

## FEDERAL HEALTH UPDATE

Aug 19, 2011

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 and House are in recess from Aug. 8 to Sept. 5, 2011.**

## Military Health Care News

- **The opportunity to purchase retroactive TRICARE Young Adult (TYA) coverage expires on Sept. 30, 2011.**

Retroactive TYA provides coverage for young adults back to Jan. 1, 2011, or the day they became eligible if that was after Jan. 1.

TYA allows eligible adult children to purchase TRICARE coverage after their eligibility for "regular" TRICARE coverage ends at age 21, or 23 if enrolled in a full course of study at an approved institution of higher learning.

TYA-eligible beneficiaries may choose to purchase retroactive coverage if they've had significant health care expenses that weren't covered by other insurance. Once enrolled in TYA, beneficiaries may file a claim for reimbursement of costs for covered care. Additionally, young adults in the Continued Health Care Benefit Program may elect to purchase retroactive TYA coverage and receive a refund for their CHCPB fees.

Those interested in purchasing retroactive TYA coverage must ensure their application form is received by the regional or overseas health care contractor by Sept. 30. All premiums, both retroactive and the initial three-month payment, must be submitted with the application. The application and payment can be dropped off at a TRICARE service center, or mailed or faxed to the regional or overseas health care contractor.

To be reimbursed for covered services, receipts for care must be included when a claim is filed.

TYA launched in May 2011, and has shown a steady increase in enrollment numbers. As of July 31, almost 6,600 young adults have purchased TYA, which currently offers TRICARE Standard coverage for \$186 a month. To qualify for TYA, uniformed services dependents must be under 26, unmarried and not eligible for their own employer-sponsored health care coverage.

A premium-based TRICARE Prime benefit is scheduled to be available later in 2011.

Complete information and application forms are available at [www.tricare.mil/tya](http://www.tricare.mil/tya).

- **The Army released suicide data for the month of July.**

Among active-duty soldiers, there were 22 potential suicides: three have been confirmed as suicide and 19 remain under investigation. For June 2011, the Army reported nine potential suicides among active-duty soldiers. Since the release of that report, three cases have been confirmed as suicide, and six cases remain under investigation.

During July 2011, among reserve component soldiers who were not on active duty, there were 10 potential suicides: none have been confirmed as suicide and 10 remain under investigation. For June 2011, the Army reported five potential suicides among not-on-active-duty soldiers. Since the release of that report, one case has been added for a total of six cases. Four cases have been confirmed as suicide, and two cases remain under investigation.

The Army's comprehensive list of Suicide Prevention Program information is located at <http://www.preventsuicide.army.mil>.

- **Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Gary Roughead announced the following assignments:**

- Capt. Raquel C. Bono, who has been selected for promotion to rear admiral (lower half), will be assigned as fleet surgeon, U.S. Pacific Fleet/command surgeon, U.S. Pacific Command, Pearl Harbor, Hawaii. Bono is currently serving as deputy director, Medical Resources, Plans, and Policy Division, N931B, Office of the Chief of Naval Operations, Washington, D.C.
- Rear Adm. (lower half) Colin G. Chinn will be assigned as director, Medical Resources, Plans, and Policy Division, N931, Office of the Chief of Naval Operations, Washington, D.C. Chinn is currently serving as director, TRICARE Region West, San Diego, Calif.
- Rear Adm. Michael H. Mittelman will be assigned as deputy chief, Bureau of Medicine and Surgery, Washington, D.C. Mittelman is currently serving as fleet surgeon, U.S. Pacific Fleet/command surgeon, U.S. Pacific Command, Pearl Harbor, Hawaii.

- **Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Gary Roughead announced that Rear Adm. (lower half) Elaine C. Wagner will be assigned as commander, Navy Medicine East/commander, Naval Medical Center/chief, Navy Dental Corps, Portsmouth, Va.** Wagner is currently serving as director, Medical Resources, Plans, and Policy Division, N931, OPNAV/chief, Navy Dental Corps, Washington, D.C.

