

## FEDERAL HEALTH UPDATE

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

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### Executive and Congressional News

- The House is in recess until May 23, 2011.

### Military Health Care News

- **TRICARE Management Activity (TMA) has launched "TRICARE TV" to provide its beneficiaries another venue to learn more about their health care plan.**

TRICARE TV, part of TRICARE's social media program, offers short videos about the overall TRICARE program, as well as some of the special programs within TRICARE. To view TRICARE TV, beneficiaries can visit TRICARE's YouTube channel at [www.youtube.com/TRICAREHealth](http://www.youtube.com/TRICAREHealth) or [www.tricare.mil/mediacenter](http://www.tricare.mil/mediacenter).

- **In partnership with the pharmaceutical industry, the Department of Defense (DoD) Military Health System has developed a new vaccine to prevent febrile respiratory illness caused by adenovirus types 4 and 7 that often occurs among military recruits during basic training.**

Adenovirus can cause severe flu-like illness and is commonly transmitted person-to-person in basic training sites where recruits live in close quarters.

The Food and Drug Administration (FDA) approved the vaccine on March 16, 2011. It is indicated for active immunization to prevent febrile acute respiratory disease caused by Adenovirus Types 4 and 7, and is approved solely for use in military populations 17- through 50-years of age. The current DoD policy is to administer the vaccine only to new military recruits during in-processing at basic training locations.

The vaccine was developed specifically for the U.S. military by Teva Pharmaceuticals USA, Inc./Barr Laboratories, Inc. DoD will be the only user of the vaccine, which is primarily aimed at ensuring the health and safety of new service members.

Since 2001 the Defense Health Program has spent about \$107 million to develop the vaccine, and additionally will spend more than \$45 million annually on contracting for the next several years to produce and administer it. Under the FDA license, Teva Pharmaceuticals USA, Inc./Barr Laboratories, Inc., is approved to manufacture, fill, label, and package the final formulated product.

- **The U.S. Government Accountability Office (GAO) has upheld a decision by the TRICARE Management Activity (TMA) to award a \$3.1 billion TRICARE dental plan contract to a unit of MetLife Inc., rather than to United Concordia Companies Inc.**

TRICARE is a program that provides health coverage for military personnel, military dependents and military retirees who get medical care outside the military and veterans health care systems.

United Concordia has been the TRICARE dental program provider for 15 years.

The new TRICARE dental contract would have provided dental coverage for 2 million TRICARE dental program enrollees for a 12-month base period and five, one -year option periods.

According to the [ruling](#), TRICARE managers reasonably determined that the MetLife provider network was larger and better for meeting TRICARE needs than United Concordia's network. GAO also agreed that it was reasonable for TMA to look at the dental carriers' past contracts, including the magnitude and scope of the services previously performed.

- **TRICARE Management Activity (TMA) announced that it has added coverage for an enhanced cervical cancer screening test that helps detect the presence of the human papillomavirus (HPV).**

The HPV DNA test is done to find a high-risk HPV infection that can cause cervical cancer. To perform the HPV test, cells are collected from the cervix at the same time as a pap smear is performed.

The HPV DNA test is covered as a cervical cancer screening under TRICARE's clinical preventive services when performed in conjunction with a Pap smear for women aged 30 and older. Coverage is based on national guidelines for the use of HPV DNA testing and is retroactive to Sept. 7, 2010.

More than 12,000 women are diagnosed with cervical cancer every year, and 4,000 women die from this disease. While it once was the leading cause of death among women, the Centers for Disease Control and Prevention reports the number of cervical cancer deaths have decreased dramatically as a result of regular cervical cancer screening.

Preauthorization for HPV testing is not required, and beneficiaries have no copayments or cost-shares for routine cervical cancer screening under TRICARE. In addition, TRICARE covers the CDC recommended vaccine series to prevent HPV infection in girls. The HPV vaccine is recommended for girls 11 or 12 years of age, but doctors may start the series in girls as young as 9, and can give catch-up vaccinations through 26 years of age for those who have not completed the vaccine series.

For more information, visit [www.tricare.mil/preventiveservices](http://www.tricare.mil/preventiveservices).

