

Federal Health Update

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Welcome to *Federal Health Update*. This newsletter, produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care, is a compilation of the latest news in the federal health care sector.

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On Jan. 23, 2012, President Barack Obama announced his intent to nominate the following individuals to key Administration posts:**
 - Erin C. Conaton to be under secretary of defense for personnel and readiness. Conaton is currently the under secretary of the Air Force. Prior to her confirmation in 2010, she served on the House Committee on Armed Services as staff director (2007-2010), minority staff director (2005-2007), and professional staff member (2001-2005). From 1998 to 2001, she worked on the U.S. Commission on National Security/21st Century, also known as the Hart-Rudman Commission. She holds B.S. from Georgetown University School of Foreign Service and an M.A. from The Fletcher School of Law and Diplomacy at Tufts University.
 - Constance B. Tobias to be chairman, Board of Veterans' Appeals. Tobias is currently chair of the Departmental Appeals Board at the U.S. Department of Health and Human Services. Prior to her appointment in 2007, Ms. Tobias served as the chief veterans law judge for the Board of Veterans' Appeals (BVA) at the U.S. Department of Veterans Affairs (VA) from 1995 to 2007. From 1993 to 1995, she was counsel to the Chairman of the BVA. From 1991 to 1993, she was a staff attorney in the Office of the General Counsel for the VA. She began her career in 1983 as a staff attorney for the BVA. In 2007, Ms. Tobias received the Department of Veterans Affairs Distinguished Career

Award. She holds a B.A. from St. Augustine College and a J.D. from Cornell University.

- Jessica Lynn Wright to be assistant secretary of defense for reserve affairs. Wright is currently the deputy assistant secretary of defense for manpower and personnel. Prior to joining the Administration in 2010, Wright served as the adjutant general of the Commonwealth of Pennsylvania and commander of the Pennsylvania National Guard. Previously, she was the deputy adjutant general for the Army (2000-2004) and state army aviation officer (1998-2000) for the Pennsylvania National Guard. From 1989 to 1996, Ms. Wright held several roles at the National Guard Bureau Headquarters in Washington, DC including executive officer and chief of the budget and services branch and chief of the personnel service division for the Army National Guard personnel directorate. Ms. Wright began her military career in 1975 in the Pennsylvania National Guard. She holds a B.A. from Alderson and Broaddus College and an M.A. from Webster University.

- **The President also announced his intent to appoint the following individuals to key Administration posts:**

- Kimberlydawn Wisdom to be member, Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. Wisdom is the senior vice president of Community Health & Equity and the chief wellness officer at the Henry Ford Health System, positions she's held since 2011. She is also a board-certified emergency medicine physician at the Henry Ford Health System and serves as an assistant professor in the Department of Medical Education at the University of Michigan Medical School. From 2003 to 2010, Dr. Wisdom served as the first surgeon general in Michigan's history. She has also served as a fellow with the American College of Emergency Physicians and has been widely recognized for her work on wellness issues. Dr. Wisdom earned a B.A. from the University of Pennsylvania, an M.D. from the University of Michigan Medical School, and an M.S. from the University of Michigan School of Public Health.

MILITARY HEALTH CARE NEWS

- **On Jan. 23, 2012, the U.S. Army Corps of Engineers Savannah District broke ground on the \$23.1 million expansion of Winn Army Community Hospital at Fort Stewart, which is expected to be completed in September 2013.**

The expansion — a new 65,000 square foot structure and a renovation of about 1,000 square feet of the existing hospital — will house physical and occupational therapies, orthopedics, podiatry, social work services and the post's Behavioral Health Clinic.

Currently, those services are located in satellite buildings around the post, said Col. Ronald Place, Winn Army Community Hospital's commander.

Moving them to a more centralized location, the colonel said, will help Winn's staff more efficiently serve local soldiers and their families.

This is the first renovation to the facility since 1983. Over the past three decades, hospital services have expanded into 23 buildings on post. The expansion of the hospital marks the first of two phases of construction slated for the hospital in the next four years.

Once the initial phase is completed, the second phase — an expanded emergency room and major renovations to the hospital's original structure — will begin.

- **Defense Secretary Leon Panetta released details of the 2013 budget, the first since Congress ordered the Pentagon to slash more than \$450 billion in planned spending over the next decade, on Jan. 26.**

According to the *Military Times*, the proposed budget would include a raise in health care costs for military retirees under age 65. That includes a proposed increase in retirees' enrollment fees, co-pays and deductibles. Specifically, defense officials will seek fee hikes on par with medical inflation, which runs seven percent a year or higher, rather than pegging increases to the annual cost-of-living adjustments in military retired pay, which average about three percent over time. Active-duty troops incur no costs for their health care.

