

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 Senate will be in recess until June 6, 2011.
- **On June 1, 2011, the House passed H.R. 802 to direct the Secretary of Veterans Affairs to establish a VetStar Award Program.** The purpose of this program is to annually recognize businesses for their contributions to veterans' employment.
- **On May 31, 2011, the House passed H.R. 1484, the Veterans Appeal Improvement Act.** This legislation provides that if a veteran claimant submits evidence in support of a case for which a substantive appeal has been filed to the Board of Veterans' Appeals, such evidence shall be submitted directly to the Board and not to a regional office of the Department of Veterans Affairs (VA), unless the claimant requests that the evidence first be reviewed by the regional office.
- **The House Appropriations Committee released the subcommittee draft of the fiscal year 2012 Defense Appropriations bill on May 31, 2011.**

In total, the bill provides \$530 billion in non-emergency funding, an increase of \$17 billion over last year's level and a decrease of \$9 billion from the President's request. In addition, the bill contains \$119 billion in emergency spending for defense activities related to the "Global War on Terror" — \$39 billion less than last year due to the drawdown of U.S. forces overseas.

The bill contains \$32.3 billion for defense health and military family programs — \$935 million above last year's level and \$119 million above the President's request — for defense health programs. This includes \$223 million for cancer research, \$125 million for traumatic brain injury and psychological health treatment, \$30 million for orthopedic research, and \$15 million for restorative transplant research. The legislation also includes \$2.3 billion for family support and advocacy programs.

- **On May 31, 2011, President Obama announced his selection of General Martin Dempsey to be the next chairman of the Joint Chiefs of Staff; Admiral James Winnefeld to be the next vice chairman; General Ray Odierno to be the next chief of staff of the Army.**

For more information:

- General Martin Dempsey [biography](#)
- Admiral James Winnefeld [biography](#)
- General Ray Odierno [biography](#)

Military Health Care News

- **TRICARE Management Activity (TMA) has been recognized with several major communication awards for work completed in 2010.**

TMA Deputy Director Rear Adm. Christine Hunter's speech, "*Inspiration, Balance & Courage: Military Healthcare 2010 and Beyond*," took the top spot in speech writing in the annual National Association of Government Communicators (NAGC) awards competition.

The TRICARE Pharmacy Home Delivery Communication campaign received a platinum recognition at the annual Hermes Creative Awards and a second place in its NAGC competition category. Dual recognition also went to the TRICARE Beneficiary Bulletin podcast, with a second place in the NAGC awards and a gold recognition in the Hermes Awards.

NAGC honored TMA's "*That Guy*" website with a second place award. "That Guy" is a multi-media campaign designed to reduce excessive drinking among young service members.

Other honors went to the publication, "*TRICARE and Medicare, Turning 65*" (Hermes gold), the TMA anti-tobacco campaign "*Quit Tobacco-Make Everyone Proud*" (annual MarCom awards gold), and the TRICARE Overseas Communication Campaign, which received a Magellan Award from the League of American Communication Professionals. The overseas campaign was also listed as one of the top 50 communications campaigns of 2010, ranking number 24 out of 379 entries worldwide.

The National Association of Government Communicators Blue Pencil & Gold Screen Awards is an annual program recognizing superior government communications in written, broadcast and Internet categories.

- **Secretary of Defense Robert M. Gates announced that Paul Hutter has been assigned as general counsel, TRICARE Management Activity, Falls Church, Va.** Hutter previously served as principal deputy general counsel.

- **The U.S. Army Medical Department Center and School's Graduate Program in Anesthesia Nursing was ranked best in the nation in U.S. News & World Report's 2012 edition of America's Best Graduate Schools in Nursing Anesthesia.**

The program, located at Fort Sam Houston in San Antonio, Texas, rose to the top spot after ranking second in the past two consecutive reports (2004 and 2008). The school's physician assistant program also ranked highly, in 13th place.