### Veterans Health Care News

- **In the first week for open applications, the Department of Veterans Affairs (VA) has assisted more than 625 veterans, service members and their family caregivers in applying for new services under the Caregivers and Veterans Omnibus Health Services Act 2010.**

New services for primary family caregivers of eligible post-9/11 veterans include a stipend, mental health services and access to health care insurance, if they are not already entitled to care or services under a health plan. The stipend portion of this service will be backdated to the date of the application. Comprehensive caregiver training and medical support are other key components of this program.

VA began processing applications for eligible post-9/11 veterans and service members to designate a Primary Family Caregiver on May 9, 2011. On top of receiving the 625 plus applications, caregiver support coordinators have also assisted nearly 1,200 other caregivers in finding more than two dozen other caregiver benefits VA provides.

For more information, please visit: [www.caregiver.va.gov](http://www.caregiver.va.gov).

- **The PTSD Coach smart phone application (app), launched in April by the Department of Veterans Affairs (VA) and the Department of Defense (DoD), has already helped more than 5,000 users connect with mental health information and resources.**

Since its launch, the PTSD Coach app has been downloaded by thousands of individuals. While 96 percent of the users are located in the United States, the app has also been downloaded in 25 other countries. The app lets users track their PTSD symptoms, links them with public and personalized sources of support, provides accurate information about PTSD, and teaches helpful strategies for managing PTSD symptoms on the go.

Currently, the PTSD Coach app has received perfect customer review scores on the iTunes App Store. Comments from veterans and family members are overwhelmingly positive, and one user describes the app as "a must for every spouse who has a family member with PTSD." Professionals have sent positive reviews, suggestions and offers to collaborate on research evaluating the PTSD Coach app.

The app is one of the first in a series of jointly designed resources by the VA National Center for PTSD and DoD's National Center for Tele-health and Technology to help service members and veterans manage their readjustment challenges and get anonymous assistance.

Information on the PTSD Coach app is on the VA's National Center for PTSD website: <http://www.ptsd.va.gov/public/pages/PTSDCoach.asp>.

- **The Veterans Health Administration will begin testing a health information exchange between the Grand Junction (Colo.) VA Medical Center and Moab (Utah) Regional Hospital and surrounding physician practices.**

The VA hopes this is the first of many projects across the country that will expedite the coordination of care for the seven in ten veterans who receive some portion of care from private physicians and hospitals.

Without a health information exchange, care was often repeated, delayed or inefficient because physicians had to wait for phone calls and faxes. The health information network will allow private physicians to get the medical records of the veterans they treat and share their clinical notes and test results with VA hospitals.

The ORH awarded grants in 2010 to four states with large veteran populations living in rural areas. Utah received \$1.2 million for the project.

The VA has begun talking with veterans about the project and obtaining consent from them to participate in the data exchange. All must opt in to the program. When the program is up and running, military personnel, through the Virtual Lifetime Electronic Record, will have a single medical record that carries them from active duty to retirement and beyond.

- **The launch of the Endeavour, with its research payload for two new vaccines aboard, marked yet another milestone in VA's longstanding collaboration with the National Aeronautics and Space Administration.**

The payload, which carries National Pathfinder Vaccine 10, is the last in a series working toward vaccines for two common infections: salmonella, which commonly contaminates the U.S. food chain, leading to food recalls and gastrointestinal illnesses, and an antibiotic resistant form of *Staphylococcus aureus*, also known as "golden staph," the most common bacterial agent found in combat infections.

By using the unique environment of microgravity to determine the cellular changes that determine bacterial virulence, especially changes in gene functioning, scientists have sought to use these space flights to help speed vaccine development.

VA research has flown payloads related to a variety of vaccine targets on the last 10 space shuttles and is scheduled to fly another payload on the final journey of the Atlantis in June 2011. This ongoing work has been in collaboration with the University of Colorado - Boulder, Banting, Best Lab at the University of Toronto, and Astrogenex LLC. Additionally, the Durham, North Carolina, VA Medical Center (VAMC) houses a lead laboratory for the International Space Station Pathfinder program.

## Health Care News

- **Results from one of the largest U.S. government clinical trials on tuberculosis preventive therapy to date suggest that treatment for latent tuberculosis (TB) infection — normally a difficult and lengthy regimen — may soon be easier than ever in countries with low-to-medium incidence of TB.**

The 10-year study found that a supervised once-weekly regimen of rifapentine and isoniazid taken for three months was just as effective as the standard self-administered nine-month daily regimen of isoniazid, and was completed by more participants.

