EXECUTIVE AND CONGRESSIONAL NEWS

- On June 28, 2012, the US Supreme Court ruled the individual mandate of the Patient Protection and Affordable Care Act is constitutional.

  The 5-4 decision said that the government can impose a tax on anyone who does not buy health insurance as an “incentive” to buy it.

  A tax, in other words, is not really a penalty – even if the health-care law itself uses the word penalty more than 18 times.

  Writing for the majority, Chief Justice John Roberts admits that the court had “a duty to construe” the law in a way that Congress did not intend in order “to save” it. The justices wanted to show a “reticence to invalidate” a law approved by elected leaders.

  To read the full decision, please visit: http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf

MILITARY HEALTH CARE NEWS

- The Army released suicide data for the month of May.

  During May, among active-duty soldiers, there were 16 potential suicides: four have been
confirmed as suicides and 12 remain under investigation. For April, the Army reported 14 potential suicides among active-duty soldiers. Since the release of that report, one case has been added for a total of 15 potential suicides: four have been confirmed as suicides and 11 remain under investigation. For 2012, there have been 78 potential active-duty suicides: 42 have been confirmed as suicides and 36 remain under investigation.

Updated active-duty suicide numbers for 2011: 165 (confirmed as suicides and no cases remain under investigation).

Among reserve component soldiers who were not on active duty, there were nine potential suicides (two Army National Guard and seven Army Reserve): two have been confirmed as suicides and seven remain under investigation for the month of May. For April, among that same group, the Army reported 13 potential suicides. Since the release of that report, three cases have been added for a total of 16 potential suicides (seven Army National Guard and nine Army Reserve): 11 have been confirmed as suicides and five remain under investigation. For 2012, there have been 46 potential not on active-duty suicides (26 Army National Guard and 20 Army Reserve): 33 have been confirmed as suicides and 13 remain under investigation. Not on active-duty suicide numbers for 2011: 118 (82 Army National Guard and 36 Army Reserve) confirmed as suicides and no cases remain under investigation.

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants are available at 1-800-273-TALK (8255) or by visiting their website at http://www.suicidepreventionlifeline.org.

- Secretary of Defense Leon E. Panetta talked about suicide prevention with military, mental health, government and private sector professionals at the DoD/VA Annual Suicide Prevention Conference in Washington, D.C. last week.

  “Just as we helped foster the jet age, the space race and the Internet, I want us to break new ground in understanding the human mind and human emotion,” Panetta said. With the clarion call for innovation, he introduced a four-pronged approach to combating the challenges of service member and veteran suicide.

  First, said the secretary, “An effective suicide prevention strategy requires vigilance.” Panetta implored military leadership to remain attentive to signs that may signal trouble.

  Secondly, he expressed that improvement to behavioral health care and greater accessibility are critical to help service members, veterans and their families with services they require.

  The third strategic component is to elevate mental fitness. Panetta stressed that increased effort on mental fitness should be equivalent to the level of emphasis that the Department of Defense places on physical fitness. Lastly, the fourth prevention strategy incorporates improved understanding of suicide and related mental health issues through greater scientific research.

  Concluding, Panetta commanded, “All of us, and frankly for that matter all Americans, have to always support and care for those who have stepped forward to defend our country in uniform. “We are a family, and by God we have to take care of our family members.”

Read the entire article here.

- TRICARE Management Activity (TMA) implemented Emergency Refill Too Soon Procedures for affected areas in Colorado because of the wildfires until July 15, 2012.

  In addition, TMA has implemented Emergency Refill Too Soon Procedures for the entire state of Florida due to heavy rainfall caused by Tropical Storm Debby through July 27,
Beneficiaries in Larimer, El Paso, and Teller counties of Colorado and in the state of Florida can take your prescription bottle to any TRICARE retail network pharmacy to receive an emergency refill. Contact Express Scripts at 1-877-363-1303 or search the network pharmacy locator to find the nearest network pharmacy.

Recondo Technology, provider of revenue cycle solutions for the healthcare industry, announced that Maj. Gen. (Ret.) Elder Granger, MD, has joined the Recondo board of directors.

Granger retired after 37 years of distinguished service in the military, culminating deputy director and program executive officer of the TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs). Granger is currently the president and CEO of The 5Ps, a health care, education, and leadership consulting organization.

TRICARE Management Activity published a proposed rule in the Federal Register to make administrative changes to the TRICARE Pharmacy Benefits Program.

