

FEDERAL HEALTH UPDATE

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

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Executive and Congressional News

- **The House and Senate are in recess until Feb. 28, 2011.**
- **President Barack Obama announced his intent to appoint the following individuals to be members of the National Cancer Advisory Board:**
 - **Marcia Cruz-Correa, M.D., Ph.D.** is an associate professor of Medicine and Biochemistry at the University of Puerto Rico (UPR), visiting associate professor of medicine at The Johns Hopkins University, and adjunct associate professor of Surgical Oncology at the MD Anderson Cancer Center. She is the basic and translational scientific director at the UPR Comprehensive Cancer Center and a medical staff member at the VA Caribbean Health Care System in San Juan, Puerto Rico. Dr. Cruz-Correa is also a lieutenant colonel in the U.S. Army Reserve.
 - **Kevin J. Cullen, M.D.** is currently the director of the Marlene and Stewart Greenebaum Cancer Center at the University of Maryland, which under his leadership became a National Cancer Institute (NCI) Designated Cancer Center in 2008. He is a professor of Medicine at the University of Maryland and is head of its program in oncology. Dr. Cullen was previously professor of Medicine, Oncology and Otolaryngology at Georgetown University, where he also served as interim director of the Lombardi Cancer Center at Georgetown.
 - **Olufunmilayo Falusi Olopade** is the Walter L. Palmer Distinguished Service Professor of Medicine & Human Genetics, associate dean for Global Health, and director of the Center for Clinical Cancer Genetics at the University of Chicago. She is also a practicing clinician and director of the University's Cancer Risk Clinic.
 - **Jonathan M. Samet, M.D.** is professor and Flora L. Thornton Chair of the Department of Preventive Medicine at the Keck School of Medicine of the University of Southern California (USC) and director of the USC Institute for Global Health.
 - **Dr. William Sellers** is currently vice president and Global Head of Oncology for the Novartis Institutes of BioMedical Research, where he oversees small molecule and antibody-based drug discovery efforts in oncology. Dr. Sellers was formerly the principal Investigator at Dana-Farber Cancer Institute and Associate Professor of Medicine at Harvard Medical School.

Military Health Care News

- **The Army released suicide data for the month of January.**

Among active-duty soldiers, there were 15 potential suicides: one has been confirmed as suicide, and 14 remain under investigation. For December 2010, the Army reported 12 potential suicides among active-duty soldiers. Since the release of that report, one has been confirmed as suicide, and 11 remain under investigation.

During January 2011, among reserve component soldiers who were not on active duty, there were seven potential suicides: two have been confirmed as suicides, and five remain under investigation. For December 2010, among that same group, there were 17 total suicides. Of those, six were confirmed as suicides and 11 are pending determination of the manner of death.

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants are available 24/7 and can be contacted by dialing 1-800-273-TALK (8255) or by visiting their website at <http://www.suicidepreventionlifeline.org>.

The Army's comprehensive list of Suicide Prevention Program information is located at <http://www.preventsuicide.army.mil>.

- **TRICARE Management Activity published a release promoting colorectal cancer screening.**

Colorectal cancer is the third most common cancer among men and women in the United States. Of cancers affecting both men and women, it is the second leading cause of cancer-related deaths in the U.S., according to the Centers for Disease Control and Prevention (CDC).

For TRICARE Prime and Standard beneficiaries, there are no cost shares or co-pays for colorectal cancer screening, as well as many other important preventive care services. For Medicare-eligible beneficiaries covered by TRICARE For Life (TFL), Medicare covers colorectal cancer screening tests and TRICARE generally pays the remainder of any costs not paid by Medicare.

The CDC estimates at least 60 percent of colorectal cancer deaths could be prevented with regular screening of everyone aged 50 or older. According to the CDC, when colorectal cancer is found early and treated, the five-year relative survival rate is 90 percent.

There are many types of screening tests available to find colon polyps or colorectal cancer. Beneficiaries 50 and older should have annual fecal occult blood testing, a proctosigmoidoscopy or sigmoidoscopy every three to five years, or a colonoscopy every 10 years. Those with a higher risk of colorectal cancer due to any of the risk factors previously mentioned, should talk to their doctor about earlier screenings, even as young as age 25.

