Executive and Congressional News

- On March 30, 2011, House Ways and Means Committee Members Wally Herger (R-CA), Dave Reichert (R-WA) and Charles Boustany (R-LA) released "Behind the Veil: The AARP America Doesn’t Know." The new report describes conflict between AARP’s drive for profits and the organization’s tax exempt status. After a year-long investigation, the report concludes that AARP stands to make upwards of one billion dollars over the next ten years as a result of the new health care law through the sale of its endorsed-Medicare insurance products.

Military Health Care News

- TRICARE Management Activity (TMA) announced that it has contracted with Epocrates to provide physicians and other health care professionals with mobile and online access to the TRICARE formulary list. Improved access to drug information at the point of care helps increase savings and guides therapy. Using Epocrates’ mobile and online drug reference applications, health care providers worldwide treating TRICARE patients can now access formulary information online. This drug information is made available to all health care providers who are Epocrates' subscribers across the Military Healthcare System.

   Epocrates’ software provides access to TRICARE formulary information, including:
   
   o Prior Authorizations – Access to information about medications that require prior authorization, or additional information from the prescriber, before TRICARE allows coverage.
   o Preferred Lists – Access to TRICARE's list of preferred medications, segmented by three tiers of cost-share. With point-of-care availability of the formulary list, healthcare providers can determine the most affordable prescription options for patients.
   o Pricing Options – Access to information about the different copays associated with using Military Treatment Facilities, mail order and retail pharmacies.

   In addition to retail, government and national formulary lists, Epocrates’ free drug reference application features information about potential interactions, adverse reactions and more. Epocrates is available online or for download to smartphones including iPhone®, BlackBerry® and Android™ devices.

- TRICARE Management Activity (TMA) announced that qualified TRICARE dependents up to age 26 will soon be able to purchase TRICARE coverage on a month-to-month basis. To qualify to purchase TRICARE Young Adult (TYA) coverage, dependents must be under 26, unmarried and not eligible for their own employer-sponsored health coverage.

   TYA will initially offer a premium-based TRICARE Standard benefit with a premium-based TRICARE Prime benefit phased in later this year. Eligible family members who receive health care services between Jan. 1, 2011 and when the program is implemented can purchase TYA coverage retroactively to Jan. 1, 2011. TMA recommends its beneficiaries save their receipts.

   Premium costs will be announced prior to start of enrollment later this spring. Once premiums are determined, TYA-eligible beneficiaries should explore all of their health care coverage options to choose a plan that makes sense for them.

   For more information about TYA visit www.tricare.mil/tya.

- The TRICARE Assistance Program (TRIAP) has been extended through March 20, 2012. Through the demonstration program, active duty service members and their families can use the Internet and a Web cam to speak “face-to-face” with mental health counselors.

   The extension will provide more time to measure the effectiveness of TRIAP, designed to improve beneficiary access to behavioral health care by incorporating Web-based technology.

   All TRIAP services are provided on a one-to-one basis, in the context of a confidential relationship, with a licensed professional. TRIAP services are available in the United States to: active duty service members, active duty family members (children must be age 18 or older), beneficiaries using TRICARE Reserve Select and beneficiaries covered under the Transitional Assistance Management Program. A referral or prior authorization to use TRIAP services is not needed.

   If a beneficiary requests TRIAP services, he or she will receive an initial assessment with a licensed professional. If video services are not possible or Web-based counseling is not an appropriate level of care, the licensed professional will refer the beneficiary to the correct organization to receive services.

   For more information about TRIAP or to link to the regional health care contractors’ TRIAP sites, beneficiaries should go to www.tricare.mil/TRIAP.

   TRIAP does not include medication management or financial counseling. It is not a crisis or suicide hotline.

- Small Bone Innovations, Inc. (SBI) announced TRICARE beneficiaries will now have access to SBI’s STAR™ Total Ankle Replacement system. The STAR is the only total ankle replacement approved through the FDA’s rigorous pre-market approval (PMA) process.
The Centers for Disease Control and Prevention (CDC) increased its investment in improving public health services by announcing more than $34 million in additional Affordable Care Act funding through the National Public Health Improvement Initiative.

In 2010, $42.5 million was released to fund 76 state, tribal, local and territorial health departments or other agents that act on their behalf. The money was provided to implement and evaluate goals set by the organization as well as help them prepare for accreditation and adhere to general public health standards.

Health departments are facing financial challenges that threaten their ability to prevent disease and promote health in their communities. Safe food, safe...
water and timely detection and response to emerging health threats depend on a strong public health system. CDC is offering this initiative in a time when a system-wide performance improvement effort is paramount to sustaining and building our public health capacity.

This initiative supports the Healthy People 2020 focus area of addressing public health infrastructure. Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform efforts/projects.

For more information, please visit http://www.cdc.gov/ostls/NPHIII/nphifoc.html.

