

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 Oct. 7, 2011, Senate Committee on Veterans Affairs Chairman Patty Murray released an online informational [newsletter](#) for veterans.**

The newsletter focuses on important updates in, and links to, major health and benefit programs through the Department of Veterans Affairs. It also provides a summary of lesser known programs that may be of help to veterans and their families.

- **The U.S. House of Representatives passed six pieces of veterans legislation this week:**
 - H.R.2433, the Veterans Opportunity to Work Act of 2011
 - H.R.1263, which amends the Service Members Civil Relief Act to provide surviving spouses with certain protections relating to mortgages and mortgage foreclosures, and for other purposes.
 - H.R.2349, the Veterans' Benefits Act of 2011
 - H.R.2074, the Veterans Sexual Assault Prevention and Health Care Enhancement Act
 - H.R.1025, which amends title 38, United States Code, to recognize service in the reserve components of certain persons by honoring them with status as veterans under law.
 - H.R.2302, which amends title 38, United States Code, to direct the Secretary of Veterans Affairs to notify Congress of conferences sponsored by the Department of Veterans Affairs, and for other purposes.

All six pieces of legislation will now head to the Senate for consideration.

Military Health Care News

- **Army Surgeon General Lt. Gen. (Dr.) Eric B. Schoomaker said he wants the military to move toward a more holistic method of healing service members during his keynote address at a recent Samuelli Institute symposium.**

Schoomaker advocated for the comprehensive and holistic treatment of injury and illness with a focus on the patient as a whole — healing the entire individual as opposed to each problem that may arise.

"The people I serve with, above all else aspire to be successful in their goals to serve our country," Schoomaker explained. "We must honor what they came to do and enable them to take control of their own health and health care."

An integral part of this, Schoomaker said, is developing a culture where ability is incentivized, mentors provide real-life examples of resilience and the individual is recognized as a part of a larger community which can have great effects on his or her overall health and wellness.

"Our [military] culture is to get over it and move beyond it," Schoomaker said in regards to illness and injury. "Presently we are a culture of disability. It is very hard to get people back on their feet when you focus on disability and compensation. We ought to have a system that incentivizes for ability and full function."

By moving towards a culture of healing and strengthening, the entire military will be more resilient, Schoomaker said.

- **A new military study found that current post-deployment mental health screening tools miss most soldiers with significant mental health problems.**

Researchers noted that the effectiveness of the screenings is dependent on soldiers' honestly reporting their symptoms. Because the stigma associated with having mental health problems in the military, lack of anonymity could deter soldiers from responding truthfully. The results of the study were published in the current edition of the [Archives of General Psychiatry](#).

The study found that when returning soldiers took the screening tests anonymously — instead of identifying themselves, as is the norm — they were between twice and four times as likely to report mental health problems and say they need help.

Researchers studied 3,500 soldiers who were in Iraq in 2007 to 2008 for their third deployment in six years. Before soldiers returned to Fort Stewart, Ga., they completed the standard, computer-based post-deployment health assessment, which includes questions on PTSD and other mental health problems. This assessment is not anonymous and is meant to spot problems and help connect soldiers with care when they get home.

About half of the soldiers also completed an anonymous paper questionnaire with the same mental health screening questions.

Just over 4 percent of the returning troops met the criteria for depression or PTSD based on their standard health assessments. When they did the survey anonymously, 12 percent screened positive for at least one of the conditions.

Soldiers were also four times more likely to say they had thoughts of suicide on anonymous assessments.

The researchers said that the findings didn't show the normal post-deployment screening don't work, but rather that additional strategies are needed to encourage returning soldiers to get the mental health care they need.

- **The Army Times reports that the Army is facing a growing number of soldiers who aren't medically fit for duty.**

Army Surgeon General Lt. Gen. Eric Schoomaker said that about 15 percent of the active forces aren't able to deploy for medical reasons — a growing problem that has "begun to erode the readiness of the Army as a whole." He spoke during a forum on soldier resilience at the Association of the U.S. Army conference in Washington.

