

FEDERAL HEALTH UPDATE

Aug 6, 2010

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

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Federal Health Update will not be published on Aug. 13 and 27, 2010

Executive and Congressional News

- The Senate and House begin their summer recess on Aug. 6, 2010.
- **The Senate Armed Services Committee held a confirmation hearing for Army Reserve Lt. Gen. Jonathan Woodson to be assistant secretary of defense for health affairs.** During his testimony, Woodson announced his intention to remain in the Army Reserve even after he is confirmed as assistant secretary. He identified controlling the high cost of health care as one of his top priorities in this position, but said he does not yet have any suggestions on how to achieve that goal. His other top priorities include moving forward with the electronic health record (EHR) and ensuring that Warrior Transition Units are best serving that population.

Military Health Care News

- **A new study conducted in the Eastern Democratic Republic of the Congo (DRC) and co-funded by DoD's Africa Command has revealed that perpetrators and victims of high rates of sexual gender-based violence (SGBV) in the region include large numbers of both men and women and were associated with increased post-traumatic stress disorder (PTSD) and depression, as well as physical health outcomes.**

The study's results suggest an opportunity for increased and more directed civil-military collaborative medical outreach efforts in the region.

The study, "Association of Sexual Violence and Human Rights Violations With Physical and Mental Health in Territories of the Eastern DRC," was published in the Aug. 4 *Journal of the American Medical Association (JAMA)*.

The results showed that self-reported sexual violence (SV) occurred in nearly 40 percent of adult females and 24 percent of adult males in North and South Kivu provinces and Ituri district. Females perpetrated conflict-related SV in about 41 percent of the female victims' cases and 10 percent of the male cases.

The researchers further found that 67 percent of adults have inadequate access to healthcare and 95 percent have inadequate access to mental healthcare. Furthermore, based on current population estimates, the extrapolated randomized survey sample indicates that as many as 1.31 million women and 760,000 men in the region may have suffered SV and might need SV-related healthcare services.

- **Humana Military Healthcare Services is ranked 21 out of 50 for the Military Times EDGE magazine's "Best for Vets" employers for 2010.**

Companies considered for this award all appear on the Fortune 1000, Federal Times' General Services Administration 250, and the Defense News 100 lists.

The rankings were based on the following criteria:

- Recruiting: Budget and personnel dedicated to military hiring and new hires who are veterans.
- Training and Mentoring: Orientation, training, and mentoring programs for veterans.
- Reserve policies: Pay and benefits for activated reservists, policies in place to accommodate deployments.
- Corporate Culture: Representation of veterans on the executive team and programs for military spouses and dependents and involvement in military and veteran causes.

Humana Military is the only health care company to appear on the list. Other companies listed in the Top 50 "Best Employers for Vets" include Wal-Mart Stores, Inc., General Electric, Boeing, General Motors, Bank of America, and United Parcel Services.

To view the entire list, please visit: http://www.militarytimesedge.com/projects/bestforvets_employers_2010/

- **The U.S. Army Advanced Medical Technology Initiative (AAMTI) is seeking new proposals demonstrating the value of emerging health information technology and medical communications devices.**

This program is open to U.S. Army Medical Department (AMEDD) personnel as Principal Investigators (PI) only. However, collaboration with industry, academia and other military services is permitted.

The FY 2011 program seeks a broad range of medical informatics submissions to streamline and enhance the documentation of medical encounters, develop heterogeneous databases to be queried for research into evidence-based medicine, perform information analysis, and integrate speech recognition technology into the healthcare delivery environment.

The AAMTI program, run by the U.S. Army Telemedicine and Advanced Technology Research Center (TATRC), FY 2011 Request for Submission System Policy and Procedures document can be found at: http://www.tatrc.org/?p=funding_aamti. Pre-proposals are due Aug. 29, 2010.

Veterans Health Care News

- **Three Department of Veterans Affairs' medical centers in Illinois and Area Agencies on Aging launched a new pilot program to help veterans receive home health care.**

The Veterans Independence Program will give veterans a chance to choose home health care and related services, such as coordinating meals from a restaurant or a taxi ride to a senior center or fitness facility. The veterans can even hire a neighbor to help prepare meals or do errands.

The Department of Veterans Affairs, which is partnering with the Administration on Aging on the national initiative, is providing a monthly stipend of \$1,600 to \$3,160 to 20 to 25 veterans in Illinois.

The program, which started July 1, has a handful of enrollees so far but could expand if enough veterans participate. The participating hospitals are Brown VA Medical Center in Chicago, Hines VA Hospital and North Chicago VA Medical Center.

