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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

- **The House passed a temporary spending measure on Thursday by a vote of 298-121 that will keep the federal government funded and open for business until December 16.**

The current CR expires at midnight on Nov. 17. The agreement simply says that the government should continue operating at the same level. The only special provision is that DoD is to continue its counter-narcotics programs. The measure now goes to the Senate.

- **On Nov. 15, 2011, the Senate Armed Services Committee announced that the committee has completed markup of a second National Defense Authorization Act for Fiscal Year 2012.**

The committee voted unanimously (26-0) to report a new bill authorizing funding for the Department of Defense and the national security programs of the Department of Energy. The bill now goes to the full Senate for consideration.

The committee approved a similar bill on June 16, 2012. The new bill differs from the previous bill in that it would make an additional \$21 billion in cuts, to meet the target of \$27 billion in defense reductions set for the committee under the Budget Control Act of 2011, which Congress passed in August, after the committee's markup of the first National Defense Authorization Act.

On Nov. 17, Senator Carl Levin (D-Mich.), the chairman of the Senate Armed Services Committee, introduced the bill to the full Senate.

- **The Supreme Court agreed to hear arguments next March on the constitutionality of the individual mandate provisions in the Patient Protection and Affordable Care Act.**

The justices announced they will hear an extraordinary five-and-a-half hours of arguments from lawyers on the constitutionality of a provision at the heart of the law and three other related questions about the act. The central provision in question is the requirement that individuals buy health insurance starting in 2014 or pay a penalty.

In the modern era, the last time the court allotted anywhere near this much time for arguments was in 2003 for consideration of the McCain-Feingold campaign finance reform legislation. That case consumed four hours of argument. This argument may spread over two days, as the justices rarely hear more than two or three hours a day.

The 2010 health care overhaul law aims to extend insurance coverage to more than 30 million Americans, through an expansion of Medicaid, the requirement that individuals buy health insurance starting in 2014 or pay a penalty and other measures. The court's ruling could decide the law's fate, but the justices left themselves an opening to defer a decision if they choose, by requesting arguments on one lower court's ruling that a decision must wait until 2015, when one of the law's many deferred provisions takes effect.

## Military Health Care News

- **TriWest Healthcare Alliance, announced a new smartphone application for TRICARE beneficiaries seeking TRICARE information, allowing them to quickly find and contact their health care providers and easily access their confidential health information on the secure mobile website.**

TriWest, the TRICARE contractor who administers health care to 2.9 million military beneficiaries in the 21-state West Region, developed the app after speaking with several groups of military beneficiaries -- mostly wives and mothers -- many of whom said they didn't call or go to their doctors or insurance company but instead used their smartphones to find the closest urgent care provider.

According to Gartner Group, an information and technology research and advisory company, mobile phones will overtake personal computers as the most common web access device worldwide by 2013.

TriWest's app, designed for iPhones/iPads and Android phones, can be downloaded free through the iTunes Store and Android Market. The app organizes health care provider contact information to make it convenient and easy to find a particular doctor for a particular family member. It also provides other information, such as TRICARE plan comparisons and guidelines on what to do in the case of a major life change. For security reasons, confidential health data isn't available on the app, although customers can connect to the secure mobile TriWest website through the app and enter their user ID and password.

Along with providing the mobile app and the mobile website, TriWest provides text-based quick alerts so beneficiaries can be notified via their choice of text message, phone call or e-mail about updates to their accounts -- processed claims, authorizations or scheduled appointments, for example.

- **Military families are worried about changes to their health insurance, and those concerns are prompting them to sock away more money for such costs during retirement, according to a new survey.**

Thirty-one percent of middle-class military families who responded to a survey from *First Command Financial Behaviors Index* are nervous about potentially higher health care costs under the military's TRICARE program. Almost nine out of ten respondents said that TRICARE is an extremely or very important part of their military retirement benefits.

The survey found that 52 percent of respondents were increasing the amount of money they are saving for such expenses during retirement and 16 percent said they planned to investigate different retirement options.

Increasing health care premiums for military retirees has long been a politically sensitive subject, with lawmakers and military advocates wary of appearing ungrateful for the sacrifices of service members. Participant fees under TRICARE were set in 1995 and have remained at \$460 per year for the basic family plan. The cost for comparable coverage for federal workers is between \$5,000 and \$6,000 annually.

