

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

- **On July 8, 2011, the House passed H.R. 2219, the fiscal year 2012 Defense Appropriations bill.** This legislation provides \$32.3 billion for the defense health program, up nearly 3 percent from 2011.

- **Vice President Joe Biden, the White House Office of Science and Technology Policy and Health and Human Services (HHS) Secretary Kathleen Sebelius launched the "Apps Against Abuse" technology challenge.**

This is a national competition to develop an innovative software application, or "app," that provides young adults with tools to help prevent sexual assault and dating violence.

Young women aged 16-24 experience the highest rates of rape and sexual assault, while one in five will be a victim of sexual assault during college. Many of these assaults occur when the offender, often an acquaintance, has targeted and isolated a young woman in vulnerable circumstances. Through the "Apps Against Abuse" challenge, developers will be charged with creating an easy-to-use application that provides a targeted way for young women to designate trusted friends, allies, or emergency contacts and provide a means for checking-in with these individuals in real-time, particularly in at-risk situations. The winning application will also provide quick access to resources and information on sexual assault and teen dating violence, as well as where to go for help.

The "Apps Against Abuse" challenge is sponsored by HHS and the White House Office of Science and Technology Policy.

Additional information and submission guidelines are available at <http://challenge.gov/HHS/199-apps-against-abuse>. The winner of the challenge will be announced in October 2011.

Military Health Care News

- **ADA Technologies announced it has received a \$70,000 contract from the US Army to develop a "lab-on-a-chip" technology to identify biological hazards in complex matrices.**

The contract is for Phase 1 research into the development of the sampling platform, which will be used to identify hazards such as toxins, viruses, vegetative bacteria and spores in matrices including blood, soil, food and water.

In a statement, ADA Chief Technology Officer Steven Arzberger said that, currently, highly trained laboratory personnel need to perform multiple separate steps on large sample sizes to obtain enough material for biological hazard analysis and identification.

"ADA's lab-on-a-chip not only saves time, but improves efficiency because it can be carried out by virtually anyone, regardless of training level," he said.

ADA is a technology development and commercialization firm based in Littleton, Colo. It received a \$1.15 million grant from the National Institutes of Health two years ago to develop an analytical tool for analyzing carbohydrate-protein interactions in drug discovery and diagnostics research.

In late 2008, the National Cancer Institute gave ADA a \$149,121 grant to develop a nanotechnology-based imaging and sensing platform for discovering cancer biomarkers.

- **On July 13, 2011, TRICARE Management Activity issued a final rule in the [Federal Register](#) that expands the scope of retail pharmacy-provided vaccination services in the TRICARE military healthcare program for military personnel, retirees and their families.**

The newly released final rule authorizes retail pharmacies to administer all vaccinations covered under the DoD's preventive care program, as permitted by state law. It also waives all co-pays for TRICARE beneficiaries who obtain vaccination services from network pharmacies.

This becomes effective on Aug. 12, 2011.

Veterans Health Care News

- **A study led by Department of Veterans Affairs (VA) researchers found that aging veterans who earned the Purple Heart show decreased mortality compared with those who had not earned the medal.**

Additionally, those war-wounded veterans who survive into later life — especially those who do not develop post traumatic stress disorder (PTSD) — may provide valuable clues as to the factors that lead to resilience to combat stress.

A team of VA researchers who studied more than 10,000 veterans of World War II and the Korean War produced these findings, which appear online in the [Depression and Anxiety](#) journal.

Whether the Purple Heart holders had chronic PTSD or not, they were about twice as likely to be alive after some 10 years of follow-up, compared with those with no Purple Heart and no PTSD. The study included veterans who were 65 and or older in the late 1990s. It tracked their survival through 2008.

It is estimated that more than a million service members received a Purple Heart in World War II, and nearly 119,000 in the Korean War. In recent years, researchers with VA and the Department of Defense have sought insight into the psychological and neurobiological factors that enable some service members avoid developing PTSD after traumatic events.

