Executive and Congressional News


  The $4.5 billion measure increases the federal reimbursement for free school lunches by 6 cents a meal at a time when many school officials say they can't afford to provide the meals. The bill will also expand access to free lunch programs and allow 20 million additional after-school meals to be served annually in all 50 states. Most states now only provide money for after-school snacks.


  This legislation delays for one year a reduction in Medicare physician payments that would otherwise take effect on January 1, 2011; extends other expiring Medicare and Medicaid payment provisions; changes limits on the amount of excess health insurance tax credits that must be repaid to the government; and makes other Medicare and Medicaid clarifications and adjustments.

- The House passed two bills to strengthen benefits and services for U.S. veterans and their families.
  - S. 3447 builds on the Post-9/11 G.I. Bill, which provides education benefits for veterans at World War II levels, addresses Reserve and National Guard troops by better aligning their educational benefits with their lengths of service, and allows unused education benefits to be transferred to spouses and children.
  - S. 3860 addresses recent reports which identified a number of problems at Arlington National Cemetery (ANC). The bill requires reports to Congress on the management of ANC, including gravesite discrepancies, the management and oversight of contracts, and the implementation of recent Army directives. This comprehensive survey will further investigate reported burial errors, determine the full scope of the problem, and provide the first step to a concrete solution.

The bills will be sent to the President's desk for signature.


  Hudson's opinion contrasts other court rulings finding the mandate constitutionally permissible.

  "An individual's personal decision to purchase — or decline purchase — (of) health insurance from a private provider is beyond the historical reach" of the U.S. Constitution, Hudson wrote. "No specifically constitutional authority exists to mandate the purchase of health insurance."

  Hudson's ruling raised strong doubts about the government's authority to mandate the purchase of insurance coverage for individuals and employers.

  Virginia officials had argued that the Constitution's Commerce Clause does not give the government the authority to force Americans to purchase a commercial product — such as health insurance — that they may not want or need. They equated such a requirement to a burdensome regulation of "inactivity."

  Virginia is one of the few states in the country with a specific law saying residents cannot be forced to buy insurance.

  The Justice Department is expected to challenge the judge's findings in a federal appeals court.

Military Health Care News

- For its efforts to dramatically improve a once-labor-intensive workflow process that resulted in streamlining the tracking and coordination of care to military families, TriWest Healthcare Alliance received the Arizona Quality Alliance Showcase in Excellence Award in December 2010.

  Before the development of the "Performance Reporting System II," (PRS II), inventory reports took managers hours to decipher. In fact, managers would often come into work early, just to run endless reports and determine what work needed to be completed and in what order. Now, managers and employees can access that information in seconds, with the click of a mouse.

  A team of TriWest employees worked for the past two years to develop PRS II, which is a software system that automates extensive inventory reports, such as pending authorizations, continued stay reviews and clinical tasks. It was implemented for Utilization Management in five TriWest hubs, as well as for Case Management in both the five hubs and corporate office.
TRICARE urges its 9.6 million beneficiaries to take preventive steps to stop the spread of the flu.

Seasonal influenza is a contagious respiratory virus that many beneficiaries may already have been exposed to throughout the year. The 2010-2011 flu vaccine will protect against three different flu viruses: H3N2, influenza B and the H1N1 virus that caused so much illness last season.

Two forms of influenza vaccine are distributed in the U.S. and both are covered by TRICARE:

- An injectable, inactivated vaccine that contains a killed virus and can be used in all age groups six months and older.
- An intranasal spray made with live, weakened influenza viruses, limited to use in healthy people between the ages of two and 49 years, and who are not pregnant at the time they receive the vaccination.

Beneficiaries can receive the flu vaccine at no cost from Military Treatment Facilities (MTFs), TRICARE-authorized providers and participating network pharmacies (call 1-877-363-1303 to find a participating pharmacy).

TRICARE urges its 9.6 million beneficiaries to take preventive steps to stop the spread of the flu.

