

FEDERAL HEALTH UPDATE

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Produced by Kate Connelly Theroux in collaboration with the U.S. Medicine Institute for Health Studies

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“To have a lower-cost solution for our very large diabetic population is in the interest of the state and the interest of these people.” –Mississippi Gov. Haley Barbour and 10 other governors asked the FDA to ease the way for generic insulin. Insulin cost state Medicaid programs \$500 million in 2005.

Congressional Schedule

- On Jan. 11, 2007, House Speaker Nancy Pelosi, Senate Majority Leader Harry Reid, House Veterans’ Affairs Committee Chairman Bob Filner, and Senate Veterans’ Affairs Committee Chairman Daniel Akaka announced the reinstatement of the traditional joint hearings process in which veterans and military service organizations appear before the Veterans’ Affairs Committees. Today’s announcement reversed the decision of GOP leadership in the House of Representatives last Congress.
- The House passed H.R. 3, the Stem Cell Research Enhancement Act, on Jan. 11, 2007. This legislation will allow federal funds to support embryonic stem cell research on cell lines created from excess embryos from IVF clinics which would otherwise be destroyed.

- The Senate Health, Education, Labor and Pensions Committee held a hearing on Jan. 10, 2007, to examine how the federal government could implement a program to provide health insurance to all U.S. residents by 2010. Chair Edward Kennedy (D-Mass.) proposed a plan that would extend Medicare to all residents and allow them to select from health plans offered to federal lawmakers and the President.

[Back to Top](#)

Military Health Care News

- The Office of the Assistant Secretary of Defense for Health Affairs published a notice in the [Federal Register](#) announcing the next meeting of the DoD Task Force on Mental Health, a Subcommittee of the Defense Health Board, will be held Jan. 22-23, 2007, in Tacoma, Wash. The purpose of the meeting is to obtain, review, and evaluate information related to the Mental Health Task Force's congressionally-directed task of assessing the efficacy of mental health services provided to members of the Armed Forces by the Department of Defense. The Task Force members will receive briefings on topics related to mental health concerns among military service members and mental health care delivery. The Task Force will hold a "Town Hall Meeting" session to hear concerns from the Fort Lewis, Tacoma, and Seattle metro areas' Active Duty Military, National Guard and Reserve, and Veterans communities and conduct executive working sessions.

- The Department of Defense (DoD) announced that Dr. Gail Wilensky was elected by the members of the Task Force on the Future Health Care to serve as the Non-Departmental Co-Chair. The Task Force is a 14-member panel charged with evaluating and recommending methods for ensuring the future availability and affordability of military medicine. Dr. Wilensky, an economist and a Senior Fellow at Project HOPE (an international health education foundation), has extensive expertise in analyzing and developing policies relating to health care reform and to ongoing changes in the health care environment. She is a commissioner on the World Health Organization's Commission on the Social Determinants of Health; an elected member of the Institute of Medicine of The National Academies and its Governing Council; vice chair of the Maryland Health Care Commission; and serves as a trustee of the Combined Benefits Fund of the United Mineworkers of America, the American Heart Association and the National Opinion Research Center. Dr. Wilensky is also an advisor to the Robert Wood Johnson Foundation and the Commonwealth Fund and immediate past chair of the Board of Directors of Academy Health and is a director of several corporate boards. The Task Force was created as prescribed by Congress in the National Defense Authorization Act for 2007, and includes seven members from within the department and seven experts from a variety of disciplines external to the department.

<http://www.tricare.mil/pressroom/news.aspx?fid=257>

[Back to Top](#)

Veterans Health Care News

- On Jan. 9, 2007, the Department of Veterans Affairs (VA) announced the annual cost-of-living increase

for disability compensation, pension, and survivors' benefits is 3.3 percent. Eligible veterans and family members will see this increase starting in their January 2007 checks. Under the veterans disability compensation program, tax-free payments will generally range from \$115 to \$2,471 per month depending on the degree of disability. Special payments up to \$7,070 per month apply to the most severely injured veterans. Pension disability benefits will also be increased by the same percentage and effective on the same date. The maximum annual rate for permanently and totally disabled veterans can range from \$10,929 to \$18,234. Payments under this program are based on household income. This increase also applies to survivors of veterans who died in service or from a service-connected disability. Dependency and Indemnity Compensation (DIC) survivors' benefit payments can range from \$1,067 to \$2,443 per month. Survivors of wartime veterans receiving death pension are also entitled to an increase. The maximum annual payment rate for a surviving spouse can range from \$7,329 to \$11,715. Benefits under this program are intended to bring an eligible spouse's income to a level established by law. Under each benefit program, additional allowances may be payable for helpless, minor or school age children. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1270>

