

# 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

- **The Obama Administration announced new efforts to fight Alzheimer's disease, including immediately making an additional \$50 million available for cutting-edge Alzheimer's research.**

In addition, the administration announced that its fiscal year 2013 budget will boost funding for Alzheimer's research by \$80 million. The announcement also includes an additional \$26 million in caregiver support, provider education, public awareness and improvements in data infrastructure.

In January 2011, President Obama signed the National Alzheimer's Project Act, which calls for an aggressive and coordinated national Alzheimer's disease plan. The Act also establishes an Advisory Council on Alzheimer's Research, Care and Services, which brings together some of the nation's foremost experts on Alzheimer's disease to inform the development of the national plan. The preliminary framework for the National Alzheimer's Disease Plan identifies key goals including preventing and treating Alzheimer's disease by 2025.

As many as 5.1 million Americans currently suffer from Alzheimer's disease, which is a progressive, irreversible brain disorder that destroys memory and thinking skills. With the aging of the U.S. population, the number of people with Alzheimer's disease could more than

double by 2050.

Together, the fiscal years 2012 and 2013 investments total \$130 million in new Alzheimer's research funding over two years — over 25 percent more than the current annual Alzheimer's research investment.

The additional NIH research funding will support both basic and clinical research. Investments will include research to identify genes that increase the risk of Alzheimer's disease and testing therapies in individuals at the highest risk for the disease. On the clinical side, the funds may be used to expand efforts to move new therapeutic approaches into clinical trials and to develop better databases to assess the nation's burden of cognitive impairment and dementia.

For more information on the efforts to fight Alzheimer's disease visit:  
[http://www.hhs.gov/news/press/2012pres/02/factsheet\\_alzheimers.html](http://www.hhs.gov/news/press/2012pres/02/factsheet_alzheimers.html).

- **The House Ways and Means Subcommittee on Health held a hearing to examine programs that reward physicians who deliver high quality and efficient care.** The committee heard from private sector health care executives as it examined how to improve health care while lowering the cost of providing it.

## MILITARY HEALTH CARE NEWS

- **Assistant Secretary of Defense for Health Affairs and TRICARE® Management Activity director Dr. Jonathan Woodson announced the Military Health System's (MHS) new obesity and nutrition awareness campaign.**

It will feature cooperative efforts with each of the armed services, as well as partners in Military Community and Family Policy, to encourage service members, retired beneficiaries and dependents make better nutritional choices and take a more active role in their personal health. The campaign will include improving nutrition standards across the services for the first time in 20 years. New changes will bring more fruits, vegetables, whole grains and entrée choices that are lower in fat to the 1,100 service member dining facilities in the coming months.

The MHS obesity and nutrition awareness campaign will feature cooperative efforts with each of the armed services to achieve the following:

- Update menu standards at military dining facilities for the first time in 20 years;
- Assess the nutritional environment of military facilities;
- Ensure healthier foods are available in dining facilities, Department of Defense schools, and other places where service members and their families purchase food on base, including vending machines and snack bars.

"We are intent on focusing on preventable illnesses to help our people stay out of our clinics and hospitals by improving their physical condition," Woodson said.

- **On May 1, 2012, TRICARE will change the TRICARE Dental Program coverage from United Concordia to MetLife.**

This means that over 2 million Selected Reserve and Individual Ready Reserve members, family members, and survivors may soon see some significant changes to their dental coverage. The change to MetLife is for family members, members of the Selected Reserve and Individual Ready Reserve, and survivors only. The Active Duty Dental Program will

continue to be administered by United Concordia.

According to TRICARE, beneficiaries can expect to see the enhanced dental coverage at a lower premium share under the new contract. MetLife will distribute program information and provider network details beginning in first quarter 2012.

Highlights to the benefits and enhancements are listed below:

- Coverage of posterior resin (tooth colored/white) fillings.
- Increase in the annual maximum to \$1,300 per enrollee (formerly this was \$1,200).
- Increase in the lifetime orthodontic maximum to \$1,750.
- \$1,200 per year for services related to dental treatment due to an accident as defined in the TDP handbook.
- No cost shares for scaling and root planing (deep cleaning) for diabetics.
- Coverage of an additional (3rd) cleaning for women during pregnancy.
- Expansion of the survivor benefits to surviving spouse and child(ren).

