

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

- **President Obama announced the appointment of Grant Colfax, MD, as the Director of the Office of National AIDS Policy (ONAP).**

Colfax, most recently director of the HIV Prevention Section in the San Francisco Department of Public Health, will coordinate the continuing efforts of the government to reduce the number of HIV infections across the United States. A component of the White House Domestic Policy Council, ONAP emphasizes prevention through wide-ranging education initiatives and helps to coordinate the care and treatment of citizens with HIV/AIDS.

ONAP coordinates with the National Security Council and the Office of the Global AIDS Coordinator, and works with international bodies to ensure that the U.S. response to the global pandemic is fully integrated with other prevention, care, and treatment efforts around the world. Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) initiative, the U.S. has made enormous progress in responding to the global HIV/AIDS pandemic, working with countries heavily impacted by HIV/AIDS to help expand access to treatment, care, and prevention.

Colfax is a graduate of Harvard Medical School and completed his medical residency at the University of California, San Francisco. His work focuses on collaborating with community

stakeholders to implement sustainable, evidence-based HIV prevention and treatment interventions and policies in public health settings and measuring their effectiveness.

MILITARY HEALTH CARE NEWS

- **The Department of Defense (DoD) announced the next Uniform Formulary Beneficiary Advisory Panel meeting will be held on April 5, 2012, in Washington D.C.**

The Panel will review and comment on recommendations made to the director of TRICARE Management Activity by the Pharmacy and Therapeutics Committee regarding the Uniform Formulary.

The scheduled therapeutic class reviews include:

- Attention Deficit Hyperactivity Disorder-Narcolepsy Agents
- Anti-Platelet Hemorrhologic Agents
- Diabetes Non-Insulin: Dipeptidyl Peptidase—4(DPP—4) Inhibitors
- Designated Newly Approved Drugs in Already-Reviewed Classes

To read the full announcement, please visit: *Federal Register* [Notice](#).

- **TRICARE Management Activity has extended the Enhanced Access to Autism Services Demonstration (ASD) through March 2014.**

This demonstration program allows eligible beneficiaries to receive applied behavioral analysis (ABA) intervention services from board certified behavior analysts and paraprofessionals under their supervision.

The demonstration is part of the Extended Care Health Option (ECHO), which provides approved non-medical services to active duty family members with qualifying conditions.

ABA is a method of behavioral conditioning to teach and reinforce desired behavior while eliminating undesired behaviors. This technique has been found to help teach children with autism spectrum disorders new skills, and improve their communication abilities.

In a 2010 TRICARE Health Program Analysis and Evaluation Division survey, parents with children participating in the demonstration expressed overall satisfaction with the quality of ABA services they received.

Learn more about ECHO at www.tricare.mil/ECHO and the TRICARE Autism Services Demonstration at www.tricare.mil/autismdemo.

- **The Army released suicide data for the month of February.**

During February, among active-duty soldiers, there were 11 potential suicides: three have been confirmed as suicides and eight remain under investigation. For January, the Army reported 16 potential suicides among active-duty soldiers. Since the release of that report, 11 have been confirmed as suicides and five remain under investigation. For calendar year (CY) 2012, there have been 27 potential active-duty suicides: 14 have been confirmed as suicides and 13 remain under investigation. Updated active-duty suicide numbers for CY 2011: 166 (157 have been confirmed as suicides and nine remain under investigation).

During February, among Reserve component soldiers who were not on active duty, there were three potential suicides (three Army National Guard and no Army Reserve): none have

been confirmed as suicide and three remain under investigation. For January, among that same group, the Army reported six potential suicides (five Army National Guard and one Army Reserve). Since the release of that report, four have been confirmed as suicides and two remain under investigation. For CY 2012, there have been nine potential not on active duty suicides (eight Army National Guard and one Army Reserve): four have been confirmed as suicides and five remain under investigation. Updated not on active duty suicide numbers for CY 2011: 116 (80 Army National Guard and 36 Army Reserve); 113 have been confirmed as suicides and three remain under investigation.

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants are available 24 hours a day, 7 days a week, 365 days a year and can be contacted by dialing 1-800-273-TALK (8255) and pressing "1" for military members and veterans or by visiting their website at www.suicidepreventionlifeline.org.

- **NextGov reports that not long after someone stole computer tapes containing the health records of 4.9 million TRICARE beneficiaries, some of the victims discovered bogus charges on their credit card statements and unauthorized bank transactions.**

The tapes were stolen in September 2011 from the car of an employee with TRICARE contractor Science Applications International Corp. who was transporting them from one federal facility to another in San Antonio, Texas. The employee left the unencrypted tapes in a parking garage for most of a workday.