## Veterans Health Care News

- **The Hospitals and Health Networks, a publication of the American Hospital Association (AHA), has named Ann Arbor-based VA VISN 11 Healthcare Network as one of the Nation's Most Wired Hospitals and Health Systems.**

The Most Wired survey is conducted annually by *Hospitals & Health Networks* magazine, which uses the results to name the Most Wired hospitals and health systems. It focuses on how the nation's hospitals use information technology for quality, customer service, public health and safety, business processes and workforce issues. According to the AHA, hospitals that embrace technology demonstrate better patient satisfaction and better outcomes in risk-adjusted mortality, as well as other key quality measurements.

This year, 1,300 hospitals and health systems completed the AHA survey, roughly 24 percent of all U.S. hospitals. Even with additional and more stringent requirements, VISN 11 Healthcare Network ranked among the top, along with such institutions as Mayo Clinic, Memorial Sloan Treatment Center, Cancer Treatment Centers of America, and Yale, Harvard, and Stanford hospitals.

According to results from the annual Most Wired survey:

- Sixty-seven percent of Most Wired hospitals ordered medications electronically;
- Fifty-eight percent of all organizations reported that they have implemented computerized standing orders based on treatment protocols that have been scientifically proven to be effective;
- Most Wired hospitals are leading in the use of encryption on movable devices to safeguard information. All Most Wired hospitals encrypt data for laptops and 76 percent encrypt smart phones; and
- 22 percent of hospitals provide patients the opportunity to visit a physician virtually.

The Most Wired results are available at <http://www.hhnmag.com>.

VA Veterans Integrated Service Network (VISN) 11 Healthcare Network, Veterans in Partnership, is the regional organization for VA healthcare facilities serving Veterans in Indiana, Michigan, Ohio, and Illinois. VISN 11 serves Veterans who receive care at VA medical centers in Marion, Fort Wayne, and Indianapolis,

Indiana; Battle Creek, Saginaw, Ann Arbor, and Detroit, Michigan; and Danville, Illinois; as well as the associated VA Community Based Outpatient Clinics in Indiana, Michigan, Ohio, and Illinois.

• **Department of Veterans Affairs (VA) medical centers are now included in the Centers for Medicaid and Medicare Services (CMS) Hospital Compare Website.**

The website measures hospital quality based on what matters most to patients - the outcomes of care.

Release of outcomes data to the public is not new for VA. Mortality and readmission results were first posted in 2010 on the VA Hospital Compare Web site ([www.hospitalcompare.va.gov/](http://www.hospitalcompare.va.gov/)) using a similar method limited to only VA patients. VA results posted on VA's site are updated quarterly and will not match the results on CMS Hospital Compare, which are only updated annually and lag about year.

CMS is reporting 30-day measures for three common and high-cost conditions: acute myocardial infarction (AMI), heart failure (HF) and pneumonia to the public through its Website. This year CMS is reporting results for patients treated in VA's health care system. Annual reporting on these measures furthers the goal of measuring and rewarding quality as a strategy for improving health care outcomes for veterans and for patients overall.

• **The Department of Veterans Affairs (VA) released a policy directive regarding the secure use of Web-based collaboration and social media tools.**

The policy allows the Department and its employees to leverage emerging platforms that enhance communication, stakeholder outreach, and information exchange as the VA transforms itself into a 21st Century organization attuned to the needs of veterans of all generations.

The policy, "VA Directive 6515: Use of Web-Based Collaboration Technologies," encourages the adoption and use of social media by VA employees. It provides workplace boundaries and establishes the VA's philosophy for communication: VA is open and transparent, and VA is willing and able to engage and collaborate with its many stakeholders online.