To qualify, a veteran has to meet at least one of the following requirements: need help with three or more activities of daily living; have cognitive impairment; receive hospice services or need help with two activities of daily living plus help with an activity such as doing housework, shopping or driving; have been discharged recently from a nursing facility; be 75 or older; have had three hospitalizations or 12 outpatient clinic or emergency evaluations; be clinically depressed; live alone.

The VA hospitals refer the veterans to AgeOptions, the Area Agency on Aging for suburban Cook County, for information and assessment. Caseworkers at South Suburban Senior Services of Catholic Charities and other area social service agencies then counsel the patients on support services and budgeting for care.

Illinois has 820,000 veterans, and 271,000 are enrolled in the VA health care system.

• **Tom Murphy was recently appointed director of the Compensation and Pension Service for the Department of Veterans Affairs (VA).**

In his new post, Murphy will manage the disability and survivor benefit programs that provide more than \$45 billion annually in benefit payments to four million veterans and their families. Murphy had been the director of VA's San Juan Regional Office since August 2009, overseeing benefits for 151,000 veterans living in Puerto Rico, Vieques, Culebra and the U.S. Virgin Islands.

Murphy retired from the military as a Major after serving 15 years in the Colorado National Guard and six years in the Marine Corps Reserve.

Murphy replaces Bradley G. Mayes, who has been named director of VA's Boston Regional Office. Mayes leaves VA headquarters to return to VA's field organization and work more directly with veterans, after bringing significant improvements to VA. These include the groundbreaking new disability evaluation criteria for Traumatic Brain Injury and simplified claims procedures for veterans with post-traumatic stress disorder.

Health Care News

• **The HHS Biomedical Advanced Research and Development Authority (BARDA) awarded four contracts for the advanced research and development of innovative platform technologies.**

The contracts, totaling \$24.6 million for the initial phase and up to \$53.6 million over three years, were awarded to PATH and the Infectious Disease Research Institute (IDRI), Seattle, Wash.; VaxDesign Corporation, Orlando, Fla., and Pfenex Inc., San Diego.

These awards are made out of the BARDA Strategic Science and Technology Division, whose mission is to identify and support innovative science and technology to reduce the time and cost of development, testing and production of medical countermeasures and to improve product safety, efficacy, and ease of use in the event of an emergency.

The four contracts evaluate technologies that fall into three broad categories impacting medical countermeasure development: technologies to accelerate evaluation of candidate vaccines and therapeutics (VaxDesign); formulation chemistry, protein stabilization, and vaccine delivery technologies (PATH and IDRI); and innovative methods in bioprocess development and manufacturing (Pfenex).

• **HHS Secretary Kathleen Sebelius announced the six winners of innovation awards in the first cycle of the HHSinnovates program.**

The program is aimed at supporting a "culture of innovation" in one of the federal government's largest departments.

In response to an open request for innovation candidates last spring, a total of 126 innovations from all HHS operating divisions was submitted. HHS employees were invited to vote for best innovations, and employees cast nearly 10,000 votes, using the secure HHSinnovates intranet site. Candidates were judged on both innovativeness and potential for application elsewhere in HHS and government.

The winners announced are the top six selected through the employees' votes. From these six, the Secretary selected the following three:

- **National Collaboration on Childhood Obesity Research** – To address a lack of adequate scientific evidence regarding causes and effective responses to the epidemic of childhood obesity, a public-private collaborative was formed to help steer research across institutions, enable more nimble and rapid research responses, and identify needs quickly.
- **Text4Baby** – Makes free information about pre-natal and post-natal care available to mothers via their mobile phones. Information is timed individually to serve each woman personally, with information available in English and Spanish.
- **Purchasing Online Tracking System (POTS)** – Electronic procurement process and requisition management system that enables NIH to request and track orders throughout the purchasing cycle, reducing errors and delays and reducing burden for staff.

The other awardees selected through the employee vote are:

- **CDC Lab Recycling Pilot Program** – To avoid substantial dumping of plastic containers which had held biohazard materials into waste landfills, CDC laboratorians devised a process for cleaning the containers after use to be suitable for recycling.
- **Personal Dust Monitor** – The National Institute of Occupational Safety and Health (NIOSH), working with labor, industry and others, developed a personal monitor to measure a miner's cumulative exposure to dust and enabling reduced disease.
- **CDC Course on Public Health and Aging** – To increase understanding throughout CDC of the needs of the rapidly growing older population of the U.S. and the potential roles of public health in serving older populations, a CDC-wide one-day introductory course was developed and is now made available to all CDC employees.