The changes to the regulations would clarify procedures and have them adhere more closely to the statute regarding the operation of the uniform formulary. Specifically, the proposed rule would: conform the regulation to the statute regarding point-of-service availability of non-formulary drugs; clarify the process for formulary placement of newly approved drugs; streamline the process for updating copayment requirements; specify the method for applying the statutory formula for maximum non-formulary drug copayments; and clarify several other uniform formulary practices.

This rule is separate from, but not inconsistent with, the legislative proposal made by the Department to implement portions of the President's Budget for Fiscal Year 2013 relating to the TRICARE Pharmacy Benefits Program.

The TRICARE Management Activity awarded Smartronix a prime contract to develop new information technology (IT) systems for the Military Health System (MHS) Pacific Joint Information Technology Center (JITC).

The mission of the JITC is to research, test and develop medical solutions and products through a series of pilots or prototypes that deliver mission-critical value and actionable information to the Defense and Veterans Affairs Departments. The Indefinite Delivery/Indefinite Quantity (ID/IQ) contract has a ceiling value of up to $300 million and a performance period of five years.

The Pacific JITC vehicle enables customers to use task orders to support IT requirements that support the Department of Defense (DoD) medical readiness requirements and IT modernization needs across the medical continuum of care through research studies, proof of concept demonstrations, and prototyping.

To optimize its commitment to wounded warrior burn care and research, the United States Army Institute of Surgical Research (USAISR) recently moved its burn and casualty trauma care center into a new, state-of-the-art facility at San Antonio Military Medical Center (SAMMC), San Antonio, Texas.

The new center, now fully operational, is 40 percent larger and consolidates the center’s various units under one roof. It includes two operating rooms with cameras to transmit live video of surgical procedures, a conference room for educational purposes and a larger rehabilitation complex and a 16-bed burn care unit.
Since 2003, the center has treated approximately 1,000 U.S. military burn casualties and has provided critical care to thousands of civilian burn patients in Texas.

VETERANS AFFAIRS NEWS

- **In recognition of National HIV Testing Day (June 27) the Department of Veterans Affairs released a statement, encouraging every veterans to be tested for HIV at least once in their life.**

Some VA facilities offer HIV testing on a walk-in basis or through routine primary care appointments. Others offer testing as part of special health fairs. More information about the benefits of being tested is available at [www.hiv.va.gov](http://www.hiv.va.gov).

National HIV Testing Day is designed to raise awareness of the importance of early detection, which can help prevent the spread of the virus, extend life expectancy and reduce overall medical expenses.

It is estimated that 1.2 million people in the United States are living with HIV, and one out of five are unaware they are infected.

VA operates one of the nation’s largest integrated health care systems in the country. With a health care budget of about $50 billion, VA expects to provide care to 6.3 million patients during 920,000 hospitalizations and nearly 90 million outpatient visits this year. VA’s health care network includes 152 major medical centers and more than 800 community-based outpatient clinics.

- **The Department of Veterans Affairs opened a state-of-the-art, 80-bed acute mental health center at the VA Palo Alto Health Care System on June 22.**

The new center, on the Palo Alto campus, will provide a continuum of mental health services, from inpatient to outpatient, with an additional research component. The 90,000 square-foot facility will house four units, each with 20 inpatient acute psychiatric beds. The project also includes outdoor enclosed gardens for the patients, a separate mental health research and office pavilion and a utility building to service the complex. Most rooms are private, with some semi-private, and all have private bathrooms.

The building's therapeutic design and healing environments were the result of collaboration with clinicians and considering the perspective of the veterans who will receive care in the facility.


- **The 32nd National Veterans Wheelchair Games will be held June 25-30 in Richmond, Va.**

The Department of Veterans Affairs and the Paralyzed Veterans of America (PVA) present the games each year. They are a multi-event sports rehabilitation program open to U.S. military veterans who use wheelchairs for sports competition due to spinal cord injuries, amputations or certain neurological problems, and who receive care at VA medical facilities or military treatment centers.

Sports are important in the therapy used to treat many disabilities. For many injured veterans, the games provide their first exposure to wheelchair athletics. VA is a recognized leader in rehabilitative and recreational therapies, and operates more than
1,400 sites of care, including 152 medical centers.

The first National Veterans Wheelchair Games was held in 1981, the “International Year of Disabled Persons,” at the VA Medical Center in Richmond, Va. That year, 74 Veterans from 14 states competed in sports ranging from table tennis and billiards, to swimming and weightlifting. 2012 marks the first time the event has returned to its birthplace in Richmond.

Veterans will compete in 17 different sports, including air guns, archery, basketball, bowling, field, handcycling, nine-ball, a motorized wheelchair relay, power soccer, quad rugby, softball, swimming, table tennis, track and field, trapshooting, weightlifting and wheelchair slalom. For the third year, stand-up events will be held in archery and table tennis for athletes who have amputations and choose to compete using prosthetic devices instead of their wheelchairs.