VA began launching social media sites in 2009 and has over 100 Facebook pages, more than 50 Twitter feeds, two blogs, a YouTube channel and a Flickr page. VA's Facebook pages have a combined subscribership of over 293,000 fans, with the VA's main page reaching over 138,000. On Twitter, VA has a combined followership of over 53,000; the main feed reaches over 22,000 followers. VA has posted over 300 videos on YouTube and over 9,000 photos on Flickr, which have been viewed over a combined 1.1 million times. In November 2010, VA launched its first blog, VAntage Point, which distinguishes itself from other government blogs by actively soliciting guest pieces from both employees and the public. By the end of the year, the VA expects to have an active Facebook page and Twitter feed for all 152 VA Medical Centers.

For more information, please visit: [http://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=551&FTYPE=2](http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=551&FTYPE=2).

• **The HEALTHeLINK health information exchange in Buffalo, N.Y., is the newest pilot site for the federal government's Virtual Lifetime Electronic Health initiative to share active military and veterans' health information with civilian health care providers.**

The Departments of Defense and Veterans Affairs launched VLER in 2009, along with the Department of Health and Human Services and the Social Security Administration.

The testing in Buffalo will build off previously selected pilots in San Diego with Kaiser Permanente, Hampton/Richmond in Virginia with the MedVirginia HIE, and Spokane, Wash., with Inland Northwest Health Services.

HEALTHeLINK also serves as one of 17 federally funded Beacon Communities to accelerate and demonstrate the benefits of health information technology.

More information is available at [www.healthelink.com](http://www.healthelink.com).

Health Care News

• **The Department of Health and Human Services (HHS) announced additional preventive care services for women covered under "non-grandfathered" health care plans.**

Under the Affordable Care Act, these services must be provided with no cost-sharing in plan years starting on or after August 1, 2012. Plan sponsors that are no longer grandfathered or anticipate losing grandfathered status need to carefully determine how they are going to interpret and implement these newly listed preventive services.

In July 2010, HHS issued interim final regulations under section 2713 of the Public Health Service Act as amended by the Affordable Care Act. Under the interim regulation, preventive health services must be provided under a group health plan, and the plan may not impose any cost-sharing (such as copayment, coinsurance, or deductible). The rules with respect to preventive health care services do not apply to grandfathered group health plans.

Under the July 2010 regulations, preventive care services generally are defined as in-network coverage for the following:

- Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force;
- Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and
- With respect to women, to the extent not listed with an A or B rating by the United States Preventive Services Task Force, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

At the time the regulations were issued, the Health Resources and Services Administration (HRSA) had not issued any comprehensive guidelines.

On Aug. 1, 2011, HRSA issued new guidelines specifying additional preventive care for women. The additional preventive services and frequency are as follows:

Preventive Service	Frequency
Well-woman visits - includes preventive services that are age and risk factor appropriate	Annual, but more than one visit may be needed to obtain all necessary services*
Screening for gestational diabetes	Between 24 and 28 weeks of gestation and at first prenatal visit identified at high risk for diabetes
Human papillomavirus (HPV) testing	Beginning at 30 years of age and no more frequently than every 3 years
Counseling for sexually transmitted infections (STIs)	Annual
Counseling and screening for HIV	Annual
Contraceptive methods, sterilization, and counseling - using FDA approved methods	As prescribed**
Breastfeeding support, supplies, and counseling	In conjunction with each birth
Screening and counseling for interpersonal and domestic violence	Annual

Under the July 2010 regulations, plans may apply reasonable medical management techniques to determine coverage limitations. Thus, it appears that plans may require a mandatory generic provision for the oral contraceptive method. It also appears that plans would have to cover the "morning after pill" as an FDA-approved form of contraception. Medical management and legal interpretation will determine if that results in an additional office visit and/or urgent care with an emergency room visit.

• **Dr. Bernadine P. Healy, the first woman to lead the National Institutes of Health and the first physician to lead the American Red Cross, died.**

The cause was recurring brain cancer, which she had battled for 13 years. She was 67.

