Executive and Congressional News

- In a legal victory for the Obama administration, a federal appellate court has upheld a lower court finding that Congress has the power to require individuals to purchase healthcare insurance.

The United States Court of Appeals for the Sixth Circuit in Cincinnati has affirmed the ruling by the U.S. District Court for the Eastern District of Michigan that "the minimum coverage provision is a valid exercise of legislative power by Congress under the Commerce Clause."

The court case stems from a Michigan lawsuit challenging the individual mandate section of the federal Patient Protection and Affordable Care Act. The challenge was filed by four Michigan residents and the Thomas More Law Center, a conservative public-interest law firm based in Ann Arbor.

The plaintiffs had asked the district court to declare that Congress lacked authority to pass the minimum coverage provision and that the penalty for not purchasing healthcare coverage be declared an unconstitutional tax. The district denied plaintiffs’ motion for a preliminary injunction and they appealed.

The appeal was argued on June 1, 2011. In a 64-page ruling released June 29, the Appeals Court rules that Congress has the authority to require health insurance and with that ruling it declines to address whether the penalty is a permissible tax.

The ruling is viewed as an important win for the Obama administration, especially since the three-judge panel was comprised of two Republican appointees and one Democratic appointee.

- Two senators proposed a plan to raise the Medicare retirement age to 67 and require the wealthy to pay more for their care as part of the White House-congressional effort to dramatically reduce federal deficits.

The plan, authored by Sens. Joseph Lieberman, I-Conn., and Tom Coburn, R-Okla., would save an estimated $600 billion in the cost of Medicare, the government's healthcare program for the elderly and some disabled. While the plan is expected to meet strong resistance, some of its elements could be incorporated into a bipartisan deal.

The senators’ proposal would increase the Medicare eligibility age, now 65. It would go up two months each year, beginning with people born in 1949, until it reaches 67 in 2025. The age would then remain 67. If the 2010 federal health care law is repealed or overturned, as Republicans want and courts are considering, the age would remain 65.

The Lieberman-Coburn plan would include:

- A single combined annual deductible of $550 for both Part A (hospital) and Part B (generally physician) Medicare plans.
- An annual out-of-pocket limit of $7,500. Currently there is no limit, which means a catastrophic illness could exhaust a consumer’s savings.
- New requirements that wealthier people pay more out of pocket. Those levels would reach $12,500 for individuals earning $85,000 to $107,000 and married couples making $170,000 to $214,000. At the highest end, couples earning $320,000 or more would pay up to $22,500.
- New policies for “Medigap” coverage. About one in five beneficiaries gets supplemental coverage to pay deductibles or co-pays. The Lieberman-Coburn plan would bar such policies from paying any of the first $550 of liability, and would limit other coverage.

Medicare’s trust fund is expected to be insolvent in 2024, and its projected annual costs are a major driver of federal spending. The program is expected to serve 48.9 million people this year, and grow to serve about 64 million by 2021.

Military Health Care News

- Express Scripts, the contractor managing the TRICARE prescription-drug benefit, released a new mobile app for TRICARE beneficiaries.

The new TRICARE Express Rx mobile app allows beneficiaries to manage prescriptions and access important health information anywhere they go. The TRICARE mobile-optimized website provides convenient and secure access for beneficiaries from their smartphones to many features designed to help them get the most value from the TRICARE pharmacy benefit.

The features include:

- Start TRICARE Pharmacy Home Delivery – allows beneficiaries to save time and money by transferring available maintenance medications to TRICARE Pharmacy Home Delivery
- Order Home Delivery Refills – allows beneficiaries to schedule prescription refills from TRICARE Pharmacy Home Delivery
- Check Home Delivery Order Status – allows beneficiaries to check to see if their TRICARE Pharmacy Home Delivery order has shipped and the ship date
- Find a Pharmacy – locate a nearby retail pharmacy and map it using the GPS technology built into smartphones
- Drug Information – access a vast database to look up important drug information, common uses and possible side effects

The new TRICARE Express Rx mobile app is available for both iPhone® and Android™ devices, and can be downloaded for free by visiting iTunes App Store or the Android Marketplace. Those with a Blackberry®, Windows® or other device with web browsing capabilities can access these same features by visiting the Express Scripts mobile-optimized site at http://m.esrx.com.