The Pentagon originally proposed a 13 percent boost in 2012, and continues to weigh changes to the program as part of overall deficit reduction. Costs for new enrollees rose slightly as of Oct. 1. Beneficiaries who joined TRICARE Prime in fiscal 2012 will pay an additional \$2.50 per month for individual members and \$5 per month for family enrollment, bringing the total annual fee to \$260 and \$520, respectively. Costs for retirees already in the program, as well as survivors of active-duty service members and medically retired participants, remain at \$230 per year for individuals and \$460 per year for families.

There also is support on Capitol Hill for changes in the TRICARE fee structure. Sens. Carl Levin, D-Mich., and John McCain, R-Ariz., last month submitted recommendations to the deficit reduction super committee in support of the Obama administration's cost-saving proposal released in September.

## Veterans Health Care News

- **The Ninth U.S. Circuit Court of Appeals in San Francisco set aside a 2-1 ruling in May that would allow a federal judge to order changes in the Department of Veterans Affairs' procedures and timetables to speed up health care to veterans.**

Justice Department lawyers sought the rehearing, arguing that Congress, in laws regulating veterans' health care, had intended "to prevent the courts from second-guessing the VA's performance of these critical functions."

A new hearing before an 11-judge panel has not yet been scheduled.

The panel ruling followed a 2008 trial that revealed major gaps in care, particularly for veterans returning from Iraq and Afghanistan with severe mental trauma. VA internal documents reported 18 suicides a day for all veterans, and four to five a day for those under department care.

The federal judge found that the department had failed to take steps to make mental health care more available, but ruled that only Congress could order changes. The appeals court panel disagreed in May, saying that "the VA's unchecked incompetence has gone on long enough" and that the courts must enforce veterans' rights.

- **The Department of Veterans Affairs (VA) has selected Magpie's CareConnect™ software to automatically connect clinicians and responders and the management of on-call schedules.**

The VA has awarded funds to Magpie Healthcare and five other organizations for innovative projects primarily to improve information technology in health care. The VA's Innovation Initiative (VAI2) competition is the department's leading open government effort.

Magpie's software will give clinicians at the Portland VA Medical Center a quick, easy, secure way to connect to on-call clinical staff automatically and to activate patient care teams faster. CareConnect runs on existing Cisco systems and seamlessly connects to traditional phones, IP phones and pagers. The pilot will assess the impact of new technology on efficiency and collaboration in VA hospitals.

The CareConnect application currently runs scheduling for the entire VA Medical Center while supporting over 7,000 responders and is installed on 5,400 phones. Portland VA Medical Center provides health care services to veterans in Oregon and Southwest Washington for the U.S. Department of Veterans Affairs.

- **The Department of Veterans Affairs Office of Rural Health (ORH) joined the National Organization of State Offices of Rural Health (NOSORH) and other state and national rural stakeholders in celebrating the first-ever National Rural Health Day on Nov. 17, 2011.**

NOSORH created National Rural Health Day to showcase rural America; increase awareness of rural health-related issues; and promote the efforts of NOSORH, state offices of rural health, and others in addressing those issues. Plans call for National Rural Health Day to become an annual celebration on the third Thursday of each November.

Rural and frontier communities face unique health care needs, including accessibility issues, a lack of health care providers, an aging population suffering from a greater number of chronic conditions, and larger percentages of un- and underinsured citizens.

Currently, 3.3 million rural veterans are enrolled in the VA system, which represents 41 percent of the total enrolled veteran population. Men and from geographically rural and highly rural areas make up a disproportionate share of service members and comprise about one-third of the enrolled veterans who served in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn.

ORH is collaborating with state offices of rural health to address accessibility issues and a lack of health care providers in rural areas. All 50 states maintain a state office of rural health, each of which shares a similar mission: to foster relationships, disseminate information and provide technical assistance that improves access and the quality of health care for its rural citizens.

Additional information about National Rural Health Day can be found on NOSORH's Web site at [www.celebratepowerofrural.org](http://www.celebratepowerofrural.org). For additional information about the VHA Office of Rural Health, visit the ORH website at [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov).

