

FEDERAL HEALTH UPDATE

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Federal Health Update will not be published on Dec. 10 and Dec. 24, 2010.

Executive and Congressional News

- **On Nov. 30, 2010, the Senate passed S. 510 as amended, the FDA Food Safety Modernization Act.** The \$1.4 billion food safety bill would give greater oversight to the Food and Drug Administration to handle such crises as recent recalls of tainted eggs, spinach and peanut butter.

Among the provisions of the bill, the agency would be allowed to order a mandatory recall of tainted foods and set safety standards for raw produce, such as fresh fruits and vegetables. The agency would also increase inspections of domestic and foreign food facilities.

- **On Nov. 30, 2010, President Obama signed into law H.R. 5712, the Physician Payment and Therapy Relief Act of 2010, which delays the scheduled 23 percent cut for Medicare physicians until Dec. 31, 2010.**
- **On Dec. 2, 2010, the House has passed S. 3307, the Healthy, Hunger-Free Kids Act.**

This legislation amends the Richard B. Russell National School Lunch Act to require the Secretary of Agriculture to provide performance awards to states with outstanding performance or substantial improvement in directly certifying children who receive other public assistance as eligible for free meals under the school lunch and breakfast programs; establish performance benchmarks and require states with direct certification rates below the benchmarks to implement continuous improvement plans; state that direct certification for free school meals must require no action on the part of a child's household.

Military Health Care News

- **Humana Military Healthcare Services announced its new Depression Disease Management Program for TRICARE South Region beneficiaries.**

The Depression Disease Management Program offers guidance, via telephone, by one of its staffed clinicians in understanding, diagnosing and managing depression.

Beneficiaries and their TRICARE health care providers have access to on-line web resources, as well as a toll free number, 1-800-881-9227, to speak with qualified personnel. Humana Military also offers disease management services for heart failure, asthma, diabetes and pulmonary disorders.

For more information about other Humana Military Disease Management Programs, visit the Disease Management Program section under "Beneficiary" at www.humana-military.com.

- **The US Family Health Plan announced it has achieved a 2010 aggregate member satisfaction rating of 91 percent, according to the National Committee for Quality Assurance (NCQA) 2010 Quality Compass Report.**

The US Family Health Plan's rating is a full 28 points higher on a 100-point scale than the national average for satisfaction with health plans. The independent assessment of 4,781 US Family Health Plan members employed the most widely used set of performance metrics in the managed care industry to measure performance on important dimensions of care and service. Known as the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Survey, it assesses member satisfaction in areas such as claims processing, customer service and getting needed care quickly.

The US Family Health Plan, a comprehensive healthcare plan, offers the full TRICARE Prime benefit to more than 100,000 military beneficiaries, including active-duty family members, activated Guard and Reserve family members, and military retirees and their family members, including those aged 65 and over.

For more information about the US Family Health Plan, visit www.usfamilyhealthplan.org.

- **TRICARE Management Activity (TMA) posted a news release reminding beneficiaries with college students to take the appropriate actions to avoid higher out-of-pocket costs and point-of-service charges during winter breaks.**

In the release, TMA recommends students should get care before heading home or elsewhere for the winter break. If this is not possible, students with TRICARE Prime can easily transfer their enrollment while on winter break. Once a student arrives home, or to his vacation destination, their sponsor simply submits a "TRICARE Prime Enrollment and PCM Change Form." Coverage is effective on the day the form is received. Students can also visit the Beneficiary Web Enrollment website at www.tricare.mil/bwe to transfer enrollment.

TMA also reminds sponsors that they must also update the student's address in the Defense Enrollment Eligibility Reporting System (DEERS), even when the sponsor is covered by TRICARE Standard. Students with TRICARE Standard or Prime can use TRICARE's pharmacy benefit anywhere as long as their DEERS information is current and they have a valid ID card.

For more information about TRICARE choices for college students, go to www.tricare.mil/collegestudents.

- **Getting a good night's sleep is much more difficult for military personnel who deployed to Iraq and Afghanistan, according to a new study of sleep patterns in the military.**

Military personnel were 28 percent more likely to report having [trouble falling asleep](#) or staying asleep during deployment, when compared with those who had not yet deployed. They were also 21 percent more likely to report sleep troubles after deployment.