Links to search online for MTFs, providers and pharmacies can be found at www.tricare.mil/flu. Beneficiaries should check ahead for the days and times the flu vaccine is available and the age range served at that location. Some states have restrictions on pharmacies' giving vaccinations to children, so beneficiaries should ask the pharmacist if there are any restrictions. If there are, beneficiaries should consider using an MTF or have a primary care physician vaccinate the child.

Learn more about preventing the flu and getting vaccinated at www.tricare.mil/flu.

TRICARE's "Quit Tobacco-Make Everyone Proud" website, www.ucanquit2.org, has earned three prestigious industry awards.

- The 2010 Aesculapius Awards of Excellence recognize producers of health-related websites, television and radio public service announcements that the Health Improvement Institute judges consider exceptional in communicating health information to the public. TRICARE www.ucanquit2.org is one of only five websites to receive this distinction.
- TRICARE's website, www.ucanquit2.org, also received the MarCom Gold Award for Best Website Overall in 2010. The MarCom Awards program is an international creative competition honoring outstanding achievement by marketing and communication professionals. The competition is one of the largest of its kind, with nearly 5,000 entries in the 2010 competition.
- In September, eHealthCare announced TRICARE's Quit Tobacco-Make Everyone Proud website as the recipient for the Platinum Award for the Best Overall Internet Site in the eHealthCare 2010 Leadership Awards. The eHealthCare Leadership awards highlight the Internet's role in achieving an organization's objectives and underscore the hard work that goes into creating outstanding health websites.

Humana Military Healthcare Services received a Gold Award for 'Best eBusiness' web site during the 11th Annual eHealthcare Leadership Awards sponsored by Strategic Healthcare Communications.

The eHealthcare Leadership Awards recognize excellence in health care organizations and highlight the Internet’s role in showcasing the organization’s objectives and in creating outstanding health web sites.

The ‘Best eBusiness’ Site Award is given to the organization which best integrates site support with patient services, technology, resources, and innovation.

Selection was made by an independent panel whose members are familiar with healthcare operations and with internet capabilities. Web sites were judged on the basis of internet excellence in comparison with other organizations of similar size.

An Army-funded institute that has used virtual reality to help treat traumatized veterans of the war in Iraq is now moving to build an even more detailed virtual world of Afghanistan.

The Institute for Creative Technologies at the University of Southern California, which conducted pioneering work using virtual reality to treat those suffering from post-traumatic stress disorder, received funding from the U.S. Army to build a new, advanced computer program based on Afghanistan.

The institute has been working for the past several years with a "virtual Iraq" program to treat PTSD, which allows patients, with the help of a therapist, to relive their experiences in a highly detailed simulated scene that is designed to closely resemble the sights and sounds of specific places in Iraq. In the Iraq scenario, for example, a patient might travel in a virtual convoy that's hit by a roadside bomb.

The institute has been planning a virtual Afghanistan for several years, and has done some modifications to the Iraq scenario — adding more mountains and walled compounds — to make it look a bit like Afghanistan. Virtual Afghanistan is expected to be even more realistic — and detailed — than the Iraq computer program. In addition, the new system will have even more content and a better clinical interface.

Software engineers will also be building a virtual version of Bagram Air Base in Afghanistan that is intended specifically for Air Force medical personnel who are suffering from PTSD.

Key to the virtual Afghanistan will be a “library of content” built on veterans’ individual therapy sessions, which will provide the details needed to build the virtual-reality scenarios.

While still considered experimental treatment the use of virtual reality for PTSD builds on well-accepted exposure therapy, in which a therapist talks a patient through a traumatic event.

Humana Military Healthcare Services was awarded two contracts to provide patient appointing services for military hospitals and clinics located in the greater Puget Sound, Washington, and Tidewater, Virginia, areas.