- According to *Bloomberg News*, Democrats are looking to use the Veterans Affairs' (VA's) pharmacy program as a model for Medicare and Medicaid programs to reduce U.S. spending for medicines sold by drug manufacturers, such as Pfizer Inc. By law, the VA negotiates directly with drug companies to receive discounted prices. Medicare, barred by law from haggling for price breaks, contracts out its drug coverage to private insurance providers, which then negotiate with companies. House Speaker Nancy Pelosi scheduled a Jan. 12 vote on negotiated Medicare drug prices. A measure ([H.R.15](#)) introduced last week by Representative John Dingell, a Michigan Democrat, would require the government to negotiate for lower prices without specifying how. Democrats say the provision may save patients as much as \$96 billion over 10 years. Getting discounts as low as the VA's may require Medicare to limit patient drug choices, according to the designer of the veterans' program. The VA excludes some of the most expensive and profitable treatments. The program won't pay the \$3.40-a-day price for Pfizer's cholesterol drug Lipitor, the world's best-selling medicine. Patients are instead prescribed Zocor, a drug sold by Merck, which costs less than Lipitor. Dingell's proposal specifies that the government wouldn't restrict access to drugs. Former Medicare chief Mark McClellan was skeptical that passing legislation requiring government price negotiations would be easy to implement.

<http://www.bloomberg.com/apps/news?pid=20601103&sid=aisC.RCActMM&refer=us>

- For the seventh straight year, the Department of Veterans Affairs (VA) has received significantly higher marks than the private health care industry on a leading independent survey of customer satisfaction. The annual results from the American Customer Satisfaction Index (ACSI) also showed that overall satisfaction of patients for both inpatient and outpatient services increased last year at VA medical facilities. The new ACSI survey results showed that the VA scored 84 percent in customer satisfaction for inpatient services, up one point from the 2005 rating. The rating of 82 percent for outpatient care was two points higher than last year's mark. VA significantly outscored the private sector in both categories, by 10 points for inpatient care, and eight points for outpatient care. Inpatient and outpatient scores on the 100-point scale also were significantly higher than the average of 71 percent for inpatient and 73 percent for outpatient services for other federal health care systems. VA also scored 94 percent for "veterans loyalty" and 91 percent for customer service, each a one-point increase over those figures for 2005. The 2006 survey included 260 inpatients discharged in September and 260 outpatients who received care in September. The report was produced by the National Quality Research Center at the University of Michigan Business School and the

Health Care News

- The Department of Health and Human Services announced that the Medicare Part D prescription drug benefit for the FY 2008 budget cycle is expected to cost 30 percent less—\$189 billion lower—than originally predicted when the benefit was created in 2003. In addition, based on strong, competitive bids by health care plans for 2007, average monthly premiums will be approximately \$22 for beneficiaries, down from \$23 in 2006, if enrollees remain in their current plans. The initial estimate for 2006 premiums was \$37. According to actuaries with the Centers for Medicare and Medicaid Services (CMS), the updated Medicare Part D baseline of payments to Part D plans for the FY 2008 budget cycle has decreased from last summer's mid-session review numbers by \$113 billion over the next ten years (2007 - 2016). Importantly, of the \$113 billion reduction, \$96 billion is a direct result of competition and significantly lower Part D bids. Lower growth in drug costs and lower than expected enrollment have played a role in this drop in costs. Lower actual growth in drug costs in 2005, compared to last summer's mid-session review estimates, resulted in an approximate \$13 billion reduction in the new baseline. Lower-than-anticipated enrollment in Part D reduced the new Medicare Part D payments to Part D plans by \$20 billion when compared to last summer's mid-session review figures. The new baseline numbers also reflect an increase of \$16 billion due to updated figures from the 2002 to the 2003 average monthly premium. <http://www.hhs.gov/news/press/2007pres/20070108.html>

- According to the January/February edition of *Health Affairs*, U.S. health care spending increased 6.9 percent to almost \$2.0 trillion, or \$6,697 per person in 2005. This represents the third consecutive year of slower health spending growth, which is attributed to lower prescription drug expenditures. <http://content.healthaffairs.org/cgi/content/abstract/26/1/142>

