Executive and Congressional News

- On June 14, 2011, the Senate Armed Services Committee endorsed Leon Panetta's nomination to become defense secretary when Robert Gates steps down at the end of June.

- The House passed H.R. 2055, the Military Construction and Veterans Affairs and Related Agencies Appropriations Act, 2012, on June 14, 2011. This legislation provides appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2012, and for other purposes.

- The House passed H.R. 2112, the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2012, on June 16, 2011. This legislation provides appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2012, and for other purposes.

- The House Veterans Affairs Committee held a hearing on June 14, 2011, to examine the gap between mental health care and compensation for veterans. Witnesses were called to bring forth a diversity of suggestions to better assist veterans seeking mental health treatment, while examining the coordination of that treatment between the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) towards a goal of recovery and wellness.

- The Obama Administration announced the release of the National Prevention and Health Promotion Strategy, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life.

  National Prevention Strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe worksites and healthy foods. The strategy was developed by the National Prevention Council, which is composed of 17 federal agencies who consulted with outside experts and stakeholders.

  The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation’s prosperity. The strategy outlines four strategic directions that, together, are fundamental to improving the nation’s health. Those four strategic directions are:

  - Building Healthy and Safe Community Environments.
  - Expanding Quality Preventive Services in Both Clinical and Community Settings:
    - Empowering People to Make Healthy Choices:
      - Eliminating Health Disparities
  - The National Prevention Strategy was developed with guidance from the public and is supported by the Advisory Group on Prevention, Health Promotion and Integrative and Public Health. The National Prevention Council, the advisory group, and private and public partners will work together to help implement the strategy at the national, state, tribal and local levels and recognize the importance of actively engaging all sectors of society in improving the health and well-being in communities.


Military Health Care News

- On June 14, 2011, the Government Accountability Office (GAO) upheld TRICARE Management Activity's (TMA) award of the new South Region contract to Humana Military Healthcare Services, denying a protest by United Health Military and Veterans Services.

  The protest, filed March 7, put the new regional contract, known as “T-3” on hold.

  As a result of the GAO decision, TMA will immediately begin a transition period leading up to the start of services under T-3 in April 2012. This period allows time for planning, systems changes, and implementing other requirements of the new contract.

  TRICARE regional health care support contractors provide health, medical and administrative support services. The South Region includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee, and eastern Texas. The Fort Campbell area of Kentucky will be added to the South Region as T-3 is implemented. It is currently with the North Region.

  The North Region transitioned to T-3 in April 2011 with Health Net Federal Services.

  A decision regarding an agency-level protest on the West Region award to the current contractor, TriWest Healthcare Alliance Corp., was announced in April 2011. TMA officials are now updating amendments to the original Request for Proposals, with the next steps in the process expected later this summer. Until final proposals are fully evaluated, West Region beneficiaries will be served through a continuation of the existing TRICARE contract with TriWest.

  For additional information and updates on the T-3 contracts, go to [www.tricare.mil/contracts](http://www.tricare.mil/contracts).
Tammy Duckworth, assistant secretary for public and intergovernmental affairs since 2009, resigned her post June 13.

Engineering & Computer Simulations (ECS) received a contract to continue the build-out of the High Fidelity Physiology Model (HFPM) to integrate simulation-based training and collaborative online knowledge repositories. ECS' long-term vision is to enhance HFPM and make it available to all real-time simulation systems. ECS is working on various avatar-based learning technologies to meet the Army's training and education requirements by combining 3D virtual worlds, immersive learning environments, virtual classrooms simulation-based training and collaborative online knowledge repositories.

The Chicago Tribune reported she plans to return home to Illinois to run for Congress.

Duckworth served "with distinction," VA Secretary Eric Shinseki said in a statement. "Her unwavering dedication to veterans and their families has strengthened VA's ability to perform our mission providing veterans the healthcare and benefits they have earned."

An officer in the Illinois National Guard, Duckworth joined ROTC while pursuing a master's degree at George Washington University in the early 1990s. She became a helicopter pilot and lost both legs and the partial use of one arm when her UH-60 Black Hawk was shot down in Iraq in November 2004.

