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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

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www.fedhealthinst.org**Happy Holidays!****Federal Health Update** will not be published on Dec. 23, 2011.**Executive and Congressional News**

- **The House and Senate passed H.R. 1540, the National Defense Authorization Act, 2012, on Dec. 15, 2011.**

The \$662 billion defense spending bill includes a 1.6 percent pay raise, increases to TRICARE premiums and a cap on contractor executive pay. It authorizes spending for military personnel, weapons systems, national security programs in the Energy Department, and the wars in Iraq and Afghanistan for the fiscal year that began on Oct. 1. The spending level is \$27 billion less than the President requested and \$43 billion less than Congress gave the Pentagon for fiscal 2011.

Some of the major parts of the bill affecting defense employees:

Pay and benefits

- Increases military pay across-the-board by 1.6 percent.
- Allows for increases to TRICARE premiums but caps increases to the cost-of-living adjustment beginning Oct. 1, 2012.
- Does not prohibit pharmacy copayment changes.
- Extends time limit for submitting TRICARE claims from one year to five years for care provided outside of the United States.

Contracting

- Caps taxpayer-funded salaries for defense contractors at \$400,000. The cap is extended to all contractor employees (not just the top five most highly paid executives in each company). The provision offers an exemption for scientists and engineers.
- Freezes spending on contract services at fiscal 2010 levels.

National Guard

- Includes the chief of the National Guard Bureau as a member of the Joint Chiefs of Staff.
- The position of the Director of the Joint Staff of the bureau will be renamed "Vice Chief of the National Guard Bureau."

For more information, visit: [Senate Armed Services Committee bill summary](#), [House Armed Services Committee bill summary](#) or the [full bill](#).

- **On Dec. 13, 2011, President signed into law:**
 - **H.R. 2192**, the "National Guard and Reservist Debt Relief Extension Act of 2011," which exempts, for an additional four years through December 18, 2015, members of the armed forces reserves and the National Guard from a means-test presumption of abuse in determining eligibility for Chapter 7 bankruptcy relief, if, after September 11, 2001, they were on active duty or performing a homeland defense activity for at least 90 days;
 - **S. 1541**, which modifies membership requirements for the Blue Star Mothers of America, Inc.
 - **S. 1639**, which authorizes the American Legion to provide guidance and leadership to its organizations and local chapters but prohibits it from controlling or otherwise influencing their specific activities and conduct.

- **House Ways and Means Chairman Dave Camp of Michigan has proposed a plan to replace the expected 27 percent cut to Medicare payments scheduled to take effect on Jan. 1, 2012.**

His plan would increase Medicare payments to doctors 1 percent in 2012 and 2013. That would give Congress time to come up with a totally new system for paying doctors under Medicare.

The proposal raises \$31 billion by reducing subsidies to high-income seniors, requiring them to pay a greater share of their Medicare premiums for doctors' visits and prescription drug coverage. The seniors' lobby AARP and many Democrats oppose means-testing, but President Obama endorsed the idea during this year's deficit-cutting negotiations.

Military Health Care News

- **Walgreens announced that more than a quarter of a million U.S. military personnel, family members, retirees and others in the Department of Defense TRICARE pharmacy benefits program, and their supporters, have signed petitions demanding Express Scripts include Walgreens pharmacies under the TRICARE pharmacy program.**

Walgreens said the refusal by Express Scripts, Inc., the pharmacy benefit manager for TRICARE, to separate the TRICARE business from its other business disputes with Walgreens suggests a willingness to sacrifice the needs of TRICARE beneficiaries.

