

FEDERAL HEALTH UPDATE

Apr 15, 2011

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

To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>.

Sponsored by



Additional sponsorship by



www.fedhealthinst.org

Executive and Congressional News

- The House and the Senate will be in recess from April 18 to April 29, 2011.
- **The House passed H.R.1217, to repeal the Prevention and Public Health Fund on April 13, 2011.** This legislation amends the Patient Protection and Affordable Care Act to repeal provisions establishing and appropriating funds to the Prevention and Public Health Fund (a Fund to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs). Rescinds any unobligated balanced appropriated to such fund.
- **On April 14, 2011, Congress passed legislation to fund the government until Sept. 30, 2011.** The bill reduces federal agency budgets by more than \$38 billion for the second half of the year. The bill now goes to the White House for President Obama's signature.
- **On April 14, 2011, the President signed into law: H.R. 4, the "Comprehensive 1099 Taxpayer Protection and Repayment of Exchange Subsidy Overpayments Act of 2011."** This legislation repeals the expansion in the Affordable Care Act of requirements for businesses to report information to the Internal Revenue Service on payments for goods of \$600 or more annually to other businesses and increases the amount of overpayment subject to repayment of premium assistance tax credits for health insurance coverage purchases through the Exchanges established under the Affordable Care Act.

Military Health Care News

- **TRICARE Management Activity (TMA) announced a new feature on TRICARE Online (www.tricareonline.com) that allows users access to expanded personal health data, including lab results, patient history and diagnoses, and provider visits.**

These features are an expansion of the current Blue Button capability, which already allowed beneficiaries to safely and securely access and print or save their demographic information, allergy and medication profiles. The Blue Button features will further encourage beneficiaries to actively engage in their healthcare. The level of data available will be dependent on where treatment occurs – with the most data available to those who regularly get care at military hospitals and clinics.

The Blue Button was fielded by TRICARE and was made generally available by other federal health care providers last year. It is the result of a close interagency partnership between the Department of Defense (DoD), Centers for Medicare and Medicaid Services (CMS) and the Department of Veterans Affairs (VA). Blue Button already has over 250,000 users.

TRICARE Online (TOL) is the Military Health System's Internet point of entry that provides all 9.6 million TRICARE beneficiaries access to available healthcare services and information through an enterprise-wide secure portal. TOL users who receive their care at a military treatment facility can schedule appointments, order prescription refills and view their personal health data. Other TOL users with active prescriptions at a military pharmacy can also request a refill for those prescriptions.

To learn more, go to www.tricareonline.com or visit www.health.mil/mhscio.

- **According to the American Statesman, the number of U.S. soldiers who were diagnosed as overweight or obese has grown from 12,331 (2.2 percent) in 2002 to 40,400 in 2010, making up 6.5 percent of the force.**

All five military branches saw similar increases over the past eight years, led by the Air Force, with 7.2 percent of its ranks considered overweight or obese. Since 1992, more than 24,000 soldiers have been discharged for failing to control their weight.

The problem of military obesity has potentially severe ramifications for both individuals and the armed forces in general, experts say. A 2007 study in the American Journal of Health Promotion found that excess weight in the military, which is blamed for rising numbers of back and joint injuries, caused a loss of \$105.6 million annually in missed work days and lower productivity. And a group of retired generals says the obesity epidemic in the civilian world is a national security threat, with more than 20 million Americans of military age too heavy to enlist.

Soldiers who become overweight after enlisting cannot be promoted or attend military training schools. And military officials say that now, more than ever, extra weight can be a career killer.

In previous years, the Army was expanding and accepted recruits who did meet fitness requirements but now the Army is expected to reduce its force and are looking to (discharge) soldiers not making regulation.

Defense Secretary Robert Gates has announced that the Army will cut 27,000 troops, or about five percent of the force, starting in 2015 in a move to reduce defense spending.

Military officials say the weight problem in the Army mirrors the trend of obesity in America.

Some critics say the Army bears some of the blame for its increasingly overweight force, pointing to the plethora of fatty fried foods, sweets and large portions served at dining facilities. And Army posts give soldiers easy access to fast-food courts and high-calorie energy drinks that are consumed heavily by soldiers.