While recovering at Walter Reed Army Medical Center, she met her state's senators, Barack Obama and Dick Durbin, as well as then-U.S. Rep. Rahm Emanuel. Each man, all of them Democrats, reportedly urged her to run for Congress.

Duckworth also credited a long conversation she had with former U.S. Sen. Robert Dole, a Republican, who had been wounded while serving in the Army in Italy in World War II, with prompting her to consider a run for office.

She lost a close 2006 race to Republican Peter Roskam, 51 percent to 49 percent. However, the campaign raised her national profile as an advocate for wounded warriors and a critic of the Bush administration's handling of the Iraq War. She served as director of the Illinois Department of Veterans Affairs before taking her post in Washington.

Duckworth is reportedly not looking for a rematch against Roskam, but instead considering running in a newly created — and therefore vacant — congressional district.
The Department of Veterans Affairs (VA) announced that Michael J. Fine has received the 2011 John M. Eisenberg Award for Career Achievement in Research from the Society of General Internal Medicine.

Fine directs the VA Center for Health Equity Research and Promotion (CHERP), based in Pennsylvania. He is also a professor at the University of Pittsburgh.

Over the past quarter-century, his innovative research has led to improvements in the clinical management of community-acquired pneumonia, a common and costly illness. The work has also helped shape national and international quality and efficiency standards in this area. In related work, Fine recently evaluated an initiative at several VA sites to reduce methicillin-resistant Staphylococcus aureus (MRSA) infections and boost providers’ use of alcohol-based hand rubs, which was recently recognized by the New England Journal of Medicine. He also led a major study aimed at shortening the duration of intravenous antibiotic therapy and hospital stay for people with pneumonia.

Fine is an accomplished mentor and international leader in health services research. He has helped launch the research careers of more than 50 trainees. He and his team at CHERP have developed a widely used conceptual framework for disparities research and conducted numerous studies to understand and reduce disparities in health care.

The Eisenberg award recognizes the career achievement of a senior Society of General Internal Medicine member whose innovative research has changed the way generalists care for patients, conduct research, or educate students. It is named for the late Dr. John M. Eisenberg, because of his exemplary role as a researcher, mentor and advocate for research in general internal medicine.

More than 500 Veterans Affairs (VA) family caregivers attended the Easter Seals training on June 9 and 10.

The core training, which was developed in collaboration with Easter Seals, is offered in traditional classroom settings, online or through home study with a DVD and workbook. The modules focus on the health and well-being of both the veteran and the family caregiver. The training includes information on caregiver self-care, home safety, practical skills, providing personal care services to the veteran, managing challenging behaviors and locating additional resources.

Family caregivers attending the Easter Seals training will receive respite care for the veteran under their care, as well as mileage reimbursement and lodging, if needed. A Spanish version of the training materials will also be available.

Since May 9, more than 1,000 Family Caregivers have applied for the new services. The training program was developed by the Easter Seals in collaboration with VA clinical experts as part of a package of new services. The package also includes 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.

Veterans may review the criteria for eligibility and download the Family Caregiver program application (VA CG 10-10) at www.caregiver.va.gov.

The Department of Veterans Affairs’ mail-order pharmacy program has been recognized as a J.D. Power 2011 Customer Service Champion.

VA’s Consolidated Mail Outpatient Pharmacy (CMOP) functions as a virtual extension of VA medical center pharmacies by mailing prescription medications and supplies directly to veteran patients. Local VA medical center pharmacies almost always process and dispense the initial prescription order; after that, the vast majority of refills are handled via mail-order.

The goal is delivery of medication or supplies to the patient within 10 days of provider or patient request. VA typically gets the prescription delivered in less than five days.

CMOP processed nearly 107 million prescriptions in fiscal year 2010. Every workday, 300,000 veterans receive medication or supplies from VA.

To qualify for inclusion as a J.D. Powers Customer Service Champion, companies must not only excel within their own industries, but also must stand out among leading brands in 20 major industries evaluated by J.D. Power.

Among the five key customer “touch points” measured – including people, presentation, process, product, and price – VA’s mail-order pharmacy program was noted for standing out in price, product, and process among the group.