To address calls to scale back military retirement benefits, President Obama will urge Congress to "establish a commission with authority to conduct a comprehensive review of military retirement," with an assumption that any resulting changes would affect only future recruits.

Panetta said today's troops should not worry about their retirement benefits. "The president and the department have made clear that the retirement benefits of those who currently serve will be protected by grandfathering their benefits," he said.

Obama will also ask Congress to resume the Base Realignment and Closure process for identifying further savings.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs is offering free credit monitoring to more than 2,200 veterans whose personal information, including social security numbers, was posted on Ancestry.com following the mistaken release of data through the Freedom of Information Act (FOIA).**

The family history website, which provides access to genealogical and historical information, had requested information from VA about deceased veterans. Under FOIA, VA is obligated to release requested records upon written request unless they may be withheld. Therefore, VA provided the website with the data on March 18, 2011.

On Dec. 13, 2011, after the information had been posted on the history website, VA learned that it included data about some living veterans because some of the death reports provided to the website were inaccurate.

There is no indication personally identifiable information of any veteran has been misused. However, VA is still notifying all potentially affected veterans so they can be vigilant and take steps to protect against identity theft. VA is also offering credit monitoring for one year at no charge to every veteran whose name was mistakenly released and posted on the history website.

FOIA requires federal agencies to disclose requested records unless they may be withheld under specific statutory exemptions. Under FOIA, VA was obligated to provide the website with the name, social security number, date of birth, date of death, military branch assignments, and the dates of entry on active duty and release from active duty for deceased veterans.

VA has launched an effort to determine why information about living veterans was included in a database about deceased veterans. The error did not affect the VA benefits of any veteran. VA is committed to protecting veterans' personal information and to improving information processing to avoid erroneous data.

Veterans who believe they may have been affected by this incident who have not been notified by VA may verify whether their information was involved by writing to: Department of

Veterans Affairs, OIT Privacy Officer (005R1A), 810 Vermont Ave., NW Washington DC 20420, (Attn: Garnett Best).

Affected veterans can request a free credit report for one year from one or more of the three national credit bureaus by calling 1-877-322-8228 or by visiting <http://www.annualcreditreport.com>.

- **Veterans, their families, and survivors receiving benefits from the Department of Veterans Affairs (VA) received a 3.6 percent increase in their compensation and pension benefits beginning Jan. 1, 2012.**

The new compensation rates will range from \$127 monthly for a disability rated at 10 percent to \$2,769 monthly for 100 percent. The cost of living adjustments (COLAs) also apply to disability and death pension recipients, survivors receiving Dependency and Indemnity Compensation, disabled veterans receiving automobile and clothing allowances, and other benefits. The full rates are available on the Internet at www.vba.va.gov/bln/21/Rates/#BM01.

Under federal law, COLAs for VA's compensation and pension rates are the same percentage as for Social Security benefits. The last COLA for VA benefits was in 2008 when the last Social Security increase occurred.

In close collaboration, the Department of Defense (DoD) and VA jointly developed the eBenefits portal (<https://www.ebenefits.va.gov>) as a single secure point of access for online benefit information and tools to perform multiple self-service functions, such as checking monthly benefit rates, filing a claim, or checking its status.

Veterans may enroll in eBenefits and obtain a premium account by verifying their identity in-person at the nearest regional office or online depending on their status, or calling VA's toll free number at 1-800-827-1000.

- **A special internship to prepare newly-returned veterans to become federal contracting specialists was launched recently at the Acquisitions Academy of the Department of Veterans Affairs in Frederick, Md.**

Called "Warriors to Workforce," the internship is a three-year program. Participants will earn the 24 educational credits in business required to become contracting professionals. The program includes courses in leadership, technical acquisition training and on-the-job experience.

At graduation, participants will have taken the required coursework to achieve a Federal Acquisitions Certification in Contracting, which is recognized throughout the federal sector as evidence of solid education in the career field. Successful graduates will be eligible for contract specialist positions at the GS-11 level.

In the past two years, the government's contracting force has shrunk, although the volume and complexity of contracts has increased. VA opened its Acquisitions Academy in September 2008 in response to the growing shortage of contracting professionals, both for VA and other federal agencies.

Twenty-three veterans are enrolled in the inaugural class of the "Warriors to Workforce" internship. Between them, they have seven Purple Hearts, two Bronze Stars and over 170 years of military experience.

More information about VA's Acquisitions Academy is available on the Internet at www.acquisitionacademy.va.gov.

GENERAL HEALTH CARE NEWS

- **On Jan. 20, 2012, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that nonprofit employers who, based on religious beliefs, do not currently provide contraceptive coverage in their insurance plan, will be provided an additional year, until August 1, 2013, to comply with the new law.**

In August 2011, the Department of Health and Human Services issued an interim final rule that will require most health insurance plans to cover preventive services for women including recommended contraceptive services without charging a co-pay, co-insurance or a deductible. The rule allows certain non-profit religious employers that offer insurance to their employees the choice of whether or not to cover contraceptive services.