Meanwhile, Walgreens said it has repeatedly offered to remain in the TRICARE pharmacy network through proposals to Express Scripts that are designed to prevent disruption to military personnel, families and retirees. Specifically, Walgreens has:

- Offered to negotiate the TRICARE renewal separately from Express Scripts' commercial business in order to continue to provide Walgreens services on an uninterrupted basis to all active and retired military personnel.
- Offered to lower TRICARE reimbursement rates across the board resulting in double-digit million dollar savings to the U.S. military and taxpayers over the next few years.
- Provided an ironclad guarantee that Walgreens prices would match or beat the average costs per adjusted prescription of all other retail pharmacies in the TRICARE network. Those costs would be compared on an apples-to-apples basis and verified by an objective third party each quarter. Walgreens also committed to reimbursing TRICARE for any overage following the end of each quarterly review.

Express Scripts' rejection of Walgreens offers means that nearly 6 million beneficiaries will no longer have in-network insurance coverage for prescriptions they fill at Walgreens and Duane Reade pharmacies starting on Jan. 1, 2012.

Walgreens also pledged that if Express Scripts continues to reject these offers, the company will work with TRICARE beneficiaries in an effort to make any transition after Dec. 31, 2011, as seamless as possible.

- **On Dec. 2, 2011, Secretary of Defense Leon E. Panetta announced that the President has nominated Army Col. Jimmie O. Keenan to be appointed to the rank of major general and assigned as chief, Army Nurse Corps.** Keenan is currently serving as commander, U.S. Army Medical Activity, Fort Carson, Colo.
- **More than 200 programs available through Department of Defense (DoD) help military members and their families with psychological health and TBI issues, but according to a new RAND Corporation study, better coordination is needed between programs.**

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The report "Programs Addressing Psychological Health and TBI Among U.S. Military Service Members and Their Families" compiles a catalog of programs sponsored or funded by DoD. The research was done by the RAND Center for Military Health Policy Research as a joint effort with RAND Health and the RAND National Defense Research Institute.

The RAND study is the first to fully catalog all support programs for psychological health and TBI as well as assess how such efforts compliment traditional service providers and routine care. The study identified 211 programs but found no single source with DoD or service branches that maintain a list of these programs or track new program developments.

RAND researchers suggest DoD should conduct a comprehensive needs assessment to identify how many service members and their families require services, what their characteristics are, what types of assistance they need, where they are located, and detail the clear and strategic relationships between programs and existing clinical care systems. DoD should then identify how well these programs are meeting those needs, what opportunities exist to improve current programs, and where the need exists to develop new programs.

The RAND study also recommends that DoD identify a central authority to be responsible to coordinate programs between service branches and within the Office of the Secretary of Defense. This central authority would also handle efforts to evaluate program effectiveness and would also continue to track these programs.

"The effectiveness of these programs is not being consistently evaluated," said Carrie Farmer, a study co-author and a RAND associate policy researcher. "Less than one-third of the programs in any branch of service have reported having an evaluation to assess their effectiveness in the past 12 months."

For more information on the study, go to www.rand.org.

• **This week, TRICARE Management Activity published the following:**

- The TRICARE Dental Program (TDP) Benefit Booklet – an 88-page booklet that provides an overview of the TDP for active duty family members and National Guard and Reserve members and their families. The booklet includes information about service areas; benefits and exclusions; eligibility and enrollment; filing claims; and costs. Stateside and overseas contact information is included. <http://www.tricare.mil/tricaremart/product.aspx?id=738&CID=152&RID=3>

- The TRICARE Standard Handbook – an 80-page guide for beneficiaries using TRICARE Standard and TRICARE Extra. The handbook provides information about qualifying for and purchasing TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult Standard. Stateside and overseas contact information is also included. <http://www.tricare.mil/tricaremart/product.aspx?id=430&CID=71&RID=3>.

• **The Department of Army announced it is moving forward with plans to reduce the size of its civilian employee workforce.**

In July, the Army announced a planned reduction of approximately 8,700 positions by Sept. 30, 2012. These cuts are based on Department of Defense resource decisions as reflected in the fiscal 2012 President's Budget and require a reduction of Army civilian employees to comply with decreased funding levels.

The Army has identified 70 different locations affected by these reductions across eight commands and agencies with nearly 90 percent of the cuts taking place within the Installation Management Command, Army Materiel Command, and Training and Doctrine Command.