- In his State of State address, Gov. Arnold Schwarzenegger (R) unveiled his proposal to guarantee health insurance for all Californians—including children of illegal immigrants. The plan would require all state residents to obtain health insurance and would share the cost among employers, individuals, health care providers, health insurers and the government. California would be the third state to implement a near-universal health plan—the first two being Massachusetts and Vermont. But the sheer numbers involved in Governor Schwarzenegger's proposal - a \$12 billion price tag and coverage for 6.5 million people who currently don't have health insurance - are guaranteed to raise the stakes as the California legislature considers whether to approve it.

Among the ranks of the uninsured are about 763,000 children. Of the plan's overall cost, about \$400 million would be spent on those minors, regardless of their immigration status. That aspect, in particular, is winning kudos from family groups nationally, even as it raises the ire of immigration-control advocates who worry the healthcare provision will make California that much more of a magnet for illegal immigration. To pay for children's coverage, Schwarzenegger calls for expanding the state's Healthy

Families program, possibly by using as much as \$500 million saved annually by ending state welfare payments to poor families after five years.

Under his plan, employers who do not provide health insurance to workers would be required to pay into a fund that would be used to help cover the working uninsured. Doctors and hospitals in the state would also be tapped - two percent of revenues for doctors, four percent for hospitals - so that those who treat low-income Medi-Cal patients could be reimbursed for their care at a more generous rate than is now the case. State Republican leaders have already complained that these elements could devastate the state economy. <http://www.csmonitor.com/2007/0110/p02s02-ussc.htm>

- A new report released by of the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention's (CDC) National Office of Public Health Genomics found that there is insufficient evidence to determine if current gene-based tests intended to personalize the dose of medications in a class of drugs called selective serotonin reuptake inhibitors (SSRIs) improve patient outcomes or aid in treatment decisions in the clinical setting. The evidence report, [*Testing for CYP450 Polymorphisms in Adults With Non-Psychotic Depression Treated With SSRIs*](#), is the first step in the two-step process of CDC's Evaluation of Genomic Applications in Practice and Prevention (EGAPP) pilot project to evaluate and make recommendations regarding the use of gene-based tests. Funding for the report was provided by CDC. <http://www.ahrq.gov/news/press/pr2007/cyp450pr.htm>

- The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) released the 2007 Childhood and Adolescent Immunization Schedules on Jan. 4, 2007. The 2007 schedules include new immunization recommendations for rotavirus, human papillomavirus (HPV), varicella (chickenpox) and childhood influenza. For the first time, the recommended childhood and adolescent immunization schedule will be divided into two schedules: one for children from birth to six years of age and a second for those seven to 18 years of age. This change reflects the growing importance of ensuring timely adolescent vaccination. In addition, the 2007 childhood schedule includes new recommendations for oral rotavirus vaccine, varicella vaccine and influenza vaccination. The 2007 immunization schedules can be found at CDC's Morbidity and Mortality Weekly Report (MMWR) at <http://www.cdc.gov/mmwr>. <http://www.cdc.gov/od/oc/media/pressrel/2007/r070104.htm>

- On Jan. 9, 2007, the Centers for Medicare and Medicaid Services (CMS) announced the elimination of the 2007 late enrollment penalty for any beneficiary eligible for the low income subsidy for a Part D plan even if they failed to sign up by the program's initial deadline. Generally, Medicare beneficiaries who are qualified to join a prescription drug plan, or Part D, but choose not to enroll during their initial enrollment period, may be subject to a late enrollment penalty (LEP). These fees were intended to encourage Medicare beneficiaries to sign up for the drug coverage plan when they first become eligible, but may cause some low-income beneficiaries to avoid seeking coverage. The program is aimed at seniors who qualify for extra help paying for their Medicare prescription drug coverage. Certain other groups are also exempt from the late enrollment penalty, such as those who qualify for Medicare for the first time in 2007 and enroll in a prescription drug plan during their initial enrollment period. [CMS NR 1-9-07](#)