This addition to the final rule on preventive health services will ensure that women with health insurance coverage will have access to the full range of the Institute of Medicine's recommended preventive services, including all FDA -approved forms of contraception. Women will not have to forego these services because of expensive co-pays or deductibles, or because an insurance plan doesn't include contraceptive services. This rule is consistent with the laws in a majority of states which already require contraception coverage in health plans, and includes the exemption in the interim final rule allowing certain religious organizations not to provide contraception coverage.

Beginning August 1, 2012, most new and renewed health plans will be required to cover these services without cost sharing for women across the country. Employers wishing to take advantage of the additional year must certify that they qualify for the delayed implementation.

This additional year will allow these organizations more time and flexibility to adapt to this new rule. We intend to require employers that do not offer coverage of contraceptive services to provide notice to employees, which will also state that contraceptive services are available at sites such as community health centers, public clinics and hospitals with income-based support.

- **The U.S. Food and Drug Administration (FDA) allowed marketing of the first test to help determine the risk for a rare brain infection called progressive multifocal leukoencephalopathy (PML) in people using the drug Tysabri to treat multiple sclerosis (MS) or Crohn's disease (CD).**

The Stratify JCV Antibody ELISA test, when used with other clinical data from the patient, can help health care providers determine the risk for developing PML in MS and CD patients.

The John Cunningham virus (JCV) is a common virus that many people have been exposed to at some point in their lives, and is generally harmless. However, people with weakened immune systems, such as patients using immunomodulatory therapies like Tysabri, have an increased chance of developing PML from JCV. PML usually causes death or severe disability.

Currently, there is no treatment, prevention, or cure for PML, and no certain way to predict who will develop it. This test in conjunction with other factors listed below will allow the physicians and patients to carefully assess the risks and benefits of continuing Tysabri treatment depending on the complete clinical information for the particular patient.

The following risk factors have been identified that increase the chance of Tysabri-treated patients developing PML:

- The presence of anti-JCV antibodies, which reflects prior exposure to JCV
- Treatment with Tysabri for a significant period of time (longer than 2 years)
- Treatment with certain medicines that can weaken a patient's immune system (immunosuppressants such as mitoxantrone, azathioprine, methotrexate, cyclophosphamide, and mycophenolate mofetil) before receiving Tysabri.

The risk of getting PML is greatest (about 11/1000 patients treated) if the patient has all three of these risk factors.

The FDA reviewed data for the Stratify JCV Antibody ELISA test through the de novo reclassification process, a regulatory pathway for low- to moderate-risk medical devices that are novel and not comparable to an already legally marketed device.

In a separate action, the FDA also announced updates to the drug label for Tysabri. The change includes information that testing positive for anti-JCV antibodies is a recently identified risk factor for developing PML in patients treated with Tysabri for MS or CD.

The Stratify JCV Antibody ELISA test should not be used on its own as a basis for determining the risk for developing PML in patients on immunomodulatory therapy or for making clinical decisions. The test cannot be used to diagnose PML.

The test is for professional use and by prescription only and is to be performed only at Focus Diagnostics' Reference Laboratory. The test is not intended for blood donor screening. The performance of this test has not been established for use in neonates, pediatric patients or any other immunocompromised patient populations.

- **The percentage of U.S. citizens screened for cancer remains below national targets, with significant disparities among racial and ethnic populations, according to the first federal study to identify cancer screening disparities among Asian and Hispanic groups.**

The report, Cancer Screening in the United States – 2010, was published by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) in the CDC [Morbidity and Mortality Weekly Report](#).

In 2010, breast cancer screening rates were 72.4 percent, below the [Healthy People 2020](#) target of 81 percent; cervical cancer screening was 83 percent, below the target of 93 percent; and colorectal cancer screening was 58.6 percent, below the target of 70.5 percent,

Screening rates for all three cancers were significantly lower among Asians (64.1 percent for breast cancer, 75.4 percent for cervical cancer, and 46.9 percent for colorectal cancer) compared to other groups, the study found. Hispanics were less likely to be screened for cervical and colorectal cancer (78.7 percent and 46.5 percent, respectively) when compared to non-Hispanics (83.8 percent and 59.9 percent, respectively).

Healthy People 2020 sets national objectives for improving the health of all Americans. Such objectives include the use of screening tests recommended by the United States Preventive Services Task Force for breast, cervical and colorectal cancers. Women aged 50-74 years should be screened for breast cancer with a mammogram every two years. Women who have been sexually active for three years or are aged 21-65 years should be screened for cervical cancer with a Pap test at least every three years. Colorectal cancer screening is recommended for average-risk men and women aged 50-75 years, using high-sensitivity fecal occult blood test (FOBT), done at home every year; sigmoidoscopy every five years, with high-sensitivity FOBT every three years; or colonoscopy every 10 years.

