Executive and Congressional News

- Senate Armed Services Committee (SASC) Chairman Carl Levin and Senator John McCain, ranking member of the SASC, submitted recommendations to the deficit reduction super committee in support of the Obama administration's cost-saving proposal released last month.

The plan would mandate annual fees under TRICARE-for-Life, which pays beneficiaries' out-of-pocket Medicare costs. Fees would start at $200 in 2012 and increase annually to align with those paid by all TRICARE enrollees.

The proposal also would eliminate pharmacy co-payments for generic mail-order drugs while shifting retail co-pays from a dollar figure to a percentage. The change would affect military families and retirees, but would not apply to active-duty service members. The administration also recommended the creation of a panel to look at reforming military retirement benefits.

In his letter, Levin expressed support for the proposed TRICARE-for-Life fees, but noted that any future increase should be tied to changes in cost-of-living adjustments. Retirees in TRICARE Prime saw a slight fee increase on Oct. 1 based on that same benchmark. He also recommended that any new panel expand its scope to study special, allowances, special and incentive payments, health care and the tax treatment of military pay. Any changes to military retirement should exclude current service members, he added.

McCain's letter agrees with Levin's recommendations, but added that the commission should consider excluding working-age military retirees from participating in TRICARE Prime, which offers the lowest out-of-pocket expenses of any Defense Department health plan. Retirees and their families would be eligible for TRICARE Standard or Extra, while active-duty personnel would continue to be enrolled automatically in TRICARE Prime. The Congressional Budget Office found that this measure could save $111 billion over 10 years, McCain wrote.

Members of the House and Senate Veterans Affairs Committees did not recommend specific cuts, instead drawing the commission's attention to cost-saving measures affecting veterans that Congress has considered in the past.

Military Health Care News

- On Oct. 17, 2011, Walgreen Co. made a new offer to Express Scripts to continue filling prescriptions for military members, retirees, and their families, which was rejected by Express Scripts.

Express Scripts pays drugstores such as Walgreen to fill prescriptions. A three-year contract between the companies expires Dec. 31, and they have not been able to negotiate a new deal. Walgreen and Express Scripts said in June they will stop doing business when the contract ends, meaning most individuals whose drug benefits are handled by Express Scripts won't be able to pick up prescriptions from the biggest chain of drugstores in the country.

Walgreen offered to guarantee it will match or beat the average cost of adjusted prescriptions filled at any other pharmacy in the TRICARE network, which is managed by Express Scripts.

Walgreen said it would be willing to have its expenses verified by a third party every quarter, and it would reimburse Tricare if its costs exceeded those of other pharmacies. Express Scripts has said Walgreen wants too much money to fill prescriptions.

On Oct. 11, the companies reached a deal that will allow beneficiaries of Blue Cross and Blue Shield of Kansas City, Mo., to continue filling prescriptions at Walgreen stores. On Oct. 7, the companies agreed to continue doing business in Puerto Rico. It was said those agreements don't signal a thaw in the relationship between Walgreen and Express Scripts, however. The companies have been negotiating in public and in private for months and have also taken their dispute to court.

- The Department of Defense and two other government agencies have issued a proposed rule designed to help ensure that government contractors provide adequate privacy training to their staff members.

The proposal comes in the wake of a recent healthcare information breach incident involving a contractor to TRICARE, the military health program.

In the TRICARE breach, unencrypted computer backup tapes containing information on 4.9 million beneficiaries were stolen from the car of an employee of a contractor, Science Applications International Corp. A $4.9 billion class action lawsuit, alleging privacy violations, has been filed in the case.

The proposed rule would amend the Federal Acquisition Regulation "to require contractors to complete training that addresses the protection of privacy, in accordance with the Privacy Act of 1974, and the handling and safeguarding of personally identifiable information."

The intention of the proposal, according to the notice, is to set clear-cut, minimum requirements for privacy training "in order to ensure consistency across the government." The General Services Administration and the National Aeronautics and Space Administration joined the DoD in making the proposal, which reinforces other existing requirements.

- The Army released suicide data for the month of September.

Among active-duty soldiers, there were 16 potential suicides: two have been confirmed as suicide and 14 remain under investigation. For August 2011, the Army reported 19 potential suicides among active-duty soldiers. Since the release of that report, one case has been added for a total of 10 cases. Three cases have been confirmed as suicide and seven cases remain under investigation.

The Army's comprehensive list of Suicide Prevention Program Information is located at http://www.preventsuicide.army.mil.
The Department of Veterans Affairs (VA) is recognizing Breast Cancer Awareness Month this October by asking all female veterans to talk with their health care providers about appropriate breast cancer screenings, such as regular mammograms.