To ensure the security and data protection of beneficiaries, a beneficiary must first be registered through the Express-Scripts.com/TRICARE member portal before being able to log-in to the TRICARE Express Rx mobile app or mobile-optimized site. A beneficiary can easily register for an account by visiting www.express-scripts.com/TRICARE. Once registered, beneficiaries can access the TRICARE Express Rx app and mobile-optimized website.
The Centers for Medicare and Medicaid Services (CMS) announced that nearly 500,000 people with Medicare Part D who reached the gap in coverage know as the "donut hole" have received an automatic 50 percent discount on their covered brand name prescription drugs.

The Department of Veterans Affairs (VA) has expanded its performance and productivity website by making additional data available to the public. The Department of Veterans Affairs promoted and offered HIV testing to veterans on June 27 — National HIV Testing Day.

The Assistant Secretary of Defense for Health Affairs, Jonathan Woodson, delivered leadership advice to military doctors-in-training at Uniformed Services University of the Health Sciences on June 21, 2011.

Clinical Research Management, (ClinicalRM) announced it has been awarded a five-year, $97 million research support contract by the United States Army Medical Research Acquisition Activity (USAMRAA).

For more information on improving data collection to reduce health disparities please visit http://www.healthcare.gov/

Veterans Health Care News

The Department of Veterans Affairs (VA) has expanded its performance and productivity website by making additional data available to the public.

For more information on improving data collection within the LGBT community, please visit http://www.healthcare.gov/

HHS Secretary Kathleen Sebelius announced new draft standards for collecting and reporting data on race, ethnicity, sex, primary language and disability status, and plans to begin collecting health data on lesbian, gay, bisexual and transgender (LGBT) populations.

For more information on improving data collection to reduce health disparities please visit http://www.healthcare.gov/news/factsheets/disparities06292011a.html

The proposed standards for collection and reporting of data on race, ethnicity, sex, primary language and disability status in population health surveys are intended to help federal agencies refine their population health surveys in ways that will help researchers better understand health disparities and zero in on effective strategies for eliminating them.

The expanded ASPIRE for Productivity website provides information on how VBA and its regional offices are doing in relation to Department goals. The site specifically depicts how each of the regional offices measures up to productivity and other claim processing goals.

Health Care News

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VA announced last year its ASPIRE for Quality initiative, aimed at making data and outcome information available to the public in such areas as acute care, ICU, outpatient, safety and annual process measures, and how each medical center measures up to quality goals.

For more information on improving data collection within the LGBT community, please visit http://www.healthcare.gov/news/factsheets/lgbt06292011a.html

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The GAO published "Defense Centers of Excellence: Limited Budget and Performance Information on the Center for Psychological Health and Traumatic Brain Injury, (GAO-11-611) on June 30, 2011. In this report, GAO recommends that the Secretary of Defense direct the Director of TMA work with the Director of DOCO to develop and use additional narrative in budget justifications, to regularly collect and review data on funding and obligations, and expand its review and analysis process.


As of June 21, 2011, the total number of Guard and Reserve currently on active duty has decreased by 360 to 94,594. The totals for each service are Army National Guard and Army, 72,231; Navy Reserve, 5,147; Air National Guard and Air Force Reserve, 10,232; Marine Corps Reserve, 6,199, and the Coast Guard Reserve, 785. www.defenselink.mil

For more information on lung cancer and screening, please go to http://www.cancer.gov/cancertopics/types/lung.

The number of seniors benefiting from this discount continues to grow. In the month of May alone, the total number of beneficiaries who received the discount rose by over 76 percent, while the dollar amount of savings rose by over 56 percent. Based on data from past years, CMS expects that as many as 4 million additional beneficiaries will fall into the coverage gap later this year and benefit from these discounts.

