**FEDERAL HEALTH UPDATE**

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Produced by Kate Connelly Theronx 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 March 28, 2011.
- On March 15, 2011, the President signed into law: H.J. Res. 48, which provides FY 2011 appropriations through Friday, April 8, 2011, for continuing projects and activities of the federal government.
- U.S. Congressman Walter B. Jones (NC-3) introduced H.R. 1092, the **Military Retirees Health Care Protection Act**. This legislation would prohibit increases in certain fees for military health care. The bill would prohibit increases in TRICARE co-pays, premiums and prescription drug benefits for military retirees. Congressman Dan Boren (OK-2) has signed on as an original cosponsor of the legislation.

**Military Health Care News**

- TRICARE military health plan beneficiaries affected by the situation in Japan will continue to have health care benefits, even if they relocate, according to TRICARE Management Activity officials.

  Overseas Program Prime beneficiaries may still access their benefit, and retirees and beneficiaries who are not command-sponsored will continue to have the Standard benefit.

  For emergency care, beneficiaries should go to the nearest emergency care facility. After receiving care, Prime enrollees should call the TRICARE Overseas Program call center at 1-877-451-8659 the next business day. For urgent, routine or specialty care, those enrolled in Overseas Prime who have relocated near a military treatment facility may contact that facility for appointments. In other areas, beneficiaries should contact the call center to arrange care.

  Overseas Prime beneficiaries needing replacement or refill medications may contact any military treatment facility. The TRICARE Pharmacy Operations Center at 1-888-275-4732 can assist those needing to fill prescriptions from network pharmacies.

  The TRICARE Assistance Program and Military OneSource have counselors available to help people with stress-related issues. For more information about the assistance program, visit [http://www.tricare.mil/triap](http://www.tricare.mil/triap) and to contact Military OneSource, call 1-800-342-9647 or visit [http://www.militaryonesource.com](http://www.militaryonesource.com).


- The Army released suicide data today for the month of February.

  Among active-duty soldiers, there were eight potential suicides: none have been confirmed as suicide, and eight remain under investigation. For January 2011, the Army reported 15 potential suicides among active-duty soldiers. Since the release of that report, five cases have been confirmed as suicide, and 10 cases remain under investigation.

  During February 2011, among reserve component soldiers who were not on active duty, there were eight potential suicides: one has been confirmed as a suicide, and seven remain under investigation. For January 2011, among that same group, there were eight total suicides. Of those, two were confirmed as suicides and six are pending determination of the manner of death.

  The Army's comprehensive list of Suicide Prevention Program information is located at [http://www.preventsuicide.army.mil](http://www.preventsuicide.army.mil).

**Veterans Health Care News**

- Officials of the Department of Veterans Affairs and the American Federation of Government Employees (AFGE) have reached final agreement on a new national collective bargaining agreement, their first since 1997.

  The contract will enhance VA's partnership with the union, change the rules for teleworking and expand the use of e-mail in labor-management relations.

  About 204,000 of VA's 315,000 employees are eligible for AFGE membership, with another 23,000 employees eligible for membership in four other unions.

  Secretary of Veterans Affairs Eric Shinseki approved the contract on March 15. The complete labor agreement will be signed soon by Shinseki, AFGE leadership and the VA and AFGE members of the bargaining teams at an internal event that will be broadcast at VA facilities around the country.

  Among the provisions of the contract are:

  - Enhanced collaboration with union officials on work-related issues;
  - Expansion of teleworking among employees, including clarification of rules governing telework; and
  - Increased reliance on e-mails and new technology in labor-management communications and processes.

  VA is the second largest Cabinet office in the country in terms of workforce. VA employees operate 153 major medical centers, about 1,200 other sites of health care, manage a nationwide system of 131 national cemeteries, and administer about $75 billion in disability compensation, veterans pensions, educational benefits, home loan guarantees, life insurance and other financial programs.

- The number of veterans receiving VA health care and benefits has grown by nearly 800,000 since Veterans Affairs Secretary Eric Shinseki took office in 2009.