Thirty-seven states will be affected by these reductions with the majority of personnel cuts occurring in those states with the largest military and Army civilian populations.

• **A newly launched MHS Conference Live Learning Center webpage will provide access to all conference proceedings online and will be available to both conference attendees and those unable to attend the event.**

The site will be updated in real time and include the following:

- Educational session information
- Schedule of events
- Speaker bios
- Powerpoint presentations (breakout sessions only)
- Video presentations (plenary sessions only)

Additionally, this site will be available on demand for a year following the conference and will allow those who could not attend to access presentations online and obtain CEU credits.

For more information, click [here](#) to access the Live Learning Center.

• **TRICARE Management Activity hosted two events on social media on Dec. 13, 2011:**

- The Defense Centers of Excellence (DCoE) and National Center for Telehealth & Technology (T2) discussed how technology can help wounded warriors on Twitter.
- Another event, called [Real Warriors on Facebook](#), discussed ways to combat holiday stress.

• **TriWest Healthcare Alliance has launched a discussion board on its company Facebook page asking visitors how they beat the holiday blues.**

The discussion gives service members and their families a place to connect and share how they get through their biggest stressors during the holidays. Additionally, behavioral health specialists at TriWest will periodically monitor the discussion and may interject some general advice if the opportunity arises.

To join the Facebook discussion:

- Log into your personal Facebook account.
- "Like" TriWest's Facebook page at www.facebook.com/triwest. Click the "discussions" tab toward the top of the page.
- Click the "holiday blues" discussion and post your thoughts.

• **TriWest Healthcare Alliance presented \$10,000 to the North Dakota National Guard Emergency Relief Fund, which assists more than 4,300 National Guard members and their families during times of need.**

Maj. Gen. David Sprynczynatyk, North Dakota adjutant general, accepted the donation from TriWest on behalf of the Emergency Relief Fund on Dec. 15 at a ceremony held Fraine Barracks, Bismarck.

TriWest's contribution is part of its annual holiday giving program, when the company provides support to the National Guard throughout 21 western states.

TriWest manages the military's health benefit for military members, retirees and their families in 21 western states.

For more on TriWest's community outreach programs, please visit www.triwest.com/community.

Veterans Health Care News

• **The Department of Veterans Affairs (VA) issued a draft [request for proposal](#) for a real-time location system (RTLS) through [FedBizOpps.gov](#).**

According to the FBO posting, RTLS will be used in VA hospitals to support VA Transformation Initiative Health Care Efficiency. The draft RFP aims to procure Wi-Fi based location finding, active and passive radio frequency identification and a number of other location technologies, such as ultrasound and infrared as a backup in case Wi-Fi is unavailable.

Site visits will be conducted in January 2012. Locations included in the site visits are the following: Iowa City, IA; Omaha, NE; Lincoln, NE; Grand Island, NE; Minneapolis, MN; Des Moines, IA; Fargo, ND; Sioux Falls, SD. A schedule will be provided in the final solicitation. Vendors shall submit questions, comments and recommendations on the RFP to Robert Spierto via email at Robert.Spierto@va.gov.

• **The Department of Veterans Affairs has released a series of videos in which women veterans describe their experiences serving in the military, ranging from their significant contributions to national safety and security to the challenges they faced during their service and after returning to civilian life.**

The three- to five-minute videos are part of VA's ongoing "Rethink Veterans" campaign to increase awareness of women veterans and their vital roles in our nation's history. The videos can be viewed at www.womenshealth.va.gov or on YouTube: <http://www.youtube.com/user/VeteransHealthAdmin>.

The four stories just released were recorded during the July 2011 Women Veterans Summit in Washington, D.C. Women from all eras, conflicts, and service

branches were invited to share their experiences. VA plans to release several video vignettes over the next few months.