The Army's anesthesia nursing program is among 12 graduate programs under the Academy of Health Sciences at the U.S. Army Medical Department Center and School. The program admits more than 40 civilian, Army, Air Force and Veterans Affairs students yearly, and has produced top quality Certified Registered Nurse Anesthetists for nearly 50 years. Graduates receive a Master of Science in Nursing Anesthesia from Northeastern University School of Nursing, and starting in 2012 they will earn a Doctorate of Nursing Practice.

The U.S. News & World Report rankings were published on Mar. 15, 2011, and are based on peer feedback and assessment surveys commissioned in the fall of 2010 to deans, faculty and administrators of 113 accredited anesthesia nursing graduate programs. Respondents nominated up to 10 schools of excellence in the field and rated the academic quality of each program. Those with the highest average scores were selected.

- **Mild brain injuries from an explosion appear to be different and more extensive than mild brain injuries that result from playing sports, according to a study in [The New England Journal of Medicine](#).**

The findings support a growing theory that brain injury from a blast is so unique that it may even be a newly uncovered disease. In the new research, researchers used advanced imaging techniques to examine 63 wounded soldiers and Marines and found damage persisting for six months to a year after the injury.

The study was conducted during 2008-2009 at Landstuhl Regional Medical Center in Landstuhl, Germany, where all casualties from Afghanistan and Iraq arrive before going home.

The study looked specifically at how blasts damage the brain's wiring. The researchers noted that the damaged areas of the soldiers' brains regulated emotions and impulsive behavior and governing coordination, movement, organization and planning, unlike injuries in civilian cases of mild brain injury, such as from sports injuries or car accidents.

- **The Navy Times reports that more than 190,000 active-duty service members sought treatment for back injuries in 2010 — roughly 70,000 more than did in 2001, before the wars in Iraq and Afghanistan began.**

According to a Defense Department morbidity report, the number of service members who saw a doctor for adjustment disorders increased from 33,987 in 2001 to 79,500 in 2010. In addition, 140,000 more service members had signs and symptoms of respiratory problems in 2010 than did the previous year.

Mental disorders possibly caused by combat stress increased by about 170,000 cases from 2001 to 2010. An increase of epilepsy — from 1,514 cases in 2001 to 2,620 in 2010 — may come as a result of an increase in traumatic brain injuries, which has been connected to the disorder. But some of those numbers — such as a jump from 9,688 diagnosed "all other neurologic conditions" in 2001 to 32,667 in 2010, or the increase from 65,520 cardiovascular cases in 2001 to 91,013 in 2010 — appear more mysterious.

Doctors, researchers and environmental experts, both civilian and military, believe open burn pits in Iraq and Afghanistan may be partly to blame. Most of the pits in Iraq — one of which burned 240 tons of Styrofoam, plastic water bottles, diesel engines and computer parts along with other trash every day — have been shut down since Congress demanded it, but new ones have been created to get rid of troop waste in Afghanistan.

The report also cites "scarce resources for diagnosis, treatment, rehabilitation and disability compensation."

The numbers include active-duty service members who went to a military health clinic at a permanent base anywhere in the world and do not include evaluations performed in Iraq or Afghanistan.

Veterans Health Care News

- **People with post-traumatic stress disorder (PTSD) may be at a higher risk for heart disease, with a study of U.S. war veterans finding that those with the disorder were more likely to have heart disease than their peers.**

The war veterans with PTSD were also more likely to have heart disease progress faster, and they were more likely to die of any cause over the next three years, according to the study in the American Journal of Cardiology.

While the study doesn't mean that PTSD necessarily causes heart disease, it does suggest that worrying about the mental toll of the disorder is only part of the total picture.

According to the National Institute of Mental Health, about 1 in 30 adults in the U.S. suffers from PTSD in a given year, a risk that is much higher in war veterans.

The study screened 637 veterans suspected of having heart disease for PTSD and signs of coronary artery disease. The veterans were an average of 60 years old, and most were men. Eighty-eight fit the criteria for PTSD.