To identify the J.D. Power 2011 Customer Service Champions, J.D. Power evaluated more than 800 brands. Companies were identified based on customer feedback, opinions, and perceptions gathered primarily from J.D. Power’s syndicated research, as well as additional, supplemental research. The VA was one of only 40 entities in the United States to earn the distinction this year.

VA’s Consolidated Mail Outpatient Pharmacy program began in 1994. There are seven mail-order pharmacy sites across the continental United States. They form a network that provides pharmaceutical dispensing services to all 152 VA medical centers, as well as a few select Department of Defense and Indian Health Service sites.

Health Care News

The Centers for Medicare & Medicaid Services (CMS) published proposed rules in the Federal Register that will enable consumers and employers to select higher-quality, lower-cost physicians, hospitals and other health care providers in their area.

The new rules will allow organizations that meet certain qualifications access to patient-protected Medicare data to produce public reports on physicians, hospitals and other health care providers. These reports will combine private sector claims data with Medicare claims data to identify which hospitals and doctors provide the highest quality, most cost-effective care.

For many years, employers, consumers, providers and quality measurement organizations have been frustrated with the limited and piecemeal availability of health care claims data. This has led many health plans to create provider performance reports based solely on the health plan’s own claims, which often represent only a small proportion of a provider’s overall practice. Providers can receive multiple, sometimes contradictory, reports from different insurers. Often, providers are unable to appeal or correct what they perceive to be inaccurate results in these reports. These factors sometimes lead to reports that neither providers nor consumers feel they can use.

The new rules seek to change the quality measurement landscape in a way that increases transparency for all stakeholders. “Qualified entities” that have the capacity to process the data accurately and safely would be required to combine the Medicare claims provided by CMS with private sector claims data, to produce quality reports that are more representative of how providers and suppliers are performing. The reports will help employers and consumers understand more about the relative performance of physicians and other providers in their area. In addition, these rules include strict privacy and security requirements for entities handling Medicare claims data.

CMS will invest up to $1 billion to help drive these changes. In addition, proposed rules allowing Medicare to pay new Accountable Care Organizations (ACOs) to improve coordination of patient care are also expected to result in better care and lower costs.

The U.S. Food and Drug Administration (FDA) announced that sunscreen products meeting modern standards for effectiveness may be labeled with new information to help consumers find products that, when used with other sun protection measures, reduce the risk of skin cancer and early skin aging, as well as help prevent sunburn.

The final regulation allows sunscreen products that pass the FDA’s test for protection against both ultraviolet A (UVA) and ultraviolet B (UVB) rays to be labeled as "Broad Spectrum." Both UVB and UVA radiation contribute to sunburn, skin cancer, and premature skin aging. Sunburn is primarily caused by
UVB radiation.

Under the new labeling, sunscreens labeled as both Broad Spectrum and SPF 15 (or higher), if used regularly, as directed, and in combination with other sun protection measures will help prevent sunburn, reduce the risk of skin cancer, and reduce the risk of early skin aging.

Products that have SPF values between 2 and 14 may be labeled as Broad Spectrum if they pass the required test, but only products that are labeled both as Broad Spectrum with SPF values of 15 or higher may state that they reduce the risk of skin cancer and early skin aging, when used as directed.

Any product that is not Broad Spectrum, or that is Broad Spectrum but has an SPF between 2 to 14, will be required to have a warning stating that the product has not been shown to help prevent skin cancer or early skin aging.

In addition to the final rule for sunscreen labeling, the FDA released three additional regulatory documents -- a Proposed Rule, an Advance Notice of Proposed Rulemaking (ANPR) for Dosage Forms, and a Draft Enforcement Guidance for Industry.

The proposed rule would limit the maximum SPF value on sunscreen labels to "50 +", because there is not sufficient data to show that products with SPF values higher than 50 provide greater protection for users than products with SPF values of 50. The proposal creates the opportunity for the submission of data to support including higher SPF values in the final rule. FDA looks forward to receiving public comment on this document.

The Draft Enforcement Guidance for Industry outlines information to help sunscreen product manufacturers understand how to label and test their products in light of the new final rule and other regulatory initiatives.