With the elimination of stop-loss, attrition of surge forces and expansion of medical programs that better identify troops' medical needs, the pool of those who are considered medically "not ready" for duty is broadening, and the Army must act quickly to ensure the burden doesn't overwhelm the force, Schoomaker said.

Many of the soldiers involved are not those injured in combat, he added. For a variety of reasons, troops might not meet unit health standards for deployment, parameters set by the strategic commands for combat, or they reside on the temporary disability retirement list awaiting discharge.

According to deputy surgeon general Maj. Gen. Richard Stone, roughly 25 percent of new recruits come into the service with low iron and low bone density, and recruits overall have the highest body mass indexes ever recorded — issues that can be addressed during boot camp with better nutrition, improved fitness programs and lifestyle education.

The Army will continue to provide its comprehensive soldier fitness program and implement an electronic health profiling system that better monitors soldier fitness and improved diet initiatives.

At boot camp, the Army's "Go For Green" campaign promotes healthy food choices. It also includes screening recruits to identify potential for musculoskeletal injury and training them to avoid injuries.

- **NexGov.com reports that a class action lawsuit was filed against the Department of Defense (DoD) seeking \$4.9 billion in damages from the theft of a computer tape containing personal and sensitive health information from the car of an employee of Science Applications International Corp. (SAIC), a contractor with the TRICARE Management Activity.**

SAIC was not named as a defendant in the action.

The suit, filed on Oct. 10 by the law firm Shulman, Rogers, Gandal, Pordy & Ecker of Potomac, Md., seeks \$1,000 in damages for all 4.9 million TRICARE beneficiaries whose records were on the computer tape stolen Sept. 13 from the SAIC employee's car in San Antonio. TRICARE and Defense Secretary Leon Panetta are named as defendants.

Plaintiffs in the case are Virginia Gaffney of Hampton, Va., a TRICARE beneficiary described as the spouse of a decorated war veteran, along with her two dependent children, and Adrienne Taylor of Glendale, Ariz., an Air Force Operation Desert Storm veteran who also is a military spouse and TRICARE beneficiary.

The suit charges that TRICARE "flagrantly disregarded" the privacy rights of TRICARE beneficiaries by failing to take the necessary precautions to protect their identity. The complaint said data on the stolen computer tape was "unprotected, easily copied . . . [and TRICARE] inexplicably failed to encrypt the information."

TRICARE "compounded its dereliction of duty by authorizing an untrained or improperly trained individual to take the highly confidential information off of government premises and to leave unencrypted information in an unguarded car in a public location, from which it was stolen by an unknown party or parties," the suit alleged.

TRICARE acknowledged that the stolen computer tape contained patient information including clinical notes, laboratory tests, prescriptions, diagnoses, treatment information and provider names and locations. But the agency claimed "risk of harm to patients is judged to be low despite the data elements involved since retrieving the data on the tapes would require knowledge of and access to specific hardware and software and knowledge of the system and data structure."

The class action lawsuit disputed this assertion, alleging that "personal information on the computer tape could be retrieved by the name of an individual or by an identifying number, symbol or other identifying data assigned to an individual." The complaint contends the theft exposed the medical and personal information of all plaintiffs to the possibility of identity fraud and resulted in "emotional upset" due to the invasion of privacy.

TRICARE declined to provide credit monitoring services in the wake of the tape theft, and, as a result, the complaint said, both Gaffney and Taylor purchased such services on their own to protect against identity theft, incurring an ongoing economic cost.

The lawsuit asked the court to direct TRICARE to provide free credit monitoring services to all 4.9 million beneficiaries whose personal information was on the stolen tape and to reimburse those who had already purchased such services on their own. The potential cost could be as much as \$146.8 million to TRICARE.

The lawsuit also wants the DoD to reform its practices to maintain the privacy of personal information. The suit asks the court to bar TRICARE and DoD from transferring a record or system of records covered by the Privacy Act "until an independent panel of experts finds that adequate information security has been established."

It also requests the court to prohibit DoD and TRICARE from transporting any records off government property unless they are fully encrypted, and SAIC should not be allowed to transport any records until an independent expert panel determines the company has established adequate information procedures.