Most of these discounts are helping Americans with serious medical conditions. Nearly 14 percent of the benefits provided to date – more than $36 million – are for cancer drugs, more than 8 percent, or $21 million, for drugs to help control high blood pressure and cholesterol, and more than 7 percent – about $20 million – are for drugs provided to diabetic patients.

A November 2010 analysis by the U.S. Department of Health and Human Services estimated that Medicare improvements in the Affordable Care Act would provide average savings for those enrolled in traditional Medicare totaling more than $3,500 over the next 10 years, with even higher average savings of as much as $12,300 for those with higher drug costs.

For more information on how the prescription drug discount and other provisions of the Affordable Care Act benefits seniors and people with disabilities, visit www.HealthCare.gov.

A new tool to simplify the reporting by physicians and practices of clinical quality measures for meaningful use is now available.

Although popHealth was just a concept a year ago, the Office of the National Coordinator for Health IT (ONC) has conducted real-world testing and is highlighting it as providers begin to demonstrate meaningful use.

popHealth is an open source reference implementation software service that automates the reporting of quality measures in stage one of meaningful use of electronic health records, said Thomas Tsang, MD, ONC’s medical director of meaningful use and quality.

The software also streamlines the automated generation of summary quality measure reports on the provider's patient population to support meaningful use calculations. It can report aggregate statistics, but also gives the provider the ability to drill down into individual patient records.

Providers can use the popHealth software service or vendors can use the reference implementation model to incorporate the feature in their health IT products.

popHealth is being piloted by two different practitioners: a Staten Island, N.Y., solo practitioner using it with eClinical Works' HER and one in North Carolina using athenahealth. A third practitioner starts using the software in Chicago next week.

The tool uses standard clinical data from the extensible mark-up language (XML) continuity of care formats required in the current meaningful use certification program. Those two standards are Health Level 7's Continuity of Care C32 Document (CCD) and the ASTM International's Continuity of Care Record (CCR).

Scientists have found a 20 percent reduction in deaths from lung cancer among current or former heavy smokers who were screened with low-dose helical computed tomography (CT) versus those screened by chest X-ray.

The primary research results from the National Lung Screening Trial (NLST) were published online in the New England Journal of Medicine.

Sponsored by the National Cancer Institute (NCI), part of the National Institutes of Health, the NLST is a nearly decade-long study that establishes low-dose helical CT as the first validated screening test which can reduce mortality due to lung cancer.

The NLST was a randomized national trial involving 53,454 current and former heavy smokers ages 55 to 74. Participants were required to have a smoking history of at least 30 pack-years and were either current or former smokers without signs, symptoms or history of lung cancer. Pack-years are calculated by multiplying the average number of packs of cigarettes smoked per day by the number of years a person has smoked.

Participants in the NLST were randomly assigned to receive three annual screens with either low-dose helical CT (often referred to as spiral CT) or standard chest X-ray. Helical CT uses X-rays to obtain a multiple-image scan of the entire chest, while a standard chest X-ray produces a single image of the whole chest in which anatomic structures overlap one another.

Over the three rounds of screening exams, 39.1 percent of the low-dose helical CT screens were positive and 16.0 percent of the chest X-rays were positive. In both arms of the trial, the majority of positive screens led to additional tests. When a positive screening result was found, 96.4 percent of the low-dose helical CT tests and 94.5 percent of the chest X-ray exams were false positive.

In the finding over time.

Normal lymph nodes or inflamed tissues. False positive results not due to lung cancer were typically confirmed by follow-up CT scans that showed no change in the finding over time.

The published results provide insight into the type of lung cancers found by screening and the stages at which they were diagnosed. Additional studies based on the complete NLST data set are ongoing and will include reports on cost-effectiveness of low-dose helical CT as well as the ability to use the data to develop models that may help indicate whether other groups of smokers, such as light smokers or younger smokers, would benefit from screening with low-dose helical CT. Other modeling studies are expected to examine the optimal frequency and duration of screening.