Calcium scans showed the majority had some kind of plaque buildup in their coronary arteries. More than 75 percent of the veterans with PTSD had narrowed arteries, compared to 59 percent of those without PTSD.

After their initial tests, the researchers followed participants for an average of three and a half years. Over that time, 17 percent of the veterans with PTSD died, compared to 10 percent without PTSD.

Stress hormones related to PTSD could affect the chance of getting heart disease, or perhaps the behavior of people with PTSD, such as higher rates of heavy alcohol use and smoking, puts them more at risk. In addition, certain genes could influence a person's risk for both PTSD and heart disease, rather than the PTSD proving the cause.

- **The VA New England Healthcare System announced that it plans to ask the national office to move the Bedford VA Medical Center under the umbrella of the Boston system.**

The Bedford network, which includes the Edith Nourse Rogers Memorial Veterans Hospital and four outpatient clinics, would join three veterans medical centers that have been integrated since the late 1990s: Brockton, West Roxbury, and Jamaica Plain. The proposal would bring the Boston area in line with other major metropolitan VA networks, which typically have one system that serves the entire region.

For years, the VA has been looking for ways to consolidate services at the four medical centers to create better integrated care. According to VA officials, demand for services in Bedford has grown in recent years.

It remains to be seen how the change could shift the focus at the Bedford campus. While all three of the medical centers now in the Boston system provide primary care and basic mental health services, they each have their own specialties. The Brockton campus, for example, provides acute and long-term

inpatient mental health care and West Roxbury has the system's inpatient surgical services.

Bedford provides various services, including a strong geriatrics and homelessness program and is a key point of care for veterans traveling south from New Hampshire, Vermont, and Maine.

- **The Center for BrainHealth at the University of Texas at Dallas has been awarded a \$3 million grant from the Department of Defense to further test a cutting-edge treatment for post-traumatic stress disorder (PTSD).**

Up to 8 percent of the population will have PTSD at some point in life, according to the Department of Veterans Affairs. Up to 20 percent of veterans returning from the wars in Iraq and Afghanistan are diagnosed with PTSD.

With the funding, 50 patients will be treated with a combination of repetitive Transcranial Magnetic Stimulation (rTMS) and Cognitive Processing Therapy (CPT), a behavioral therapy treatment designed to give individuals suffering from PTSD a new way to handle distressing thoughts.

The study being conducted at the Center for BrainHealth will combine rTMS, a magnetic coil that alternates polarity resulting in the right frontal lobe of the brain to temporarily reduce the fear response to a tolerable level, and CPT, a method of psychological training that will teach patients how to lessen the emotional response associated with PTSD. The blinded study will measure subjects' EEG (brain wave) tests and functional MRIs (fMRI) before and after to determine positive treatment response.

- **Delta Solutions and Technologies, Inc. has been awarded a new five-year contract with the Department of Veterans Affairs (VA).**

The contract will support of VA's core financial system and multiple business intelligence and reporting applications including financial reporting, data reconciliation capabilities and financial statement generation.

Delta Solutions will continue to support VA's Office of the CFO by providing ongoing operations and maintenance, system enhancements and annual close support. This effort includes management of the Financial Management System (FMS), Management Information Exchange (MinX) system and the Financial Reporting Data Warehouse (FRDW).

The total value of the contract is \$11.2 million if all options are awarded.

Health Care News

- **The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) is proposing changes to Privacy Rule, pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act.**

The proposed rule would give people the right to get a report on who has electronically accessed their protected health information.

Individuals would obtain this information by requesting an access report, which would document the particular persons who electronically accessed and viewed their protected health information. Although covered entities are currently required by the HIPAA Security Rule to track access to electronic protected health information, they are not required to share this information with people.

The proposed rule is available at: <http://www.federalregister.gov/>, and comments may be submitted to <http://www.regulations.gov/> (search for Proposed Rule) through August 1, 2011.

People who believe a covered entity has violated their (or someone else's) health information privacy rights, or committed another violation of the HIPAA Privacy or Security Rule, may file a complaint with OCR at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. Additional information about OCR's enforcement activities can be found at <http://www.hhs.gov/ocr>.