In an attempt to produce a fitter force, the Army in recent months has moved to make its food offerings more healthful and similar to what performance athletes eat. At posts providing basic training, menus have already been revamped to offer more fruits and vegetables, low-fat dairy products and whole grain pastas and less fried food. Officials say eventually all of the Army's dining facilities will say goodbye to greasy burgers and adopt the new standards.

- **The U.S. Army Medical Research Institute of Infectious Diseases announced the beginning of a clinical evaluation of a potential vaccine against the biological agent ricin.**

The Phase 1 trial is intended to examine the safety of the ricin vaccine candidate and its capacity to produce an immune reaction from a limited pool of participants. Depending on the results of the Phase 1 trial, further testing could be conducted on an expanded number of people.

Two individuals have received the vaccine so far this month. Both study volunteers are doing fine, according to USAMRIID Clinical Research Department researchers.

There is presently no cure for exposure to ricin, a toxin derived from castor beans that can be deadly in very small doses. The commercial prevalence of castor beans around the world has increased biodefense experts' fears that ricin might become a tool of terrorism.

Following inhalation, ricin particles cause very strong respiratory problems that result in lung failure within three days. Ricin, if consumed, can produce strong gastrointestinal problems that result in vascular collapse and death.

USAMRIID has spent years seeking to create a ricin vaccine. This study is a key point in that program. Previous testing demonstrated that the ricin vaccine candidate provided mice with comprehensive protection against deadly levels of aerosolized ricin. Additional studies were carried out using rabbits and primates, building up to the current Phase 1 testing on humans.

The U.S. Food and Drug Administration has approved the vaccine candidate for investigational testing. In all, 30 participants would receive three vaccine doses in a roughly two-month time line.

- **The Department of Defense (DoD) has awarded a \$900,000 grant to Henry Heng, Ph.D., associate professor in WSU's Center for Molecular Medicine and Genetics, to discover the biological cause of Gulf War Illness (GWI).**

For nearly two decades following the 1991 Gulf War, doctors noticed a trend in many of veterans of that conflict: an unexplainable cluster of symptoms including but not limited to chronic fatigue, memory loss, and depression. It wasn't until 2008 that a scientific panel from the U.S. Department of Veterans Affairs concluded that a third of American troops who served in the Gulf War were suffering from combinations of these symptoms, now recognized collectively as GWI.

In early research, Heng observed that patients who had GWI symptoms also tended to have extremely high levels of genomic instability, illustrated by increased chromosomal aberrations detected in their blood cells. Heng's hypothesis is also drawn from the genome theory, which suggests that complex disorders are not caused by individual genes, but rather by diverse factors not commonly shared and that affect the entire genome, which comprises the complete complement of genetic material of an organism within the nucleus and includes the genomic topology and the genetic network. When abnormal chromosomes form, the entire genome-defined system changes. "We propose that under the extreme environment of war, some individuals' genomes will become increasingly unstable, and war-induced genetic instability will lead to diverse disease traits that can be characterized as GWI," said Heng.

As his research on GWI progresses, Heng anticipates that his findings may make it possible to use simple blood samples to identify GWI patients. "Establishing GWI as a complex disorder and identifying its general causes will not only allow accurate diagnosis of this condition," said Heng, "but also move us toward reducing the prevalence of this condition in the future."

Veterans Health Care News

- **A Department of Veterans Affairs (VA) initiative has reduced the global health care issue of methicillin resistant Staphylococcus aureus (MRSA) infections by more than 60 percent in the United States.**

The control practices used by the VA are featured in the latest issue of the [New England Journal of Medicine](#). It reports data from the first three years of the initiative that is now in its fourth year of implementation, and which continues to be associated with decreased rates of MRSA infections.

The article reviews a bundle of four infection control practices that marked a dramatic improvement in preventing hospital-acquired MRSA infections. MRSA infections are a serious global health care issue and are difficult to treat because the bacterium is often resistant to many antibiotics.

The prevention practices consist of patient screening programs for MRSA, contact precautions for hospitalized patients found to have MRSA, and hand hygiene reminders with readily available hand sanitizer stations placed strategically in common areas, patient wards, and specialty clinics throughout medical centers. The strategy also involved creating a culture that promotes infection prevention and control as everyone's responsibility.