The researchers were surprised to find that among Purple Heart recipients, those with PTSD had slightly lower mortality than those without PTSD. This is a contradiction to several studies that have shown a link between chronic stress conditions such as PTSD and worse survival. Researchers suggest this finding is due to what they term "early attrition." Those who had been physically injured in World War II or Korea and suffered PTSD may have been less likely to survive until age 65 in the first place; the PTSD-Purple Heart group included in their study may have been an exceptionally healthy and hearty cohort of veterans.

The researchers say further studies involving these veterans, as well as those who were wounded in combat but did not develop PTSD, may lead to new insights to help prepare future service members to cope with the stress and trauma of war.

- **On July 13, 2011, health care industry executives and government and military leaders met to launch a new initiative called Hero Health Hire, a program to employ, train and support United States veterans with an injury or illness resulting from their military service.**

It's estimated that more than 40,000 service members have been injured in the current conflicts in Iraq and Afghanistan, and a recent study suggests that approximately one in five new veterans experience symptoms of post traumatic stress disorder (PTSD) or major depression. Also, according to the U.S. Bureau of Labor Statistics, the unemployment rate for veterans who served in the military at any time since September 2001 was 11.5 percent in 2010, higher than the national unemployment rate of 9.6 percent in 2010.

Health care continues to be one of the largest and fastest growing industries in the country, expected to add more than 3.2 million jobs between 2008 and 2018 -- more than any other industry in the United States. While military health care providers can make a natural transition into the civilian health care industry after leaving the service, there are also a number of non-provider health care roles in information technology, customer service, accounting, project management and other disciplines that require the excellent teamwork, leadership and critical thinking skills that many veterans possess.

Hero Health Hire Employment Summit attendees will discuss recruitment practices for veterans and Wounded Warriors, challenges for these individuals as they transition into the civilian workforces, the support that Wounded Warriors and employers need for their efforts, best practices and next steps for instituting recruitment and retention processes at participating companies.

As part of the Hero Health Hire initiative, Magellan Health Services, which is a partner in the project, has created an Employee Assistance Program (EAP) that addresses the needs of Wounded Warriors who are transitioning into the workplace, and will provide this EAP free of charge for any Wounded Warrior recruited as part of the Hero Health Hire program. Magellan has also created a toolkit detailing how to create and maintain an accommodating work environment (virtual or physical) and program of employment that capitalizes on the skills of these veterans, as well as specific strategies to aid their successful transition.

For more information about the program, please visit www.HeroHealthHire.com.

Health Care News

- **The Occupational Safety and Health Administration (OSHA) has scheduled two informal stakeholder [meetings](#) to solicit comments on exposure to infectious diseases in the workplace.**

OSHA will use information gathered during these meetings to explore the possible development of a proposed rule to protect workers from occupational exposure to infectious agents in healthcare settings where direct patient care is provided and other settings where workers perform tasks with occupational exposure. Both meetings are scheduled for July 29 in Washington, D.C.

On May 6, 2010, OSHA published a Request for Information on Infectious Diseases. OSHA wanted to gather comments on strategies that are currently used to reduce the risk of workplace exposure to infectious agents, and to more accurately distinguish the nature and extent of occupationally acquired infectious diseases. Based on responses received and an ongoing review of literature on this subject, OSHA is considering development of a proposed program standard to control worker exposures to infectious agents.

Meeting discussions will focus on issues including the advantages and disadvantages of using a program standard to limit occupational exposure to infectious diseases; whether and to what extent an OSHA standard should require employers to develop a written worker infection control plan that documents how employers will implement infection control measures to protect workers; and whether and to what extent OSHA should take alternative approaches to rulemaking to improve compliance with current infection control guidelines issued by the Centers for Disease Control and Prevention, the National Institutes of Health, and other authoritative agencies.

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit <http://www.osha.gov>.

- **The Food and Drug Administration has proposed rules saying targeted drugs or therapies would gain approval only after their accompanying diagnostic devices also receive approval — unless the treatment is for a serious or life-threatening condition.**

So-called targeted treatments or personalized medicines are tailored to a person's genetic makeup and are being increasingly developed by drug companies.