The multi-country, CDC-sponsored trial tested the effectiveness of this new preventive TB treatment regimen (using currently available anti-TB drugs) among persons with latent TB infection who are at high risk for progression to TB disease.

Latent TB infection occurs when a person has TB bacteria in his or her body, but does not have symptoms and cannot transmit the bacteria to others. However, if the bacteria become active, the person will develop TB disease, become sick, and may spread the disease to others. Although not everyone with latent TB infection will develop TB disease, some people, such as those with weakened immune systems, are at higher risk of progression to TB disease.

The new regimen to treat latent TB reduces the doses required for treatment from 270 daily doses to 12 weekly doses, making it much easier for patients to take.

In the United States, the number of persons with TB disease is at an all-time low (11,181 total cases were reported in 2010); however, approximately 4 percent of the U.S. population, or 11 million people, are infected with the TB bacterium. TB continues to disproportionately affect racial/ethnic minorities and foreign-born individuals in this country.

- **The annual Medicare Trustees Report finds that shows that Medicare's Hospital Insurance (HI) Trust Fund is now projected to remain solvent until 2024.**

The report, released on May 13, found that actual Part B expenditure growth in 2010 was lower than expected. Part B is funded by a combination of beneficiary premiums and general revenue financing.

Part D, the Medicare prescription drug program, is also in financial balance as a result of annual updating of enrollee premiums and benefit payments. Projected expenditures are slightly lower overall than in last year's report, reflecting lower-than-expected costs in 2009 and 2010 together with a reduction in

the projected growth in prescription drug spending in the U.S. for the next 10 years.

HI Trust Fund expenditures have exceeded income annually since 2008 and are projected to continue doing so under current law in all future years. Interest earnings and asset redemptions are required to cover the difference. HI Trust Fund assets are projected to cover annual deficits through 2023, with asset depletion beginning in 2024.

The five year change from the 2010 trustee report was due to a slowdown in the national economy, which resulted in a decline in tax revenues and higher real projected expenditures. This is not the first time that the HI Trust Fund expiration date has been affected by a decline in anticipated revenues. In 2004, for example, the Trust Fund exhaustion date moved up by seven years, in large part because payroll tax revenues in 2003 were lower than had been anticipated.

The report is available at: <http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2011.pdf>

- **Global spending on medications will grow at a slower rate over the next few years, mainly because of a move toward generics and policy-driven changes in many nations, according to a new report issued by the IMS Institute.**

The report, "[The Global Use of Medicines: Outlook Through 2015](#)" found that global spending on medications is expected to reach \$1.1 trillion by the end of 2015.

While global medicine spending has been rising by an average of 6.2 percent annually over the last five years, the coming five years will see growth slow down to between 3 percent and 6 percent.

- **U.S. employers can expect to see health care costs rise by 8.5 percent in 2012, according to the annual report on medical cost trends published by PwC's Health Research Institute.**

The report, [Behind the Numbers](#), found that many employers plan to change health benefit plan designs, including increased cost-sharing with employees, to keep employers' costs increases to an average of seven percent next year.

The slow economic recovery, unemployment and reduction in disposable income have caused Americans to seek fewer health care services, which led to lower-than-expected growth in employers' medical cost trends in 2010 and 2011.

Based on interviews with health plans, PwC had projected a 9 percent increase in employer medical costs for both years. However, low utilization led to adjusted estimates in the medical cost trend to 7.5 percent for 2010 and 8 percent for 2011 before benefit plan changes. The end of subsidized COBRA coverage in 2010 is offsetting otherwise rebounding utilization growth rates so far in 2011, but employers and health plans expect pent-up demand to put upward pressure on the medical cost trend to continue into 2012.

Medical cost trend is the projected increase in the cost of medical services assumed in setting premiums for health insurance plans. To help employers design their health benefits, PwC's Health Research Institute provides annual estimates of how private medical costs will grow over the next year and what the leading drivers of the trend are expected to be.

- **The Department of Health and Human Services (HHS) has introduced an interactive video simulation-training program to aid in preventing hospital-acquired infections.**

The Partnering to Heal program enables simulation users to be one of five characters that can make decisions affecting health risks, then view results of the decisions. The program is appropriate for students, clinicians other health care personnel and consumers.