Both men and women can develop breast cancer, though male breast cancer is rare. In women, breast cancer is the second most common cause of cancer death and the odds that a woman will be diagnosed with breast cancer in her lifetime are one in eight.

The good news is that the overall five-year survival rate from breast cancer is nearly 90 percent. If the cancer is caught while it is still located only in the breast, the survival rate increases to nearly 99 percent.

A regular mammogram, or x-ray of the breast, is one of the most effective ways to detect breast cancer early. VA excels at breast cancer screenings, outperforming private health care systems, with 87 percent of eligible women receiving screening mammograms. However, VA is concerned that every woman gets appropriate screening.

Veterans can talk with their VA health care providers. The VA directory, www.va.gov/directory, helps veterans find their nearest facility. Non-veterans can find local screening resources through the U.S. Centers for Disease Control and Prevention’s early detection program at www.cdc.gov/cancer/nbccedp.

Women veterans are one of the fastest growing segments of the Veteran population. Of the 22.7 million living veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total veteran population and 6 percent of all veterans who use VA health care services. VA estimates women veterans will constitute 10 percent of the veteran population by 2020 and 9.5 percent of VA patients.

To learn more about breast cancer, please visit: www.cdc.gov/cancer/breast and www.healthline.com/health/breast-cancer.

For more information about VA programs and services for women veterans, please visit: www.va.gov/womenvet and www.womenshealth.va.gov.

Health Care News

The U.S. health care system scored 64 out of 100 on key measures of performance, according to the third national scorecard report from the Commonwealth Fund Commission on a High Performance Health System, released on Oct. 16.

The scorecard finds that — despite pockets of improvement — the U.S. as a whole failed to improve when compared to best performers in this country and among other nations. The report also finds significant erosion in access to care and affordability of care, as health care costs rose far faster than family incomes.

At the same time, the scorecard highlights some bright spots for the U.S., with notable gains in quality of care in areas that have been the focus of public reporting or collaborative improvement initiatives. For example, 50 percent of adults with high blood pressure had it under control in 2007-2008, compared with only 31 percent in 1999-2000. In addition, hospital quality indicators for treatment of heart attack, heart failure, and pneumonia, and prevention of surgical complications have improved their quality data through a federal website.

The report, "Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2011," measures the U.S. health care system across 42 key indicators of health care quality, access, efficiency, equity and healthy lives. The authors note that latest data primarily fall between 2007 and 2009, before enactment of the Affordable Care Act.

The scorecard finds that the U.S. is failing to keep up with gains in health outcomes made by other countries: the U.S. ranks last out of 16 countries when it comes to deaths that could have been prevented by timely and effective medical care. If the U.S. could do as well as the leading country, as many as 91,000 fewer people would die prematurely every year.

According to the scorecard, public reporting of quality data on federal websites and collaborative initiatives, like the Advancing Excellence nursing home improvement campaign and Premier hospital quality initiatives, have resulted in substantial and rapid improvements on some quality indicators. Access to health care and health care affordability stand out for how quickly and significantly they have deteriorated. By 2010, 81 million adults — 44 percent of all adults under age 65 — were either underinsured or uninsured at some point during the year, up from 61 million in 2003. For those with insurance, premiums rose far faster than incomes. In 2003, a majority of people (57 percent) lived in a state where health insurance premiums averaged less than 15 percent of average (median) incomes. By 2009, only four percent of the population lived in such states. In addition, by 2010, 40 percent of working-age adults had medical debt or faced problems paying medical bills up from 34 percent in 2005.

The U.S. also does particularly poorly on measures of health system efficiency, scoring only 53 out of a possible 100. This area of the scorecard includes such issues as evidence of duplicative services, high rates of hospital readmissions, relatively low use of electronic information systems, and high administrative costs.

To read the report, visit: Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2011.

After more than 30 years of work, researchers have successfully created a vaccine against malaria, a deadly disease that kills nearly 800,000 a year, most of them children.

The experimental vaccine, still in the testing phase, protects only about 50 percent of children who receive it, but even that could potentially translate into tens of millions of cases of malaria in children averted annually.

Half the world’s population is at risk of malaria. There are about 225 million cases yearly and more than 780,000 deaths, according to the World Health Organization. In Africa, one in five children dies from malaria.

The vaccine was tested on 15,460 children in two age groups, 6 to 12 weeks old and from 5 to 17 months of age in seven African countries. It was given in three doses. In children 5 to 17 months, the vaccine was 50 percent protective against the Plasmodium falciparum malaria parasite, which is carried by mosquitoes.

Results in children 6 to 12 weeks old will be released in 2012.