An awards ceremony can be seen at <http://www.hhs.gov/open/innovate/index.html>.

• **The Departments of Health and Human Services, Labor and the Treasury announced a new internal claims and appeals and external review process for group health plans under the Patient Protection and Affordable Care Act.**

The new appeal rules transform the current highly variable health claims and appeals process into one that is more uniform and structured. External appeals will be a new requirement for many group health plans and insurance carriers, as consumers in new health plans in every state will now have the right to appeal decisions to an independent outside entity.

• **National Institutes of Health Director Francis S. Collins M.D., Ph.D., announced two appointments:**

- Alan E. Guttmacher, M.D., as director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). The focus of the NICHD is on human health and development, from conception, through the reproductive years, on disorders affecting women, and on rehabilitation after injury or disease.

As NICHD acting director, Dr. Guttmacher began the process of developing a scientific vision for the institute. For the next year, NICHD staff will work with multiple external communities that have an interest in the institute's mission, to identify promising new scientific opportunities in the decade ahead.

Dr. Guttmacher began his NIH career at the National Human Genome Research Institute (NHGRI) as a special assistant to the director. He became deputy director in 2002 and acting director in 2008. While at the NHGRI, Dr. Guttmacher also oversaw the NIH's involvement in the Surgeon General's Family History Initiative, an effort to encourage Americans to learn about and use their families' health histories to promote personal health and prevent disease.

Dr. Guttmacher is a graduate of Harvard College. He attributes his interest in medicine to his early career as a middle school teacher, when he developed an interest in the origins and treatment of pediatric learning disorders. After graduation from Harvard Medical School, he served as a physician in several developmental pediatrics programs at Children's Hospital in Boston, where he then completed an internship and residency in pediatrics and a fellowship in medical genetics. He is a member of the Institute of Medicine, and a fellow of the American Academy of Pediatrics.

- Robert M. Kaplan, Ph.D., as director, Office of Behavioral and Social Sciences Research (OBSSR) and NIH associate director for Behavioral and Social Sciences Research.

OBSSR's work focuses on how behavioral and social factors often influence illness and health. The office stimulates and integrates behavioral and social sciences research across NIH's institutes and centers to improve the understanding, treatment, and prevention of disease.

Dr. Kaplan comes to the NIH from the University of California, Los Angeles, where he is distinguished professor in the Department of Health Services at the School of Public Health and the Department of Medicine at the David Geffen School of Medicine.

At the University of California, Riverside, Dr. Kaplan earned an M.A. and Ph.D. in psychology. His research interests include behavioral medicine, health services research, health outcome measurement and multivariate data analysis. He is editor-in-chief of the American Psychological Association journal Health Psychology.

Dr. Kaplan is expected to join the NIH in early 2011.

• **The Food and Drug Administration has approved vaccines for the 2010-2011 influenza season in the United States.**

Last year, because the 2009 H1N1 virus emerged after production began on the seasonal vaccine, two separate vaccines were needed to protect against seasonal flu and the 2009 H1N1 pandemic flu virus, but this year, only one vaccine is necessary.

According to the Centers for Disease Control and Prevention (CDC), between 5 percent and 20 percent of the U.S. population develops influenza each year, leading to more than 200,000 hospitalizations from related complications and about 36,000 deaths.

The brand names and manufacturers for the upcoming season's vaccines are: Afluria, CSL Limited; Agriflu, Novartis Vaccines and Diagnostics; Fluarix, GlaxoSmithKline Biologicals; FluLaval, ID Biomedical Corporation; FluMist, MedImmune Vaccines Inc.; Fluvirin, Novartis Vaccines and Diagnostics Limited; and Fluzone and Fluzone High-Dose, Sanofi Pasteur Inc.

Each year, experts from FDA, World Health Organization, CDC, and other institutions study virus samples and patterns collected worldwide to identify strains likely to cause the most illness during the upcoming season.

Based on that information and the recommendations of FDA's Vaccines and Related Biological Products Advisory Committee, manufacturers included the respective three strains in the 2010-2011 vaccines.

Vaccines for the 2010-2011 seasonal influenza contain the following strains:

- A/California/7/09 (H1N1)-like virus (pandemic (H1N1) 2009 influenza virus)
- A/Perth/16/2009 (H3N2)-like virus
- B/Brisbane/60/2008-like virus

There is always a possibility of a less than optimal match between the virus strains predicted to circulate and the virus strains that end up causing the most illness. However, even if the vaccine and the circulating strains are not an exact match, the vaccine may reduce the severity of the illness or may help prevent influenza-related complications.

