

## 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

- **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:

- Prior Authorizations – Access to information about medications that require prior authorization, or additional information from the prescriber, before TRICARE allows coverage.
- Preferred Lists – Access 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.
- Pricing Options – Access to information about the different co-pays 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 smart phones 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-sponsor 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](http://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](http://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.

SBi is a privately-owned orthopedics company focused exclusively on serving patients and their physicians with technologies and treatments for joint replacement (arthroplasty) and post-traumatic reconstruction of the small bones & joints of the thumb, fingers, hand, wrist, elbow, toes, foot and ankle.

- **Secretary of Defense Robert M. Gates announced that the President has made the following nominations:**
  - Army Col. Norvell V. Coots has been nominated for appointment to the rank of brigadier general. Coots is currently serving as commander, Walter Reed Army Medical Center/North Atlantic Regional Medical Command, Washington, D.C.
  - Army Col. Dennis D. Doyle has been nominated for appointment to the rank of brigadier general. Doyle is currently serving as commander, 30th Medical Command, U.S. Army Europe and Seventh Army, Germany.
  - Army Col. Brian C. Lein has been nominated for appointment to the rank of brigadier general. Lein is currently serving as command surgeon, U.S. Army Forces Command, Fort McPherson, Ga.

## Veterans Health Care News

- **The Department of Veterans Affairs (VA) will extend health care to eligible veterans in halfway houses and other temporary, post-incarceration housing under a new program aimed at cutting back on repeat offenses.**

A long-standing rule has barred VA from providing health care to veterans for whom another federal, state or local government has an obligation to provide health care. Frequently, that means inmates of prisons and jails.

Under the changed rule, that prohibition would be amended and VA would be allowed to provide health care to veterans in halfway houses and other temporary, post-incarceration housing.

An Urban Institute study in 2008 found that good health care in the first months of community reentry played a key role in easing readjustment and reducing recidivism.

About 29,000-56,000 veterans are released annually from state and federal prisons, and at least 90,000 veterans are released each year from city and county jails, according to Department of Justice's Bureau of Justice Statistics.

- **On March 30, 2011, Veterans Affairs (VA) Chief Information Officer Roger Baker held a press briefing to discuss the most recent VA data breach report.**

Baker attributed most of the breaches to human error, and as a result, he said, the annual training required of VA employees is continually tailored to address the data incidents at the department.

The department is asking facility directors and privacy officers to examine the recurring problems that cause breaches, including policies that may need additional focus.

The latest VA data breach [report](#)— covering incidents from Jan. 31 to Feb. 27 — marked an increase in data breach incidents at VA, compared to the previous two months.

There were 32 more incidents reported by VA for February than in January, but both months had no incidents at the "high" risk level for compromised data. While VA has managed to gradually curb the number of IT incidents and the risk level, issues with lost and stolen information, particularly paper-based information, continue.

Among the incidents reported in VA's latest report was a lost box of 50 to 75 Veteran Identification Cards and a packet of information containing 1,629 patient names, SSNs and appointment dates left in a VA vehicle for almost four months.

## Health Care News

- **Higher nurse staffing levels in both intensive care units and in non-ICUs improve patient outcomes but not to the same extent in safety net hospitals that serve more vulnerable populations, according to a study published in the current issue of [Medical Care](#).**

The University HealthSystem Consortium study reviewed data from 1.1 million adult patients from 872 units (285 of them ICUs) in 54 hospitals, plus the hours of care that nurses provided to those patients. The study was funded by the Robert Wood Johnson Foundation's *Interdisciplinary Nursing Quality Research Initiative*.

An interdisciplinary team of nurse administrators, health service researchers and health economists found that while the staffing levels were similar in safety net and non-safety net hospitals, patient outcomes were worse in safety net hospitals.

In non-safety net hospitals, higher nurse staffing rates and a larger number of registered nurses were associated with:

- Fewer deaths due to congestive heart failure
- Fewer incidents in which nurses did not note or initiate treatment in life-threatening situations (failure to rescue)
- Lower rates of infection, including infection after operations (postoperative sepsis)
- Fewer patients required to stay in the hospital for longer than expected

Earlier this month, a study published in *The New England Journal of Medicine* found that inpatient mortality goes up significantly when a hospital has greater patient turnover and when it fails to meet its own nurse staffing targets by at least eight hours.