More than 1.7 million screening tests for MRSA were done on veteran patients during the period reported in the analysis.

- **The Department of Veterans Affairs (VA) announced a new pilot project in the Richmond region to improve the delivery of veterans' health information.**

The Richmond VA Medical Center will partner with MedVirginia (MedVA) to create a comprehensive health information network for exchanging health information in the area. VA selected the Richmond area because it has a high concentration of veterans, military retirees and members of the Guard and Reserve in the region.

The Richmond pilot builds on the success of the Virtual Lifetime Electronic Record (VLER) program pilots in San Diego and Hampton Roads/Tidewater, Va. Participants will exchange information using the Nationwide Health Information Network.

Veterans in the area will be invited to participate in this health data exchange program, which went live on March 11. Veterans who choose to participate will authorize their public and private sector health care providers and doctors to share specific health information electronically, safely, securely, and privately. No exchange of information will occur without the appropriate permissions of the individual patients. More detailed information on the pilot program is available by calling 1-877-771-VLER (8537).

- **The South Florida Veterans Affairs Foundation for Research and Education is sponsoring "Peer-led and Telehealth Comparative Effectiveness Research (CER) Clinical Trial study to examine how Telehealth CER can help veterans prevent diabetes.**

The overall objective for this study is to implement evidence-based interventions to increase the adoption of findings from CER to prevent and manage diabetes in South Florida older veterans. The investigators will conduct a 12 month randomized controlled trial in older veterans with pre-diabetes.

The Clinical Trial has two specific interventions:

- Peer-led intervention—An expert patient in the peer-led intervention will provide effective support for patients and families to accelerate adoption of CER for diabetes prevention and management in the elderly.
- Telehealth intervention—Participants in this group will receive mobile phones programmed to monitor specific clinical parameters and promote adoption of CER to prevent and manage diabetes in part based on the input from focus groups. The devices will display messages, tips, reminders and questions regarding healthy lifestyle and clinical parameters of diabetes.

The study is not yet open for participant recruitment but the estimated enrollment for the study is expected to be 85 veterans 60 years and older, diagnosed with diabetes or pre-diabetes, enrolled in the "Healthy Aging Regional Collaborative program. They must be able to operate a telemedicine device, respond

to text queries, and use his/her glucose meter, a blood pressure monitor, and a scale for daily weights.

South Florida provides a unique setting to accelerate the adoption of CER evidence into practice and to address the obesity and diabetes challenges of the aging population. There are more than 800,000 multi-ethnic residents age 60 and over with many that have one or more chronic diseases living in the area. Additionally, a large number of older veterans that have or at high-risk for diabetes, currently receive care in the Miami VA Healthcare System.

For more information, go to <http://clinicaltrials.gov/ct2/show/NCT01307137>

Health Care News

- **Secretary Kathleen Sebelius and CMS Administrator Donald Berwick launched the *Partnership for Patients* on April 12, 2011.**

The *Partnership for Patients* is a new public-private partnership that brings together leaders of major hospitals, employers, health plans, physicians, nurses and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable and less costly.

The two goals of the new *Partnership for Patients* are to:

- *Keep hospital patients from getting injured or sicker.* Decrease instances of patients acquiring preventable conditions while in hospitals by 40 percent (compared to 2010) by the end of 2013.
- *Help patients heal without complication.* Decrease preventable complications during a transition from one care setting to another so that the number of patients who must be re-admitted to the hospital would be reduced by 20 percent (compared to 2010) by the end of 2013.

Achieving these goals holds potential to save both lives and money. The combined efforts of this partnership could save 60,000 American lives and reduce millions of preventable injuries and complications in patient care over the next three years. It also could save as much as \$35 billion to the healthcare system, including up to \$10 billion in Medicare savings.

More than 500 hospitals, as well as physicians and nurses groups, consumer groups and employers have pledged their commitment to the Partnership.

For additional information about the *Partnership for Patients*, visit: <http://www.healthcare.gov/center/programs/partnership/>.

- **U.S. Surgeon General (Dr.) Regina M. Benjamin announced the selection of Jeffrey Levi, Ph.D., as chair of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health.**

Levi is executive director of Trust for America's Health, a non-profit, non-partisan organization dedicated to making disease prevention a national priority.