In addition to the videos, VA recently released a 60-second public service announcement (PSA) about women in the military. The PSA is available for viewing on YouTube: http://www.youtube.com/watch?feature=player_profilepage&v=BOP5DCgixPE and www.womenshealth.va.gov.

- **Service members who suffer severe injuries to the genitourinary organs will now be eligible for Servicemembers' Group Life Insurance Traumatic Injury Protection, or TSGLI.**

Military doctors reported seeing an increase in these types of injuries, many of which are the result of the nature of current warfare and the use of improvised explosive devices, or IEDs, by enemy combatants. Members of Congress, specifically Representative C.W. Bill Young (R-Florida) and Senator Barbara Boxer (D-California), first raised this issue with VA in November 2010 and March 2011, respectively. Their actions prompted the department in making this important change to TSGLI.

TSGLI provides a one-time payment to service members sustaining certain severe traumatic injuries resulting in a range of losses, including amputations; limb salvage; paralysis; burns; loss of sight, and other traumatic losses. Genitourinary injuries for male and female service members, are being added to the TSGLI schedule of covered losses.

VA also provides health care for genitourinary problems, along with disability compensation for cases of service-related injuries or illnesses involving genitourinary organs.

For more information on all of the TSGLI eligibility requirements, or to apply for a TSGLI payment, service members and veterans should go to <http://www.insurance.va.gov/sqliSite/TSGLI/TSGLI.htm> or contact their branch of service TSGLI Office (contact information available at above link).

Health Care News

- **On Dec. 12, 2011, New York Gov. Andrew M. Cuomo signed into law a bill barred insurers or employers from forcing patients to use mail-order plans for prescription drugs, except for plans negotiated by unions.**

Instead, consumers would be guaranteed the choice of having their [prescriptions](#) filled either through mail-order or at the local drugstore, without any added copayments or fees.

The governor signed the bill on the condition that the New York legislature would retroactively amend it to require retail pharmacies to accept the same reimbursement rates for drugs as mail-order pharmacies. The original bill required them to accept "comparable" reimbursement.

- **Express Scripts Inc., a pharmacy benefits management company, is in the middle of a contract dispute with WellPoint Inc., one of the biggest health insurers in the U.S.**

According to Express Scripts, WellPoint has raised the possibility of filing a lawsuit, but it said the companies are negotiating, and Express Scripts believes the companies can resolve the dispute. WellPoint is disputing the implementation of some terms of the contract and "certain operational matters associated with Express Scripts' performance" under those terms. The contract between the companies went into effect on Dec. 1, 2009.

WellPoint, based in Indianapolis, operates Blue Cross Blue Shield plans in 14 states and provides health insurance for more than 34 million people, which makes it the nation's largest health insurer based on membership.

St. Louis-based Express Scripts has spent most of this year embroiled in a fight with Walgreen Co., the largest U.S. drugstore chain. A contract between Express Scripts and Walgreen expires at the end of 2011, and the companies have not been able to agree how much Express Scripts should pay Walgreen to fill prescriptions. If they do not agree to a new contract, most people whose prescription drugs plans are managed by Express Scripts won't be able to fill their prescriptions at Walgreen stores.

Express Scripts disclosed the dispute in a form filed with the Securities and Exchange Commission.

- **The International Severe Acute Respiratory Infection Consortium (ISARIC), a global collaboration of over twenty hospital-based clinical research networks, was launched to help the clinical research community be better prepared to address the next influenza pandemic or other rapidly emerging public health threats.**

The goal of the consortium is to ensure the clinical researchers have in place the necessary open access protocols and data-sharing processes and have considered the ethical issues that will allow them to respond to rapidly emerging diseases with epidemic or pandemic potential, such as the recent pandemic H1N1 influenza and SARS outbreaks and potentially other rapidly emerging public health threats.