The Puget Sound contract includes support to the Madigan Army Medical Center, Naval Hospital Bremerton, Naval Hospital Oak Harbor and to the 62nd Medical Squadron at McChord Air Force Base, Wash. Service delivery will begin April 1, 2011, and subject to exercise of annual options, is expected to remain in effect through Nov. 30, 2015.

The Tidewater contract provides for support to Naval Medical Center, Portsmouth, the 1st Medical Group at Langley Air Force Base, McDonald Army Health Center at Fort Eustis and the Kenner Army Health Clinic at Fort Lee, Va. Patient appointing will begin April 1, 2011, and, subject to exercise of annual options, is expected to remain in effect until Dec. 31, 2015.

Humana Military currently provides patient appointing services in Fort Bragg, N.C.

Veterans Health Care News

- A new Department of Veterans Affairs (VA) study found that including smoking cessation treatment in mental health care for veterans with Post Traumatic Stress Disorder (PTSD) improves quit rates.

On measures of smoking abstinence for shorter periods of time, researchers found that quit rates were as high as 18 percent for the integrated care group, versus 11 percent for those receiving usual care. When compared to usual care — referral to a standard smoking cessation clinic — the new, integrated approach nearly doubled the rate at which study volunteers stayed smoke-free for a year or longer, from 4.5 percent to almost 9 percent.

Veterans in the study who quit smoking showed no worsening of symptoms of PTSD or depression. In fact, study participants averaged a 10 percent reduction in PTSD symptoms, regardless of which treatment they received or whether they quit smoking or not. The findings help dispel concerns that combining care for PTSD and smoking cessation detracts from PTSD treatment or makes it less effective.

The study followed 943 veterans at 10 VA medical centers nationwide. Prolonged abstinence from tobacco, as reported by participants, was confirmed using...
The National Institutes of Health has launched a new program in conjunction with the Albert and Mary Lasker Foundation that will provide medical doctors with funding for patient-focused, clinical research projects.

The initiative, called the Lasker Clinical Research Scholars Program, enables exceptional clinical researchers in the early stages of their careers to first spend five to seven years at the NIH Clinical Center in Bethesda, MD.

Upon successful completion of this first stage, the scholars would be offered the opportunity to remain at the NIH as senior clinical research scientists or to apply for up to four years of independent financial support at a university or other external research institution.

The Lasker Scholar program represents a historic partnership between the NIH intramural research program, with its extensive portfolio of research projects conducted in federal labs and facilities, and the extramural program.
Through an arrangement with the Lasker Foundation, scholars will have the opportunity to interact with Lasker Clinical Medical Research Award winners, who will help serve as mentors, as well as participate in many Lasker meetings and award ceremonies. The program honors the contributions of Mary and Albert Lasker to the NIH and to the overall biomedical community.

The program hopes to accept at least five clinical researchers per year for the next decade, if not longer.

- **The Center for Scientific Review (CSR) has named Dr. Alice Clark of The University of Mississippi the 2010 winner of its top honor for extraordinary commitment to peer review.**

Dr. Clark, vice chancellor for research and sponsored programs and F.A.P Bamard Distinguished Professor of Pharmacognosy, will receive the 2010 Marcy Speer Outstanding Reviewer Award, which highlights the vital contributions of CSR reviewers who evaluate NIH grant applications.

In an average year, about 17,000 reviewers volunteer approximately 150,000 days to assess the scientific merit of the applications assigned to CSR. Their scientific evaluations help NIH invest about 65 percent of its budget in the most promising research grants, paving the path to biomedical breakthroughs that improve public health and save lives.

During Dr. Clark’s 20 years of service, she participated in 63 reviews, including those as a regular reviewer and chair for the AIDS and Related Research Study Section and the Drug Discovery and Mechanisms of Antimicrobial Resistance Study Section. She also was a regular member of the Bio-Organic and Natural Products Chemistry Study Section and has served on multiple special emphasis panels.