  The number now stands at a record 8.4 million and is projected to hit 8.6 million by 2012.
President Obama has proposed a 10.6-percent increase in the VA budget for 2012 — a record $132 billion divided almost evenly between mandated and discretionary costs. Medical care, the highest expected discretionary cost, is proposed to consume $53.9 billion.

Fast-rising demand for VA care, benefits and services continues to hinder VA's efforts to reduce its backlog of undecided claims, the secretary explained during a speech to the American Legion's 61st Annual Washington Conference.

The number of completed claims decisions from VA hit 1 million last year, a new milestone, but the number of new cases flowing into the system topped 1.2 million. "This year, we are programmed to receive somewhere between 1.4 million and 1.5 million claims. This growth is tied in part to the economic downturn. The numbers are large, and merely hiring more claims processors won't give us an added capability to dominate this kind of growth pattern."

The key to reversing the trend, Shinseki told the crowd, is technology. "We must automate; and we must do it quickly." He said pilot programs around the country show promise in using automation to reduce the backlog without compromising quality. "That is something that should have happened in VA decades ago. And that is where we are heading."


- Grave safety concerns and deaths have forced the cancellation of part of a national study by the Department of Veterans Affairs.

The trial, known as the BREATH study, was aimed at reducing COPD-related hospital readmissions by providing veterans with education and other disease management support. However, it was cancelled suddenly due to safety concerns that researchers and VA officials wouldn't discuss publicly.

Meanwhile, physicians across the country say their affiliated hospitals don't provide them with enough training and resources to prevent readmissions of patients with COPD, heart failure, pneumonia, coronary artery disease and psychiatric illness.

The Society of Hospital Medicine is reporting that nearly three-fourths of the 1,013 clinicians it surveyed said their organizations' lack tactics for preventing readmissions among high-risk patient populations.

More than half (54 percent) said their organizations should provide better training and educational opportunities aimed at reducing readmissions, such as post-discharge follow-up care, condition-specific interventions and discharge communication.

"We need to optimize care in the hospital, of course, but we also need to educate patients and caregivers about their condition, ensure that pending tests and studies are completed, and then get those results into the hands of the patient's primary care provider," said lead investigator Mark V. Williams, professor and chief of the division of hospital medicine at Northwestern University Feinberg School of Medicine.

- According to a survey conducted by the American Legion, female veterans still face significant frustration getting medical care, even in Veterans Affairs facilities with female-specific services, Stars and Stripes reports.

One in four female veterans said the availability of gender-specific health care was poor within the VA system, and more than half felt the sexual trauma services at those facilities were inadequate, according to the report.

Legion officials said those perceptions could discourage other females from using the VA system, or from seeking medical help at all.

Too many times, women veterans who seek help at a VA hospital are mistaken as civilian wives," said Jimmie Foster, commander of the American Legion. "Too many people still think that veterans are men and not women."

Legion officials noted that the 1.8 million female veterans in America today make up just under 8 percent of the total veteran population, but that percentage is increasing. According to Defense Department statistics, women make up about 12 percent of the 2.2 million troops who have been deployed in support of the recent conflicts overseas. Females make up 14 percent of the current overall active-duty force.

Since 2001, 108 women have been killed in Iraq and 24 killed in Afghanistan, according to statistics from icasualties.org. Defense Department officials said more than 750 women have been wounded in action in the two wars.

The Legion's report surveyed more than 3,000 female veterans. In addition to the dissatisfaction found with other aspects of care, the research found that nearly one-third of female veterans surveyed were unhappy with the work of their Women Veterans Program Manager, assigned to VA facilities to deal with gender-specific issues and questions.

Legion officials said the results show a combination of a lack of understanding about available services and a lack of awareness of women veterans needs at the veterans' hospitals, and they suggest VA leaders need a culture change to address the issue, noting that the department has already begun outreach efforts but needs to speed that process.

VA officials said they've made efforts in recent years to address female veterans issues but acknowledged more work needs to be done.

Health Care News

- The first two of nine white papers outlining a scientific vision for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) are now available for public comment.