The vaccine may be available in Africa as early as 2015.

The project is a collaboration between GlaxoSmithKline, the PATH Malaria Vaccine Initiative and the Bill & Melinda Gates Foundation. It is being funded in part by more than $200 million in grants from the Bill & Melinda Gates Foundation and $300 million from GlaxoSmithKline.

GlaxoSmithKline expects the initial production capacity to be about 30 million doses, enough for 10 million children a year. It hopes to scale up manufacturing capability in both Europe and later in Africa and perhaps India, to lower costs.

The vaccine will not be available in the United States because it has not undergone the Food and Drug Administration's licensing process.

The vaccine is meant to be used alongside long-proven malaria protections such as insecticide-impregnated bed nets and indoor spraying, both of which have begun to lower malaria rates in Africa in the past decade. When both are in place “we could expect hundreds of thousands of lives to be saved,” CDC’s Hamel says.

Dr. Chris A. Kaiser, Ph.D., has been selected to be the new director of the National Institute of General Medical Sciences.

Kaiser, a leader in cell biology, is professor and head of the Department of Biology at the Massachusetts Institute of Technology. He expects to start his new position in the spring of 2012. He replaces Judith H. Greenberg, Ph.D., who became acting director of NIGMS in July 2011 after the departure of Jeremy M. Berg, Ph.D., who had served as director since 2003.

As NIGMS director, Kaiser will oversee the institute’s $2 billion budget, which primarily funds basic research in the areas of cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics and computational biology. NIGMS supports more than 4,500 research grants — about 10 percent of those funded by NIH as a whole — as well as a substantial amount of research training and programs designed to increase the diversity of the biomedical and behavioral research workforce.

Kaiser’s research uses genetic, biochemical and structural biology methods to understand the basic mechanisms of protein folding and intracellular transport, molecular processes essential to normal cell function. His efforts have led to the identification of numerous genes and related mutations involved in these processes. Kaiser is particularly interested in determining how secreted and other proteins form disulfide bonds, which are important for protein folding and stability. To study these questions, Kaiser is using yeast as a model organism for investigating mammalian genetics.

Kaiser joined the MIT faculty in 1991 and became a full professor in 2002. He has chaired the biology department since 2004. He received an A.B. in biochemistry from Harvard University in 1980 and a Ph.D. in biology from MIT in 1987; then did postdoctoral research at the University of California, Berkeley.

The Centers for Medicare & Medicaid Services proposed new rules to reduce unnecessary, obsolete, or burdensome regulations and save hospitals and health care providers nearly $1.1 billion each year and over $5 billion over five years.

The new proposals regarding rules for hospitals that treat Medicare and Medicaid patients were developed in response to President Obama’s call on federal agencies to eliminate burdensome and unnecessary regulations.

CMS removed two sets of regulatory reforms and finalized a third. All are designed to improve transparency and help regulators operate more efficiently.
The list of newly elected members of the Institute of Medicine can be viewed at: http://www.iom.edu/Global/

With their election, members make a commitment to volunteer their service on IOM committees, boards and other activities.

Associates to 102. With an additional 80 members holding emeritus status, IOM's total membership is 1,870.

This stipulates that at least one-quarter of the membership is selected from outside the health professions, for example, from such fields as the natural, social, and behavioral sciences; law; engineering; and the humanities. The newly elected members raise IOM's total active membership to 1,688 and the number of foreign associates to 102. With an additional 80 members holding emeritus status, IOM's total membership is 1,870.

With their election, members make a commitment to volunteer their service on IOM committees, boards and other activities.

The new members are:

According to the new report, HPV testing is more sensitive, but less specific than the Pap test, which means that more women who have nothing wrong with them are identified as having cervical abnormalities. The guidelines also call for combination HPV-Pap testing in women aged 30 and older, placing stronger emphasis on HPV testing than another set of guidelines, which advise women to get fewer screenings over their lifetime and suggest that women 65 and older with a history of normal Pap tests can stop screening altogether.

The guidelines also call for combination HPV-Pap testing in women aged 30 and older, placing stronger emphasis on HPV testing than another set of guidelines officially released at the same time, from an independent and influential government panel.

The American Cancer Society, the American Society for Colposcopy and Cervical Pathology and the American Society for Clinical Pathology joined the guidelines, which advise women to get fewer screenings over their lifetime and suggest that women 65 and older with a history of normal Pap tests can stop screening altogether.

The guidelines also call for combination HPV-Pap testing in women aged 30 and older, placing stronger emphasis on HPV testing than another set of guidelines officially released at the same time, from an independent government panel, the U.S. Preventive Services Task Force (USPSTF).