In the first large-scale, population-based study of [sleep patterns](#) in the military, the primary finding is that deployment does appear to affect sleep patterns.

Survey respondents were more than twice as likely to report sleep problems if they showed symptoms of mental health problems such as post traumatic stress disorder or depression, or if they rated themselves as having fair or poor general health.

The study included 41,225 personnel on military rosters who filled out a baseline survey between 2001 and 2003, as well as a follow-up survey between 2004 and 2006. It encompassed all service branches of the U.S. military, including both active duty and Reserve/National Guard personnel.

Trouble sleeping was reported by 25 percent of the non-deployed group, 27 percent of the post-deployment group, and 30.5 percent of the deployment group. But almost all groups reported short average sleep times of just 6.5 hours.

Researchers also found that [moms of young children](#) or pregnant women in all three study groups shared even shorter average sleep times – less than six hours. They warned that military moms may suffer enhanced stress from pregnancy and motherhood when facing the possibility of deployment.

This lack of sleep may affect military personnel performance in the long term, researchers warn. That goes hand-in-hand with past research that suggests people can accumulate a [sleep debt](#), which cannot be undone by a few extra snatches of sleep here and there.

The research is detailed in the Dec. 1 issue of the journal [Sleep](#).

Veterans Health Care News

- **The Department of Veterans Affairs (VA) is working to significantly reduce the average time needed to obtain health-care records from private physicians with the help of a private contractor and the Internet to speed claims decisions.**

One innovation is using a private contractor to assist VA in collecting health-care records. When private medical records support a veteran's application for benefits, a contractor will quickly retrieve the records from the health-care provider, scan them into a digital format and send the material to VA through a secure transmission.

The pilot project hopes to validate initial estimates that a specialized contract can yield records required to process veterans' disability compensation claims in seven to ten days instead of VA's average 40 days. In addition, the additional contract frees VA staff to focus on core duties to process claims more quickly.

Exploring economical contract support for time savings is one of more than three dozen initiatives supporting VA's claims transformation plan, which aims to ensure that by 2015, veterans' claims are decided within 125 days.

VA officials emphasize that in all cases veterans must sign documents approving the release of their medical records to the department from private health-care providers.

The test is expected to involve about 60,000 records requests among regional benefits offices in Phoenix; New York City; St. Louis; Portland, Ore.; Chicago; Anchorage, Alaska; Indianapolis, and Jackson, Miss. At the conclusion of the test, VA officials will decide whether to cancel, modify or expand any changes in procedures nationwide.

- **More than 700 "golden age" U.S. veterans will travel to Hawaii to participate in the nation's largest sporting event for senior military veterans.**

The 25th National Veterans Golden Age Games, a national sports and recreational competition sponsored by the Department of Veterans Affairs (VA), Veterans Canteen Service and Help Hospitalized Veterans, will take place May 26-31, 2011, in Honolulu.

Events at the games are open to all U.S. military veterans age 55 or older who are currently receiving care at a VA medical facility. Hosted by the VA Pacific Islands Healthcare System, the games will have 14 competitive events, including swimming, cycling, horseshoes, bowling, croquet and air rifles.

The National Veterans Golden Age Games serve as a qualifying event for competition in the National Senior Games in a number of competitive events. The National Senior Olympics are a community-based member of the United States Olympic Committee and recognize senior athletes as the best athletes in their respective age groups in the United States.

For more information about the National Veterans Golden Age Games and other VA national rehabilitation programs, visit VA's web site at www.veteransgoldenagegames.va.gov.

Health Care News

- **A new study by Employee Benefit Research Institute (EBRI) finds that even though the new health reform law will reduce some health costs in retirement for many people, retirees will still need a significant amount of savings to cover their out-of-pocket health expenses when they retire.**

EBRI finds that men retiring in this year (2010) at age 65 will need anywhere from \$65,000–\$109,000 in savings to cover health insurance premiums and out-of-pocket expenses in retirement if they want a 50–50 chance of being able to have enough money; to improve the odds to 90 percent, they'll need between \$124,000–\$211,000.