- **The U.S. Department of Health and Human Services unveiled a new website to help parents and other consumers learn about the most effective ways to protect themselves and their children from infectious diseases and learn about immunization.**

[Vaccines.gov](#) brings together the best in federal resources on vaccine and immunizations to provide consumers with easy-to-understand health information specifically for their needs. It is the first cross-government website devoted to providing consumer information about vaccines and immunization, combining content and expertise from agencies across HHS. It is the result of collaboration among federal health and communications experts to offer online content about vaccine and immunization based on consumer needs.

The site includes content about vaccine recommendations, the diseases that vaccines prevent, important information for getting vaccinated, and tips on travel health. It also links consumers with resources in their states to learn about vaccine requirements for school or child care entry and local community information.

In the coming year, [Vaccines.gov](#) will be expanded to include information from other government departments, grow to include a Spanish version of the site, offer new content on vaccine recommendations and infectious disease outbreaks, and be continually tested to ensure [Vaccines.gov](#) addresses the needs and questions of consumers.

- **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/ostlts/NPHI/nphiifoa.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, affecting 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 HHS*innovates* program was launched last year to recognize exceptional innovation efforts throughout all the agencies of HHS. In the HHS*innovates* 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 HHS*innovates* 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 also may 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](http://www.phe.gov). Information about the flu is available at [www.flu.gov](http://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 67,777; Navy Reserve, 5,952; Air National Guard and Air Force Reserve, 9,344; Marine Corps Reserve, 5,318, and the Coast Guard Reserve, 798. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- The GAO published *"Private Health Insurance Coverage: Expert Views on Approaches to Encourage Voluntary Enrollment,"* (GAO-11-392R) March 25, 2011. In this report, GAO obtained the views of multiple experts on the range of approaches Congress could consider to encourage voluntary enrollment in private health insurance coverage. <http://www.gao.gov/new.items/d11392r.pdf>
- 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 unelected, 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/HR11000/>
- AHA Annual Conference will be held on **April 10-13, 2011**, in Washington, DC. [www.aha.org/](http://www.aha.org/)
- The 3rd Annual Personalized Medicine Partnerships Conference will be held on **April 11-12, 2011**, in Washington, DC. [www.personalizedmedicinepartnerships.com](http://www.personalizedmedicinepartnerships.com)
- The World Vaccine Congress will be held on **April 11-14, 2011**, in Washington, DC. <http://www.terrapinn.com/conference/world-vaccine-congress-washington/>
- The 7th Annual World Health Care Congress Europe 2011 will be held on **April 13-14, 2011**, in Brussels, Belgium. <http://www.worldcongress.com/events/HR11015/>
- AONE Annual Meeting & Exhibition will be held on **April 13-16, 2011**, in San Diego, Calif. [www.aone.org/](http://www.aone.org/)
- The TRO-North Leadership Symposium will be held on **April 26-27, 2011**, in Crystal City, Va. <http://www.tricare.mil/tronorth/Symposium.cfm>
- 2011 Health Care Anti-Fraud Conference will be held on **April 27-29, 2011**, in Denver, Colo. <http://www.tricare.mil/Fraud/Conferences/Default.aspx>
- AMCP Annual Meeting & Showcase will be held on **April 27-30, 2011**, in Minneapolis, Minn. [www.amcp.org/](http://www.amcp.org/)
- The 16th Annual International Meeting of the American Telemedicine Association will be held **May 1-3, 2010**, in Tampa, Fla. <http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3773>
- The 8th Annual Nutrition & Health Conference will be held on **May 9-11, 2011**, in San Francisco, Calif. <http://www.nutritionandhealthconf.org/>
- The American Psychiatric Association 164th Annual Meeting will be held on **May 14-18, 2011**, in Honolulu, Hawaii. <http://www.psych.org/annualmeeting>
- The Military Healthcare Convention and Conference will be held on **June 13-16, 2011**, in San Antonio, Texas. <http://www.militaryhealthcareconvention.com/Event.aspx?id=407392>
- The Electronic Health Records Summit will be held on **June 21-23, 2011**, in Chicago, Ill. [www.electronichealthrecordssummit.com](http://www.electronichealthrecordssummit.com)
- 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/](http://www.isid.org/15th_ICID/)
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- The American Public Health Association Annual Meeting & Exposition will be held on **Oct. 29-Nov. 2, 2011**, in Washington D.C. <http://www.apha.org/meetings/>

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 [katetheroux@fedhealthinst.org](mailto:katetheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.

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