The Marcy Speer Award recognizes scientists who demonstrate extraordinary commitment to CSR peer review groups, making it possible for NIH to fund the best applications, and, ultimately, improve public health. The award’s namesake exemplified this commitment by showing unwavering passion and commitment to science and NIH peer review as she battled cancer.

- **Targeting the core social deficits of autism spectrum disorders (ASD) in early intervention programs yielded sustained improvements in social and communication skills even in very young children who have ASD, according to a study funded by the National Institute of Mental Health (NIMH).**

The study was published online Dec. 8, 2010, in the *Journal of Child Psychology and Psychiatry.*

Although some research suggests that ASD may be reliably diagnosed earlier than the current average age of three years, few interventions have been tested in children younger than 3.

Funded through the Studies to Advance Autism Research and Treatment (STAART) Network, Rebecca Landa, Ph.D., of Kennedy Krieger Institute, Baltimore, and colleagues randomly assigned 50 toddlers, ages 21-33 months old, who were diagnosed with ASD to one of two six-month interventions designed to encourage children to make frequent and intentional efforts to engage others in communication or play. The single difference between interventions was that one group received more opportunities for joint attention, affect sharing, and socially engaged imitation. Children in both groups made improvements in social, cognitive and language skills during the six-month intervention period.

- **Stroke is now the fourth leading cause of death in the United States, down from the third place ranking it has held for decades, according to preliminary 2008 death statistics released today by CDC’s National Center for Health Statistics.**

While deaths from stroke and several other chronic diseases are down, deaths due to chronic lower respiratory disease increased in 2008.

There were 133,750 deaths from stroke in 2008. Age-adjusted death rates from stroke declined 3.8 percent between 2007 and 2008. Meanwhile, there were 141,075 deaths from chronic lower respiratory disease, and the death rate increased by 7.8 percent.

Some of the increase in deaths may be due to a modification made by the World Health Organization in the way deaths from chronic lower respiratory diseases are classified and coded. The National Center for Health Statistics will conduct a thorough analysis on this change and its effect on the chronic lower respiratory disease category before the final 2008 deaths data are released.

Deaths: Preliminary Data for 2008 also finds that life expectancy at birth dropped slightly to 77.8 years from 77.9 years in 2007. Life expectancy was down by one-tenth of a year (a little over a month) for both men and women. However, black males had a record high life expectancy in 2008 of 70.2 years – up from 70 years in 2007. The life expectancy gap between the white and black populations was 4.6 years in 2008, a decrease of two-tenths of a year from 2007.

The data are based on 99 percent of death certificates reported to NCHS through the National Vital Statistics System from all 50 states, the District of Columbia and U.S. territories.

The full report is available at [www.cdc.gov/nchs](http://www.cdc.gov/nchs).

- **Exposure to tobacco smoke – even occasional smoking or secondhand smoke – causes immediate damage to the body that can lead to serious illness or death, according to a report released by U.S. Surgeon General Regina M. Benjamin.**

The comprehensive scientific report *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease* is the 30th tobacco-related Surgeon General’s report issued since 1964. It describes specific pathways by which tobacco smoke damages the human body and leads to disease and death.

The report finds that cellular damage and tissue inflammation from tobacco smoke are immediate, and that repeated exposure weakens the body’s ability to heal the damage.

The report also explains why it is so difficult to quit smoking. According to the research, cigarettes are designed for addiction. The design and contents of current tobacco products make them more attractive and addictive than ever. Today’s cigarettes deliver nicotine more quickly and efficiently than cigarettes of many years ago.

Tobacco smoke contains a deadly mixture of more than 7,000 chemicals and compounds, of which hundreds are toxic and at least 70 cause cancer. Every exposure to these cancer-causing chemicals could damage DNA in a way that leads to cancer. Exposure to smoke also decreases the benefits of chemotherapy and other cancer treatments. Smoking causes more than 85% of lung cancers and can cause cancer almost anywhere in the body. One in three cancer deaths in the U.S. is tobacco-related.