- **TRICARE Dental Program (TDP) survivor benefits have changed as a result of legislation approved by Congress.**

As a result, the TDP survivor benefit is now available to a larger segment of the military population and provides extended care to children of survivors. Current TDP enrollees do not have to take any action for the new benefits to take effect. Beneficiaries not currently enrolled in the TDP can [enroll online](#) now for coverage to be effective as early as Nov. 1, 2011.

Key changes include the following:

- Survivors do not need to have prior enrollment in the TDP at the time of the sponsor's death to receive the TDP Survivor Benefit. In the past, enrollment was required to be eligible for benefits.
- Surviving children are eligible to receive survivor benefits through the end of the month in which they turn age 21, or 23 if enrolled in a full-time accredited college or university. Additionally, incapacitated children are eligible to receive TDP coverage for the greater of: 1) three years from the sponsor's date of death, 2) the date which the dependent turns 21, or 23 if enrolled in a full-time accredited college or university. This is an increase in coverage from the three years children received prior to legislation.
- Eligible surviving family members not enrolled in the TDP at the time of the sponsor's death will be notified by the government of their eligibility for enrollment in the TDP. The surviving spouse, parent, or dependent 18 years of age or older may [complete the enrollment process](#) for the TDP Survivor Benefit to take effect.

To review the survivor benefit in its entirety, visit the [Benefits section](#) of the TDP website.

Veterans Health Care News

- **In October, the Department of Veterans Affairs launched a campaign to increase awareness about Traumatic Brain Injury (TBI).**

The campaign debuted with a 25-minute documentary highlighting individual stories of recovery for some of the most severely injured and wounded veterans through the VA Polytrauma System of Care at the Hunter Holmes McGuire VA Medical Center in Richmond, Va. The documentary and other videos can be viewed at www.polytrauma.va.gov.

VA has also released a series of products to promote awareness of TBI and services available to veterans and service members, including [public service announcements](#) featuring Golden Globe, Emmy and Screen Actors Guild Award winner and Academy Award nominee Gary Sinise.

The pieces underscore that effects of TBI can range from mild to severe, lasting for a brief or prolonged period of time. They also promote the treatment and specialized services available to support veterans and service members through evaluating and diagnosing TBI, related problems and enabling their recovery.

More information about TBI and VA's Polytrauma/TBI System of Care is available at www.polytrauma.va.gov.

- **The Department of Veterans Affairs has awarded a \$98.8 million contract to build a new rehabilitation facility located on the campus of the VA Palo Alto Health Care System.**

In 2005, the VA Palo Alto Health Care System was designated a Polytrauma Rehabilitation Center. Since then, the program has been housed in an existing facility originally constructed in 1960. The Western Blind Rehabilitation Center, which began in 1967, has been housed in a building constructed in 1977.

The \$98.8 million contract was awarded to Walsh/DeMaria Joint Venture V of Chicago, Ill., on Sept. 30. Construction is scheduled to be completed in spring 2014. The three-story facility will be Leadership in Energy and Environmental Design (LEED) silver equivalency.

This will be VA's first and only Polytrauma Rehabilitation Center to be combined with a Blind Rehabilitation Center. At 174,000 square feet, this new facility is the largest consolidated rehabilitation center in VA. The Rehabilitation Center includes 24 beds for the polytrauma program, 32 beds for the blind rehabilitation program, and 12 beds for the polytrauma transitional rehabilitation program.

The center will also have an outpatient physical therapy/occupational therapy clinic, an outpatient physical medicine and rehabilitation clinic, and clinical programs for Operation Enduring Freedom/Operation Iraqi Freedom veterans. In addition to the new Polytrauma-Blind Rehabilitation Center, a 600-car, four-story parking garage will be constructed adjacent to the new facility to support the growing demand for onsite parking.

- **A new mental health rehabilitation center for veterans has been approved in Port Orange, Florida, by the U.S. Department of Veterans Affairs.**

The new rehab center is scheduled to open by February or March, offering more space and programs than the current facility. Construction on the 7,500-square-foot building could begin within a month, as soon as the builder receives final approval from the city.