- Obesity surgeries for patients between the ages of 55 and 64 in the United States soared from 772

procedures in 1998 to 15,086 surgeries in 2004—a nearly 2,000 percent increase, according to a new report by HHS' Agency for Healthcare Research and Quality (AHRQ). The report, [*Bariatric Surgery Utilization and Outcomes in 1998 and 2004, HCUP Statistical Brief 23*](#), found a 726 percent increase in surgeries among patients age 18 to 54. There were a total of 121,055 surgeries performed on patients of all ages in 2004. The report also found that the national death rate for patients hospitalized for bariatric surgery declined 78 percent, from 0.9 percent in 1998 to 0.2 percent in 2004, which is believed to be one of the reasons for the dramatic increase in surgeries. <http://www.ahrq.gov/news/press/pr2007/obesjumppr.htm>

[Back to Top](#)

Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 490 from the last report to 92,758. The totals for each service are Army National Guard and Army Reserve, 76,486; Navy Reserve, 4,907; Air National Guard and Air Force Reserve, 5,459; Marine Corps Reserve, 5,548; and the Coast Guard Reserve, 358. www.defenselink.mil
- The Department of Defense (DoD) announced a policy change in the way it will manage reserve component forces. The revised policy will change management of deployment of reserve forces from an individual basis to a unit basis, allowing for greater unit cohesion and predictability for training and deployments. The second aspect of the policy change addresses the maximum mobilization time for members of the reserve forces. DoD will reduce the maximum mobilization timeframe from 18 months to one year. Third, the policy objective for involuntary mobilization of Guard/ Reserve units will remain a one-year mobilized to five-year demobilized ratio. However, today's global demands will require a number of selected Guard/Reserve units to be remobilized sooner than the current policy goal. That deployment to demobilization ratio remains the goal of the department, as does the active component's ratio goal of one year of deployment to two years at home station.

The policy change also will establish a new program to compensate individuals in both active and reserve component forces that are required to mobilize or deploy earlier than established policy goals of deployment to home station ratio times; and involve those service members who are required to extend beyond established rotation policy goals. The final aspect of the policy change will direct commands to review their administration of the hardship waiver program, to ensure that they have properly taken into account exceptional circumstances facing military families of deployed service members. These policy changes are designed to better allow the department to posture itself for success in the uncertain environment in which it currently operates, and well into the future.

<http://www.defenselink.mil/Releases/Release.aspx?ReleaseID=10389>

[Back to Top](#)

Contracts/Procurements

- The Office of the Secretary of Defense, TRICARE Management Activity (TMA) is holding one-on-one meetings solicitation for interested individuals and industry groups to exchange information on retail

pharmacy pricing methodologies with the TRICARE Pharmacy Operations directorate. The government is interested in developing the structure of retail pharmacy pricing performance guarantees and incentives to reflect best practices and innovative solutions for incorporation into TRICARE pharmacy program. Input and information may be provided in writing or through one-on-one meetings with the TRICARE Management Activity. The one-on-one meetings will be held via videoconference or teleconference between Jan.16, 2007 and Jan.31, 2007. Contact Mr. Charles Brown, contracting officer, via e-mail at charles.brown@tma.osd.mil by Jan. 16, 2007, to make arrangements for a meeting. <http://www.fbo.gov/spg/ODA/OSD/TRICAREMA/Reference-Number-010807/SynopsisR.html>

[Back to Top](#)

Reports/Policies

- The GAO issued “*Childhood Obesity: Factors Affecting Physical Activity*,” (GAO-07-260R) on Dec. 6, 2006. In the October 2005 GAO report on the key strategies to prevent or reduce childhood obesity, experts identified "increasing physical activity" as the most import. This report provides information on the factors affecting physical activity in children. <http://www.gao.gov/new.items/d07260r.pdf>
- The GAO issued “*Medical Devices: Status of FDA's Program for Inspections by Accredited Organizations*,” on (GAO-07-157) on Jan. 5, 2007. This report includes information that on the number of organizations that sought accreditation, the number that were accredited, and reasons for denial of accreditation and the number of inspections conducted by accredited organizations. It also includes information about factors that could influence manufacturers' interest in voluntarily requesting and paying for an inspection by an accredited organization. <http://www.gao.gov/new.items/d07157.pdf>
- The GAO issued “*Prescription Drugs: An Overview of Approaches to Negotiate Drug Prices Used by Other Countries and U.S. Private Payers and Federal Programs*,” (GAO-07-358T) on Jan. 11, 2007. In the report, the GAO described how prescription drug prices are negotiated by governments in other countries; by U.S. private payers, such as employer-based health plans; and by federal programs other than Medicare Part D. <http://www.gao.gov/new.items/d07358t.pdf>