In October 2011, the law firm Shulman, Rogers, Gandal, Pordy & Ecker of Potomac, Md., filed a \$4.9 billion class action lawsuit against the Defense Department. Since then, Defense or SAIC have been hit with seven additional lawsuits charging the company and the government with negligence in the care of sensitive personal and health information.

In an amended complaint to the original suit against Defense, which now includes SAIC, plaintiffs said they started to notice fraudulent activity in their financial accounts soon after the theft.

The amended complaint said TRICARE beneficiaries had to take extensive steps to protect their financial information.

Dr. Deborah Peel, founder of the Patient Privacy Rights Advocacy Group in Austin, Texas, said unwanted marketing, credit card cancellation, and identity theft are typical and expected when sensitive, richly detailed personal health data is breached. It could take years to discover the repercussions of stolen medical information, she said.

As part of their amended complaint, filing attorneys for the plaintiffs asked to consolidate all eight cases. Arnold & Porter LLP of Washington and Reed Smith LLP, SAIC's attorneys, agreed and filed a motion for consolidation on March 9.

- **TriWest Healthcare Alliance has been awarded a contract by the United States Marine Corps, Marine and Family Programs Division at Quantico, Virginia, to provide a DSTRESS Line offering "peer-to-peer" counseling services to the entire Marine Corps.**

The DSTRESS Line is a 24/7/365 contact center, providing anonymous* phone, chat and online access for non-medical, short-term, solution-focused counseling for circumstances amenable to brief intervention, including stress and anger management, grief and loss, the deployment cycle, parent-child relationships, couples communication, marital issues, relationships and relocation.

The DSTRESS Line is accessible at DSTRESSLine.com and 1-877-476-7734. The "by Marines/for Marines" concept for the DSTRESS Line is to connect Marines, sailors attached to Marine units and family members to a veteran Marine, Navy corpsman or other licensed

counselor specifically trained in Marine Corps culture.

Since 1996, TriWest Healthcare Alliance has administered the Department of Defense's TRICARE program, serving 2.9 million beneficiaries in the 21-state TRICARE West Region.

To address the growing challenges facing service members and their families, the company launched a 24/7/365 behavioral health contact center and crisis line certified by the American Association of Suicidology. The contact center currently takes over 20,000 calls and chats per month, 3,200 of them being handled by crisis clinicians.

The DSTRESS Line will provide global Corps-wide support beginning March 23, 2012.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) is observing Women's History Month in March by honoring women veterans for their contributions and encouraging them to take advantage of the VA benefits they've earned.**

Women serve in every branch of the military, representing 15 percent of today's active duty military and nearly 18 percent of National Guard and Reserve forces. They serve as gunners, police, pilots, truck drivers and fuel suppliers. By 2020, VA estimates women veterans will constitute 10 percent of the veteran population.

VA recently launched a "Stories of Service" video series depicting the role of women in the military, available at www.womenshealth.va.gov. In these three- to five-minute video vignettes, women veterans spanning various eras and service branches talk about their experiences in the military and how they made VA benefits work for them.

As part of an aggressive initiative to improve health care services for women Veterans, VA established a women veteran call center to reach out to women veterans to let them know about services available to them.

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

- **The Disabled Veterans National Foundation published a press release, urging scrutiny and careful application of The Affordable Care Act to ensure that it does not have negative or unintended effect on health care for veterans.**

The release noted that while the law will expand health insurance coverage for 1.8 million uninsured veterans in the U.S., it could create problems with access to services and quality of care. These concerns are outlined in a study by Kenneth W. Kizer, director of the Institute for Population Health Improvement at the University of California. The study was published in the *Journal of the American Medical Association*. Kizer is a former undersecretary for health in the Department of Veterans Affairs and a veteran of the U.S. Navy who engineered the transformation of the VA health care system.

The Affordable Care Act will not change eligibility for VA health care, covered benefits, co-payments or how the VA health care system is administered or operated. However, the study asserted it would affect healthcare for many veterans through its effects on access, fragmentation/quality of care, utilization of services, the health-care workforce, and cost.

While the Affordable Care Act will expand health care choices and could increase convenience and timeliness of care for veterans, Kizer believes that having more health-

insurance options can also diminish coordination of care. This could result in more emergency room visits, hospitalizations and diagnostic interventions.

DVNF supports Kizer's recommendations to streamline services and costs, assess current and projected VA health-care workforce needs, and develop a shared vision for veterans' health care.

- **Older men treated for cancer at Veterans Health Administration hospitals do just as well, if not better, than men covered by Medicare, a new study published in the Journal of Clinical Oncology suggests.**

Researchers compared men's chances of surviving a diagnosis of colon or rectal cancer, lung cancer, lymphoma or bone marrow cancer depending on whether they were treated at VHA hospitals or through Medicare, the government insurance program for the elderly, from 2001 through 2004.

All of the men were older than 65, while those treated at the VHA — which is responsible for some 6.1 million veterans — were more likely to be African American and from poorer communities.