Psychosocial Rehabilitation and Recovery Centers, like the one planned in Port Orange, are VA facilities aimed at helping veterans adjust to civilian life and their communities. The centers provide a variety of outpatient treatment for "severe and persistent mental illness, bipolar disorder and major affective disorder." That treatment often includes peer support services, skills training and educational programs as long as needed.

VA policy now requires that all-day treatment programs be converted into a more expansive recovery center by the end of 2012. VA officials said the growing caseload in Port Orange necessitated a new rehabilitation and recovery center that could meet future demands.

Health Care News

- **On Oct. 12, 2011, the Centers for Medicare & Medicaid Services (CMS) posted 2012 drug and health plan data on its Medicare Plan Finder.**

CMS is encouraging people with Medicare and their families to begin reviewing drug and health plan coverage options for 2012.

The Medicare Open Enrollment Period, which begins earlier than previously — on October 15 — has been expanded to last seven weeks and will end on December 7. This will give seniors and people with disabilities more time to compare and find the best plan that meets their personal needs. Across the country, HHS officials will hold 150 events in the days leading up to Medicare's Open Enrollment Period to inform and educate people with Medicare.

Using Medicare's Plan Finder available at www.medicare.gov/find-a-plan — beneficiaries will see the enhanced star ratings for 2012. Medicare beneficiaries can review the 2012 quality ratings for Medicare Advantage health plans (Part C) and prescription drug plans (Part D) for the upcoming year on this website. This year CMS is highlighting plans that have achieved an overall quality rating of five stars with a high performer or "gold star" icon so people with Medicare can easily find high quality plans. People with Medicare can switch to an available five-star plan at any time during the year. In addition to the enhanced star ratings for 2012 and new "gold star" icon, Plan Finder users will see an icon showing which plans received a low overall quality rating for the past three years.

In 2012, additional benefits to people with Medicare include lower prescription drug costs through a 50 percent discount on covered brand name drugs in the coverage gap (also referred to as the "donut hole"), wellness checkups, and access to certain preventive care with no copayments — a benefit that all Medicare Advantage plans will offer starting in 2012.

- **Merck & Co. won U.S. approval for a pill that combines the Januvia diabetes medicine with cholesterol treatment Zocor, the first combination of its kind to reduce cholesterol.**

The Food and Drug Administration cleared the new drug, known as Juvissync, for patients with type-2 diabetes, the agency said.

Juvissync is the first to join in one pill a glucose-lowering medicine with a so-called statin to lower cholesterol. About 20 million people in the U.S. have type-2 diabetes, and it's common for them to also suffer high cholesterol that increases risk for heart disease, stroke, kidney disease and blindness, the FDA said.

Three in four deaths in people with type-2 diabetes are caused by cardiovascular disease, said Sethu Reddy, Merck's U.S. scientific director for diabetes and obesity.

- **The Food and Drug Administration (FDA) has awarded the non-profit National Institute for Pharmaceutical Technology and Education (NIPTE) \$35 million over the next five years to develop approaches to reforming and improving drug manufacturing standards.**

The institute maintains that investment in manufacturing will aid competitiveness in the U.S., and help reverse the current trend toward outsourcing from abroad.

The FDA grant will support NIPTE programs aimed at rectifying existing drug development and manufacturing problems by generating new ways to reduce time to market, improve small-batch production, promote continuous manufacturing, save money/energy, and reduce the environmental impact of manufacturing.

- **U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that the number of participants in the National Health Service Corps (NHSC) has nearly tripled.**

Today, more than 10,000 National Health Service Corps members — doctors, nurses and other health care providers — care for Americans in communities nationwide. Thanks to investments in the National Health Service Corps through the Affordable Care Act, the American Recovery and Reinvestment Act and annual appropriations, the NHSC has awarded nearly \$900 million in scholarships and loan repayment to health care professionals to help expand the country's primary care workforce and meet the health care needs of communities across the country.

A result of these investments, there are nearly three times the number of NHSC clinicians working in communities across America than there were three years ago — increasing access to health care and supporting local jobs. In 2008, approximately 3.7 million patients were provided service by 3,600 National Health Service Corps providers. Now in 2011, with field strength of more than 10,000 clinicians, the National Health Service Corps provides health care services to about 10.5 million patients.