Its initial focus will be on clinical research in hospitalized patients to understand the causes of severe acute respiratory diseases, discover how these illnesses develop and progress in patients, and identify the best ways to treat the patients and prevent transmission. The studies will be undertaken both in the inter-pandemic period and in response to emergent threats. The ambition of the Consortium is not just to undertake high quality clinical research at a global scale but also to change the way such research is conducted in the settings of epidemics. It will also provide training, capacity-strengthening and public engagement activities.

The Consortium is being launched by the Wellcome Trust and the UK Medical Research Council, the Bill & Melinda Gates Foundation, Inserm, Li Ka Shing Oxford Global Health Programme and the Singapore Ministry of Health. Professor Jeremy Farrar, Director of the Wellcome Trust Vietnam Research Programme and Oxford University Clinical Research Unit Hospital for Tropical Diseases in Vietnam, will be the initial chair of the consortium.

The ISARIC will develop and implement standardized protocols, metrics and data-sharing processes and will operate with pre-approved, open-access protocols that can be rapidly implemented in response to novel threats. This will ensure that researchers from high to low-income countries are able to work to or adapt the same protocols and share data sets that are compatible. Its focus will initially be on respiratory infections, but it is hoped that this will extend to other areas in the future.

Over twenty networks are already signed up to ISARIC, spanning all six populated continents. This will enable rapid recruitment of patients across a range of income settings on a scale that is only possible with such a global collaboration.

- **The National Database for Autism Research (NDAR) has partnered with the Autism Genetic Resource Exchange (AGRE) to become the largest repository to date of genetic, phenotypic, clinical and medical imaging data related to research on autism spectrum disorders (ASD).**

NDAR's mission is to facilitate data sharing and scientific collaboration on a broad scale, providing a shared common platform for autism researchers to accelerate scientific discovery. Built around the concept of federated repositories, NDAR integrates and standardizes data, tools, and computational techniques across multiple public and private autism databases. Through NDAR, researchers can access results from these different sources at the same time, using the rich data set to conduct independent analyses, supplement their own research data, or evaluate the data supporting published journal articles, among many other uses.

NDAR has previously joined with Autism Speaks' Autism Tissue Program, the Kennedy Krieger Institute's Interactive Autism Network (IAN), and the NIH Pediatric MRI Data Repository to create an extended database. AGRE currently houses a clinical dataset with detailed medical, developmental, morphological, demographic, and behavioral information from people with ASD and their families.

Approved NDAR users will have access to data from the 25,000 research participants represented in NDAR, as well as 2,500 AGRE families and more than 7,500 participants who reported their own information to IAN.

- **The U.S. Food and Drug Administration announced it is allowing marketing of the first hand-held device intended to aid in the detection of life-threatening bleeding in the skull called intracranial hematomas, using near-infrared spectroscopy.**

The device, called the Infrascanner Model 1000, can help health care providers identify patients with critical head injuries who need an immediate brain imaging study.

According to the Centers for Disease Control and Prevention, each year about 1.7 million people in the United States experience a traumatic brain injury.

The Infrascanner Model 1000, manufactured by InfraScan Inc., uses a scanner that directs near-infrared light, a wavelength of light that can penetrate tissue and bone, into the skull. Blood from intracranial hematomas absorbs the light differently than other areas of the brain. The scanner detects differences in light absorption (optical density) and transmits the information wirelessly to a display on a hand-held computer.

By comparing the optical density from a series of scans of specific areas on both sides of the skull, a trained health care provider can use the information provided by the device, in conjunction with other clinical information, to determine the likelihood of an intracranial hematoma and the need for further diagnostic procedures, such as a computed tomography (CT) scan.

The FDA granted the de novo petition for the Infrascanner Model 1000 based on a review of data comparing results from 282 CT scans of adult subjects with

The FDA granted the de novo petition for the Infrascanner Model 1000 based on a review of data comparing results from 305 CT scans of adult subjects with Infrascanner scan results. The Infrascanner was able to detect nearly 75 percent of the hematomas detected by CT scan. When CT scans detected no hematoma, the Infrascanner detected no hematoma 82 percent of the time. The Infrascanner Model 1000, however, is not a substitute for a CT scan.