- **The U.S. Department of Health and Human Services (HHS) announced new steps to reduce premiums and make it easier for Americans to enroll in the Pre-Existing Condition Insurance Plan (PCIP).**

Premiums for the federally administered PCIP will drop as much as 40 percent in 18 states, and eligibility standards will be eased in 23 states and the District of Columbia to ensure more Americans with pre-existing conditions have access to affordable health insurance. The PCIP was created under the Affordable Care Act and serves as a bridge to 2014, when insurers will no longer be allowed to deny coverage to people with any pre-existing condition, like cancer, diabetes and asthma.

These premium decreases help bring PCIP premiums closer to the rates in each state's individual insurance market; in the six states where PCIP premiums were already well-aligned with states' premiums, premiums will remain the same.

Starting July 1, 2011, people applying for coverage can simply provide a letter from a doctor, physician assistant or nurse practitioner dated within the past 12 months stating that they have or, at any time in the past, had a medical condition, disability, or illness. Applicants will no longer have to wait for an insurance company to send them a denial letter. This option became available to children under age 19 in February, and this pathway is being extended to all applicants regardless of age. Applicants will still need to meet other eligibility criteria, including being U.S. citizens or residing in the U.S. legally and being without health coverage for six months.

HHS also sent letters to the 27 states running their own programs to inform them of the opportunity to modify their current PCIP premiums.

To further enhance the program, beginning this fall, HHS will begin paying agents and brokers for successfully connecting eligible people with the PCIP program.

Enrollment in PCIP programs has begun to grow rapidly. In the period between November 2010 and March 2011, enrollment in all programs rose 129 percent to more than 18,000 Americans enrolled in PCIP.

To find a chart showing changes to PCIP premiums in the states with federally-administered PCIP programs, visit www.HealthCare.gov/news/factsheets/pcip05312011a.html.

For more information, including eligibility, plan benefits and rates, as well as information on how to apply, visit www.pcip.gov and click on "Find Your State."

- **The United Nations health agency wrapped up its annual policy session by adopting a set of decisions to guide its future work, including a plan for pandemic influenza preparedness as well as a new, comprehensive strategy to combat HIV.**

The meeting, which began on May 16, brought together more than 2,700 delegates, including health ministers and senior health officials from 192 World Health Organization (WHO) member states, non-governmental organizations (NGOs), civil society groups and other observers.

The eight-day session concluded with the adoption of 28 resolutions and three decisions on a range of issues, including the agency's budget and reform agenda, pandemics, non-communicable diseases (NCDs), child injury prevention and maternal health.

The culmination of four years of negotiations between WHO members, a framework for pandemic influenza preparedness that will improve information sharing and access to vaccines was approved.

Under the new Global Health Sector Strategy on HIV/AIDS 2011-2015, WHO aims to promote greater innovation in HIV prevention, diagnosis, treatment and

care services so that countries can achieve the goal of universal access to those services.

WHO noted that at least 4.2 million new HIV infections would be averted and 2 million lives could be saved if the agency's existing HIV treatment recommendations are fully implemented between 2011 and 2015.

With more than 830,000 children dying each year from road accidents, drowning, burns, falls and poisoning, the assembly adopted a resolution providing a platform to support action on preventing child injuries, which are the leading cause of death for children over the age of five.

Delegates also adopted a nearly \$4 billion budget for 2012-2013 for WHO, and discussed the proposed reforms for the agency.

- **First Lady Michelle Obama, Agriculture Secretary Tom Vilsack and Surgeon General Regina Benjamin unveiled the federal government's new food icon, MyPlate, to serve as a reminder to help consumers make healthier food choices.**

MyPlate is a new generation icon with the intent to prompt consumers to think about building a healthy plate at meal times and to seek more information to help them do that by going to www.ChooseMyPlate.gov. The new MyPlate icon emphasizes the fruit, vegetable, grains, protein and dairy food groups.