The new recommendations can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm>.

- **The Centers for Disease Control and Prevention (CDC) endorsed its vaccine advisory group's recommendation for universal influenza immunization.**

The CDC issued a comprehensive update on seasonal flu vaccination, which includes the new universal recommendation, in an early online edition of *Morbidity and Mortality Weekly Report (MMWR)*. In February the CDC's Advisory Committee on Immunization Practices (ACIP) recommended seasonal flu immunizations for nearly everyone except babies younger than six months old.

Based on literature reports on the vaccine's safety and its ability to prevent disease, the CDC has been expanding its recommendation, and by 2009 its seasonal flu vaccination recommendation covered 85 percent of the population.

The CDC's latest expansion includes all healthy, non-pregnant adults aged 18 to 49. The CDC said expanding the recommendation to that group helps address two problems: Flu complications can occur, even in healthy people, and many adults with underlying conditions such as diabetes and asthma don't consider themselves at increased risk.

CDC recommendations also fold in ACIP's recent advice on pandemic H1N1 coverage for younger children. Children ages six months through eight years who have not received at least one dose of pandemic H1N1 vaccine should receive two doses of the trivalent vaccine for the upcoming flu season, which includes the pandemic strain.

The latest recommendations also say adults age 65 and older can receive either the standard seasonal flu vaccines or the new high-dose version made by Sanofi.

The main theme for the universal vaccination will be "the flu ends with U." Messages will emphasize that everyone can prevent the flu and everyone is at risk.

Most of the CDC's new flu vaccine campaign materials will be available on its Web site by Sept. 1, but CDC officials said some will be posted sooner.

- **In 2009, nine states reported an obesity prevalence of 30 percent or more, up from just three states in 2007, according to a CDC Vital Signs report.**

In 2000, no state had an obesity prevalence of 30 percent or more. The report, "*State-Specific Obesity Prevalence Among Adults – United States, 2009*," also finds no state met the nation's Healthy People 2010 goal to lower obesity prevalence to 15 percent.

The data show a 1.1 percentage point increase — an additional 2.4 million people — in the self-reported prevalence of obesity between 2007 and 2009 among adults aged 18 and over. The report also notes the medical costs associated with obesity are high. In 2008 dollars, medical costs associated with obesity were estimated at \$147 billion. People who are obese had medical costs that were \$1,429 higher than those of normal weight, the report said.

An adult is considered obese if he or she has a BMI of 30 or above. For example, a 5-foot-4 woman who weighs 174 pounds or more, or a 5-foot-10 man who weighs 209 pounds or more has a BMI of 30, and so is considered obese.

For more information on obesity prevalence, including an animated map, please visit: www.cdc.gov/vitalsigns or www.cdc.gov/obesity.

Reserve/Guard

- As of Aug. 3, 2010, the total number of Guard and Reserve currently on active duty has **increased** by 683 to 103,702. The totals for each service are Army National Guard and Army Reserve 76,434; Navy Reserve, 6,472; Air National Guard and Air Force Reserve, 15,369; Marine Corps Reserve, 4,640; and the Coast Guard Reserve, 787. www.defenselink.mil

Reports/Policies

- **The GAO published "Medicare Payments to Federally Qualified Health Centers (FQHC)," (GAO-10-576R) on July 30, 2010.** This report examines the relationship between Medicare payments and the costs submitted by FQHCs for services provided to Medicare beneficiaries and provides information on how CMS established the Medicare FQHC payment structure. It also describes the preventive services added to or expanded within Medicare since the upper payment methodology was implemented in 1992 and the key features of the Medicaid PPS. <http://www.gao.gov/new.items/d10576r.pdf>
- **The Institute of Medicine published "Transforming Clinical Research in the United States," on Aug. 2, 2010.** This report is a summary of a workshop held in October 2009, in which scientists evaluate the state of clinical research in the U.S. and to identify strategies for improving clinical trials' efficiency and effectiveness. <http://www.iom.edu/Reports/2010/Transforming-Clinical-Research-in-the-United-States.aspx>