Diagnostic tests, known as companion diagnostics, improve the effectiveness of targeted treatments by determining if a patient is a genetic fit with a therapy. They can help doctors identify which patients are most likely to benefit from a new drug, or experience debilitating side effects, and help save enormous cost by eliminating people who would not be helped.

The FDA's proposed rules outlined only two exceptions when a new targeted drug or therapy could receive approval without FDA also approving its companion diagnostic.

One is for new treatments of serious or life-threatening conditions that have no other satisfactory treatments and only if the new treatment shows "pronounced" benefits that outweigh the risks. The second is for labeling changes to already-approved therapies to address safety concerns.

The FDA is now seeking public comment on the proposal.

- **The Centers for Disease Control and Prevention (CDC) released a new, concise guide and checklist specifically for health care providers in outpatient care settings such as endoscopy clinics, surgery centers, primary care offices, and pain management clinics.**

The *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* is based on existing, evidence-based CDC guidelines that apply to a wide range of health care facilities but are mostly used by hospitals. The guide is accompanied by an *Infection Prevention Checklist for Outpatient Settings* and supporting materials including a new, no-cost, certified continuing medical education course offered on www.Medscape.org for clinicians in all health care settings. The video course was developed in collaboration with the Safe Injection Practices Coalition, a partnership of health care-related organizations formed to promote safe injection practices in all U.S. health care settings.

Among other important recommendations, the guide states that all outpatient practices should ensure that at least one individual with specific training in infection control is on staff or regularly available. This individual should be involved in developing a written infection control policy and have regular communication with health care providers to address specific issues or concerns.

The guide and supporting materials can be used for internal assessment within a facility or practice. They complement ongoing work by CDC and CMS to integrate CDC guidelines into CMS surveys used during inspections of outpatient settings including ambulatory surgery centers.

To access the guide, checklist, and supporting materials including the CME course, CDC and external commentary about the guide, clinician and patient education materials, a CDC Safe Surgery feature, and additional information, please visit <http://www.cdc.gov/HAI/settings/outpatient/outpatient-settings.html>.

- **The National Association of Chain Drug Stores sent a letter to President Obama and to the U.S. House of Representatives and Senate leadership outlining key areas to help ensure continued patient access to pharmacy services through such federally funded programs as Medicare, Medicaid and TRICARE.**

The letter urges decisionmakers to continue to enable access to diabetic testing supplies for Medicare patients, many of whom obtain these supplies from community pharmacies. In addition, the letter addresses how decreases in Medicare Part B prescription drug reimbursements could result in prescription access problems for Medicare patients.

NACDS also urged decisionmakers to exercise caution in attempts to reduce costs in the Department of Defense TRICARE pharmacy program.

"Local pharmacies are an important healthcare access point, and currently provide important preventive services to our nation's military, such as immunizations. If reductions to the TRICARE pharmacy program are considered, we urge you to be mindful of the importance of maintaining access and choice of provider for TRICARE beneficiaries. NACDS has a long history of partnering with the Department of Defense to institute industry best practices to control prescription drug spending in the TRICARE program, and we are committed to continuing to do so," the letter stated.

Finally, NACDS urged continued vigilance and a strategic approach to reducing waste, fraud and abuse in the Medicare and Medicaid programs, which can increase costs.

- **The National Cancer Institute (NCI) recommends that physicians get a comprehensive family history for patients by age 30, and then update it every five to 10 years because histories change significantly between ages 30 and 50 years.**

According to a new study by a multi-institution team of NCI-supported researchers, getting updated histories every five years would maximize the likelihood of detecting cancer at an early, more treatable state.

Maintaining accurate family histories is one of the most effective tools clinicians have to identify individuals at increased risk for cancer and recommending appropriate screening regimens. While an individual's family history can change over time, there are currently no guidelines for how often clinicians should ask for updated information.