After accounting for as many differences as they could between the two groups of patients, the researchers found that men treated for colon cancer at the VHA survived an average of four years and one month after their diagnosis, compared to three years and seven months among Medicare patients.

That improved survival seemed largely due to comprehensive screening at the VHA, and earlier diagnoses as a result. Guidelines recommended checking for signs of colon cancer in most adults age 50 to 75 every ten years with colonoscopy, or at shorter intervals if other screening methods are used.

The same pattern held for men with non-small cell lung cancer: those treated at the VA lived an average of eight months post-diagnosis, while those on Medicare survived an average of six months.

There were no differences in survival for rectal cancer, small-cell lung cancer, lymphoma or bone marrow cancer based on how men got their care.

GENERAL HEALTH CARE NEWS

- **Foodborne disease outbreaks caused by imported food appeared to rise in 2009 and 2010, and nearly half of the outbreaks implicated foods imported from areas that previously had not been associated with outbreaks, according to research from the Centers for Disease Control and Prevention.**

CDC experts reviewed outbreaks reported to CDC's Foodborne Disease Outbreak Surveillance System from 2005-2010 for implicated foods that were imported into the United States. During that five-year period, 39 outbreaks and 2,348 illnesses were linked to imported food from 15 countries. Of those outbreaks, nearly half (17) occurred in 2009 and 2010. Overall, fish (17 outbreaks) were the most common source of implicated imported foodborne disease outbreaks, followed by spices (six outbreaks including five from fresh or dried peppers). Nearly 45 percent of the imported foods causing outbreaks came from Asia.

According to a report by the Department of Agriculture's Economic Research Service (ERS), U.S. food imports grew from \$41 billion in 1998 to \$78 billion in 2007. Much of that growth has occurred in fruit and vegetables, seafood and processed food products. The report estimates that as much as 85 percent of the seafood eaten in the United States is imported, and depending on the time of the year, up to 60 percent of fresh produce is imported. ERS

also estimates that about 16 percent of all food eaten in the United States is imported. The types of food causing the outbreaks in this analysis aligned closely with the types of food that were most commonly imported.

CDC warns that the findings likely underestimate the true number of outbreaks due to imported foods as the origin of many foods causing outbreaks is either not known or not reported.

Additional information on CDC's foodborne outbreak surveillance is available at: http://www.cdc.gov/outbreaknet/surveillance_data.html.

- **The number of people who died from gastroenteritis (inflammation of the stomach and intestines that causes vomiting and diarrhea) more than doubled from 1999 to 2007, according to a study by the Centers for Disease Control and Prevention.**

CDC scientists used data from the National Center for Health Statistics to identify gastroenteritis-associated deaths from 1999 to 2007 among all age groups in the United States. Over the eight-year study period, gastroenteritis-associated deaths from all causes increased from nearly 7,000 to more than 17,000 per year. Adults over 65 years old accounted for 83 percent of deaths.

- **The U.S. Food and Drug Administration approved the first generic Lexapro (escitalopram tablets) to treat both depression and generalized anxiety disorder in adults.**

Depression is characterized by symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Episodes of depression often recur throughout a person's lifetime.

People with generalized anxiety disorder (GAD) are filled with exaggerated worry and tension, even though there is little or nothing to provoke it. They anticipate disaster and are overly concerned about health issues, money, family problems, or difficulties at work. GAD is diagnosed when a person worries excessively about a variety of everyday problems for at least six months. People with GAD can't relax, startle easily, and have difficulty concentrating.

Teva Pharmaceutical Industries/IVAX Pharmaceuticals gained FDA approval to market generic escitalopram in 5 milligram, 10 mg, and 20 mg strengths.

- **Rajesh Ranganathan, Ph.D., a leading scientific expert in translational research, has been named director of the Office of Translational Research (OTR) at the National Institute of Neurological Disorders and Stroke (NINDS), part of the National Institutes of Health.**

As director of translational research, Dr. Ranganathan will lead the institute's efforts to convert basic and clinical research results into new treatments for patients more quickly and effectively. Dr. Ranganathan was formerly a senior advisor in the NIH Office of the Director where he led the effort to assess the translational medicine pipeline across the NIH and helped develop a strategy, which led to the formation of the new NIH National Center for Advancing Translational Sciences. He also helped to strengthen NIH's relationships with private and public sector collaborators.

Prior to coming to NIH, Dr. Ranganathan was the global head of the Education Office and a director in the Program Office at Novartis Institutes for Biomedical Research, in Cambridge, Mass., from 2005-2010. In that position he held responsibility for global postdoctoral training, scientific strategic planning, and scientific review.

Dr. Ranganathan received his undergraduate degrees in biology and chemistry at Amherst College, Amherst, Mass. He received his Ph.D. in biology at the Massachusetts Institute of Technology, Cambridge.