To ensure that sunscreen products meet modern safety standards, FDA is also currently reexamining the safety information available for active ingredients included in sunscreens marketed today. The ingredients in sunscreens marketed today have been used for many years and FDA does not have any reason to believe these products are not safe for consumer use.

The new regulations will become effective for most manufacturers in one year. Manufacturers with annual sales less than $25,000 have two years to comply.

- The U.S. Food and Drug Administration approved a new genetic test that will help health care professionals determine if women with breast cancer are HER2-positive and, therefore, candidates for Herceptin (trastuzumab), a commonly used breast cancer treatment.

The test, called Inform Dual ISH, allows for measurement of the number of copies of the HER2 gene in tumor tissue. The HER2 gene is located on chromosome 17 in human cells. An excessive amount of the protein produced by the gene is found in some types of cancer cells, including breast cancer cells.

The Inform Dual ISH test, manufactured by Ventana Medical Systems, allows lab personnel to count the number of copies of HER2 genes on chromosome 17 in a small sample of the breast tumor. The sample is stained with chemicals that cause copies of HER2 genes and chromosome 17 to change color. Copies of the HER2 gene appear black and copies of chromosome 17 appear red. These color changes can be seen under a standard microscope.

Breast cancer is the second leading cause of cancer-related death among women. An estimated 207,090 new cases of breast cancer were diagnosed in the United States during 2010 and about 39,840 women died from the disease, according to the National Cancer Institute. About 20 percent of women diagnosed with breast cancer are HER2-positive.

- A new report says people in most U.S. counties aren't living as long as people in other countries.

According to the University of Washington's Institute for Health Metrics and Evaluation, life expectancy in the majority of U.S. counties dropped below the life expectancy of people in the 10 nations who live the longest.

In 2007, life expectancy across counties ranged from 65.9 to 81.1 years for men and 73.5 and 86 years for women. Between 1987 and 2007, life expectancy increased nationwide from 71.3 years to 75.6 years for men and from 78.4 to 80.8 years for women. Despite the increase, they still lag more than three years below people who live in the 10 longest-living nations, which include Japan, Australia, Singapore and Sweden.

The counties with the lowest life expectancies are:

Women:
- Holmes, Miss.
- Sunflower, Miss.
- Humphreys, Miss.
- Sharkey, Miss.
- Quitman, Miss.

The life expectancies in these counties are lower than 74 years, placing them behind such nations as Honduras, El Salvador and Peru.

Men:
- Holmes, Miss.
- Quitman, Miss.
- Tunica, Miss.
- McDowell, Miss.
- Humphreys, Miss.

The life expectancies in these counties are lower than 69 years, which is lower than those of Brazil, Latvia and the Philippines.

The counties with the highest life expectancies are the same for men and women:

- Collier, Fla.
- Teton, Wyo.
- Marin, Calif.
- Montgomery, Md.
- San Mateo, Calif.

Researchers identified three factors that are largely responsible for the declines in life expectancy -- smoking, obesity and high blood pressure.

But some experts say poor access to health care is to blame. A recent study by two faculty members at Columbia University's Mailman School of Public Health found risk factors such as smoking and obesity are not the main culprits in decreasing life expectancy.

The report did not find any link to income or the recession.

- Judith H. Greenberg, Ph.D., will become acting director of the National Institutes of Health's National Institute of General Medical Sciences (NIGMS) early next month, replacing Jeremy M. Berg, Ph.D., while the search continues for a permanent director.
Greenberg will oversee the institute's $2 billion budget, which primarily funds basic research in the areas of cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics and computational biology. NIGMS supports more than 4,500 research grants – about 10 percent of the grants funded by NIH as a whole – as well as a substantial amount of research training and programs designed to increase the diversity of the biomedical and behavioral research workforce.

A developmental biologist by training, Greenberg has directed the NIGMS Division of Genetics and Developmental Biology since 1988. In fiscal year 2010, the division's budget was $566 million.

Since 1984, Greenberg has been the project officer for the Human Genetic Cell Repository, which provides cell lines and DNA samples to scientists studying genetic diseases. She has been instrumental in overseeing the evolution of the collection to anticipate and meet the needs of the human genetic research community.

She served as NIGMS acting director from May 2002 to November 2003.