To check if a dentist is already part of the MetLife network, visit the [Metlife TRICARE Dental Program website](#) and click "Find a Dentist." Additional information about the contract is available at [www.tricare.mil/TDPcontract](http://www.tricare.mil/TDPcontract) and benefit updates are available at [www.tricare.mil](http://www.tricare.mil).

- ***Secretary of Defense Leon E. Panetta announced that Army Reserve Brig. Gen. Craig A. Bugno has been nominated for appointment to the rank of major general and for assignment as commanding general (troop program unit), 807th Medical Command (Deployment Support), Salt Lake City, Utah. He is currently serving as deputy commander for professional services (troop program unit), 3rd Medical Command (Deployment Support), Forest Park, Ga.***
- ***A new prosthetic arm operated by a wounded soldier at Walter Reed National Military Medical Center (WRNMMC) for the first time, enabled the soldier to control the device's metallic fingers and wrist with his thoughts.***

The Modular Prosthetic Limb (MPL) was developed as part of a four-year research program by the Johns Hopkins University Applied Physics Laboratory, WRNMMC, and the Uniformed Services University of the Health Sciences (USU).

Col. (Dr.) Paul Pasquina, chief of orthopedics and prosthetics at WRNMMC and director for the Center of Rehabilitation Sciences at USU, explained that the limb is controlled by surface electrodes that pick up electric signals generated by the muscles underneath the skin, and then convert those patterns in electrical signals into a robotic function.

With an amputee, the nerves traveling down the spinal cord are still intact, and they're still connected to some of the muscles in the arm. Before being fitted with the device, amputees must first go through training using the Virtual Integrated Environment (VIE) to record their muscle movements. By collecting the amputees muscle data, the MPL is then individualized for the person using the device.

Engineers are hoping to use electrodes underneath the skin to achieve an electrical signal with much higher fidelity. Researchers are looking to explore other mechanisms to rewire nerves and learn even more about how the body can integrate with computers and computer interface.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs partnered with the First Army at Camp Shelby, Miss., to launch a streamlined version of its online application for VA health benefits (VA Form 1010EZ) for service members returning from deployment.**

VA will introduce it at demobilization sites nationwide by early spring 2012.

The application is used to enroll in the VA health care system, which has more than 1,000 sites of care across the country.

Enrollment for VA health care is done as part of a service member's demobilization. The online form allows the application to be completed during a regularly scheduled briefing for all service members on VA benefits.

Quick enrollment is important for returning troops because recently discharged combat veterans are eligible for five years of cost-free care and medications for conditions potentially related to combat service.

The new application was piloted as part of the demobilization process at Camp Shelby. Based on the results, VA plans to collaborate with DoD to offer this online application at all 61 demobilization sites nationally.

For more information, service members may contact VA at 1-877-222 VETS (8387) or visit VA's health eligibility website at [www.va.gov/healthbenefits](http://www.va.gov/healthbenefits).

- **Officials of the Department of Veterans Affairs and the National Federation of Federal Employees (NFFE) have reached final agreement on a new national collective bargaining agreement, their first since 1997.**

About 6,000 professional VA employees are eligible for NFFE membership. The signing ceremony took place Jan. 19 at VA's central office in Washington.

This was the final step in the Master Agreement negotiation process, which highlights the Secretary's commitment to collaborative labor-management relations in the VA.

Among the provisions of the contract are:

- Language that should help expedite mid-term bargaining
- Commitment by the parties to resolve disputes without involving third parties
- Enhanced collaboration with union officials on work-related issues

With about 330,000 employees, VA is the nation's second largest cabinet office in terms of workforce. VA employees operate 153 major medical centers, approximately 1,200 other sites of health care, manage a nationwide system of 131 national cemeteries, and administer about \$75 billion in disability compensation, veterans pensions, educational benefits, home loan guarantees, life insurance and other financial programs.

- **The Veterans Health Administration (VHA) is continuing its move to tablet-based clinical practice with new emergency room triage software the agency says will debut in August.**

As part of its VA Employee Innovation Competition, VHA officials just chose DHSI Systems of Orlando, Fla., to create a system ER nurses can use to triage patients via touchscreen tablets, officials say.

The solution — ER Mobile — is basically a mobile upgrade of the call-center based triage service DHSI has provided to the VHA for more than 12 years. The system uses algorithms,

written by physicians, to guide nurses through the patient's symptoms and diagnose their condition and acuity, according to company officials.