Levi is professor of Health Policy at George Washington University School of Public Health and has conducted research on HIV/AIDS, Medicaid, integrating public health, and the health care delivery system. Dr. Levi previously served as deputy director of the White House Office of National AIDS Policy and was an associate editor of the *American Journal of Public Health*.

The president established the Advisory Group as required by the Affordable Care Act to provide policy and program recommendations, and to advise the National Prevention, Health Promotion and Public Health Council (National Prevention Council) on chronic disease prevention and management, integrative health care practices and health promotion.

- **The FDA Oncologic Drugs Advisory Committee has recommended two new pancreatic cancer drugs, Pfizer's Sutent (sunitinib malate) and Novartis' Afinitor (everolimus), to be approved for the treatment of unresectable pancreatic neuro-endocrine tumors, a rare type of pancreatic cancer.**

Pancreatic neuro-endocrine tumors affect approximately 0.32 in every 100,000 people, a very rare type of cancer. Unlike other pancreatic cancers, which result in death within a few months, pNET generally grows more slowly. Approximately 95 percent of all pancreatic cancers are *pancreatic adenocarcinomas*.

Although the FDA Advisory Committee's recommendations are not binding, the Agency tends to go along with what their members advise. Earlier on in the day the Committee recommended that another drug, Afinitor (everolimus) also be approved for the same type of cancer.

- **The U.S. Food and Drug Administration (FDA) has approved the cPAX Aneurysm Treatment System for surgery on brain aneurysms that are difficult to manage because of their size and shape.**

An aneurysm is a bulge in the wall of a blood vessel, which can rupture as it increases in size, causing hemorrhage or death. Brain aneurysms often produce no symptoms until they grow and press on nerves in the brain, or until they begin to leak blood or rupture.

Aneurysms can be repaired in two ways: surgeons can close the base of the aneurysm with a surgical clip, or use a technique commonly known as coiling, in which surgeons use a catheter to thread metallic coils through a blood vessel in the groin and into the blood vessel in the brain that contains the aneurysm. Surgeons then fill the aneurysm with the detachable coils, which block it from circulation and cause blood to clot, effectively destroying the aneurysm.

Aneurysms larger than 10 millimeters are difficult to treat with clipping or coiling. The cPAX Aneurysm Treatment System is indicated for use in those brain aneurysms.

The cPAX polymeric filler material can be secured in the aneurysm in one of two ways, either by insertion through openings in a permanent stent, which is a tiny metal scaffold placed along the vessel wall, or by using a temporary balloon catheter to block off the opening to the aneurysm and keep the filler material from coming out of the aneurysm as it is being delivered.

By filling the bulging space within the aneurysm with implant material, the blood flow through the aneurysm is stopped and any remaining space around the implant material clots. When filled with implant material and blood clot, and the risk of rupture of the aneurysm decreases.

The cPAX Aneurysm Treatment System was approved on April 1, 2011, under a Humanitarian Device Exemption (HDE). The HDE makes medical devices available to patients with rare medical conditions that affect fewer than 4,000 people a year. The approval for this HDE was based on safety data from two studies of 43 subjects.

- **Health and Human Services Secretary Kathleen Sebelius has named Farzad Mostashari, M.D., as the new national coordinator for health information technology.**

Mostashari has served as deputy national coordinator. He joined ONC in July 2009 after a stint as an assistant commissioner in the New York City Department of Health and Mental Hygiene and overseeing adoption of information technology by providers in underserved communities.

With training in internal medicine, Mostashari is a recognized expert in investigating disease outbreaks and electronic disease surveillance. He has held positions in the Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality, and established the Bureau of Epidemiology Services at the New York City Department of Health.