- The U.S. Food and Drug Administration approved Yervoy (ipilimumab) to treat patients with late-stage (metastatic) melanoma, the most dangerous type of skin cancer.

Melanoma is the leading cause of death from skin disease. An estimated 68,130 new cases of melanoma were diagnosed in the United States during 2010 and about 8,700 people died from the disease, according to the National Cancer Institute.

Yervoy is a monoclonal antibody that blocks a molecule that may play a role in slowing down or turning off the body's immune system, allowing its ability to fight off cancerous cells. Yervoy may work by allowing the body's immune system to recognize, target and attack cells in melanoma tumors. The drug is administered intravenously.

Yervoy’s safety and effectiveness were established in a single international study of 676 patients with melanoma. All patients in the study had stopped responding to other FDA-approved or commonly used treatments for melanoma. In addition, participants had disease that had spread or that could not be surgically removed.

The study was designed to measure overall survival, the length of time from when this treatment started until a patient's death. The randomly assigned patients received Yervoy plus an experimental tumor vaccine called gp100, Yervoy alone, or the vaccine alone.

Those who received the combination of Yervoy plus the vaccine or Yervoy alone lived an average of about 10 months, while those who received only the experimental vaccine lived an average of 6.5 months.

Due to the unusual and severe side effects associated with Yervoy, the therapy is being approved with a Risk Evaluation and Mitigation Strategy to inform health care professionals about these serious risks. A medication guide will also be provided to patients to inform them about the therapy’s potential side effects.

- HHS Secretary Kathleen Sebelius announced six winners of round two of the HHSinnovates program.

The HHSinnovates program was launched last year to recognize exceptional innovation efforts throughout all the agencies of HHS. In the HHSinnovates program, innovation candidates are invited from throughout the department in an open nomination process. In round two, nearly 90 qualified candidates were submitted. After an initial review process, the best candidates were put up for a vote by HHS employees. During round two, over 10,000 votes were cast by HHS employees. The final six awardees include three “Secretary’s Picks” and three honorable mentions.

Candidates are judged on innovativeness and applicability for use by other programs in HHS or throughout the federal government.

The "Secretary's Picks" in round two are:

- Using Electronic Health Records for Public Health Surveillance – The Indian Health Service (IHS) in collaboration with the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) created a new public health reporting tool, which used de-identified information from electronic health records (EHRs) to provide near real-time surveillance of the H1N1 flu in American Indian/Alaska Native populations.
- FDA-TRACK + Transparency, Results, Accountability, Credibility, Knowledge-sharing – The Food and Drug Administration (FDA) developed a web-based tool for tracking progress on key activities throughout the agency and making the information available both internally and to external stakeholders and the public. FDA-TRACK is the first comprehensive performance-measuring tool applied across a major federal agency and made available both internally and externally, in response to the administration’s “Open Government” initiative.
- MedLinePlus Connect Service for Electronic Health Records – The National Library of Medicine (NLM) has adapted its widely-used MedLinePlus information service to make it directly linkable to electronic health records (EHRs) and personal health records (PHRs). In this way, consumers can instantly connect from their EHR or PHR to the information at MedLinePlus.

The three honorable mention winners are:

- From Outer Space to the Eye Clinic: NASA-NIH team develops a new device to detect blinding cataracts early – A collaboration between the National Aeronautics and Space Administration (NASA) and the National Eye Institute (NEI), part of the National Institutes of Health (NIH), has led to development of a clinical device for much earlier detection of cataracts.

- Ready, Cert, Go! – The Office of Human Resources has created a new process to streamline the hiring process for the most frequently needed positions throughout HHS. The traditional hiring process required each position to be advertised, and candidates certified, independently. The goal of the "Ready, Cert, Go!" initiative is to have a pool of certified candidates continuously available for the 12 most commonly advertised job series and grades, which will account for 4,000 positions or 67 percent of projected 2011 hiring needs.

- MONAHRQ – Input Your Data, Output Your Website – The Agency for Healthcare Research and Quality (AHRQ) has developed freely available software to enable organizations to create health care reporting web sites. Such sites can be useful for communities in assessing health care needs and for consumers as they seek out health care resources to serve them best.

Round three of HHSinnovates will begin with a call for nominations in May.

A contract has been awarded to develop a long-acting single-dose antiviral drug for use in the United States.

The drug, CS-8958, is currently marketed in Japan under the name Inavir and is in the same class of drugs as the currently approved influenza antiviral drugs Tamiflu and Relenza. CS-8958 requires only a single dose for full treatment, as opposed to the five days of twice daily dosing required for Tamiflu and Relenza. CS-8958 may also be effective against influenza viruses known to be resistant to Tamiflu.

The advanced development contract for was issued to Biota Scientific Management Pty, Ltd., of Melbourne, Australia, for $231 million over five years.