To learn more about colorectal screening visit CDC's Screen for Life campaign at www.cdc.gov/screenforlife. For more information about TRICARE's coverage of colorectal cancer screenings, visit www.tricare.mil.

- **TRICARE Management Activity (TMA) has launched its updated "Get Fit" webpage with a new section focusing on monthly healthy living tips through slide show presentations.**

The presentations provide suggestions for activities and health information to help beneficiaries make healthier choices. Beneficiaries have the option to view or save the file, and there is also a healthy living tips archives.

Each month TMA will introduce a new health theme to promote work-life balance by raising awareness and commitment to health and wellness. A healthier lifestyle can have many benefits, including increased energy and reduced stress. Making informed food choices and being physically active can help beneficiaries reach and maintain a healthy weight, reduce their risk of chronic disease and promote overall health.

Visit www.tricare.mil/getfit for healthy living tips, links, games and articles.

- **McKesson Corp. of San Francisco, Calif., is being awarded a contract to support to the TRICARE Pharmacy.**

The firm-fixed-price contract has a maximum value of \$1,081,313,108. The original proposal was solicited through the Federal Business Opportunities website, with two responses. The date of performance completion is Feb. 29, 2012. The Defense Logistics Agency Troop Support, Philadelphia, Pa., is the contracting activity (SPM200-03-D-1666). <http://www.defense.gov/contracts/contract.aspx?contractid=4476>

Veterans Health Care News

- **The departments of Veterans Affairs and Defense are close to an agreement on a common electronic health record, according to the VA's chief information officer.**

VA CIO Roger Baker said the two departments are weeks away from agreeing on a "single electronic health record." He made his comments in testimony before the House Veterans Affairs Committee during a Feb. 17 meeting about the VA's 2012 budget request.

Baker added that discussions on developing a single DoD-VA electronic health record have been going on this year at the highest levels in both departments. "I believe the two departments have never had a greater opportunity to nail this down and nail it shut," he said.

Baker did not say what the single record system will be, but many presume that it will be a choice between DoD's Armed Forces Health Longitudinal Technology Application (AHLTA) and VA's Veterans Health Information Systems and Technology Architecture (VistA), and that VistA has the inside track.

VA Secretary Eric Shinseki told the committee that VA's \$4 billion investment in health information technology yielded more than \$7 billion in savings. "More than 86 percent of the savings were due to the elimination of duplicated tests and reduced medical errors," Shinseki said.

The two departments have been repeatedly criticized for the lack of interoperability between their health information systems. Most recently, a report from the Government Accountability Office, released earlier this month, said that the two departments still face significant barriers to creating a joint health IT infrastructure.

- **The Department of Veterans Affairs (VA) kicked off a project to modernize its electronic health record system (EHR) with an open source model that it said will benefit both VA and private health care providers, including doctors and hospitals.**

VA will use an open source approach to modernization of its Veterans Health Information Systems and Technology Architecture, known as VistA. It is expected to encourage EHR innovation inside and outside the department and create a national asset that will benefit the entire health care market.

In its [Request For Information](#) (RFI), VA said the first stage in its project is development of an open source ecosystem, guided by a governing body called the custodial agent, which will most likely be a vendor.

The RFI stated it will contribute its existing VistA code base to the custodial agent and that code will serve as the basis for the modernization project. To update a section of code, VA will submit a project request to the custodial agent, and upon approval, contract with a vendor for the task. VA will publish the new code to the open source community, solicit feedback for improvements, and then certify it, at which point the new code will become part of the new open VistA code base.

End users, from large enterprises to small physician offices, will have many options for acquisition and deployment of the open source code, including downloading it directly from the custodial agent. An end user also could acquire the open EHR code in bundled software from vendors or nonprofit groups.