The training is designed to increase knowledge, alter attitudes and shift the behaviors of clinicians and patients by focusing on principles of teamwork, communication, hand washing, flu vaccination and the appropriate use of antibiotics and medical devices.

The simulation training video is available at [hhs.gov/partneringtoheal](http://hhs.gov/partneringtoheal)

## Reserve/Guard

- As of May 10, 2011, the total number of Guard and Reserve currently on active duty has **increased** by 545 to 92,312. The totals for each service are Army National Guard and Army 70,155; Navy Reserve, 5,462; Air National Guard and Air Force Reserve, 9,906; Marine Corps Reserve, 5,988, and the Coast Guard Reserve, 801. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- There were no reports published this week.

## Legislation

- **H.R.1897** (introduced May 13, 2011): To amend the Public Health Service Act to require a Federal commitment to Alzheimer's disease research to advance breakthrough treatments for people living with Alzheimer's disease was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Christopher H. Smith [NJ-4]
- **H.R.1898** (introduced May 13, 2011): To amend title 38, United States Code, to clarify the conditions under which certain persons may be treated as adjudicated mentally incompetent for certain purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Denny Rehberg [MT]
- **H.R.1915** (introduced May 13, 2011): To amend subtitle D of title I of the Patient Protection and Affordable Care Act to clarify Congressional consent to and expand flexibility for interstate health choice compacts was referred to House committee. Status: Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.  
Sponsor: Representative H. Morgan Griffith [VA-9]
- **H.R.1919** (introduced May 13, 2011): To authorize the Secretary of Health and Human Services to conduct programs to screen adolescents, and educate health professionals, with respect to bleeding disorders was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Carolyn McCarthy [NY-4]
- **H.R.1930** (introduced May 13, 2011): To amend title 38, United States Code, to provide for certain requirements relating to the immunization of veterans, and for other purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Cliff Stearns [FL-6]
- **S.1013** (introduced May 16, 2011): A bill to renew the authority of the Secretary of Health and Human Services to approve demonstration projects designed to test innovative strategies in State child welfare programs was referred to the Committee on Finance.  
Sponsor: Senator Max Baucus [MT]
- **S.1017** (introduced May 13, 2011): A bill to amend title 38, United States Code, to increase assistance for disabled veterans who are temporarily residing in housing owned by a family member, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Bernard Sanders [VT]
- **S.RES.187** (introduced May 17, 2011): A resolution supporting national minority health awareness in order to bring attention to the severe health disparities faced by minority populations such as American Indians and Alaska Natives, Asians, Blacks or African Americans, Hispanics or Latinos, and Native Hawaiians and other Pacific Islanders was agreed to by unanimous consent.  
Sponsor: Senator Benjamin L. Cardin [MD]
- **S.1017** (introduced May 13, 2011): A bill to amend title 38, United States Code, to increase assistance for disabled veterans who are temporarily residing in housing owned by a family member, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Bernard Sanders [VT]

## Hill Hearings

- The Senate Veterans Affairs Committee will hold a hearing on **May 25, 2011**, to examine the seamless transition of service members and veterans from DoD to VA.
- The House Veterans Affairs Committee will hold a legislative hearing on **June 2, 2011**, to examine pending legislation.

## Meetings / Conferences

- 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/>
- The 9th annual BioDefense Vaccines & Therapeutics Conference will be held on **July 20-22, 2011**, in Washington D.C. <http://www.infocastinc.com/index.php/conference/biodef11>
- 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 13th annual World Vaccine Congress will be held **Oct. 10-13, 2011**, in Lyon, France. <http://www.terrapinn.com/2011/world-vaccine-congress-lyon/index.stm>
- 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/>
- The CDC's 2011 Symposium on Identification, Screening and Surveillance of HCV Infections in the Era of Improved Therapy for Hepatitis C will be held on **Dec. 1-2, 2011**, in Atlanta Ga. <http://www.cdc.gov/hepatitis/hcvsymposium2011/>
- mHealth Summit will be held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- The International Conference on Emerging Infectious Diseases 2012 (ICEID) will be held on **March 11-14, 2012**, in Atlanta, Ga. <http://www.cdc.gov/eid/content/16/11/e1.htm>
- 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/)

*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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