The two white papers, on reproduction and plasticity, are one step in a comprehensive process to develop a scientific vision for the institute. The leadership of the NICHD undertook its vision process to identify the most promising scientific opportunities of the next decade and to set an ambitious agenda that achieves critical scientific goals and meets pressing public health needs.

The workshops were attended by diverse groups of experts, including obstetricians, pediatricians, anthropologists, molecular biologists, neuroscientists and economists. Ultimately, the remaining seven white papers also will be posted for comment on the NICHD's website.

Institute staff will use the vision that results from the white papers as a basis for developing its programs and activities over the next decade.

In the weeks ahead, additional white papers on the following themes will be available:

  o Development
  o Cognition
  o Behavior
  o Pregnancy and Pregnancy Outcomes
  o Developmental Origins of Health and Disease
  o Environment
  o Diagnostics and Therapeutics

The NICHD sponsors research on development, before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation.

- This week, Dr. Ursula Bauer unveiled plans for the reorganization of the National Center for Chronic Disease Prevention and Health Promotion at CDC.
The Center is being reorganized in order to better prepare CDC to implement provisions included in the Patient Protection and Affordable Care Act (ACA), including the Consolidated Chronic Disease Prevention Grant Program and the Community Transformation Grant Program.

As part of the reorganization, the Division of Oral Health (DOH) will become a branch under a newly formed division named the Division of Population Health. Dr. Bauer emphasized that the Center needs to increase its focus on policy and environmental changes that can have the most impact on improving the public's health; improved delivery and use of quality prevention services in health care settings; and building stronger connections between clinical and community settings.

Over the next six months, DOH staff members will serve on various work groups being formed to implement the transition to the new structure. These work groups will provide recommendations to an overall transition monitoring team. It is anticipated that a formal reorganization package will be completed sometime this summer.

CDC’s oral health activity will continue to provide leadership in the areas of surveillance, applied research, community water fluoridation, infection control, evaluation and strengthening state oral health programs.

- The National Institutes of Health (NIH) will fund research that seeks to discover biomarkers for cancers that may be caused by the presence of infectious agents, such as viruses or bacteria.

Supported by the National Cancer Institute and the National Institute of Dental and Craniofacial Research, the program will fund scientists seeking to identify molecular signatures that distinguish individuals with infectious agents who are at high risk of developing cancer or that can detect early stages of cancer in infected individuals.

The grants will be supported under R01 grants that will not have specific funding amounts and under R21 grants that will provide up to $275,000 over a two-year period.  

The goal of this program is to increase knowledge about infection-associated cancers, to find ways to identify individuals who are at high risk of developing such cancers, and to detect early stage cancers in people in that population.

Molecular signatures that could distinguish which infected individuals are at high risk of developing cancer or that can detect early stages of cancer in infected people could lessen the danger of death from these malignancies.

These grants will fund research to discover molecular profiles of normal, precancerous, and cancerous lesions following infection and markers found in body fluids from infected individuals. The studies also may analyze molecular profiles to determine whether a single biomarker, a panel of markers, or molecular patterns can be used to determine which infected individuals are at risk of developing cancer, and potentially used to identify targets for cancer prevention and treatment.

- A new strategic plan to guide diabetes-related research over the next decade was announced by the National Institutes of Health.

The plan identifies research opportunities with the greatest potential to benefit the millions of Americans who are living with or at risk for diabetes and its complications.

The plan, Advances and Emerging Opportunities in Diabetes Research: A Strategic Planning Report of the Diabetes Mellitus Interagency Coordinating Committee, focuses on 10 areas of diabetes research with the most promise. The goal is to accelerate discovery on several fronts, including:

  - The relationship between obesity and type-2 diabetes, and how both conditions may be affected by genetics and environment
  - The autoimmune mechanisms at work in type-1 diabetes
  - The biology of beta cells, which release insulin in the pancreas
  - Development of artificial pancreas technologies to improve management of blood sugar levels
  - Prevention of complications of diabetes that affect the heart, eyes, kidneys, nervous system and other organs
  - Reduction of the impact of diabetes on groups disproportionately affected by the disease, including the elderly and racial and ethnic minorities

Under the plan, NIH will continue to emphasize clinical research in humans, which already has led to highly effective methods for managing diabetes and preventing complications.