The Hunter Holmes McGuire VA Medical Center in Richmond and the Virginia Mid-Atlantic Chapter of the Paralyzed Veterans of America are hosting the 2012 Games. Veterans competing in the games come from nearly every state, as well as Puerto Rico and Great Britain.

For more information about the games or to volunteer during the week, visit www.wheelchairgames.va.gov.

GENERAL HEALTH CARE NEWS

- The Centers for Disease Control and Prevention announced a pilot project to train pharmacists and retail store clinic staff at 24 rural and urban sites to deliver confidential rapid HIV testing.

The goal of the initiative is to extend HIV testing and counseling into the standard everyday services offered by pharmacies and retail clinics.

CDC will use the results of the pilot effort to develop a model for implementation of HIV testing in these settings across the United States. The project is part of CDC’s efforts to support its 2006 testing recommendations, which call for all adults and adolescents to be tested for HIV at least once in their lives.

CDC estimates that 1.1 million people are living with HIV in the United States, yet nearly 1 in 5 remains unaware of the infection. In addition, one-third of those with HIV are diagnosed so late in the course of their infection that they develop AIDS within one year, missing years of opportunities to receive life-extending medical care and treatment, and potentially reduce transmission to partners.

Community pharmacies and retail clinics, with their convenience and easy accessibility, could play a critical role in ensuring more Americans have access to an HIV test. Data suggest that more than half of those Americans enter pharmacies every week, and an estimated 30 percent of the U.S. population lives within a 10-minute drive of a retail clinic. Compared to health care settings and conventional HIV testing sites, these locations may provide an environment that is more accessible to persons who may be anxious about seeking an HIV test.

Throughout the two-year initiative, CDC will provide training for staff in community pharmacies and retail clinics in 12 urban areas and 12 rural areas with high HIV prevalence or significant unmet HIV testing needs. Training will focus on how to deliver rapid HIV testing and counseling and link those who are diagnosed with the virus to care and treatment.

Based on lessons learned, CDC will develop a comprehensive toolkit that pharmacists
and retail clinic staff from around the country can use to implement HIV testing. For more information, visit www.cdc.gov/hiv.

- **The U.S. Food and Drug Administration approved a new diet drug, Belviq (lorcaserin hydrochloride), to aid in chronic weight management.**

  The drug is approved for use in adults with a body mass index (BMI) of 30 or greater (obese), or adults with a BMI of 27 or greater (overweight) and who have at least one weight-related condition such as high blood pressure (hypertension), type-2 diabetes, or high cholesterol (dyslipidemia).

  BMI, which measures body fat based on an individual’s weight and height, is used to define the obesity and overweight categories. According to the Centers for Disease Control and Prevention, more than one-third of adults in the United States are obese.

  Belviq works by activating the serotonin 2C receptor in the brain. Activation of this receptor may help a person eat less and feel full after eating smaller amounts of food.

  The safety and efficacy of Belviq were evaluated in three randomized, placebo-controlled trials that included nearly 8,000 obese and overweight patients, with and without type-2 diabetes, treated for 52 to 104 weeks. All participants received lifestyle modification that consisted of a reduced calorie diet and exercise counseling. Compared with placebo, treatment with Belviq for up to one year was associated with average weight loss ranging from 3 percent to 3.7 percent.

  The drug’s manufacture, Arena Pharmaceuticals GmbH, will be required to conduct six post-marketing studies, including a long-term cardiovascular outcomes trial to assess the effect of Belviq on the risk for major adverse cardiac events such as heart attack and stroke.

- **The U.S. Food and Drug Administration (FDA) approved the iStent Trabecular Micro-Bypass Stent System, Model GTS100R/L.**

  This is the first device approved for use in combination with cataract surgery to reduce pressure inside the eye (intraocular pressure) in adult patients with mild or moderate open-angle glaucoma and a cataract who are currently being treated with medication to reduce intraocular pressure.

  Glaucoma, a group of diseases that damage the optic nerve, is one of the leading causes of vision loss and blindness. Open-angle glaucoma is the most common form of glaucoma.

  In a healthy eye, clear fluid flows continuously into and out of the anterior chamber of the eye, the fluid filled space between the iris and the cornea. Fluid drains from the anterior chamber through a meshwork of tissue along the outer edge of the iris, where the iris and cornea meet, and into a canal called Schlemm’s canal that drains the fluid out of the eye.