- **The National Institutes of Health and Eli Lilly and Company will generate a publicly available resource to profile the effects of thousands of approved and investigational medicines in a variety of sophisticated disease-relevant testing systems.**

Comprehensive knowledge of the biological profiles of these medicines and molecules may enable biomedical researchers to better predict treatment outcomes, improve drug development, and lead to more specific and effective approaches.

Through the collaboration, the NIH's newly established National Center for Advancing Translational Sciences (NCATS) and Lilly Research Laboratories have agreed that NCATS' Pharmaceutical Collection of 3,800 approved and investigational medicines will be screened using Lilly's state-of-the-art Phenotypic Drug Discovery (PD2) panel. This panel features assays (i.e. tests) that are designed to reveal novel mechanisms or pathways of potential medicines and, as part of this collaboration, approved medicines as well. As such, the panel may provide new insights for drug discovery.

The [NCATS Pharmaceutical Collection](#) (NPC) is a comprehensive publicly available database and is a physical sample collection. The PD2 assay panel, part of Lilly's Open Innovation Drug Discovery [platform](#), consists of sophisticated human disease pathway-related assays relevant to cardiovascular diseases, cancer and endocrine disorders, among others. These testing systems are designed to reveal novel mechanisms or pathway activities of drugs.

- **Health and Human Services Secretary Kathleen Sebelius announced policies to assist states in building Affordable Insurance Exchanges.**

Starting in 2014, these one-stop marketplaces will allow consumers and small businesses to choose a private health insurance plan and offer the public the same kinds of insurance choices as members of Congress.

The policies will help states in designing their Exchanges to best meet the needs of their consumers. They offer states substantial flexibility and provide states with the guidance as they continue to work to build these marketplaces for operation in 2014. The policies offer guidance about the options on how to structure Exchanges in two key areas:

Setting standards for establishing Exchanges, setting up a Small Business Health Options Program (SHOP), performing the basic functions of an Exchange, and certifying health plans for participation in the Exchange;

Establishing a streamlined, web-based system for consumers to apply for and enroll in qualified health plans and insurance affordability programs.

The final rule builds on the flexibility and resources provided by HHS already to build state-based Exchanges. A majority of states have taken significant steps in building Exchanges. Previously, HHS awarded 49 states and the District of Columbia \$50 million to begin planning their Exchanges, and as announced recently, 33 states and the District of Columbia

have received over \$667 million in Establishment Grants to begin building their Exchanges.

For more information on today's announcement, visit:

<http://www.healthcare.gov/news/factsheets/2011/07/exchanges07112011a.html>.

GUARD/RESERVE

- As of March 13, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 665 to 71,897. The totals for each service are Army National Guard and 52,350; Navy Reserve, 4,763; Air National Guard and Air Force Reserve, 9,221; Marine Corps Reserve, 4,804, and the Coast Guard Reserve, 759. www.defenselink.mil

REPORTS/POLICIES

- **The Institutes of Medicine (IOM) published "Monitoring HIV Care in the United States: Indicators and Data Systems," on March 15, 2012.** This report identifies core indicators related to continuous HIV clinical care and access to supportive services, and to monitor the effect of both the National HIV/AIDS Strategy (NHAS) and Patient Protection and Affordable Care Act (ACA) on improving HIV care. <http://www.iom.edu/Reports/2012/Monitoring-HIV-Care-in-the-United-States.aspx>

HILL HEARINGS

- The House Appropriations Labor, Health and Human Services, Education, and Related Agencies Subcommittee will hold a budget hearing on **March 20, 2012**, to examine the National Institutes of Health's proposed budget for fiscal year 2013.
- The Senate Armed Services Committee will hold a hearing on **March 20, 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 Appropriations Military Construction, Veterans Affairs and Related Agencies Subcommittee will hold a budget hearing on **March 21, 2012**, to examine the Department of Veterans Affairs' proposed budget for fiscal year 2013.
- 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.
- The Senate Armed Services Committee will hold a hearing on **March 28, 2012**, to examine the Active, Guard, Reserve, and civilian personnel programs in review of the

Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.

LEGISLATION

- **S.2185** (introduced March 12, 2012): the Abstinence Education Reallocation Act of 2012 was referred to the Committee on Health, Education, Labor, and Pensions
Sponsor: Senator Lindsey Graham [SC]

MEETINGS

- 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>
- The Conference on Vaccine Research will be held on **May 7-9, 2012**, in Baltimore, Md. <http://immunize.us1.list-manage2.com/track/click?u=69948816469e0f4801f8647ee&id=20e0c08ef8&e=8a0b0385de>
- 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/
- 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
- The 28th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.1-3, 2012**, in Los Angeles, Calif. <http://www.istss.org/Home.htm>

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.