## Health Care News

- **The percentage of Americans who have health insurance through their employer slipped to 44.5 percent in the third quarter, according to a new consumer poll.**

The drop of more than five percentage points over three years resulted in a new low. Pollsters at Gallup and Healthways Inc., who surveyed more than 90,000 U.S. adults, blamed the decline on high unemployment, under-employment and an increased number of employers who do not offer health insurance to their workers.

Employer-sponsored health insurance is one of the main pillars of the \$2.6 trillion U.S. healthcare industry. But companies have increasingly scaled back benefits and raised employee charges to cope with healthcare costs that are rising sharply despite anemic economic growth.

The latest figure was 5.3 percentage points below a high of 49.8 percent in 2008, when the two companies began tracking trends in employer-sponsored health insurance.

As employer-sponsored insurance declined, the number of adults with no health insurance at all rose 2.7 percentage points to 17.3 percent in the third quarter.

There was also an increase in the ranks of those covered by government plans from Medicaid, Medicare and military programs, which was up 2.2 percentage points since 2008 at 25.1 percent but off a 2010 high of 25.7 percent.

According to the Kaiser Family Foundation, there were 41 million uninsured American adults and 24 million adults on Medicaid and other public insurance plans in 2010.

The survey found higher health insurance coverage among young people aged 18 to 26, which pollsters attributed to a provision of the U.S. healthcare overhaul that allows parents to cover grown children under their insurance plans.

But other segments of the law, including tax credits for small businesses, did not appear to help older adults, aged 25 to 64, whose uninsured ranks increased.

Conducted July 1 to Sept. 30, the survey has a one percentage point margin of error.

- **Xin Jin, Ph.D., a postdoctoral fellow at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), received the Peter and Patricia Gruber International Research Award from the Society for Neuroscience.**

The \$25,000 prize is awarded annually to two young scientists whose research includes significant international collaboration and shows exceptional potential for advancing the field.

Dr. Jin's honor stems from his collaboration with Rui M. Costa, Ph.D., principal investigator of the Champalimaud Neuroscience Program at the Gulbenkian Institute in Portugal, on a study that advanced knowledge of how the brain controls movement.

The findings have promising implications for disorders where these signals break down, such as Parkinson's and Huntington's disease.

The study, published in July 2010 in *Nature*, monitored activity in the basal ganglia of mice. These brain structures help start and control movement.

Previous studies investigated and reported changes in the basal ganglia during movement. Dr. Jin's study was the first to discover that certain neurons in the basal ganglia show a change in activity specifically before mice begin the first step in a sequence of actions and again right before they perform the last step.

The award, established in 2005, recognizes graduate students, postdoctoral fellows, or research associates who are U.S. citizens working abroad or non-U.S. citizens working in the United States. Dr. Jin began his fellowship at NIAAA's Laboratory for Integrative Neuroscience (LIN) in 2007, after completing his Ph.D. in Neuroscience from Shanghai Jiao Tong University in China.

- **The Centers for Disease Control and Prevention is launching a new antibiotic tracking system allowing hospitals to monitor antibiotic use electronically, make better decisions about how to improve use, and compare themselves to other hospitals.**

Before now, CDC was only able to track antibiotic use in doctors' offices.

Each year, millions of Americans take antibiotics to fight infections. But overuse and misuse of antibiotics can change infectious organisms, allowing them to evolve resistance to antibiotics, which increases the risk of an infection for which there are limited or no treatment options. In addition, patients who receive antibiotics can experience side effects, including allergic reactions and may be at increased risk for *Clostridium difficile* infection, a potentially deadly diarrheal infection.

The antibiotic use tracking system is part of [CDC's National Healthcare Safety Network](#), the nation's premier tool for monitoring infections in health care facilities, which includes over 4,800 hospitals. CDC has funded four health departments and their academic partners to implement the tracking system in 70 hospitals. Any hospital that participates in the National Healthcare Safety Network can utilize this tool by working directly with its pharmacy software vendor to transmit data electronically from drug administration or barcoding records. There is no manual entry of data, thus saving a facility time and money.