Dr. Healy, trained as a cardiologist, was a professor at Johns Hopkins University, dean of the Ohio State University medical school, a White House science adviser and president of the American Heart Association. She wrote scientific papers and magazine columns, and once ran for the United States Senate.

But she was best known as a tough, innovative administrator who, as director of the National Institutes of Health from 1991 to 1993, championed studies that overturned false assumptions about women's health. And as president of the American Red Cross from 1999 to 2001, she struggled to coordinate its complex, often contradictory missions of humanitarian disaster relief and the businesslike maintenance of blood supplies.

Healy began the Women's Health Initiative, a \$625 million study of the causes, prevention and treatment of cardiovascular diseases, osteoporosis and cancer in middle-aged and older women. Long after her tenure, the initiative continued yielding important findings. In 2002, it found that prolonged estrogen-progestin hormone replacement therapy in postmenopausal women increased risks of breast cancer, stroke and heart attacks.

- **Dr. David Ho, of the Aaron Diamond AIDS Research Center in New York, NY, has been selected as the 2011 recipient of the NIDA Avant-Garde Award for HIV/AIDS Research.**

Ho's proposal aims to develop a novel HIV therapy that could be administered monthly; as opposed to the existing daily treatment for HIV. NIDA's annual Avant-Garde award competition, now in its fourth year, is intended to stimulate high-impact research that may lead to groundbreaking opportunities for the prevention and treatment of HIV/AIDS in drug abusers. Awardees receive \$500,000 per year for five years to support their research.

Combination antiretroviral therapy, consisting of orally-administered small-molecule inhibitors of anti-HIV drugs taken daily, has revolutionized the treatment of HIV/AIDS. However, treatment failures continue to occur in a significant fraction of those treated, often due to incomplete patient adherence to the prescribed regimen. Lack of compliance is particularly severe among drug abusers. Ho's project aims to develop antibody-like molecules that could be administered monthly for the treatment of HIV. A once-a-month treatment would improve the feasibility of directly observed therapy, an evidence-based adherence intervention.

Ho was one of many applicants whose proposals reflect diverse scientific disciplines and approaches to HIV/AIDS research. The Avant-Garde Awards are modeled after the NIH Pioneer Awards and are granted to scientists of exceptional creativity who propose high-impact research that could open new avenues for prevention and treatment of HIV/AIDS among drug abusers.

- **HHS Secretary Kathleen Sebelius awarded \$49 million in grants to improve the quality of health care and strengthen the public health infrastructure.**

Awarded to all fifty states, the grants strengthen state, local and territorial health departments' capacity to perform critical epidemiology and laboratory work, detect and prevent healthcare-associated infections and support immunization programs. This is double the spending for the same programs in 2010.

The grants will fund key state and local public health programs supported through the Centers for Disease Control and Prevention (CDC). Of the grants awarded, \$35.8 million in Prevention and Public Health Fund dollars and \$3.8 million in additional CDC funding will go to increasing epidemiology, laboratory and health information systems capacity at health departments in all 50 states, two territories and the six largest local jurisdictions (such as the cities of Los Angeles and Philadelphia).

Almost \$9 million will be used to bolster states' abilities to prevent healthcare-associated infections (HAIs), which lead to nearly 100,000 deaths every year. Funds will help states coordinate their HAI prevention activities, implement multi-facility, multi-disciplinary prevention efforts, improve monitoring of antimicrobial use and enhance electronic reporting of HAIs.

Another \$600,000 will be used to bolster states' immunization infrastructure and programs. These dollars will strengthen the evidence base for immunization programs and policy by supporting important evaluations on the effectiveness of various vaccines.

A full list of grantees is available at: [http://www.hhs.gov/news/press/2011pres/08/state\\_cdc\\_grants.html](http://www.hhs.gov/news/press/2011pres/08/state_cdc_grants.html).