Reserve/Guard

- As of June 7, 2011, the total number of Guard and Reserve currently on active duty has increased by 3,136 to 96,105. The totals for each service are Army National Guard and Army 73,605; Navy Reserve, 5,298; Air National Guard and Air Force Reserve, 10,224; Marine Corps Reserve, 6,179, and the Coast Guard Reserve, 799. [www.defenselink.mil]

Reports/Policies

- The GAO published "HHS Research Awards: Use of Recovery Act and Patient Protection and Affordable Care Act Funds for Comparative Effectiveness Research," (GAO-11-719R) on June 14, 2011. This report includes information on the expenditures HHS has made using these funds, the entities that have received such funding, and the purpose of the funding. [http://www.gao.gov/new.items/d11719r.pdf]

- The GAO published "Private Health Insurance: Waivers of Restrictions on Annual Limits on Health Benefits," (GAO-11-725R) on June 14, 2011. In this report, GAO we examined the number of applications that Center for Consumer Information and Insurance Oversight (CCIIO) received for an annual limit waiver and how many of these were approved or denied and the reasons provided by CCIIO for approvals and denials of annual limit waivers. [http://www.gao.gov/new.items/d11725r.pdf]

- The GAO published "Veterans' Health Care Budget Estimate: Changes Were Made in Developing the President's Budget Request for Fiscal Years 2012 and 2013." (GAO-11-622) on June 14, 2011. This report describes the key changes VA identified that were made to its budget estimate to develop the President's budget request for fiscal years 2012 and 2013; and how various sources of funding for VA health care and other factors informed the President's budget request for fiscal years 2012 and 2013. [http://www.gao.gov/new.items/d11622.pdf]


Legislation

- H.R.2159 (introduced June 14, 2011): the PROSTATE Act was referred to the Committee on Energy and Commerce, and in addition to the Committees on Veterans' Affairs, and Armed Services. Sponsor: Representative Edolphus Towns (NY-10)
- H.R.2167 (introduced June 15, 2011): To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. Sponsor: Representative Janice D. Schakowsky (IL-9)
- H.R.2203 (introduced June 15, 2011): To establish a pilot program under which veterans in the State of Alaska may receive health care benefits from the Department of Veterans Affairs at non-Department medical facilities, and for other purposes was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Don Young (AK)
- S.1190 (introduced June 14, 2011): A bill to reduce disparities and improve access to effective and cost efficient diagnosis and treatment of prostate cancer through advances in testing, research, and education, including through telehealth, comparative effectiveness research, and identification of best practices in patient education and outreach particularly with respect to underserved racial, ethnic and rural populations and men with a family history of prostate cancer, to establish a directive on what constitutes clinically appropriate prostate cancer imaging, and to create a prostate cancer scientific advisory board for the Office of the Chief Scientist at the Food and Drug Administration to accelerate real-time sharing of the latest research and accelerate movement of new medicines to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Jon Tester (MT)
- S.1211 (introduced June 15, 2011): A bill to amend the Federal Food, Drug, and Cosmetic Act to preserve the effectiveness of medically important antibiotics used in the treatment of human and animal diseases was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Dianne Feinstein (CA)

Hill Hearings

- 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 Electronic Health Records Summit will be held on June 21-23, 2011, in Chicago, Ill. [www.electronichealthrecordsummit.com]
- ISID-Neglected Tropical Diseases Meeting (ISID-NTD) will be held on July 8-10, 2011, in Boston, Mass. [http://nsfntd.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/conference/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]
- American Medical Informatics Association (AMIA) 2011 Annual Symposium will be held on Oct. 22-26, 2011, in Washington, DC. [https://www.amia.org/amia2011]
- 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/]
- Health Summit will be held on Dec. 5-7, 2011, in Washington, D.C. [http://www.mhealthsummit.org/]

http://www.fedhealthinst.org/newsletter.html

6/16/2011
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](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 Connolly Theroux at (703) 447-3257 or by e-mail at katetheroux@fedhealthinst.org. To subscribe, please visit [http://fedhealthinst.org/subscriber.cfm](http://fedhealthinst.org/subscriber.cfm). To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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