[Back to Top](#)

Legislation

- **H.CON.RES.4** (introduced Jan. 4, 2007): Urging increased Federal funding for juvenile (Type 1) diabetes research was referred to the House Committee on Energy and Commerce. Sponsor: Representative Gene Green [TX-29]
- **H.R.3** (introduced Jan. 4, 2007): To amend the Public Health Service Act to provide for human embryonic stem cell research was referred to the House Committee on Energy and Commerce

Sponsor: Representative Diana DeGette [CO-1]

- **H.R.4** (introduced Jan. 4, 2007): To amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate lower covered part D drug prices on behalf of Medicare beneficiaries was referred to the House Committee on Ways and Means.

Sponsor: Representative John D. Dingell [MI-15]

- **H.R.15** (introduced Jan. 4, 2007): To provide a program of national health insurance, and for other purposes 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 John D. Dingell [MI-15]

- **H.R.32** (introduced Jan. 4, 2007): To provide for a credit for certain health care benefits in determining the minimum wage was referred to the House Committee on Education and Labor.

Sponsor: Representative Darrell E. Issa. [CA-49]

- **H.R.67** (introduced Jan. 4, 2007): To amend title 38, United States Code, to improve the outreach activities of the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Mike McIntyre [NC-7]

- **H.R.92** (introduced Jan. 4, 2007): To amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Ginny Brown-Waite [FL-5]

- **H.R.113** (introduced Jan. 4, 2007): To amend the Internal Revenue Code of 1986 to require group health plans to provide coverage for reconstructive surgery following mastectomy, consistent with the Women's Health and Cancer Rights Act of 1998 was referred to the House Committee on Ways and Means.

Sponsor: Representative Jo Ann Davis [VA-1]

- **H.R.118** (introduced Jan. 4, 2007): To amend part D of title XVIII of the Social Security Act to authorize the Secretary of Health and Human Services to negotiate prices for part D covered drugs for Medicare beneficiaries 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 Jo Ann Davis [VA-1]

- **H.R.119** (introduced Jan. 4, 2007): To require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer

and coverage for secondary consultations was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and 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 Jo Ann Davis [VA-1]

- **H.R.140** (introduced Jan. 4, 2007): To amend title 10, United States Code, to require the amounts reimbursed to institutional providers of health care services under the TRICARE program to be the same as amounts reimbursed under Medicare, and to require the Secretary of Defense to contract for health care services with at least one teaching hospital in urban areas.

Sponsor: Representative Gene Green [TX-29] (introduced 1/4/2007)

Cosponsors (None)

Committees: House Armed Services

Latest Major Action: 1/4/2007 Referred to House committee. Status: Referred to the House Committee on Armed Services.

- **H.R.151** (introduced Jan. 4, 2007): To amend the Public Health Service Act to ensure that projects funded through the National Institutes of Health comply with wage rate requirements commonly referred to as the "Davis-Bacon Act", and for other purposes was Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, 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 Gene Green [TX-29]

- **H.R.152** (introduced Jan. 4, 2007): To amend title XXVII of the Public Health Service Act and title I of the Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide comprehensive coverage for childhood immunization was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, 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 Gene Green [TX-29]

- **H.R.171** (introduced Jan. 4, 2007): To amend the Elementary and Secondary Education Act of 1965 to direct the Secretary of Education to make grants to States for assistance in hiring additional school-based mental health and student service providers was referred to the House Committee on Education and Labor.

Sponsor: Representative Barbara Lee [CA-9]

- **H.R.195** (introduced Jan. 4, 2007): To provide greater health care freedom for seniors 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 Ron Paul [TX-14]

