Electronic Record (VLER).

The DoD notified CMS in May it had met DoD’s goals for participating in the pilot project. During the pilot project 278 TRICARE for Life beneficiaries participated in MyPHRSC and added their TRICARE pharmacy data to their PHR.

The Spokane VA Medical Center, in Spokane, will partner with Inland Northwest Health Services (INHS), a health information exchange (HIE), to securely exchange EHR information using the Nationwide Health Information Network (NHIN) as a next step toward implementation of the Nationwide Virtual Lifetime Electronic Record (VLER).

The DoD notified CMS in May it had met DoD’s goals for participating in the pilot project. During the pilot project 278 TRICARE for Life beneficiaries participated in MyPHRSC and added their TRICARE pharmacy data to their PHR.
• State and local health departments have made significant progress toward improving public health emergency preparedness and response capabilities, according to a Centers for Disease Control and Prevention report.

    The report, Public Health Preparedness: Strengthening the Nation’s Emergency Response State by State, presents data on a broad range of preparedness and response activities.

    • Highlights include:
      - Nearly 80 percent of states and localities demonstrated the ability to activate and rapidly staff their emergency operations centers for drills, exercises, or real incidents, and 96 percent developed after action reports/improvement plans following these activities.
      - Biological laboratory capabilities and capacities were strong in most states and localities. Nearly 90 percent of laboratories in the Laboratory Response Network (LRN) could be reached 24/7, and 84 percent of the labs passed proficiency tests for detecting other biological agents.
      - 72 percent of LRN chemical laboratories demonstrated proficiency in core methods for detecting and measuring exposure to chemical agents (72 percent), and more than half of the labs are proficient in one or more additional methods identified by CDC as important for responding to chemical emergencies.
      - All states and localities could receive and investigate urgent disease reports 24/7, and more than 90 percent of states used rapid methods to communicate with other laboratories for outbreaks, routine updates, and other needs.

    Key challenges include:

    • Preparing adequately for outbreaks and other public health emergencies that may occur simultaneously. This requires predictable and adequate long-term funding to improve infrastructure, staffing, and staff training in the areas of surveillance, epidemiology, laboratories, communication, and response readiness.
    • Quality surveillance and epidemiology can be crucial to initiating, guiding, and evaluating responses to public health emergencies. Gaps exist for relating surveillance capabilities in the areas of surveillance and epidemiology.
    • An all-hazards approach to preparedness blends efforts to promote health and prevention of disease, injury, and disability in communities. Healthy populations are more resilient to new health threats. Building healthier communities also helps provide greater protection to populations who are more vulnerable during emergencies.

    CDC released the report during ASTHO’s 6th Directors of Public Health Preparedness conference in Newport, Rhode Island.

• Dr. Francis S. Collins, M.D., Ph.D., director of the National Institutes of Health, announced the release of the Biennial Report of the Director, NIH, for fiscal years 2008 and 2009.

    The report provides an integrated portrait of NIH research activities, making it easy for Congress, advocates and patient groups and the general public to understand the many activities of the agency. This is the second report under the mandate in the NIH Reform Act, which reinvented the NIH Biennial as a consolidated report, replacing many disparate ones. Now on NIH’s website, the report will be available in print this fall.

    The report contains an assessment of the state of biomedical and behavioral research organized by disease category, investigative approach, and resources. To ensure that the document reflects the work of all 27 institutes and centers, 16 trans-NIH teams gathered, reviewed, and organized information into a standardized format.

    A new feature of this second report is linkage to NIH’s Research, Condition, and Disease Categorization system. In addition to providing aggregate data on NIH funding in various categories, the online version of the report includes hyperlinks to the catalogs of projects associated with the funding figures.


• The Food and Drug Administration (FDA) will allow the diabetes drug, Avandia, to remain on the market, but with new restrictions.

    The agency said it would require that GlaxoSmithKline, which makes Avandia, develop a "restricted access program" for Avandia that would limit use of the drug only to new type-2 diabetes patients who are unable to control their blood sugar levels with other medications and are unable to take a similar medication known as Actos.

    Doctors prescribing the drug "will have to attest to and document their patients' eligibility; patients will have to review statements describing the cardiovascular safety concerns associated with this drug and acknowledge they understand the risk."

    The FDA also ordered the company to convene an independent group of scientists to review the company’s study known as RECORD, which studied the cardiovascular safety of Avandia compared to standard diabetes drugs.

    The agency also halted another ongoing study being conducted by the company known as TIDE, which compares Avandia to Actos and to standard diabetes drugs. The company hoped the study would prove Avandia's safety and effectiveness.