The FDA is specifying special controls in an accompanying regulation classifying the Infrascanner Model 1000 as a Class II device with special controls. The special controls provide information about specific risks that must be addressed by other manufacturers who may wish to market a similar device.

- **Drugs used to treat attention deficit disorder, including Ritalin and Adderall, are safe for adults' hearts even though they can increase blood pressure and heart rate, a new study finds.**

Researchers from Kaiser Permanente found in a review of health records for more than 440,000 adults aged 25 to 64 that those taking ADHD drugs had about the same number of heart attacks, strokes and sudden heart attack deaths as adults who did not use those drugs.

More than 150,000 medication users in the study were from all over the United States. The data compared their health patterns with similar adults who did not use ADHD drugs over a span of 20 years.

The researchers found that overall there were 1,357 heart attacks, 575 strokes and 296 sudden cardiac arrests. Roughly an equal amount of numbers was found in ADHD users and nonusers.

Participants in the study used the drugs for an average of less than a year, with an upper range of 14 years. There was no increased risk with longer use.

ADHD is usually thought of as a condition in childhood, but many continue to have symptoms as adults, including impulsive, fidgety behavior and difficulty focusing or paying attention.

More than 1.5 million U.S. adults were taking drugs used for ADHD in 2005. The study also found that use of ADHD drugs in adults increased more rapidly than in children over the past 10 years.

The findings support the Food and Drug Administration's decision in 2006 against putting a black box warning about serious heart events on ADHD drug labels.

- **The first U.S. facility to use a faster and more flexible technology to make influenza vaccine was dedicated, as part of an initiative that could provide vaccine supplies sooner in an influenza pandemic.**

The plant, in Holly Springs, N.C., can create vaccine using cultured animal cells instead of the conventional process of using fertilized eggs. The facility is a public-private partnership of the U.S. Department of Health and Human Services, and Novartis Vaccines and Diagnostics, Inc. of Cambridge, Mass. This partnership will be maintained under contract for at least 25 years.

In an influenza pandemic, the new Novartis facility may be able to produce 25 percent of the vaccine needed in the United States. In addition, cell-based technology used in this facility for manufacturing seasonal and pandemic influenza vaccines may be adapted to produce vaccines for other known and unknown emerging infectious diseases in an emergency. The United States joins several European countries with the capability to manufacture cell-based influenza vaccines on a large scale.

Investing in new vaccine technology to improve the time necessary to produce pandemic vaccine and increase the nation's surge capacity was recommended in two August 2010 reports, the [Public Health Emergency Medical Countermeasures Enterprise Review](#) released by Secretary Kathleen Sebelius and the President's Council of Advisors on Science and Technology [Report to the President on Reengineering the Influenza Vaccine Production Enterprise to Meet the Challenges of Pandemic Influenza](#).

In addition to partnering to bring cell-based flu vaccine and adjuvant technologies to the United States, HHS and Novartis are partnering with Synthetic Genomics Vaccines of Rockville, Maryland, on new technologies to shorten the vaccine manufacturing timeline by optimizing vaccine virus seed strains used for flu vaccine production.

HHS and Novartis also are working with North Carolina State University to train scientists from other countries to use cell culture based manufacturing techniques similar to what is used in the new facility. The training program is part of a World Health Organization initiative to strengthen the ability of developing countries to produce flu vaccine, potentially reducing the global threat from influenza.

HHS is the principal federal agency for protecting the health of all Americans and providing For more information on pandemic preparedness efforts, visit: www.phe.gov or www.flu.gov.

- **The Centers for Disease Control and Prevention (CDC) announced new recommendations providing guidance on how to administer a new 12-dose regimen for TB preventive therapy that will significantly shorten and simplify the course of treatment from about nine months to 12 weeks.**

The recommendations are based on the results of three clinical trials, as well as expert opinion.