Today, about 1 in 10 adults in the United States has diabetes, according to the Centers for Disease Control and PreventionBy 2050, as many as 1 in 3 adults could be diagnosed with diabetes if current trends continue, according to the CDC.

Diabetes eventually damages nearly every organ system in the body. People with diabetes are at increased risk for blindness, kidney failure, and lower limb amputation. Overall, the risk for death among people with diabetes is about twice that of people of similar age without diabetes.

### Reserve/Guard

- As of March 22, 2011, the total number of Guard and Reserve currently on active duty has decreased by 816 to 88,196. The totals for each service are Army National Guard and Army Reserve 66,614; Navy Reserve, 6,013; Air National Guard and Air Force Reserve, 9,534; Marine Corps Reserve, 5,234, and the Coast Guard Reserve, 801. [www.defenselink.mil](http://www.defenselink.mil)

### Reports/Policies


- The GAO published "End-Stage Renal Disease: CMS Should Assess Adequacy of Payment When Certain Oral Drugs Are Included and Ensure Availability of Quality Monitoring Data," (GAO-11-365) on March 23, 2011. This report describes the rationale for including oral-only ESRD drugs in the bundled payment, examines dialysis organizations' recent experience providing oral-only ESRD drugs and their future ability to provide these drugs, examines the data sources that CMS could use to account for oral-only ESRD drugs in the bundled payment, and examines CMS's ability to monitor treatment of mineral and bone disorder [http://www.gao.gov/new.items/d11385.pdf](http://www.gao.gov/new.items/d11385.pdf)


- The GAO published "Federal Food Safety Oversight: Food Safety Working Group is a Positive First Step but Government-wide Planning Is Needed to Address Fragmentation," (GAO-11-288) on March 18, 2011. This report examines' steps, if any, that the FSWG has taken to increase collaboration among federal food safety agencies and options we and others have identified to reduce fragmentation, overlap and potential duplication in food safety oversight. [http://www.gao.gov/new.items/d11289.pdf](http://www.gao.gov/new.items/d11289.pdf)

- The GAO published "DoD Health Care: Prohibition on Financial Incentives That May Influence Health Insurance Choices for Retirees and Their Dependents under Age 65," (GAO-11-168R) on March 18, 2011. In this report, GAO examined how DoD developed its savings estimate and evaluated the effect of the law. In this report, we describe DoD's method for projecting TRICARE savings as a result of section 707 for fiscal years 2010 through 2015 and DoD's efforts to determine the effects of section 707 on TRICARE participation and costs after the law went into effect. [http://www.gao.gov/new.items/d11160r.pdf](http://www.gao.gov/new.items/d11160r.pdf)