To access a list of pharmacy software vendors who are working with CDC's [new antibiotic use tracking system](#), see the Society for Infectious Disease Pharmacists website at [www.sidp.org](http://www.sidp.org).

- **The U.S. Food and Drug Administration approved Jakafi (ruxolitinib), the first drug approved to specifically treat patients with the bone marrow disease myelofibrosis.**

Myelofibrosis is a disease in which the bone marrow is replaced by scar tissue resulting in blood cells being made in organs such as the liver and the spleen. This disease is marked by an enlarged spleen, anemia, decreased white blood cells and platelets, and myelofibrosis-related symptoms.

Symptoms include fatigue, abdominal discomfort, pain under the ribs, feeling full (satiety), muscle and bone pain, itching, and night sweats.

Jakafi, manufactured by Incyte Corp. of Wilmington, Del, is taken in pill form twice a day and inhibits enzymes called JAK 1 and 2 (Janus Associated Kinase) that are involved in regulating blood and immunological functioning. Myelofibrosis is associated with the deregulation of JAK 1 and 2.

Patients in the studies were selected to receive treatment with either Jakafi, placebo (sugar pill) or the best available therapy. A greater percentage of patients receiving Jakafi experienced more than a 35 percent reduction in spleen size when compared to patients receiving placebo or best available therapy. Similarly, a greater proportion of patients receiving Jakafi saw more than a 50 percent reduction in their myelofibrosis-related symptoms, including abdominal discomfort, night sweats, itching and bone or muscle pain, than was the case in patients receiving placebo.

Jakafi was reviewed under the FDA's priority review program, an expedited six-month review of drugs that may offer significant advances in treatment over available therapy or that provide a treatment when no adequate therapy exists. It has been designated as an orphan drug, which identifies the disease as affecting fewer than 200,000 people in the U.S.

- **The birth rate for U.S. teens aged 15–19 years hit a record low in 2010, according to a new Centers for Disease Control and Prevention (CDC) report.**

"Births: Preliminary Data for 2010," from CDC's National Center for Health Statistics is based on an analysis of nearly 100 percent of birth records collected in all 50 states, the District of Columbia and U.S. territories.

The birth rate for teenagers aged 15–19 has declined for the last three years and 17 out of the past 19 years, falling to 34.3 births per 1,000 teenagers in 2010 – a 9 percent decline from 2009 and the lowest rate ever recorded in nearly seven decades of collecting data. Birth rates for younger and older teenagers and for all race/ethnic groups reached historic lows in 2010.

The report also documented the first decline in the rate of cesarean deliveries since 1996. In 2010, the cesarean section rate was 32.8, down slightly from 32.9 in 2009.

The full report is available at: [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_02.pdf).

## Reserve/Guard

- As of Nov. 15, 2011, the total number of Guard and Reserve currently on active duty has decreased by 991 to reach 91,151. The totals for each service are Army National Guard, 929; Navy Reserve, 4,620; Air National Guard and Air Force Reserve, 10,945; Marine Corps Reserve, 5,869, and the Coast Guard Reserve, 788. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The Institute of Medicine (IOM) published "The Early Childhood Care and Education Workforce: Challenges and Opportunities - A Workshop Report," on Nov. 15, 2011.** This report describes the early childhood care and education (ECCE) workforce, outlines its parameters and explores the challenges and opportunities that exist in strengthening ECCE as a profession. This document summarizes the workshop. <http://www.iom.edu/Reports/2011/The-Early-Childhood-Care-and-Education-Workforce-Challenges-and-Opportunities.aspx>
- **The Institute of Medicine (IOM) published "Improving Health Literacy Within a State - Workshop Summary," on Nov. 14, 2011.** This report explores ways in which state-based organizations and individuals can work to improve health literacy, and examines the clinical effects of health literacy improvement efforts, the economic outcomes of health literacy implementation, and the impact that various stakeholders can have on health literacy. <http://www.iom.edu/Reports/2011/Improving-Health-Literacy-Within-a-State.aspx>
- **The GAO published "VA Community Living Centers: Actions Needed to Better Manage Risks to Veterans' Quality of Life and Care," (GAO-12-11) on Nov. 17, 2011.** In this report, GAO examines VA's response to and resolution of LTCI-identified deficiencies and information VA collects about the quality of care and quality of life in CLCs and how VA uses it to identify and manage risks.
- <http://www.gao.gov/products/GAO-12-11>