Even brief exposure to secondhand smoke can cause cardiovascular disease and could trigger acute cardiac events, such as heart attack. It also describes the other harmful effects smoking has throughout the body, including making it harder for diabetics to control their blood sugar. Smoking makes it harder for women to get pregnant and can cause a miscarriage, preterm delivery, low birth weight, as well as damage to fetal lungs and brain tissue. Babies who are exposed to secondhand smoke are more likely to die from sudden infant death syndrome, the report finds.

- **The U.S. Department of Health and Human Services issued its new Strategic Framework on Multiple Chronic Conditions — an innovative, private-public sector collaboration to coordinate responses to a growing challenge.**

More than a quarter of all Americans — and two out of three older Americans — have multiple chronic conditions, and treatment for these individuals accounts for 68 percent of the country’s health care budget. These numbers are expected to rise as the number of older Americans increases.

The health care system is largely designed to treat one disease or condition at a time, but many Americans have more than one — and often several — chronic conditions.


The Institute of Medicine (IOM) published "For the Public's Health: The Role of Measurement in Action and Accountability," on Dec. 8, 2010. This report, the first of three reports, the IOM reviews current approaches for measuring the health of individuals and communities and suggests changes in the processes, tools, and approaches used to gather information about health outcomes and their determinants. http://www.iom.edu/Reports/2010/For-the-Publics-Health-The-Role-of-Measurement-in-Action-and-Accountability.aspx

For more information about the new HHS Strategy on Multiple Chronic Conditions, please visit: http://www.hhs.gov/ash/initiatives/mcc/

- The Department of State plans to implement an electronic health record system in its medical offices across the world to improve care quality and efficiency, according to an announcement published on the Federal Business Opportunities website.

In the announcement, the agency requested information from vendors about features and functionalities of commercial ambulatory EHRs that could serve the department’s needs.

Health services provided through the agency include:

- Coordination of local care;
- Medical clearance assessments;
- Medical evacuations; and
- Primary care

The EHR system would be used in health units of varying sizes at U.S. embassies and consulates in 170 countries. About 50,000 federal and diplomatic employees and their families receive health care through the department.

- Two new studies raise public health concerns about increasing antiviral resistance among certain influenza viruses, their ability to spread, and a lack of alternative antiviral treatment options.

The findings are published in the January 1 issue of The Journal of Infectious Diseases. (Please see below for links to these articles online.)

Influenza viruses are treated with two classes of drugs: M2 blockers (adamantanes) and neuraminidase inhibitors (NAIs), including oseltamivir and zanamivir. While the spread of influenza strains with resistance to one class of drugs has been well documented in recent years, a new report confirms that dual resistance can emerge in several ways and has been on the rise during the past three years.

The study analyzed 28 seasonal H1N1 viruses with dual resistance from 2008 to 2010 from five countries, revealing that additional antiviral resistance could rapidly develop in a previously single-resistant strain as a result of mutation, drug response, or gene exchange with another virus.

Although dual resistant viruses are still rare, the investigators noted an increase in the number of tested viruses with this resistance, from 0.06 percent (2007-2008) to 1.5 percent (2008-2009) to 28 percent (2009-2010); however, during the 2009-2010 season the number of circulating seasonal H1N1 viruses was low, and only 25 viruses were tested.

A second study examined an outbreak of oseltamivir resistant (OR) pandemic H1N1 infection in a hematology unit in the UK. The study is the first to confirm person-to-person transmission of this dually resistant strain through molecular epidemiologic methods. The 2009 pandemic H1N1 virus was inherently resistant to adamantane, but was susceptible to and treated with oseltamivir. However, by October 2009, emergence of OR H1N1 had been documented in rare patients on oseltamivir therapy.