- **H.R.207** (introduced Jan. 4, 2007): To provide for identification of members of the Armed Forces exposed during military service to depleted uranium, to provide for health testing of such members, and for other purposes was referred to the House Committee on Armed Services.
 Sponsor: Representative Jose E. Serrano [NY-16] (introduced 1/4/2007)
 Cosponsors (None)
 Committees: House Armed Services
 Latest Major Action: 1/4/2007 Referred to House committee.
 Status: Referred to the House Committee on Armed Services.
- **H.R.223** (introduced Jan. 4, 2007): To authorize the Secretary of Health and Human Services to make grants to nonprofit tax-exempt organizations for the purchase of ultrasound equipment to provide free examinations to pregnant women needing such services, and for other purposes was referred to the House Committee on Energy and Commerce.
 Sponsor: Representative Cliff Stearns [FL-6]
- **H.R.227** (introduced Jan. 4, 2007): To amend the Internal Revenue Code of 1986 to allow a deduction for amounts paid for health insurance and prescription drug costs of individuals was referred to the House Committee on Ways and Means.
 Sponsor: Representative Cliff Stearns [FL-6]
- **H.R.239** (introduced Jan. 4, 2007): To increase the Federal minimum wage and to provide an alternative minimum wage as an incentive to an employer to provide health care and child care benefits was referred to the House Committee on Education and Labor.
 Sponsor: Representative Heather Wilson [NM-1]
- **H.R.243** (introduced Jan. 5, 2007): To amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart was referred to the House Committee on Armed Services.
 Sponsor: Representative Jerry Weller [IL-11]
- **H.R.282** (introduced Jan. 5, 2007): To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans provide coverage for second opinions was Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and 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 Susan A. Davis [CA-53]
- **H.R.283** (introduced Jan. 5, 2007): To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans permit enrollees direct access to services of obstetrical

and gynecological physician services directly and without a referral was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and 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 Susan A. Davis [CA-53]

- **H.R.298** (introduced Jan. 5, 2007): To amend the Internal Revenue Code of 1986 to allow amounts in a health flexible spending arrangement that are unused during a plan year to be carried over to the next plan year was referred to the House Committee on Ways and Means.

Sponsor: Representative Carolyn McCarthy [NY-4]

- **H.R.303** (introduced Jan. 5, 2007): To amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 Gus M. Bilirakis [FL-9]

- **H.R.315** (introduced Jan. 5, 2007): To amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Stevan Pearce [NM-2]

- **H.R.324** (introduced Jan. 5, 2007): To increase the minimum wage, to provide access to health care coverage to employees of small businesses, and to preserve American jobs was referred to the Committee on Education and Labor, 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 Howard P. "Buck" McKeon [CA-25]

- **H.R.327** (introduced Jan. 9, 2007): To direct the Secretary of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Leonard L. Boswell [IA-3]

- **H.R.331** (introduced Jan. 9, 2007): To direct the Secretary of Veterans Affairs to conduct a study of the accuracy of expiration dates on certain prescription drugs maintained by the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Ginny Brown-Waite [FL-5]

- **H.R.333** (introduced Jan. 9, 2007): To amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans' disability compensation, to eliminate the phase-in period for concurrent receipt, to extend eligibility for concurrent receipt and combat-related special compensation to chapter 61 disability retirees with less than 20 years of service, and for other purposes was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 Jim Marshall [GA-8]

- **H.R.339** (introduced Jan. 9, 2007): To amend title 38, United States Code, to improve access to medical services for veterans seeking treatment at Department of Veterans Affairs' outpatient clinics with exceptionally long waiting periods was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative John J. Duncan, Jr. [TN-2]

- **H.R.358** (introduced Jan. 9, 2007): To amend title 38, United States Code, to expand and make permanent the Department of Veterans Affairs benefit for Government markers for marked graves of veterans buried in private cemeteries, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative David G. Reichert [WA-8]

- **H.R.378** (introduced Jan. 10, 2007): To direct the Secretary of Labor to issue an occupational safety and health standard to reduce injuries to patients, direct-care registered nurses, and other health care providers by establishing a safe patient handling standard was referred to the Committee on Education and Labor, 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 John Conyers, Jr. [MI-14]

- **H.R.398** (introduced Jan. 10, 2007): To require Federal agencies to support health impact assessments and take other actions to improve health and the environmental quality of communities and for other purposes was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Hilda L. Solis [CA-32]

- **S.3** (introduced Jan. 4, 2007): A bill to amend part D of title XVIII of the Social Security Act to provide for fair prescription drug prices for Medicare beneficiaries was referred to the Committee on Finance.

Sponsor: Senator Harry Reid [NV]

- **S.5** (introduced Jan. 4, 2007): A bill to amend the Public Health Service Act to provide for human embryonic stem cell research was placed on the Senate Legislative Calendar under General Orders.