Health Care News

- **The National Institute of Environmental Health Sciences (NIEHS) announced it will launch the GuLF STUDY (Gulf Long-term Follow-up Study), to help learn if oil spills and exposure to crude oil and dispersants affect physical and mental health in states along the Gulf Coast.**

NIEHS hopes the GuLF STUDY will generate important data that may help inform policy decisions on health care and health services in the region. Findings may also influence responses to other oil spills in the future.

The NIEHS supports research to understand the effects of the environment on human health and is part of NIH. For more information on environmental health topics, visit www.niehs.nih.gov.

- **The Centers for Disease Control and Protection (CDC) released its 34th "Health, United States, 2010," which includes a compilation of health data from state and federal health agencies as well as an in-depth feature section on death and dying.**

A special abridged edition, "Health, United States, 2010: In Brief," is provided as a companion to the full report which are both available in print and online.

Highlights include:

- The percentage of adults 45 years and older who use statin, cholesterol-lowering drugs increased from 2 percent in 1988-1994 to 25 percent in 2005-2008. Half of men aged 65-74 had taken a statin drug in 2005-2008 compared with over one-third of women in the same age group.
- Between 1997 and 2009, among adults 18-64 years of age, the percentage who reported not receiving, or delaying, needed medical care in the past 12 months due to cost increased from 11 percent to 15 percent; the percentage not receiving needed prescription drugs due to cost rose from 6 percent to 11 percent; and the percentage not receiving needed dental care due to cost grew from 11 percent to 17 percent.
- One-quarter of deaths occurred at home in 2007 — more than in previous years. This shift in place of death occurred both for people who were under age 65 when they died as well as those who were 65 and over. In 2007, most deaths still occurred in facilities such as hospitals (36 percent) and nursing homes (22 percent).

The complete publications are available at www.cdc.gov/nchs.

- **The Centers for Medicare & Medicaid Services announced that more than 21,000 providers initiated registration for the Medicare and Medicaid EHR Incentive Programs in January and four states reported initial Medicaid incentive payments.**

In addition, the Office of the National Coordinator for Health Information Technology (ONC) announced that as of Feb. 11, 2011, more than 45,000 providers requested information or registration help from 62 Regional Extension Centers (RECs). RECs provide hands-on support for providers who want to adopt and become meaningful users of electronic health information technology. This early interest in the Medicare and Medicaid EHR programs reveals strong support for these programs that will advance health care through improvements in patient safety, quality of care, and patient involvement in treatment options.

Survey results released by ONC on January 13 indicate that "four-fifths of the nation's hospitals, and 41 percent of office-based physicians, intend to sign up for the incentive payments." For more information on the survey, please visit: <http://www.hhs.gov/news/press/2011pres/01/20110113a.html>

Eleven states have launched Medicaid EHR incentive programs, and incentives have been issued by four states (Oklahoma, Kentucky, Louisiana and Iowa). States that have launched their Medicaid EHR Incentive Programs are Alaska, Iowa, Kentucky, Louisiana, Michigan, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas. Medicare providers will be able to attest to meaningful use in mid- to late April, and issuance of Medicare payments is scheduled to begin in May.

The Medicare and Medicaid EHR Incentive Programs were established by the Health Information Technology for Economic and Clinical Health Act (HITECH), part of the American Recovery and Reinvestment Act of 2009. Under HITECH, Medicare and Medicaid incentive payments will be available to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) when they adopt certified EHR technology and successfully demonstrate "meaningful use" of the technology in ways that improve quality, safety, and effectiveness of patient-centered care.

For the Medicaid EHR Incentive Program, providers will follow a similar process using their state's attestation system. Check here to see states' scheduled launch dates for their Medicaid EHR Incentive Programs: <http://www.cms.gov/apps/files/medicaid-HIT-sites/>.

Eligible professionals and hospitals must register in order to participate in the Medicare and Medicaid EHR incentive programs. Registration opened on Jan. 3, 2011, at http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp.

For more information on the Medicare and Medicaid EHR Incentive Programs, visit <http://www.cms.gov/ehrincentiveprograms/>.