## Legislation

- **H.R.3405** (introduced Nov. 14, 2011): the *Increased Student Achievement Through Increased Student Support Act* was referred to the House Committee on Education and the Workforce.
- Sponsor: Representative Edolphus Towns [NY-10]
- **H.R.3418** (introduced Nov. 14, 2011): the *Stillbirth and SUID Prevention, Education, and Awareness Act of 2011* was referred to the House Committee on Energy and Commerce.
- Sponsor: Representative Frank Pallone, Jr. [NJ-6]
- **S.1862** (introduced Nov. 15, 2011): A bill to amend the Public Health Service Act to improve the health of children and reduce the occurrence of sudden unexpected infant death and to enhance public health activities related to stillbirth was referred to the Committee on Health, Education, Labor, and Pensions.
- Sponsor: Senator Frank R. Lautenberg [NJ]
- **S.1865** (introduced Nov. 15, 2011): A bill to improve patient access to medical innovation was referred to the Committee on Health, Education, Labor, and Pensions
- Sponsor: Senator Al Franken [MN]
- **S.1867** (introduced Nov. 15, 2011): the National Defense Authorization Act for Fiscal Year 2012 was placed on the Senate Legislative Calendar.
- Sponsor: Senator Carl Levin [MI]
- **S.1882** (introduced Nov. 15, 2011): A bill to amend the Federal Food, Drug, and Cosmetic Act to ensure that valid generic drugs may enter the market was referred to the Committee on Health, Education, Labor, and Pensions.
- Sponsor: Senator Jeff Bingaman [NM]

## Hill Hearings

- The Senate Veterans Affairs committee will hold a hearing on **Nov. 30, 2011**, to examine Veterans' Affairs mental health care, focusing on addressing wait times and access to care.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **Dec. 2, 2011**, to discuss ways to better understand and prevent veteran suicide.

## Meetings / Conferences

- 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/>
- 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.ihio.org/offering/Conferences/Forum2011/Pages/default.aspx>
- 8th Annual American Healthcare Conference & Exhibition will be held **Dec. 5-6, 2011**, in Anaheim Calif. <http://www.worldcongress.com/events/HR11005/index.cfm?confCode=HR11005>
- mHealth Summit will be held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- 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>
- 2012 Military Health System Conference will be held **Jan. 30 - Feb. 2, 2012**, in National Harbor, Md. [www.tricare.mil](http://www.tricare.mil)
- Annual HIMSS Conference & Exhibition will be held **Feb. 20-24, 2012**, in Las Vegas, Nev. <http://www.himssconference.org/?src=hwnav>
- 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>
- Behavioral Risk Factor Surveillance System (BRFSS) 29<sup>th</sup> Annual Conference will be held on **March 24-28, 2012**, in Atlanta, Ga. <http://www.brfss2011conference.com/>
- Warrior Resilience Conference IV will be held **March 29-30, 2012**, in Washington DC [http://www.dcoe.health.mil/Default\\_Error.aspx?asperrorpath=/content.aspx](http://www.dcoe.health.mil/Default_Error.aspx?asperrorpath=/content.aspx)
- 9th Annual World Healthcare Congress will be held **April 16-18, 2012**, in Washington DC <http://www.worldcongress.com/events/HR12000/index.cfm?confCode=HR12000>

- Freedom & Recovery—Integrated Mental Health and Addiction Treatment for Veterans will be held **April 23-26, 2012**, in San Diego, Calif. <http://www.foundationsrecoverynetwork.com/events/freedom-and-recovery-2012/FRN-Freedom-and-Recovery-Ad.pdf>
- Armed Forces Public Health Conference will be held **June 1-8, 2012**, in San Diego, Calif. <http://usaphcapps.amedd.army.mil/afphc/>
- Armed Forces Public Health Conference "Partners in Prevention" Core Conference will be held on **June 4-8, 2012**, in San Diego, Calif. <http://www.pdhealth.mil/education/afphc.asp>
- 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/subscriber.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.*

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