To assess the use of currently recommended cancer screening tests by age, race, ethnicity, education, length of residence in the United States, and the source and financing of health care researchers analyzed data from the 2010 [National Health Interview Survey](#), which tracks progress toward the achievement of Healthy People 2020 objectives. For the ethnic subgroups, Asians were classified as Chinese, Filipino, or other Asian and Hispanics as Puerto Rican, Mexican, Mexican-American, Central or South American, or other Hispanic.

GUARD/RESERVE

- As of Jan. 24, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 10,617 to 73,086. The totals for each service are Army National Guard and 53,178; Navy Reserve, 4,553; Air National Guard and Air Force Reserve, 9,352; Marine Corps Reserve, 5,237, and the Coast Guard Reserve, 766. www.defenselink.mil

REPORTS/POLICIES

- **The GAO published “*Defense Health: Coordinating Authority Needed for Psychological Health and Traumatic Brain Injury Activities*,” (GAO-12-154) on Jan. 25, 2012.** In the report, GAO examined the Department of Defense’s activities for the treatment and research of psychological health and traumatic brain injuries. <http://www.gao.gov/products/GAO-12-154>
- **The GAO published “*Prescription Pain Reliever Abuse: Agencies Have Begun Coordinating Education Efforts, but Need to Assess Effectiveness*,” (GAO-12-115) on Jan. 24, 2012.** This report examines the strategies to combat the ever-increasing misuse and abuse of prescription pain relievers. <http://www.gao.gov/products/GAO-12-115>
- **The Institute of Medicine (IOM) published “*Barriers to Integrating Crisis Standards of Care Principles into International Disaster Response Plans - Workshop Summary*,” on Jan 23, 2012.** This report focused on the promise of and challenges to integrating crisis standards of care principles into international disaster response plans. <http://www.iom.edu/Reports/2012/Barriers-to-Integrating-Crisis-Standards-of-Care-Principles-into-International-Disaster-Response-Plans.aspx>

HILL HEARINGS

- The House Committee on Veterans' Affairs will hold a hearing on **Feb. 1, 2012**, to examine VA's pharmaceutical prime vendor contract.
- The Senate Armed Services Committee will hold a hearing on **Feb. 7, 2012**, to examine the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House Committee on Veterans' Affairs will hold a hearing **Feb. 9, 2012**, to examine the U.S Department of Veterans Affairs budget request for fiscal year 2013.

- The Senate Armed Services Committee will hold a hearing on **Feb. 14, 2012**, to examine the Department of the Air Force in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House Veterans' Affairs will hold a hearing on **Feb. 15, 2012**, to examine U.S Department of Veterans Affairs Budget Request for Fiscal Year 2013.
- The Senate Armed Services Committee will hold a hearing on **Feb. 28, 2012**, to examine the Department of the Navy in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **Feb. 28, 2012**, to receive legislative presentation of the Disabled American Veterans (DAV).
- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **March 7, 2012**, to receive legislative presentation from the Veterans of Foreign Wars (VFW).
- The Senate Armed Services Committee will hold a hearing on **March 8, 2012**, to examine the Department of the Army in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **March 21, 2012**, to receive legislative presentations of the Military Order of the Purple Heart, Iraq and Afghanistan Veterans of America (IAVA), Non Commissioned Officers Association, American Ex-Prisoners of War, Vietnam Veterans of America, Wounded Warrior Project, National Association of State Directors of Veterans Affairs, and The Retired Enlisted Association.
- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **March 22, 2012**, to receive legislative presentations of the Paralyzed Veterans of America, Air Force Sergeants Association, Blinded Veterans Association, American Veterans (AMVETS), Gold Star Wives, Fleet Reserve Association, Military Officers Association of America, and the Jewish War Veterans.

LEGISLATION

- **H.R.3803** (introduced Jan. 23, 2012): the *District of Columbia Pain-Capable Unborn Child Protection Act* was referred to the Committee on the Judiciary, and in addition to the Committee on Oversight and Government Reform.
Sponsor: Representative Trent Franks [AZ-2]
- **H.R.3805** (introduced Jan. 23, 2012): the *Ultrasound Informed Consent Act* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Jim Jordan [OH-4]
- **H.R.3819** (introduced Jan. 24, 2012):the *Health Freedom for Seniors Act* was referred to the House Committee on Ways and Means
Sponsor: Representative Bill Huizenga [MI-2]

MEETINGS

- 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 Theroux at (703) 447-3257 or by e-mail at dhakat@aol.com.