- **More than 21,000 people got whooping cough last year, many of them children and teens, according to the Centers for Disease Control and Prevention.**

That's the highest number since 2005 and ranks among the worst years in more than half a century. U.S. health officials are puzzled by the sharp rise in cases. The vaccine against whooping cough is highly effective in children, and vaccination rates for kids are good.

The disease is very contagious and in rare cases can be fatal, especially for babies too young to be vaccinated. Whooping cough starts like a cold but leads to severe coughing that can last for weeks.

California appeared to be the hardest-hit state last year, with state health officials reporting more than 8,300 cases, including the deaths of 10 babies.

Nationally, there were at least 26 deaths. The national case count is preliminary and may wind up being higher, CDC officials said.

CDC officials believe contagious adolescents are a worrisome threat to vulnerable infants. About 95 percent of children have had at least three shots against whooping cough. But because a whooping cough vaccine for adolescents and adults was not licensed until 2005, vaccination rates for those groups are much lower. One study estimated that only 6 percent of adults are fully immunized.

The Advisory Committee on Immunization Practices recommends the whooping cough vaccine for all adults who are around infants. On Wednesday, the committee voted to slightly alter vaccination guidance to make it clear that all nurses and other health care workers should get the whooping cough vaccine.

- **Scientists say they have developed a microchip that can be attached to a smart phone and diagnose cancerous tumors within an hour, from the patient's bedside.**

The so-called microNMR chip, which uses magnetic nano-particles to measure proteins and other chemical compounds in tumors, requires only tiny amounts of tissue to make a diagnosis, researchers said. Instead of more invasive methods, the biopsy can be done with fine needle aspiration, which withdraws cells from suspicious lesions.

The study, which was funded by grants from the National Institutes of Health, is published in the Feb. 23 issue of the journal *Science Translational Medicine*.

Using the microchip — which can be hooked up to smart phones such as iPhones and Blackberrys — researchers analyzed tissue samples from 50 patients with suspected malignancies, correctly diagnosing cancer in 44 patients within 60 minutes in 96 percent of cases by zoning in on four of nine protein markers.

In contrast, standard pathology methods typically require three or more days to produce a diagnosis and are only 84 percent accurate, the researchers noted.

Study participants, whose average age was 64, had suspicious lesions in a variety of organs, including the lungs, colon, pancreas, liver and breasts, and were already scheduled to receive biopsies for abnormal stomach tissue. Their results were validated with traditional pathology — which also didn't assess differences in tumor cell types as well as the microchip — along with an independent group of 20 additional patients. The microchip diagnoses in the additional group were 100 percent accurate, according to the study.

Researchers agreed more research would be needed before the microchip technology could be used routinely and that greater numbers of patients with more types of possible malignancies should be studied. They hope the microchip will one day be able to analyze blood samples to minimize invasive procedures.

Reserve/Guard

- As of Feb.22, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 772 to 89,724. The totals for each service are Army National Guard and Army Reserve 68,501; Navy Reserve, 5,908; Air National Guard and Air Force Reserve, 9,655; Marine Corps Reserve, 4,885, and the Coast Guard Reserve, 775. www.defenselink.mil

Reports/Policies

- **The Congressional Budget Office (CBO) published "Cost Estimate for H.R. 2, Repealing the Job-Killing Health Care Law Act," on Feb. 18, 2011.** In this report, the CBO and the staff of the Joint Committee on Taxation (JCT) have estimated the direct spending and revenue effects of H.R. 2, the Repealing the Job-Killing Health Care Law Act, as passed by the House of Representatives on Jan. 19, 2011. CBO concluded that the H.R. 2 would cause a net increase in federal budget deficits of \$210 billion over the 2012-2021 period. By comparison, last March CBO and JCT estimated that enacting PPACA and the health-related provisions of the Reconciliation Act would reduce federal deficits by \$124 billion over the 2010-2019 period. <http://www.cbo.gov/doc.cfm?index=12069>