- **A federal appeals court rules against the individual mandate included in President Barack Obama's health care reform.**

A divided three-judge panel of the 11th Circuit Court of Appeals ruled Friday that Congress overstepped its authority when lawmakers passed the so-called individual mandate, the first such decision by a federal appeals court. It's a stinging blow to Obama's signature legislative achievement, as many experts agree the requirement that Americans carry health insurance — or face tax penalties — is the foundation for other parts of the law and key to paying for it.

In the Atlanta ruling, Chief Judge Joel Dubina and Circuit Judge Frank Hull found in a 207-page opinion that lawmakers cannot require people to "enter into contracts with private insurance companies for the purchase of an expensive product from the time they are born until the time they die."

In a lengthy dissent, Circuit Judge Stanley Marcus accused the majority of ignoring the "undeniable fact that Congress' commerce power has grown exponentially over the past two centuries." He wrote that Congress generally has the constitutional authority to create rules regulating large areas of the national economy.

The 11th Circuit's ruling, which sided with 26 states that had sued to stop the law from taking effect, is the latest contradictory judicial opinion on the health care debate. The federal appeals court in Cincinnati upheld the individual mandate in June, and an appeals court in Richmond has heard similar challenges to the law. Several lower court judges have also issued differing opinions on the debate.

#### Reserve/Guard

- As of July 26, 2011, the total number of Guard and Reserve currently on active duty has declined by 98 to reach 92,504. The totals for each service are Army National Guard and Army 71,292; Navy Reserve, 4,569; Air National Guard and Air Force Reserve, 9,846; Marine Corps Reserve, 6,062, and the Coast Guard Reserve, 735. [www.defenselink.mil](http://www.defenselink.mil)

#### Reports/Policies

- **The GAO published "Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports," (GAO-11-720) on Aug. 12, 2011.** This report identifies methodological challenges CMS faces in developing feedback reports and approaches CMS has tested to address them, and challenges CMS faces in distributing feedback reports and CMS's plans to address them. <http://www.gao.gov/new.items/d11720.pdf>
- **The GAO published "Long-Term Care Insurance: Carrier Interest in the Federal Program, Changes to Its Actuarial Assumptions, and OPM Oversight," (GAO-11-630) on Aug. 10, 2011.** In this report, GAO describes factors affecting carriers' interest in FLTCIP; how the actuarial assumptions used to set FLTCIP premiums have changed since the program's inception; and OPM's oversight of actuarial assumptions and experience and program communications. <http://www.gao.gov/new.items/d11630.pdf>
- **The Institute of Medicine (IOM) published "Legal Strategies in Childhood Obesity Prevention - Workshop Summary," on Aug. 10, 2011.** This report discusses the current legal strategies aimed at combating childhood obesity at the national, state and local levels. <http://www.iom.edu/Reports/2011/Legal-Strategies-Childhood-Obesity.aspx>

#### Legislation

- No legislation was proposed this week.

#### Hill Hearings

- The House and Senate will hold a joint hearing on **Sept. 21, 2011**, to receive legislative presentation from the American Legion.

#### Meetings / Conferences

- The National Medical Home Summit West will be held on **Sept. 20-22, 2011**, in San Francisco, Calif. <http://www.medicalhomesummit.com/>
- Advances in Neuropsychiatric Treatment Conference will be held on **Sept. 22-23, 2011**, in San Francisco, Calif. [http://www.qtcbio.com/index.php?option=com\\_conference](http://www.qtcbio.com/index.php?option=com_conference)
- The 13th annual World Vaccine Congress will be held **Oct. 10-13, 2011**, in Lyon, France. <http://www.terrapinn.com/2011/world-vaccine-congress-lyon/index.stm>
- 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>.
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. [http://www.isid.org/15th\\_ICID/](http://www.isid.org/15th_ICID/)

*If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at [katetheroux@fedhealthinst.org](mailto:katetheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.*

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