    Once the world’s most popular diabetes drug, Avandia has become the focus of intense debate because of concerns that it increases the risk for heart attacks and strokes. The drug was approved in 1999 and quickly became the world’s most popular drug to treat Type 2 diabetes. But in 2007, Cleveland Clinic cardiologist Steven E. Nissen published a study concluding that the drug significantly increased the risk of cardiovascular problems, the leading cause of death among diabetics.

    The decision was coordinated with European drug regulators, who announced that they were completely withdrawing the drug’s approval.

Reserve/Guard

• As of Sept. 21, 2010, the total number of Guard and Reserve currently on active duty has increased by 816 to 103,875. The totals for each service are Army National Guard and Army Reserve 76,689; Navy Reserve, 6,936; Air National Guard and Air Force Reserve, 15,513; Marine Corps Reserve, 4,028; and the Coast Guard Reserve, 709. (http://defense.gov.mil)

Reports/Policies


Legislation

• H.R.6163 (introduced Sept. 22, 2010): To require the Secretary of Health and Human Services to approve waivers under the Medicaid Program under title XIX of the Social Security Act that are related to State provider taxes that exempt certain retirement communities was referred to the House Committee on Energy and Commerce.

    Sponsor: Representative John Bucyman [AR-3]

• H.R.6170 (introduced Sept. 22, 2010): To prohibit the Secretary of Health and Human Services from precluding patients from entering into any contract with their health care providers was referred to the House Committee on Energy and Commerce.

    Sponsor: Representative Tom Price [GA-6]

• H.R.6171 (introduced Sept. 22, 2010): To prohibit conditioning licensure of a health care provider upon participation in a health plan was referred to the House Committee on Energy and Commerce.

    Sponsor: Representative Tom Price [GA-6]

• H.R.6176 (introduced Sept. 22, 2010): To amend section 340B of the Public Health Service Act to allow certain covered entities to resell or transfer a covered outpatient drug to an individual with HIV/AIDS in connection with medication regimen adherence services being provided to the individual by a licensed health care professional of the entity was referred to the House Committee on Energy and Commerce.

    Sponsor: Representative Theodore E. Deutch [FL-19]

• S.J.RES.39 (introduced Sept. 22, 2010): A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule relating to status as a grandfathered health plan under the Patient Protection and Affordable Care Act was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Michael B. Enzi [WY]  
S.3817 (introduced Sept. 22, 2010): A bill to amend the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, and the Abandoned Infants Assistance Act of 1988 to reauthorize the Acts, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Christopher J. Dodd [CT]

**Hill Hearings**
- The Senate Armed Services Committee will hold a hearing on Sept. 28, 2010, to examine the Department of Defense efficiencies initiatives.
- The Senate Committee on Indian Affairs will hold a hearing on Sept. 28, 2010, to examine reform in the Indian Health Service’s Aberdeen area.
- The Senate Veterans Affairs Committee will hold an oversight hearing on Oct. 6, 2010, to examine Veterans’ Affairs Information Technology (IT) program, focusing on looking ahead.

**Meetings / Conferences**
- The 39th World Congress on Military Medicine will be held Oct. 23-28, 2011, in Abuja, Nigeria. [http://www.arms.org](http://www.arms.org)
- The 138th American Public Health Association Annual Meeting & Exposition will be held on Nov. 6-10, 2010, in Denver Colo. [http://www.apha.org/meetings/](http://www.apha.org/meetings/)
- 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/H1.10010/](http://www.worldcongress.com/events/H1.10010/)
- The AHRP Fall Forum 2009 will be held on Nov. 8-10, 2009, in Chicago, Ill. [http://www.ahrp.org/link/fallforum2010/](http://www.ahrp.org/link/fallforum2010/)
- The 21st Annual National Forum on Quality Improvement in Health Care will be held on Dec. 5-8, 2010, in Orlando, Fla. [http://www.ith.org/H/Programs/ConferencesAndSeminars/21stAnnualNationalForumonQualityImprovementinHealthCare.htm](http://www.ith.org/H/Programs/ConferencesAndSeminars/21stAnnualNationalForumonQualityImprovementinHealthCare.htm)
- The International Meeting on Emerging Diseases and Surveillance will be held on Feb. 4-7, 2010, in Vienna Austria. [http://imed.isid.org/](http://imed.isid.org/)
- 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/H1.111000/](http://www.worldcongress.com/events/H1.111000/)

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

Back issues available at [Federal Health Update Archives](http://fedhealthinst.org/).

© Copyright 2007, IFHC  
5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016  
(202)271-5814 postmaster@fedhealthinst.org

http://www.fedhealthinst.org/newsletter.html