Legislation

- **H.R.6005** (introduced July 30, 2010): The *Ensuring Equality for Early EHR Adoption Act of 2010* was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Michael C. Burgess [TX-26]
- **H.R.6012** (introduced July 30, 2010): To direct the Secretary of Health and Human Services to review uptake and utilization of diabetes screening benefits and establish an outreach program with respect to such benefits; and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Zachary T. Space [OH-18]
- **H.R.6017** (introduced July 30, 2010): The *Gulf Coast Health Monitoring and Research Program Act of 2010* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Lois Capps [CA-23]
- **H.R.6032** (introduced July 30, 2010): The *Chiropractic Membership in the Public Health Service Commissioned Corps Act of 2010* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Gene Green [TX-29]
- **H.R.6072** (introduced July 30, 2010): The *Electronic Health Record Incentives for Multi-Campus Hospitals Act of 2010* was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Zachary T. Space [OH-18]
- **S.3680** (introduced July 30, 2010): The *Family and Medical Leave Inclusion Act* was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Richard Durbin [IL]
- **S.3683** (introduced Aug. 2, 2010): The *Promoting Health as Youth Skills In Classrooms and Life Act* was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Tom Udall [NM]
- **S.3684** (introduced Aug. 2, 2010): The *Cavernous Angioma CARE Center Act of 2010* was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Tom Udall [NM]
- **S.3686** (introduced Aug. 2, 2010): An original bill making appropriations for the Department of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2011, and for other purposes was placed on the Senate legislative calendar.
Sponsor: Senator Tom Harkin [IA]
- **S.3690** (introduced Aug. 3, 2010): A bill to provide for additional quality control of drugs was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Michael F. Bennet [CO]
- **S.3696** (introduced Aug. 3, 2010): A bill to amend the Fair Labor Standards Act with regard to certain exemptions under that Act for direct care workers and to improve the systems for the collection and reporting of data relating to the direct care workforce, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Robert P. Casey, Jr. [PA]

- **S.3697** (introduced Aug. 4, 2010): A bill to amend the *Federal Food, Drug, and Cosmetic Act* to improve the priority review voucher incentive program relating to tropical and rare pediatric diseases was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Sam Brownback [KS]
- **S.3698** (introduced Aug. 4, 2010): A bill to amend the *Public Health Services Act* to provide for integration of mental health services and mental health treatment outreach teams, and for other purposes.
Sponsor: Senator Susan M. Collins [ME]
- **S.3703** (introduced Aug. 4, 2010): A bill to expand the research, prevention, and awareness activities of the Centers for Disease Control and Prevention and the National Institutes of Health with respect to pulmonary fibrosis, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Patty Murray, Patty [WA]

Hill Hearings

- The Senate Veterans Affairs Committee will hold a hearing on **Sept. 22, 2010**, to examine a legislative presentation focusing on the American Legion.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 23, 2010**; examine Veterans' Affairs disability compensation, focusing on presumptive disability decision-making.

Meetings / Conferences

- 13th Annual Force Health Protection Conference: "*Military Preventive Medicine and Public Health*" will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz. <http://www.theconferencewebsite.com/conference-info/FHPC-2010>
- National Conference on Health Statistics will be held **Aug. 16-18, 2010**, in Washington, D.C. <http://www.cdc.gov/nchs/events/nchs.htm>
- The Immunotherapeutics & Vaccine Summit will be held on **Aug. 17-19, 2010**, in Cambridge, Mass. <http://www.healthtech.com/imt/overview.aspx>
- The 2010 Advanced Technology Applications for Combat Casualty Care (ATACCC) Conference will be held **Aug. 16-19, 2010**, in St. Pete Beach, Fla. <https://www.ataccc.org/>
- AHRA 2010 Annual Meeting and Exposition will be held on **Aug. 22-26, 2010**, in National Harbor, Md. <http://www.ahraonline.org/AM/Template.cfm?Section=AnnualMeetingRegistration>
- 13th Battlefield Healthcare & Vaccine Summit: Pre and Post Deployment Combatant Care will be held **Sept. 20-22, 2010**, in San Diego, Calif. <http://www.battlefieldhealthcare.com/Event.aspx?id=331874>
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept. 23, 2010**, in Washington D.C. www.hjf.org/symposium
- The 5th Annual Obesity Congress will be held on **Sept. 28-30, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10088/>
- The 116th Annual Meeting of AMSUS – "*Federal Medicine: A Global Source for Health*" will be held **Oct. 31 to Nov. 5, 2010**, in Phoenix, Ariz. www.amsus.org
- The 6th Annual World Healthcare Innovation and Technology Congress (*WHIT v.6.0*) will be held **Nov. 8-10, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10010/>
- The World Health Care Congress 8th Annual Health IT/ Interoperability Summit will be held on **April 4-6, 2011**, in Washington D.C. <http://www.worldcongress.com/events/HR11000/>

If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at kate.theroux@fedhealthinst.org. To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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