The algorithms are built on a 50,000-question library, with a decision-tree type system steering clinicians to recommendations on which patients need emergent care first. The in-person call-center process reportedly takes about eight minutes to complete.

The new tablet system will connect to the VHA's electronic health record system, giving nurses instant access to a patient's online medical records, and even real-time vital signs, to help with triage decision-making. It also will allow nurses to automatically order additional testing and resources, such as CT scans, X-rays, and blood tests.

- **The Department of Veterans Affairs (VA) through its National Center for Ethics in Health Care (NCEHC) published an announcement in the [Federal Register](#) inviting interested parties to comment on a guidance document entitled "*Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health Administration.*" (Guidance).**

In November 2005, the White House released the National Strategy for Pandemic Influenza to guide preparedness and response to an influenza pandemic, with the intent of stopping, slowing or otherwise limiting the spread of a pandemic to the United States; limiting the domestic spread of a pandemic, and mitigating disease, suffering and death; and sustaining infrastructure and mitigating impact to the economy and the functioning of society."

The strategy is organized around three pillars: Preparedness & Communication, Surveillance & Detection, and Response & Containment. These pillars have been used to prepare for multiple influenza threats, such as H5N1 avian influenza. It also guided the government's response to the 2009 H1N1 pandemic.

In the National Strategy, the White House identified federal responsibilities for the development of guidance and response planning during a severe flu pandemic, including guidance for the allocation of scarce health and medical resources. As part of this task, VA's National Center for Ethics in Health Care developed a Guidance document to provide a framework for decision making in VHA about three major ethical challenges related to a severe pandemic influenza:

- How can health care providers and the institution as a whole meet the obligation to provide care during an infectious disease outbreak?
- How can decision makers ethically allocate scarce resources?
- How can decision makers take steps to limit the spread of disease but at the same time ensure the least restrictions on individual liberties?

As the largest health care system in the United States, VA elected to address these difficult issues to ensure that VA is prepared to respond thoughtfully and consistently to severe and widespread health crises. For each of these challenges, the Guidance presents ethical principles and national guidance for VHA. The expectation is that VA leadership and health care professionals will use this information in pandemic workforce, communications, and patient care planning and response.

The Guidance has received feedback from VA clinicians and administrators as well as experts outside of VA. Because the Guidance document is anticipated to affect patients, their families, staff, and the VA community as a whole, the NCEHC is inviting veterans, members of the general public and interested parties from relevant federal, state and professional bodies to provide feedback through written comments.

Comments must be received by VA on or before April 9, 2012.

- **Health-care professionals who use iPads and iPhones now have a new way to access interactive "e-book" versions of the Consortium for Spinal Cord Medicine's popular Clinical Practice Guidelines.**

The new free App, available at iTunes or the App Store under "Paralyzed Veterans of America," enables users to download the e-books, which contain vital information for health-care professionals when treating individuals with spinal cord injury. The Consortium for Spinal Cord Medicine is anchored by 23 professional organizations, including Paralyzed Veterans of America.

For non-iPad/iPhone users, the interactive e-books may be downloaded from a computer by visiting [www.pva.org/publications](http://www.pva.org/publications) . Each interactive publication has a nominal download fee.

Over the past 16 years, the Consortium and Paralyzed Veterans have produced clinical practice guidelines and companion consumer guides on the many health-care issues common to individuals with spinal cord injury, such as upper limb preservation, treatment of pressure ulcers and bladder management. The publications are independently reviewed, science-based compendia of the latest knowledge on the care of people with spinal cord injury/dysfunction. Consumer guides are written in an accessible style with limited technical and medical language.

## GENERAL HEALTH CARE NEWS

- **Blood levels of trans–fatty acids (TFAs) in white adults in the U.S. population decreased by 58 percent from 2000 to 2009, according to a recent study by the Centers for Disease Control and Prevention (CDC).**

This is the first time CDC researchers have been able to measure *trans* fats in human blood.

CDC researchers selected participants from the National Health and Nutrition Examination Survey (NHANES) years 2000 and 2009 to examine trans–fatty acid blood levels before and after the Food and Drug Administration's 2003 regulation, which took effect in 2006, requiring manufacturers of food and some dietary supplements to list the amount of TFAs on the Nutrition Facts panel of the product label. During this period, some local and state health departments took steps to help consumers reduce their daily consumption by requiring restaurants to limit their use of TFAs in food and increase public awareness campaigns about the health risks associated with TFAs.