The studies are available online:

- "Evidence of Person to Person Transmission of Oseltamivir Resistant Pandemic Influenza A (H1N1) 2009 Virus in a Hematology Unit" http://www.oxfordjournals.org/our_journals/jid/jiq/007.pdf

- Six of the nation’s leading healthcare systems announced that they're banding together to share data on outcomes, quality and costs in a first-of-its-kind collaborative effort.

The six health systems — Cleveland Clinic, Dartmouth-Hitchcock, Denver Health, Geisinger Health System, Intermountain Healthcare and the Mayo Clinic — have a combined patient population of more than 10 million people. They’ll be joining the Dartmouth Institute for Health Policy and Clinical Practice, a leading research institute that tracks disparities across the country in how patients are treated and at what cost.

The goal of the collaboration is to gather data and identify the most effective care models to lower costs while providing quality care. The collaborative will initially focus on eight costly conditions and treatments that have wide varieties in quality and outcomes: knee replacement, diabetes, heart failure, asthma, weight-loss surgery, labor and delivery, spine surgery and depression.

Reserve/Guard

- As of Dec. 14, 2010, the total number of Guard and Reserve currently on active duty has decreased by 29 to 94,041. The totals for each service are Army National Guard and Army Reserve 73,100; Navy Reserve, 6,062; Air National Guard and Air Force Reserve, 9,014; Marine Corps Reserve, 5,085; and the Coast Guard Reserve, 780. www.defenselink.mil

Reports/Policies


- The Institute of Medicine (IOM) published "For the Public's Health: The Role of Measurement in Action and Accountability," on Dec. 8, 2010. This report, the first of three reports, the IOM reviews current approaches for measuring the health of individuals and communities and suggests changes in the processes, tools, and approaches used to gather information about health outcomes and their determinants. http://www.iom.edu/Reports/2010/For-the-Publics-Health-The-Role-of-Measurement-in-Action-and-Accountability.aspx

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

12/17/2010
The Institute of Medicine (IOM) published "Redesigning the Clinical Effectiveness Research Paradigm: Innovation and Practice-Based Approaches - Workshop Summary," on Dec. 6, 2010. This report summarizes issues related to the magnitude of the need for better information, the opportunities to align research and practice, and the potential for emerging research and data networks, innovative approaches to study design, analysis, and modeling. http://www.iom.edu/Reports/2010/Redesigning-the-Clinical-Effectiveness-Research-Paradigm.aspx

Legislation

- H.R.6502 (introduced Dec. 8, 2010): The Medicare Beneficiary Preservation of Choice 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 Charles A. Gonzalez [TX-20]

- H.R.6523 (introduced Dec. 8, 2010): The Ike Skelton National Defense Authorization Act for Fiscal Year 2011 was referred to the Committee on Armed Services, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. Sponsor: Representative Ike Skelton [MO-4]

- H.J.RES.103 (introduced Dec. 9, 2010): Disapproving a rule submitted by the Department of Health and Human Services relating to “Health Insurance Issuers Implementing Medical Loss Ratio (MLR) Requirements Under the Patient Protection and Affordable Care Act” was referred to the House Committee on Energy and Commerce. Sponsor: Senator Ron Wyden [OR]

- S.4024 (introduced Dec. 9, 2010): The Medicare Enhancements for Needed Drugs Act of 2010 was referred to the Committee on Finance. Sponsor: Senator Charles E. Schumer [NY]

- S.4027 (introduced Dec. 15, 2010): A bill to provide for programs and activities with respect to the prevention of underage drinking was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Christopher J. Dodd [CT]

- S.4028 (introduced Dec. 15, 2010): A bill to amend part B of title IV of the Social Security Act to authorize the Secretary of Health and Human Services to award grants to local and tribal governments for hiring child protective services workers was referred to the Committee on Finance. Sponsor: Senator Charles E. Schumer [NY]

Hill Hearings

- There are no hearings scheduled.

Meetings / Conferences

- The 3rd Annual Health 3.0 Conference: The Next Online Generation will be held on Jan. 25-27, 2011, in 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 38th 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 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 katheroux@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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