Women in particular will need more savings than men because they tend to live longer. Women retiring this year at 65 will need between \$88,000–\$146,000 in savings for a 50 percent chance of having enough money, and \$143,000–\$242,000 if they want a 90 percent chance.

These estimates are for Medicare beneficiaries age 65 and older: Anyone retiring early, before age 65, would need even more.

The new EBRI analysis details how much savings an individual or couple will need to cover Medicare and out-of-pocket health care expenses in retirement, updating earlier EBRI simulation results from 2008. Some prior estimates have been significantly revised downward as a result of changes to Medicare Part D (prescription drug) cost sharing that will be phased in by 2020 due to the recently enacted health reform law, the Patient Protection and Affordable Care Act of 2010 (PPACA).

However, EBRI finds that retirees will continue to need a substantial amount of savings to cover their health care expenses in retirement, and that uncertainty related to health care use, prescription drug use, and longevity will still play a major role in planning for retiree health care. Results are shown by the desired level of probability (50, 75, and 90 percent) of having enough savings to cover health costs in retirement.

The full report is titled "*Funding Savings Needed for Health Expenses for Persons Eligible for Medicare*," and is published in the December 2010 EBRI Issue Brief, online at www.ebri.org.

- **The National Database for Autism Research (NDAR), created by the National Institutes of Health, recently made data from over 10,000 participants enrolled in ASD studies available to researchers.**

Researchers can now use the NDAR portal to perform queries that simultaneously yield results from multiple datasets. The portal was designed to provide tools to define and standardize data collected by different laboratories under different protocols. It was also built to ensure a collaborative approach and open data access to the whole ASD research community.

Researchers supported through the NIH Autism Centers of Excellence were the first to contribute data to NDAR in 2008. Since then, NDAR staff has been working to define, standardize and transfer data into NDAR from earlier NIH programs, such as the Collaborative Programs of Excellence in Autism (CPEA) and Studies to Advance Autism Research and Treatment (STAART).

Data from the majority of ASD grants that were recently funded under the American Recovery and Reinvestment Act of 2009, as well as data from other ASD

studies conducted at NIH, also will be submitted to and shared through NDAR. It is expected that data from newly-initiated NIH-funded autism research will be added to NDAR. Other ASD researchers have also been encouraged to contribute their study data, regardless of funding source.

- **The U.S. Department of Health and Human Services unveiled *Healthy People 2020*, the nation's new 10-year goals and objectives for health promotion and disease prevention, and "myHealthyPeople," a new challenge for technology application developers.**

For the past 30 years, Healthy People has been committed to improving the quality of the nation's health by producing a framework for public health prevention priorities and actions.

Chronic diseases, such as heart disease, cancer and diabetes, are responsible for seven out of every ten deaths among Americans each year and account for 75 percent of the nation's health spending. Many of the risk factors that contribute to the development of these diseases are preventable.

The *Healthy People* initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action, and in the past decade, preliminary analyses indicate that the country has either progressed toward or met 71 percent of its Healthy People targets.

Healthy People 2020 is the product of an extensive stakeholder feedback process integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives. Based on this input, a number of new topic areas are included in the new initiative, including:

- Adolescent Health
- Blood Disorders and Blood Safety
- Dementias, including Alzheimer's Disease
- Early and Middle Childhood
- Genomics
- Global Health
- Health-Related Quality of Life and Well-Being
- Healthcare-Associated Infections
- Lesbian, Gay, Bisexual and Transgender Health
- Older Adults
- Preparedness
- Sleep Health
- Social Determinants of Health

Healthy People also issued a special challenge to encourage developers to create easy-to-use applications for professionals who are working with the new national health objectives and state- and community-level health data.