Latent TB infection occurs when a person has TB bacteria but does not have symptoms and cannot transmit the bacteria to others. If the bacteria become active, the person will develop TB disease, become sick, and may spread the disease to others. Although not everyone with latent TB infection will develop TB disease, some people, such as those with weakened immune systems, are at higher risk of progression to TB disease.

In the United States, the number of persons with TB disease is at an all-time low (11,182 total cases were reported in 2010); however, approximately 4 percent of the U.S. population, or 11 million people, are infected with the TB bacterium. TB continues to disproportionately affect people of color and foreign-born persons in this country.

The new 12-dose regimen adds another effective treatment option to the prevention toolkit for TB, and is not meant to replace other preventative treatment regimens for all patients where the new regimen is not the best option.

CDC is increasing awareness of the new treatment option among clinicians and public health professionals. Efforts under way by CDC's Division of Tuberculosis Elimination include developing educational materials on the proper use of the new treatment regimen, outreach to multiple networks of clinicians and physicians, and collaborating with the four CDC-funded Regional Training and Medical Consultation Centers to further educate TB programs about the guidelines.

For more information, please visit www.cdc.gov/tb.

- **According to Kaiser Health News, the \$5 billion fund that helped cover health insurance for more than five million early retirees will stop taking claims for expenses incurred after Dec. 31 because it is running out of money, according to a Federal Register notice published on Dec. 9, 2011.**

The funds were used to reimburse employers who subsidize health insurance for early retirees, ages 55 to 64, not yet eligible for Medicare. The Centers for Medicare and Medicaid Services posted an [update](#) on the Early Retiree Reinsurance Program, part of the 2010 health law, noting that \$4.5 billion had been spent as of Dec. 9. The early exhaustion of funds due to heavy enrollment had been anticipated.

Employers could file claims for 80 percent reimbursement of an annual employee coverage cost between \$15,000 and \$90,000. With funds dwindling, however, claims for costs incurred after Dec. 31 will no longer be accepted, officials said. The program stopped accepting applications for participation on May 6.

The temporary program was intended to last through 2013, when other provisions of the 2010 health law that make it easier for people to find affordable coverage take effect, but employers took advantage of the fund much faster than expected. In late September, the Government Accountability Office [reported](#) that between the program's start on June 1, 2010 and June 30 of this year, \$2.7 billion had been spent. By Nov. 18, it was up to \$4.1 billion.

Reserve/Guard

- As of Dec. 13, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,258 to 88,173. The totals for each service are Army National Guard and Army 67,970; Navy Reserve, 4,503; Air National Guard and Air Force Reserve, 9,590; Marine Corps Reserve, 5,341, and the Coast Guard Reserve, 769. www.defenselink.mil

Reports/Policies

- **The GAO published "Pre-Existing Condition Insurance Plan: Comparison of Implementation and Early Enrollment with the Children's Health Insurance Program," (GAO-12-62R) on Dec. 13, 2011.** This report examines how long it took to implement PCIP and CHIP in all states; initial enrollment trends for PCIP and CHIP; and any differences in implementing PCIP, and trends in enrollment, between states that had high risk pools prior to the enactment of PPACA, and those that did not. <http://www.gao.gov/products/GAO-12-62R>
- **The Institute of Medicine (IOM) published "Breast Cancer and the Environment: A Life Course Approach," on Dec. 7, 2011.** The report reviews the current evidence on breast cancer and the environment, consider gene-environment interactions, review the research challenges, explores evidence-based actions that women might take to reduce their risk, and recommends directions for future research. <http://www.iom.edu/Reports/2011/Breast-Cancer-and-the-Environment>

[A-Life-Course-Approach.aspx](#)

- **The Institute of Medicine (IOM) published "Allied Health Workforce and Services - Workshop Summary," on Dec. 8, 2011.** This report examines the current allied health care workforce and considers how it can contribute to improving health care access, quality and effectiveness. <http://www.iom.edu/Reports/2011/Allied-Health-Workforce-and-Services.aspx>