The current study provides information for white adults only, and additional CDC studies are under way to examine blood TFAs in other adult race/ethnic groups, children and adolescents.

This research is a part of CDC's larger national bio-monitoring program, which currently measures more than 450 environmental chemicals and nutritional indicators in people.

Unlike other dietary fats, *trans* fats are not essential to human health and do not promote good health. Research has indicated that high consumption of trans–fatty acids is linked to cardiovascular disease in part because TFAs increase LDL cholesterol ("bad" cholesterol). Changing to a diet low in TFAs may lower LDL cholesterol levels, thus decreasing the risk for cardiovascular disease.

The study results were published in the Feb. 8 edition of the *Journal of the American Medical Association*.

- **The departments of Health and Human Services, Labor and Treasury jointly published a final rule in the [Federal Register](#) requiring health insurers and group health plans to provide concise and comprehensible information about health plan benefits and**



### coverage to the millions of Americans with private health coverage.

The new rule will also make it easier for people and employers to directly compare one plan to another.

Under the rule, health insurers must provide consumers with clear, consistent and comparable summary information about their health plan benefits and coverage. The new explanations, which will be available beginning, or soon after, September 23, 2012, will be a critical resource for the roughly 150 million Americans with private health insurance today.

Specifically, these rules will ensure consumers have access to two key documents that will help them understand and evaluate their health insurance choices:

- A short, easy-to-understand Summary of Benefits and Coverage ( or “SBC”); and
- A uniform glossary of terms commonly used in health insurance coverage, such as “deductible” and “co-payment.”

All health plans and insurers will provide an SBC to shoppers and enrollees at important points in the enrollment process, such as upon application and at renewal.

A key feature of the SBC is a new, standardized plan comparison tool called “coverage examples,” similar to the Nutrition Facts label required for packaged foods. The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide in an event such as having a baby (normal delivery) or managing Type II diabetes (routine maintenance, well-controlled) These examples will help consumers understand and compare what they would have to pay under each plan they are considering.

To view the template for the Summary of Benefits and Coverage and the glossary, visit: <http://ccio.cms.gov/resources/other/index.html#sbcug>.

## GUARD/RESERVE

- As of Feb. 7, 2012, the total number of Guard and Reserve currently on active duty has **increased** by 432 to 74,911. The totals for each service are Army National Guard and 54,854; Navy Reserve, 4,584; Air National Guard and Air Force Reserve, 9,498; Marine Corps Reserve, 5,214, and the Coast Guard Reserve, 761. [www.defenselink.mil](http://www.defenselink.mil)

## REPORTS/POLICIES

- **The GAO published “Military Child Care: DoD Is Taking Actions to Address Awareness and Availability Barriers,” (GAO-12-21) on Feb. 3, 2012.** For this study, GAO examined the out-of-pocket child care costs paid by military families who use DoD-subsidized care; and the barriers, if any, to obtaining DoD-subsidized care, and what has DoD done in response. <http://www.gao.gov/assets/590/588188.pdf>
- **The GAO published “Medicare: Lack of Price Transparency May Hamper Hospitals' Ability to Be Prudent Purchasers of Implantable Medical Devices,” (GAO-12-126) on Feb. 3, 2012.** GAO examined Medicare spending and utilization trends for procedures involving IMDs provided to beneficiaries, and what available information shows about the prices hospitals pay for IMDs and any factors particular to the IMD market that influence those prices. <http://www.gao.gov/assets/590/587688.pdf>

## HILL HEARINGS

- 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.3897** (introduced Feb. 2, 2012): the *Religious Freedom Restoration Act of 2012* was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Steve Chabot [OH-1]
- **H.R.3982** (introduced Feb. 8, 2012): To prohibit the Secretary of Health and Human Services from implementing certain rules relating to the health insurance coverage of sterilization and contraceptives approved by the Food and Drug Administration was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Blaine Luetkemeyer [MO-9]
- **S.2077** (introduced Feb. 7, 2012): the *Elder Protection and Abuse Prevention Act* was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Richard Blumenthal [CT]

## MEETINGS

- 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](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/](http://www.isid.org/15th_ICID/)
- The 2012 National Conference on Health Statistics will be held **August 6-8, 2012**, in Washington DC 2012 [http://service.govdelivery.com/service/view.html?code=USCDC\\_43](http://service.govdelivery.com/service/view.html?code=USCDC_43)

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**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](mailto:dhakat@aol.com).**