HHS also launched a newly redesigned Healthy People Web site that allows users to tailor information to their needs and explore evidence-based resources for implementation. The Web site is located at: www.healthypeople.gov. For more information about myHealthyPeople, go to www.challenge.gov/

Reserve/Guard

- As of Nov. 30, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 441 to 94,596. The totals for each service are Army National Guard and Army Reserve 72,998; Navy Reserve, 6,340; Air National Guard and Air Force Reserve, 9,349; Marine Corps Reserve, 5,111; and the Coast Guard Reserve, 798. www.defenselink.mil

Reports/Policies

- **The GAO published "*Oral Health: Efforts Under Way to Improve Children's Access to Dental Services, but Sustained Attention Needed to Address Ongoing Concerns*," (GAO-11-96) on Nov. 30, 2010.** In this report, GAO assessed the extent to which dentists participate in Medicaid and the Children's Health Insurance Program (CHIP) and federal efforts to help families find participating dentists; data on access for Medicaid and CHIP children in different states and in managed care; federal efforts to improve access in underserved areas; and how states and other countries have used mid-level dental providers to improve children's access. <http://www.gao.gov/new.items/d1196.pdf>
- **The Institute of Medicine (IOM) published "*The Science of Adolescent Risk-Taking - Workshop Summary*," on Dec. 1, 2010.** The report is a summary of two workshops in which participants identified ways in which findings can be shared across disciplines to improve understanding of adolescents' risky behavior. <http://www.iom.edu/Reports/2010/The-Science-of-Adolescent-Risk-Taking.aspx>
- **The Institute of Medicine (IOM) published "*The Safe Use Initiative and Health Literacy: A Workshop - Workshop Summary*," on Dec. 1, 2010.** This report is a summary of workshop in which participants explored challenges in educating consumers about over-the-counter medications; existing drug safety initiatives; and efforts to improve drug safety made by many different stakeholders. <http://www.iom.edu/Reports/2010/The-Safe-Use-Initiative-and-Health-Literacy-A-Workshop.aspx>
- **The Institute of Medicine (IOM) published "*Dietary Reference Intakes for Calcium and Vitamin D*," on Nov. 30, 2010.** In this report, the IOM proposes **new reference values** that are based on much more information and higher-quality studies than were available when the values for these nutrients were first set in 1997. <http://www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D.aspx>

Legislation

- **H.R.6449** (introduced Nov. 29, 2010): Fourth Health Insurance Protects America--Can't Repeal IT (HIPA-CRIT) Act was referred to the House Committee on Energy and Commerce
Sponsor: Representative Gary L. Ackerman [NY-5]
- **H.R.6459** (introduced Nov. 30, 2010): To amend section 1848 of the Social Security Act to provide for a 4-year transition in reductions in relative value units for certain newly bundled services to allow physician practice time to adjust to new payment rates 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 Charles A. Gonzalez.
- **H.R.6466** (introduced Dec. 1, 2010): To amend title 38, United States Code, to provide certain abused dependents of veterans with health care was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Sheila Jackson Lee [TX-18]
- **S.3991** (introduced Dec. 1, 2010): Public Safety Employer-Employee Cooperation Act of 2010 was placed on the Senate legislative calendar.
Sponsor: Senator Harry Reid [NV]

Hill Hearings

- There are no hearings scheduled.

Meetings / Conferences

- The 21st Annual National Forum on Quality Improvement in Health Care will be held on **Dec. 5-8, 2010**, in Orlando, Fla. <http://www.ihl.org/IHI/Programs/ConferencesAndSeminars/22ndAnnualNationalForumonQualityImprovementinHealthCare.htm>
- Military Medicine's Next Gen in Training, Treatment, and Technology will be held on **Dec. 6 - 8, 2010**, in San Antonio, Texas. www.BattlefieldHealthCare.com
- The World Influenza Congress will be held **Dec. 7-9, 2010**, in Amsterdam. <http://www.terrapinn.com/2010/flu/conf.stm>
- The 2011 Military Health System (MHS) Conference will be held on **Jan. 24 - 27, 2011** in Washington D.C. www.health.mil

- The 3rd Annual Health 3.0 Conference: The Next Online Generation will be held on **Jan. 25-27, 2011**, Orlando, Fla. www.worldrg.com/health3point0
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- AHIP's 2011 National Policy Forum will be held on **March 8-9, 2011**, in Washington D.C. <http://www.ahip.org/>
- The 28th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference will be held **March 19-23, 2011**, in Atlanta, Georgia. <http://www.cdc.gov/brfss/about.htm>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>
- The Military Health Management 2011 Conference will be held on **April 1, 2011**. www.MilitaryHealthManagement.com
- 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/>
- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. http://www.isid.org/15th_ICID/

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

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