CS-8958 is a long-acting neuraminidase inhibitor, which prevents the flu virus from spreading in the body's cells. The drug is delivered using a dry powder inhaler.

Under the contract, the company will establish U.S. manufacturing of the drug, optimize its manufacturing processes, and conduct clinical trials for safety and efficacy in adult and pediatric populations. These studies are needed to apply for U.S. Food and Drug Administration approval of the drug.

The contract is part of Biomedical Advanced Research and Development Authority’s (BARDA) implementation of the national pandemic influenza preparedness strategy, which includes accelerating the advanced development of new antiviral drugs.

For more information about BARDA and the national influenza preparedness strategy, visit www.phe.gov. Information about the flu is available at www.flu.gov.

Reserve/Guard

- As of March 29, 2011, the total number of Guard and Reserve currently on active duty has increased by 933 to 89,189. The totals for each service are Army National Guard and Army Reserve 87,777; Navy Reserve, 5,952; Air National Guard and Air Force Reserve, 9,344; Marine Corps Reserve, 5,318, and the Coast Guard Reserve, 796. www.defenselink.mil
Reports/Policies


- The Congressional Budget Office (CBO) published "CBO’s Analysis of the Major Health Care Legislation Enacted in March 2010." on March 30, 2011. In its analysis, CBO estimated that the Patient Protection and Affordable Care Act (PPACA) will increase the number of nonelderly Americans with health insurance by roughly 34 million in 2021, and the provisions of the laws related to health insurance coverage will have a net cost to the Treasury from changes in direct spending and revenues of $1.1 trillion during the 2012-2021 decade.

Legislation

- H.R.1213 (introduced March 29, 2011): To repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges was referred to the House Committee on Energy and Commerce. Sponsor: Representative Fred Upton [Mi-6]
- H.R.1214 (introduced March 29, 2011): To repeal mandatory funding for school-based health center construction was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce. Sponsor: Representative Michael C. Burgess [TX-26]
- H.R.1216 (introduced March 29, 2011): To amend the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations was referred to the House Committee on Energy and Commerce. Sponsor: Representative Brett Guthrie [KY-2]
- H.R.1217 (introduced March 29, 2011): To repeal the Prevention and Public Health Fund was referred to the House Committee on Energy and Commerce. Sponsor: Representative Joseph R. Pitts [PA-16]
- H.R.1219 (introduced March 29, 2011): Optometric Equity in Medicaid Act was referred to the House Committee on Energy and Commerce. Sponsor: Representative Ralph M. Hall [TX-4]
- S.659 (introduced March 29, 2011): A bill to amend title XVIII of the Social Security Act to protect Medicare beneficiaries' access to home health services under the medicare program was referred to the Committee on Finance. Sponsor: Senator Susan M. Collins [ME]
- S.660 (introduced March 29, 2011): The PATIENTS Act of 2011 was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Jon Kyl [AZ]
- S.668 (introduced March 29, 2011): A bill to remove un-elected, unaccountable bureaucrats from seniors' personal health decisions by repealing the Independent Payment Advisory Board was referred to the Committee on Finance. Sponsor: Senator John Cornyn [TX]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on April 5, 2011, to examine the U.S. Department of Veterans Affairs Construction Planning. The Senate Veterans Affairs Committee will hold a hearing on April 6, 2011, to examine the nominations of Allison A. Hickey, of Virginia, to be VA under secretary for benefits and Steve L. Muro, of California, to be VA under secretary for memorial affairs.

Meetings / Conferences

- 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/HRI1005/8thAnnualHealthITInteroperabilitySummit.aspx
- AHA Annual Conference will be held on April 10-13, 2011, in Washington, DC. http://www.aha.org/
- The 3rd Annual Personalized Medicine Partnerships Conference will be held on April 11-12, 2011, in Washington, DC. www.personalizedmedicinelpartnerships.com
- AONE Annual Meeting & Exhibition will be held on April 13-16, 2011, in San Diego, Calif. www.aone.org/Events/AONE2011
- AMCP Annual Meeting & Showcase will be held on April 27-30, 2011, in Minneapolis, Minn. www.amcp.org
- The 16th Annual International Conference of the American Telemedicine Association will be held on May 1-3, 2011, in Tampa, Fla. http://www.americanteled.org/Events/AnnualConference/16thAnnualInternationalConference
- The Electronic Health Records Summit will be held on June 21-23, 2011, in Chicago, Ill. www.electronichealthrecoresummit.com
- The American Health Benefit Exchanges was referred to the House Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce. http://www.apha.org/meetings/pageID=3773
- The Electronic Health Records Summit will be held on June 21-23, 2011, in Chicago, Ill. www.electronichealthrecoresummit.com
- The American Public Health Association Annual Meeting & Exhibition will be held on Oct. 28-Nov. 2, 2011, in Washington, D.C. http://www.apha.org/meetings/pageID=3773

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 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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