Established in 1972, the National Health Service Corps, administered by the Health Resources and Services Administration (HRSA), has provided health care to communities across the country through the service of more than 41,000 primary health care practitioners over its nearly 40-year history. The NHSC provides financial, professional and educational resources to medical, dental, and mental and behavioral health care providers who bring their skills to areas of the United States with limited access to health care.

Reserve/Guard

- As of Oct. 11, 2011, the total number of Guard and Reserve currently on active duty has decreased by 613 to reach 91,311. The totals for each service are Army National Guard and 69,463; Navy Reserve, 4,629; Air National Guard and Air Force Reserve, 10,807; Marine Corps Reserve, 5,644, and the Coast Guard Reserve, 768. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published a report: "Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence," Oct. 11, 2011.**

The report, sponsored by the Department of Defense, concluded that research has yielded promising data on the effectiveness of some forms of CRT for helping patients with TBI, however the evidence is limited and requires improvements in the collection and standardization of terms in order to develop more concrete findings. Because CRT is an umbrella term for a range of approaches to overcoming or compensating for cognitive impairments, it can be difficult to describe these personalized therapies and their outcomes.

However, given that methodological shortcomings in the evidence do not rule out meaningful benefits for patients, the report supported the ongoing use of CRT for people suffering from traumatic brain injury (TBI) while improvements are made in future studies.

For more information, visit the <http://www.iom.edu/Reports/2011/Cognitive-Rehabilitation-Therapy-for-Traumatic-Brain-Injury-Evaluating-the-Evidence.aspx>.

- **The GAO published "National Cord Blood Inventory: Practices for Increasing Availability for Transplants and Related Challenges," (GAO-12-23) on Oct. 7, 2011.** This report describes practices identified to increase banking of cord blood units for the NCBI and related challenges and practices cord blood banks are using to lower costs and improve the efficiency of cord blood banking and associated challenges. <http://www.gao.gov/new.items/d1223.pdf>

Legislation

- **H.R.3141** (introduced Oct. 6, 2011): To amend the Public Health Service Act to revise the amount of minimum allotments under the Projects for Assistance in Transition from Homelessness program was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Peter Welch [VT]
- **S.1662** (introduced Oct. 6, 2011): the *Nanotechnology Regulatory Science Act of 2011* was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Mark L. Pryor [AR]
- **S.1667** (introduced Oct. 6, 2011): the *Stop Child Abuse in Residential Programs for Teens Act of 2011* was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Tom Harkin [IA]
- **S.1680** (introduced Oct.11, 2011): A bill to amend title XVIII of the Social Security Act to protect and preserve access of Medicare beneficiaries in rural areas to health care providers under the Medicare program, and for other purposes was referred to the Committee on Finance.
Sponsor: Senator Kent Conrad [ND]

Hill Hearings

- The House Veterans Affairs Committee will hold hearings on **Oct. 20** and **Nov. 16, 2011**, topic to be determined.

Meetings / Conferences

- 22nd International Conference on Rabies in the Americas (RITA) will be held on **Oct. 16-21, 2011**, in San Juan, Puerto Rico. <http://www.rabiesintheamericas.org/home>
- 2011 Connected Health Symposium will be held on **Oct. 20-21, 2011**, in Boston Mass. <http://www.connected-health.org/events/symposium-2011.aspx>
- 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/>
- Epidemiology & Prevention of Vaccine-Preventable Diseases Annual Conference will be held on **Nov. 2-4, 2011**, in Reno, Nev. <http://www.immunizenevada.org/nile-conference>
- The 117th AMSUS Annual Meeting will be held **Nov. 6-9, 2011**, in San Antonio, Texas. <http://www.amsus.org/index.php/annual-meeting>
- Eighth Annual Interdisciplinary Women's Health Research Symposium will be held on **Nov. 12, 2011**, in Bethesda, Md. <http://www.orwhmeetings.com/symposium.aspx>
- 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 hold 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/

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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