Reserve/Guard

- As of April 12, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 143 to 90,068. The totals for each service are Army National Guard and Army Reserve 69,091; Navy Reserve, 5,568; Air National Guard and Air Force Reserve, 9,330; Marine Corps Reserve, 5,371, and the Coast Guard Reserve, 708. www.defenselink.mil

Reports/Policies

- The GAO published *"Medical Devices: FDA's Premarket Review and Post-market Safety Efforts,"* (GAO-11-556T) on April 13, 2011. This report provides an update on FDA's oversight of medical products, including devices, to its list of high-risk areas. It also contains preliminary information on FDA's oversight of medical device recalls <http://www.gao.gov/new.items/d11556t.pdf>
- The GAO published *"Public Health Preparedness: Developing and Acquiring Medical Countermeasures Against Chemical, Biological, Radiological, and Nuclear Agents,"* (GAO-11-567T) on April 13, 2011. This report focuses on how HHS determines needed CBRN medical countermeasures and priorities for development and acquisition, and selected challenges to medical countermeasure development and acquisition. <http://www.gao.gov/new.items/d11567t.pdf>
- The Institute of Medicine (IOM) published *"Advancing Oral Health in America,"* on April 8, 2011. In this report, the IOM assessed the current oral health care system and to recommend strategic actions for Department of Health and Human Services (HHS) agencies to improve oral health and oral health care in America. <http://www.iom.edu/Reports/2011/Advancing-Oral-Health-in-America.aspx>
- The Institute of Medicine (IOM) published *"The New Profile of Drug-Resistant Tuberculosis in Russia: A Global and Local Perspective – Summary of a Joint Workshop,"* on April 8, 2011. This report is a summary of the findings from the workshop designed gather information from experts on the threat of drug-resistant TB and ways to combat it. <http://www.iom.edu/Reports/2011/New-Profile-of-Drug-Resistant-Tuberculosis-in-Russia.aspx>

Legislation

- H.R.1473 (introduced April 11, 2011): the Department of Defense and Full-Year Continuing Appropriations Act, 2011 was reported to the House Sponsor: Representative Harold Rogers [KY-5]
- H.R.1485 (introduced April 11, 2011): To address the public health and safety threat presented by the risk of catastrophic wildfire on Federal forestlands by requiring the Secretary of Agriculture and the Secretary of the Interior to expedite forest management projects relating to hazardous fuels reduction, forest restoration, forest health, and watershed restoration was referred to the Committee on Agriculture, and in addition to the Committee on Natural Resources. Sponsor: Representative Wally Herger [CA-2]
- H.R.1491 (introduced April 12, 2011): To protect public health and safety should the testing of nuclear weapons by the United States be resumed was referred to the Committee on Armed Services, and in addition to the Committees on Energy and Commerce, and Natural Resources. Sponsor: Representative Jim Matheson [UT-2]
- H.RES.219 (introduced April 12, 2011): Providing for consideration of the bill (H.R. 1217) to repeal the Prevention and Public Health Fund was placed on the House Calendar. Sponsor: Representative Virginia Foxx [NC-5]
- S.795 (introduced April 12, 2011): A bill to address HIV/AIDS in the African-American community and for other purposes was referred to the Committee on Health, Education, Labor and Pensions. Sponsor: Senator Kirsten E. Gillibrand [NY]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **May 4, 2011**, to examine poorly performing U.S. Department of Veterans Affairs Regional Offices.
- The Senate Appropriations: Subcommittee on Department of Defense will hold a hearing on **May 11, 2011**, to examine proposed budget estimates for fiscal year 2012 for the Guard and Reserve.
- The House Veterans Affairs Committee will hold a legislative hearing on **June 2, 2011**, to examine pending legislation.

Meetings / Conferences

- AONE Annual Meeting & Exhibition will be held on **April 13-16, 2011**, in San Diego, Calif. www.aone.org/
- The International Biodosimetry Research Symposium will be held on **April 18-19, 2011**, in Bethesda, Md. <http://www.usuhs.mil/afrianniversary/events/bdsymposium/registration.html>
- 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/
- The 16th Annual International Meeting of the American Telemedicine Association will be held **May 1-3, 2010**, in Tampa, Fla. <http://www.americantelemed.org/4a/pages/index.cfm?pageID=3773>
- Weight of the Nation™ Conference: Moving Forward, Reversing the Trend will be held on **May 7-9, 2012**, in Washington, D.C. www.weightofthenation.org
- 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
- 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/
- 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/>
- mHealth Summit will held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>

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.

Back issues available at [Federal Health Update Archives](#).

© Copyright 2007, IFHC
5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016
(202)271-5814 postmaster@fedhealthinst.org