The NLST was conducted by the American College of Radiology Imaging Network, a medical imaging research network focused on the conduct of multi-center imaging clinical trials, and the Lung Screening Study group, which was initially established by the NCI to examine the feasibility of the NLST.

For more information on lung cancer and screening, please go to http://www.cancer.gov/cancertopics/types/lung.
The GAO published "Patient Protection and Affordable Care Act: IRS Should Expand Its Strategic Approach to Implementation," (GAO-11-719) on June 29, 2011. The report describes IRS's PPACA responsibilities and effective dates; and assesses the extent to which IRS, in planning PPACA implementation, is following leading practices in four areas—developing an overall management structure (including goals and performance measures), estimating and tracking costs, assuring compliance with the new law while minimizing burden, and managing risk. [http://www.gao.gov/new.items/d11719.pdf]


The GAO published "Influenza Pandemic: Lessons from the H1N1 Pandemic Should Be Incorporated into Future Planning," (GAO-11-632) on June 27, 2011. This report examines how HHS used the funding; the key issues raised by the federal response, and the actions taken to identify and incorporate lessons learned. [http://www.gao.gov/new.items/d11632.pdf]


The Institute of Medicine (IOM) published "Early Childhood Obesity Prevention Policies," on June 23, 2011. The IOM reviewed factors related to overweight and obesity from birth to age five, with a focus on nutrition, physical activity, and sedentary behavior. In this report, the IOM recommends actions that healthcare professionals, caregivers, and policymakers can take to prevent obesity in children five and younger. [http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx]

Legislation

H.R.2543 (introduced June 24, 2011): To establish performance-based quality measures, to establish limitations on recovery in health care lawsuits based on compliance with best practice guidelines, and to provide grants to States for administrative health care tribunals was referred to the House Committee on Energy and Commerce. Sponsor: Representative Tom Price [GA-6].

H.R.2634 (introduced June 24, 2011): To amend the Family and Medical Leave Act of 1993 and title 5, United States Code, to permit leave to care for a domestic partner, parent-in-law, adult child, sibling, grandchild, or grandparent who has a serious health condition, and for other purposes was referred to the Committee on Education and the Workforce, and in addition to the Committees on House Administration, and Oversight and Government Reform. Sponsor: Representative Carolyn B. Maloney [NY-14].

H.R.2836 (introduced June 24, 2011): To amend the Public Health Service Act to provide for human stem cell research, including human embryonic stem cell research, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Diana DeGette [CO-1].

H.R.2405 (introduced June 28, 2011): To reauthorize certain provisions of the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act relating to public health preparedness and countermeasure development, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Mike J. Rogers [MI-8].

S.1273 (introduced June 23, 2011): A bill to amend the Fair Labor Standards Act with regard to certain exemptions under that Act for direct care workers and to improve the systems for the collection and reporting of data relating to the direct care workforce, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Robert P. Casey, Jr. [PA]

S.1283 (introduced June 28, 2011): The Family and Medical Leave Inclusion Act was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Richard Durbin [IL]

Hill Hearings

There are no hearings scheduled.

Meetings / Conferences

- 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/]
- 2011 Congress on Reducing Hospital Readmissions will be held on Aug. 11-12, 2011, in Las Vegas, Nev. [http://www.globalmeddynamics.com/opportunisms/events/hospital-readmissions/register-for-congress]
- The 13th annual World Vaccine Congress will be held Oct. 10-13, 2011, in Lyon, France. [http://www.terrapinn.com/2011/world-vaccine-congress/]
- AMIA 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/]
- 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/MCHConf/events/]
- Health Summit will be held on Dec. 5-7, 2011, in Washington, D.C. [http://www.mhealtsummit.org]
- The International Conference on Emerging Infectious Diseases 2012 (ICCID) will be held on March 11-14, 2012, in Atlanta, Ga. [http://www.cdc.gov/ecd/]

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 at the subject.

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