Legislation

- **H.R.751** (introduced Feb. 17, 2011): The *Mental Health in Schools Act of 2011* was referred to the House Committee on Energy and Commerce
Sponsor: Representative Grace F. Napolitano [CA-38]
- **H.R.767** (introduced Feb. 17, 2011): The *Personal Responsibility in Health Care Insurance Act* was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and the Judiciary.
Sponsor: Representative Peter A. DeFazio [OR-4]
- **H.R.782** (introduced Feb. 17, 2011): The *State Health Care Flexibility Act of 2011* referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Thaddeus G. McCotter [MI-11]
- **H.R.791** (introduced Feb. 17, 2011): To amend title 37, United States Code, to provide flexible spending arrangements for members of the uniformed services and for other purposes was referred to the House Committee on Armed Services.
Sponsor: Representative Loretta Sanchez [CA-47]
- **H.R.816** (introduced Feb. 18, 2011): The *Provider Shield Act of 2011* was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
Sponsor: Representative Phil Gingrey [GA-11]
- **S.374** (introduced Feb. 18, 2011): The *Medicare Mental Health Inpatient Equity Act* was referred to the Committee on Finance
Sponsor: Senator John F. Kerry [MA]
- **S.392** (introduced Feb. 18, 2011): The *Promoting Health as Youth Skills In Classrooms And Life Act* was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Tom Udall [NM]
- **S.396** (introduced Feb. 18, 2011): The *Meeting the Inpatient Health Care Needs of Far South Texas Veterans Act of 2011* was referred to the Committee on Veterans' Affairs.
Sponsor: Senator John Cornyn [TX]

Hill Hearings

- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 1, 2011**, to hear the legislative presentation from the Disabled

American Veterans.

- The Senate Veterans Affairs Committee will hold a hearing on **March 2, 2011**, to examine the President's proposed budget request for fiscal year 2012
- The Senate Armed Services Committee will hold a hearing on **March 3, 2011**, to examine the Department of the Army in review of the Defense Authorization request for fiscal year 2012.
- The Senate Armed Services Committee will hold a hearing on **March 8, 2011**, to examine the Department of the Navy in review of the Defense Authorization request for fiscal year 2012.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 8, 2011**, to hear the legislative presentation from the Veterans of Foreign Wars of the United States.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 16, 2011**, to hear the legislative presentation from AMVETS, Jewish War Veterans, Military Officers Association of America, Gold Star Wives, Blinded Veterans Association, Non Commissioned Officers Association, Iraq and Afghanistan Veterans of America, Fleet Reserve Association.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 30, 2011**, to hear the legislative presentation from Paralyzed Veterans of America, Air Force Sergeants Association, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, Wounded Warrior Project, Vietnam Veterans of America, The Retired Enlisted Association, American Ex-Prisoners of War.

Meetings / Conferences

- AHIP's 2011 National Policy Forum will be held on **March 8-9, 2011**, in Washington D.C. <http://www.ahip.org/>
- The 3rd annual DoD/VA Suicide Prevention Conference will be **March 14-17, 2011**, in Boston, Mass. <http://www.dcoe.health.mil/training/upcomingconferences.aspx>.
- 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 18-25, 2011**, in Hampton Va. <https://usaphcapps.amedd.army.mil/afphc/>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>
- The 15th Battlefield Healthcare Series: *VA/DoD Continuum of Care* will be held on **March 21-23, 2011**, in Washington D.C. <http://www.battlefieldhealthcare.com/Event.aspx?id=428934>
- The 2011 National Immunization Conference (NIC) will be held **March 28-31, 2011**, in Washington, DC. <http://www.cdc.gov/vaccines/events/nic>
- The mHealth Networking Conference will be held **March 30-31, 2011**, in Chicago, Ill. www.mobih.org
- 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/>
- The World Vaccine Congress will be held on **April 11-14, 2011**, in Washington, DC. <http://www.terrapinn.com/conference/world-vaccine-congress-washington/>
- ISID-Neglected Tropical Diseases Meeting (ISID-NTD) will be held on **July 8-10, 2011**, in Boston, Mass. <http://ntd.isid.org/>
- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point will be held on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- 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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