The study, published July 12 in the *Journal of the American Medical Association (JAMA)*, examined how often changes in family cancer history are great enough to warrant earlier or more intense screening for breast, colorectal or prostate cancer. The researchers used family history data collected over 10 years from over 10,000 participants by the NCI-supported Cancer Genetics Network, a national, population-based cancer registry in the United States.

- **HHS Secretary Kathleen Sebelius and Education Secretary Arne Duncan announced awards of \$95 million to 278 school-based health center programs across the country.**

Awardees are currently serving approximately 790,000 patients. The awards will enable them to increase their capacity by over 50 percent, serving an additional 440,000 patients. School-based health centers improve the overall health and wellness of all children through health screenings, health promotion and disease prevention activities and enable children with acute or chronic illnesses to attend school.

The full list of awards is available at www.hhs.gov/news/press/2011pres/07/20110714grantee.html.

Reserve/Guard

- As of July 12, 2011, the total number of Guard and Reserve currently on active duty has declined 372 to 93,961. The totals for each service are Army National Guard and Army 72,213; Navy Reserve, 4,961; Air National Guard and Air Force Reserve, 9,873; Marine Corps Reserve, 6,137, and the Coast Guard Reserve, 777. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "Improving Access to Oral Health Care for Vulnerable and Underserved Populations," on July 13, 2011.** In this report, IOM and the National Research Council assessed the current oral health care system, and developed a vision for how to improve oral health care for these populations, and recommended ways to achieve this vision.
- **The Institute of Medicine (IOM) published "Engineering a Learning Healthcare System: A Look at the Future - Workshop Summary," on July 8, 2011.** This report describes lessons from systems and operations engineering that could be applied to the organization, structure, and function of health care delivery, monitoring, and change processes.

Legislation

- **H.R.2468** (introduced July 8, 2011): The *Medicare Home Health Flexibility Act of 2011* was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned
Sponsor: Representative Charles W. Boustany, Jr. [LA-7]
- **H.R.2470** (introduced July 8, 2011): The *E-SERV Act* was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs
Sponsor: Representative Joe Donnelly [IN-2]
- **H.R.2472** (introduced July 8, 2011): The *Health Care Professionals Protection Act of 2011* was referred to the House Committee on Energy and Commerce
Sponsor: Representative Joseph J. Heck [NV-3]
- **H.R.2486** (introduced July 11, 2011): The *Native Hawaiian and Other Pacific Islander Health Data Act of 2011* was referred to the House Committee on Energy and Commerce
Sponsor: Representative Madeleine Z. Bordallo [GU].
- **H.R.2505** (introduced July 12, 2011): The *Pulmonary Fibrosis Research Enhancement Act* was referred to the House Committee on Energy and Commerce
Sponsor: Representative Erik Paulsen [MN-3]
- **S.1350** (introduced July 12, 2011): A bill to expand the research, prevention, and awareness activities of the Centers for Disease Control and Prevention and the National Institutes of Health with respect to pulmonary fibrosis, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Christopher A. Coons [DE].
- **S.1358** (introduced July 13, 2011): A bill to amend the Family and Medical Leave Act of 1993 to provide leave because of the death of a son or daughter was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jon Tester [MT]
- **S.1361** (introduced July 13, 2011): A bill to reduce human exposure to endocrine-disrupting chemicals was referred to the Committee on Health, Education, Labor, and Pensions
Sponsor: Senator John F. Kerry [MA].

Hill Hearings

- The House Veterans subcommittee on Health will hold a legislative hearing on **July 25, 2011**, to examine on pending legislation.
- The House Veterans subcommittee on Oversight and Investigations will hold a legislation hearing on **July 27, 2011**, to mark up pending legislation.

Meetings / Conferences

- 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/
- 2011 Congress on Reducing Hospital Readmissions will be held on **Aug. 11-12, 2011**, in Las Vegas, Nev. <http://www.globalmediadynamics.com/upcoming-events/hospital-readmissions/register-for-congress>
- The National Medical Home Summit West will be held on **Sept. 20-22, 2011**, in San Francisco, Calif. <http://www.medicalhomesummit.com/>
- 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 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>

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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