Legislation

- **H.R.3553** (introduced Dec 2, 2011): the *Genetically Engineered Food Right to Know Act* was referred to the Subcommittee on Health.
Sponsor: Representative Dennis J. Kucinich [OH-10]
- **H.R.3554** (introduced Dec 2, 2011): the *Genetically Engineered Safety Act* was referred to the Subcommittee on Health
Sponsor: Representative Dennis J. Kucinich [OH-10]
- **H.R.3555** (introduced Dec 2, 2011): the *Genetically Engineered Technology Farmer Protection Act* was referred to the Subcommittee on Health
Sponsor: Representative Dennis J. Kucinich [OH-10]
- **H.R.3558** (introduced Dec 2, 2011): the *Americans Need A Healthcare Ruling Act* was referred to the House Committee on Ways and Means
Sponsor: Representative Leonard Lance [NJ-7]
- **H.R.3586** (introduced Dec 7, 2011): the *Good Samaritan Health Professionals Act of 2011* was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
Sponsor: Representative Cliff Stearns [FL-6]
- **H.R.3620** (introduced Dec 8, 2011): the *Quality Care for Moms and Babies Act* was referred to the House Committee on Energy and Commerce
Sponsor: Representative Eliot L. Engel [NY-17]
- **H.R.3625** (introduced Dec 8, 2011): To amend title III of the Public Health Service Act to authorize and support the creation of cardiomyopathy education, awareness, and risk assessment materials and resources by the Secretary of Health and Human Services through the Centers for Disease Control and Prevention and the dissemination of such materials and resources by State educational agencies to identify more at-risk families was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Frank Pallone, Jr. [NJ-6]
- **S.1943** (introduced Dec 5, 2011):the *Novel Device Regulatory Relief Act of 2011* was referred to the Committee on Health, Education, Labor, and Pensions
Sponsor: Senator Scott P. Brown [MA] (introduced 12/5/2011) [Cosponsors](#) (1)
Committees: Senate Health, Education, Labor, and Pensions
Latest Major Action: 12/5/2011 Referred to Senate committee. Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
- **S.1967** (introduced Dec 8, 2011): the *Physician Pathology Services Continuity Act of 2012* was referred to the Committee on Finance
Sponsor: Senator Tim Johnson [SD]
- **S.1969** (introduced Dec 8, 2011): A bill to amend title IX of the Social Security Act to improve the quality, health outcomes, and value of maternity care under the Medicaid and CHIP programs by developing a maternity care quality measurement program, evaluating maternity care home models, and supporting maternity care quality collaboratives was referred to the Committee on Finance.
Sponsor: Senator Debbie Stabenow [MI].
- **S.1972** (introduced Dec 8, 2011): A bill to amend the Food and Drug Administration's mission was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Daniel Coats [IN]
- **S.1976** (introduced Dec 8, 2011): A bill to authorize educational assistance under the Armed Forces Health Professions Scholarship program for pursuit of advanced degrees in physical therapy and occupational therapy was referred to the Committee on Armed Services.
Sponsor: Senator Susan M. Collins [ME]
- **S.1979** (introduced Dec 12, 2011): A bill to provide incentives to physicians to practice in rural and medically underserved communities and for other purposes was referred to the Committee on the Judiciary.
Sponsor: Senator Kent Conrad, [ND]
- **S.1995** (introduced Dec 12, 2011): A bill to enhance Food and Drug Administration oversight of medical device recalls, to provide for the conditional clearance of certain medical devices, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Chuck Grassley [IA]

Hill Hearings

- There are no hearings scheduled.

- 2012 Military Health System Conference will be held **Jan. 30 - Feb. 2, 2012**, in National Harbor, Md. www.tricare.mil
- Digital Health Communication Extravaganza will be held on **Feb. 15-17, 2012**, in Orlando, Fla. <http://conferences.dce.ufl.edu/dhcx/>.
- 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) 29th 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?aspxerrorpath=/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/

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/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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