The USPSTF is reaffirming the Pap test as the best way for women aged 21 to 65 to spot cervical cancer, saying it "substantially" cut the number of deaths from the disease. It remains cautious on the use of the human papillomavirus (HPV) blood test to detect cervical cancer. It moved against the use of the HPV test in women under the age of 30, and said that evidence was still lacking on its risks vs. benefits to recommend it in women aged 30 and older.

The results of two evidence reviews by the USPSTF on cervical cancer screening conducted by the panel were published Oct. 18 in the Annals of Internal Medicine.

To compare the Pap against the HPV test, the researchers analyzed four studies they deemed of fair-to-good quality, encompassing nearly 142,000 women.

HPV causes many cases of cervical cancer, and incorporating HPV testing into cervical cancer screening programs may catch more at-risk women. However, the researchers found that HPV testing, on its own, yields too many false positives which results in unnecessary testing, anxiety and health care costs for many women.

According to the new report, HPV testing is more sensitive, but less specific than the Pap test, which means that more women who have nothing wrong with them will test positive with HPV testing, and this may cause potential harm.

**Secretary of Defense Leon E. Panetta announced the following new members to the Reserve Forces Policy Board (RFPB).**

The new members are:

- Retired Vice Adm. John G. Cotton, former chief of Navy Reserve;
- Gen. Martin, a member of the North Carolina General Assembly;
- Paulette M. Mason, Delaware chair, Employer Support of the Guard and Reserve;
- John Nagli, president of the Center for a New American Security;
- Sergio A. Pecori, president & chief executive officer of Hanson Professional Services Inc.;
- Gary E. (Gane) Taylor, former U.S. representative;
- Retired Maj. Gen. Leo V. Williams III, former deputy commanding general, Marine Corps Combat Development Command;
- Maria J. Vorel, disaster operations coordinator, Federal Emergency Management Agency;
- Gen. (ret.) John W. Handy, former commander of U.S. Transportation Command and Air Mobility Command.

First established in 1951, the RFPB serves as an independent adviser to provide advice and recommendations directly to the secretary of defense on strategies, policies, and practices designed to enhance and increase the readiness of the reserve components. The board was restructured by the National Defense Authorization Act of 2011 with a revised membership and operating framework. The revised law now provides for membership by experts from outside the DoD. Today's appointment of new members is consistent with the modified law.
The GAO published "VA Mental Health: Number of Veterans Receiving Care, Barriers Faced, and Efforts to Increase Access," (GAO-12-12) on Oct. 14, 2011. In this report, GAO provides information on (1) how many veterans received mental health care from VA from fiscal years 2006 through 2010, (2) key barriers that may hinder veterans from accessing mental health care from VA, and (3) VA efforts to increase veterans' access to VA mental health care. GAO obtained data from VA's Northeaster Program Evaluation Center (NEPEC) on the number of veterans who received mental health care from VA. http://www.gao.gov/new.items/d1212.pdf

The GAO published "Long-Term Care Hospitals (LTCH): CMS Oversight Is Limited and Should Be Strengthened," (GAO-11-810) on Oct. 17, 2011. In this report GAO analyzed CMS data on the results of LTCH surveys and discussed oversight activities with both CMS and AD officials. GAO assessed the reliability of the survey data and took steps that ensured that the data presented were reliable. http://www.gao.gov/new.items/d11810.pdf


Legislation
H.R.3216 (introduced Oct. 14, 2011): the VAHA Ophthalmologic Service Establishment Act of 2011 was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Dan Benishek (MI-1)
S.AMDT.857 to H.R.2112 (introduced Oct. 18, 2011): To extend loan limits for programs of the government-sponsored enterprises, the Federal Housing Administration, and the Veterans Affairs Administration and for other purposes was proposed to the floor. Sponsor: Senator Robert Menendez (NJ)

Hill Hearings
The House Veterans Affairs Committee will hold a hearing on Nov. 16, 2011, topic to be determined.

Meetings / Conferences
- Epidemiology & Prevention of Vaccine-Preventable Diseases Annual Conference will be held on Nov. 2-4, 2011, in Reno, Nev. http://www.immunizevaccines.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
- Institute for Healthcare Improvement (IHI) 22nd Annual Forum on Quality Improvement in Health Care will be held Dec. 4-7, 2011, in Orlando, Fla. http://www.thi.org/offerings Conferences/Forum2011/Pages/default.aspx
- InHealth Summit will be held on Dec. 5-7, 2011, in Washington, D.C. http://www.inhealthsummit.com
- 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/1811/index.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 katherine@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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5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016 (202)271-5814 postmaster@fedhealthinst.org

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