Legislation

- **H.R.1150** (introduced March 17, 2011): The Competitive Health Insurance Reform Act of 2011 was referred to the House Committee on the Judiciary. Sponsor: Representative Paul A. Gosar [AZ-1]
- **H.R.1159** (introduced March 17, 2011): To repeal certain provisions of the Patient Protection and Affordable Care Act relating to the limitation on the Medicare exception to the prohibition on certain physician referrals for hospitals and to transparency reports and reporting of physician ownership or investment interests was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. Sponsor: Representative Dave Hastings [WA-4]
- **H.R.1184** (introduced March 17, 2011): The Health Care Waiver Transparency Act was referred to the House Committee on Energy and Commerce. Sponsor: Representative Darrell E. Issa [CA-49]
- **H.R.1185** (introduced March 17, 2011): The Constitutional Protection Act of 2011 was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, House Administration, the Judiciary, National Resources, Appropriations, and Rules. Sponsor: Representative Darrell E. Issa [CA-49]
- **H.R.1186** (introduced March 17, 2011): To repeal changes made by health care reform laws to the Medicare exception to the prohibition on certain physician referrals for hospitals was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. Sponsor: Representative Sam Johnson [TX-3]
- **H.R.1187** (introduced March 17, 2011): The Fix HIT Act of 2011 was referred to the Committee on Energy and Commerce. Sponsor: Representative Adam Kinzinger [IL-11]
- **H.R.1194** (introduced March 17, 2011): To renew the authority of the Secretary of Health and Human Services to approve waivers for states to implement innovative strategies in State child welfare programs was referred to the Committee on Ways and Means, and in addition to the Committee on the Budget. Sponsor: Representative Jim McDermott [WA-7]
- **H.R.1195** (introduced March 17, 2011): The National Health Service Corps Improvement Act of 2011 was referred to the House Committee on Energy and Commerce. Sponsor: Representative Cathy McMorris Rodgers [WA-5]
- **H.R.1200** (introduced March 17, 2011): The American Health Security Act of 2011 was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Oversight and Government Reform, Armed Services, and Education and the Workforce. Sponsor: Representative Jim McDermott [WA-7]
- **H.R.1206** (introduced March 17, 2011): The Access to Professional Health Insurance Advisors Act of 2011 was to be referred to the Committee on Energy and Commerce. Sponsor: Representative Mike J. Rogers [MI-8]
- **S.604** (introduced March 17, 2011): The Senior Health Amendment Act of 2011 was referred to the Committee on Finance. Sponsor: Senator Ron Wyden [OR]
- **S.619** (introduced March 17, 2011): The STEM 2 Act was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Tom Udall (NM)
- **S.643** (introduced March 17, 2011): A bill to amend the Social Security Act to direct Medicaid EHR incentive payments to federally qualified health centers and rural health clinics was referred to the Committee on Finance. Sponsor: Senator Debbie Stabenow [MI]
- **S.649** (introduced March 17, 2011): A bill to expand the research and awareness activities of the National Institute of Arthritis and Musculoskeletal and Skin Diseases and the Centers for Disease Control and Prevention with respect to scleroderma and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Kirsten E. Gillibrand [NY]
- **S.650** (introduced March 17, 2011): A bill to require greater transparency concerning the criteria used to grant waivers to the job-killing health care law and to ensure that applications for such waivers are treated in a fair and consistent manner, irrespective of the applicant's political contributions or association with a labor union, a health plan provided for under a collective bargaining agreement, or another organized labor group was referred to the Committee on Finance. Sponsor: Senator John Ensign [NV]

Hill Hearings

- 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

- The mHealth Networking Conference will be held March 30-31, 2011, in Chicago, Ill. [www.mobih.org]
- The 15th International Congress on Infectious Diseases (ICID) will be held on April 10-13, 2011, in Washington, D.C. [www.isid.org/15th_ICID]
- The American Psychiatric Association 164th Annual Meeting will be held on April 15-18, 2011, in San Francisco, Calif. [http://www.apa.org]
- The 5th Annual Nutrition & Health Conference will be held on April 26-27, 2011, in Denver, Colo. [http://www.nutritionandhealthconf.org/]
- The 6th Annual Nutrition & Health Conference will be held on May 9-11, 2011, in San Francisco, Calif. [http://www.nutritionandhealthconf.org/]
- The American Health Security Act of 2011 will be held on May 14-18, 2011, in Honolulu, Hawaii. [http://www.aone.org/meetings]
- The 16th Annual International Meeting of the American Telemedicine Association will be held May 13-15, 2011, in Orlando, Fla. [http://www.americantelemed.org/]
- The 8th Annual Nutrition & Health Conference will be held on August 15-18, 2011, in New Orleans. [http://www.apa.org]
- The 10th Annual Nutrition & Health Conference will be held on September 27-29, 2011, in San Diego, Calif. [http://www.apa.org]
- The 15th International Congress on Infectious Diseases (ICID) will be held on October 27-29, 2011, in Philadelphia, Pa. [http://www.icid.org/]
- The American Public Health Association Annual Meeting & Exhibition will be held on October 29-31, 2011, in Washington, D.C. [http://www.apha.org/meetings/]

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

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