  In open-angle glaucoma, the meshwork may become blocked or drain too slowly. Since fluid cannot leave the eye or leave it quickly enough, pressure builds up inside the eye and can rise to a level that may damage the optic nerve, resulting in vision loss.

  The iStent is a small titanium tube placed through the meshwork of tissue. This creates an opening between the eye’s anterior chamber and Schlemm’s canal that allows fluid to drain, potentially decreasing intraocular pressure.

  The iStent Trabecular Micro-Bypass Stent System is manufactured by Glaukos Corporation of Laguna Hills, Calif.
GUARD/RESERVE

- As of June 12, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 1,727 to 65,066. The totals for each service are Army National Guard and Army Reserve, 46,474; Navy Reserve, 4,270; Air National Guard and Air Force Reserve, 9,226; Marine Corps Reserve, 4,257, and the Coast Guard Reserve, 839.
  [www.defenselink.mil](http://www.defenselink.mil)

REPORTS/POLICIES

- The **GAO published** “VA/DoD Federal Health Care Center: Costly Information Technology Delays Continue and Evaluation Plan Lacking,” (GAO-12-669) on June 26, 2012. In this report, GAO examines to what extent VA and DoD have continued to implement the Executive Agreement to establish and operate the Captain James A. Lovell Federal Health Care Center (FHCC) and what plan, if any, VA and DOD have to assess the provision of care and operations of the FHCC.

- The **GAO published** “Prescription Drug Data: HHS Has Issued Health Privacy and Security Regulations but Needs to Improve Guidance and Oversight,” (GAO-12-605) on June 22, 2012. In this report, GAO determined the extent to which HHS has established a framework to ensure the privacy and security of Medicare beneficiaries’ protected health information when data on prescription drug use are used for purposes other than direct clinical care.

- The **Institute of Medicine (IOM) published** “Research Methods to Assess Dietary Intake and Program Participation in Child Day Care: Application to the Child and Adult Care Food Program - Workshop Summary,” **on June 25, 2012**. The report examines research methods and approaches that could be used to design and conduct a nationally representative study assessing children’s dietary intake and participation rates in child care facilities, including CACFP-sponsored child care centers and homes.

HILL HEARINGS

- The House Veterans Affairs Committee will hold a heard on **July 25, 2012**, to examine DoD and VA collaboration to assist service members returning to civilian life.

LEGISLATION

- **S.3338** (introduced June 25, 2012): A bill to amend the Public Health Service Act and title XVIII of the Social Security Act to make the provision of technical services for
medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Michael B. Enzi [WY]

- **S.3340** (introduced June 25, 2012): A bill to improve and enhance the programs and activities of the Department of Defense and the Department of Veterans Affairs regarding suicide prevention and resilience and behavioral health disorders for members of the Armed Forces and veterans, and for other purposes was referred to the Committee on Veterans’ Affairs.
  Sponsor: Senator Patty Murray [WA]

### MEETINGS

- The Military Health System Research Symposium (MHSRS) will be held on **Aug. 13-16, 2012**, in Ft. Lauderdale, Fla. [https://www.ataccc.org/](https://www.ataccc.org/)
- The National Conference on Pain for Frontline Practitioners: PAINWeek will be held on **Sept. 5-8, 2012**, in Las Vegas. [http://www.painweek.org/](http://www.painweek.org/)
- CFHA’s 14th Annual Conference: will be held on **Oct. 4-6, 2012**, in Austin, Texas [http://www.cfha.net/?page=2012Austin](http://www.cfha.net/?page=2012Austin)
- The International Society for Traumatic Stress Studies (ISTSS) 28th Annual Meeting will be held on **Nov. 1-3, 2012**, in Los Angeles, Calif. [http://www.istss.org/Home1.htm](http://www.istss.org/Home1.htm)
- The 118th AMSUS Annual Continuing Education Meeting will be held **Nov. 11-15, 2012**, in Phoenix, Ariz. [http://amsusmeeting.org](http://amsusmeeting.org)
- The 2012 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 13 - 16, 2012**, in San Antonio, Texas [http://www.aameda.org/Conference/Annual/AnnualMain.html](http://www.aameda.org/Conference/Annual/AnnualMain.html)
- The Radiological Society of North America (RSNA) 2012: Patients First will be held on **Nov. 25-30, 2012**, in Chicago, Ill. [http://www.rsna.org/Annual_Meeting.aspx](http://www.rsna.org/Annual_Meeting.aspx)
- The 2013 Military Health System Conference will be held **Feb. 11-14, 2013**, in National Harbor, Md.

If you need further information on any of the items in the Federal Health Update, please
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