Later this year, USDA will unveil a "go-to" online tool that consumers can use to personalize and manage their dietary and physical activity choices.

Over the next several years, USDA will work with First Lady Michelle Obama's *Let's Move!* initiative and public and private partners to promote MyPlate and ChooseMyPlate.gov as well as the supporting nutrition messages and "how-to" resources.

The 2010 Dietary Guidelines for Americans, launched in January of this year, form the basis of the federal government's nutrition education programs, federal nutrition assistance programs, and dietary advice provided by health and nutrition professionals.

Reserve/Guard

- As of May 17, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 790 to 91,522. The totals for each service are Army National Guard and Army 69,267; Navy Reserve, 5,468; Air National Guard and Air Force Reserve, 9,947; Marine Corps Reserve, 6,040, and the Coast Guard Reserve, 800. www.defenselink.mil

Reports/Policies

- **The GAO published "Pediatric Research: Products Studied under Two Related Laws, but Improved Tracking Needed by FDA," (GAO-11-457), May 31, 2011.** In this report GAO examined how many and what types of products have been studied under the Best Pharmaceuticals for Children Act ; described the number and type of labeling changes and FDA's review periods; and described challenges identified by stakeholders to conducting studies. <http://www.gao.gov/new.items/d11457.pdf>
- **The Institute of Medicine published "Geographic Adjustment in Medicare Payment: Phase I: Improving Accuracy," on June 1, 2011.** Currently, Medicare's fee-for-service payments for health care providers are adjusted according to locations. There are issues related to inconsistencies in the definitions of payment areas and labor markets, concerns about the appropriateness of data used to calculate adjustments, and lack of transparency of the methods for making the adjustments. In this report, IOM examined how to improve the accuracy of the data sources and methods used for making the geographic adjustments in payments to providers. <http://www.iom.edu/Reports/2011/Geographic-Adjustment-in-Medicare-Payment-Phase-I-Improving-Accuracy.aspx>
- **The GAO published "Defense Health Care: Access to Civilian Providers under TRICARE Standard and Extra," (GAO-11-500) on June 02, 2011.** In this report, GAO examined the model developed by TRICARE Regional Offices to help identify geographic areas where they may experience provider shortages and health care access problems. <http://www.gao.gov/new.items/d11500.pdf>

Legislation

- **H.R.2055** (May 31, 2011): Making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2012 was reported to House. Rule provides for consideration of H.R. 2055 with one hour of general debate.
Sponsor: Representative John Abney Culberson [TX-7]
- **H.R.2074** (June 1, 2011): To amend title 38, United States Code, to require a comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents that occur at medical facilities of the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Ann Marie Buerkle [NY-25]
- **H.R.2077** (introduced June 1, 2011): To repeal medical loss ratio requirements for health insurance was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Tom Price [GA-6]
- **H.RES.288** (June 1, 2011): Providing for consideration of the bill (H.R. 2055) making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2012, and for other purposes was placed on the House calendar.
Sponsor: Representative Daniel Webster [FL-8]

Hill Hearings

- The Senate Veterans Affairs Committee will hold a hearing on **June 8, 2011**, to examine pending calendar business.
- The House Veterans Affairs Committee will hold a hearing on **June 14, 2011**, to examine the gap between mental health care and compensation for veterans
- The House Veterans Affairs Committee will hold a legislative hearing on **June 22, 2011**, to examine pending legislation.
- The Senate Veterans Affairs Committee will hold a hearing on **June 29, 2011**, to examine pending calendar business.

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
- 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 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. http://www.isid.org/15th_ICID/
- 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>
- American Medical Informatics Association (AMIA) 2011 Annual Symposium will be held on **Oct. 22-26, 2011**, in Washington, DC. <https://www.amia.org/amia2011>
- 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/>.
- 17th Annual Maternal and Child Health Epidemiology Conference will be held on **Dec. 14-16, 2011**, in New Orleans, La. <http://www.cdc.gov/reproductivehealth/MCHepi/Conference/AboutConference.htm>
- mHealth Summit will 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>.

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