Sponsor: Senator Harry Reid [NV]

- **S.21** (introduced Jan. 4, 2007): A bill to expand access to preventive health care services that help reduce unintended pregnancy, reduce abortions, and improve access to women's health care was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Harry Reid [NV]

- **S.46** (introduced Jan. 4, 2007): A bill to amend the Internal Revenue Code of 1986 to expand the permissible use of health savings accounts to include premiums for non-group high deductible health plan coverage was referred to the Committee on Finance.

Sponsor: Senator John Ensign [NV]

- **S.51** (introduced Jan. 4, 2007): A bill to derive human pluripotent stem cell lines using techniques that do not knowingly harm embryos was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Johnny Isakson [GA]

- **S.53** (introduced Jan. 4, 2007): A bill to amend the Public Health Service Act to provide health care practitioners in rural areas with training in preventive health care, including both physical and mental care, and for other purposes referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Daniel K. Inouye [HI]

- **S.57** (introduced Jan. 4, 2007): A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Daniel K. Inouye [HI]

- **S.60** (introduced Jan. 4, 2007): A bill to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Daniel K. Inouye [HI]

- **S.66** (introduced Jan. 4, 2007): A bill to require the Secretary of the Army to determine the validity of the claims of certain Filipinos that they performed military service on behalf of the United States during World War II was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Daniel K. Inouye [HI]

- **S.95** (introduced Jan. 4, 2007): A bill to amend titles XIX and XXI of the Social Security Act to ensure that every uninsured child in America has health insurance coverage, and for other purposes was referred to the Committee on Finance.

Sponsor: Senator John F. Kerry [MA]

- **S.99** (introduced Jan. 4, 2007): A bill to amend the Internal Revenue Code of 1986 to provide a refundable credit for small business employee health insurance expenses was referred to the Committee on Finance.
Sponsor: Senator John F. Kerry [MA]
- **S.100** (introduced Jan. 4, 2007): A bill to encourage the health of children in schools by promoting better nutrition and increased physical activity, and for other purposes was referred to the Committee on Finance.
Sponsor: Senator Barbara Boxer [CA]
- **S.106** (introduced Jan. 4, 2007): A bill to amend the Public Health Service Act to provide for the establishment of a National Center for Social Work Research was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Daniel K. Inouye [HI]
- **S.107** (introduced Jan. 4, 2007): A bill to amend title VII of the Public Health Service Act to make certain graduate programs in professional psychology eligible to participate in various health professions loan programs was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Daniel K. Inouye [HI]
- **S.111** (introduced Jan. 4, 2007): A bill to amend title 10, United States Code, to recognize the United States Military Cancer Institute as an establishment within the Uniformed Services University of the Health Sciences, to require the Institute to promote the health of members of the Armed Forces and their dependents by enhancing cancer research and treatment, to provide for a study of the epidemiological causes of cancer among various ethnic groups for cancer prevention and early detection efforts, and for other purposes was referred to the Committee on Armed Services.
Sponsor: Senator Daniel K. Inouye [HI]
- **S.112** (introduced Jan. 4, 2007): A bill to amend title XIX of the Social Security Act to provide 100 percent reimbursement for medical assistance provided to a Native Hawaiian through a federally-qualified health center or a Native Hawaiian health care system referred to the Committee on Finance.
Sponsor: Senator Daniel K. Inouye [HI]
- **S.117** (introduced Jan. 4, 2007): A bill to amend titles 10 and 38, United States Code, to improve benefits and services for members of the Armed Forces, veterans of the Global War on Terrorism, and other veterans, to require reports on the effects of the Global War on Terrorism, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Barack Obama [IL]
- **S.120** (introduced Jan. 4, 2007): A bill to establish a grant program for individuals still suffering health effects as a result of the September 11, 2001, attacks in New York City and at the Pentagon was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.153** (introduced Jan. 4, 2007): A bill to provide for the monitoring of the long-term medical health of firefighters who responded to emergencies in certain disaster areas and for the treatment of such firefighters was referred to the Committee on Commerce, Science, and Transportation.

Sponsor: Senator Barbara Boxer [CA]

- **S.158** (introduced Jan. 4, 2007): A bill to expand access to affordable health care and to strengthen the health care safety net and make health care services more available in rural and underserved areas was referred to the Committee on Finance.

Sponsor: Senator Susan M. Collins [ME]

- **S.161** (introduced Jan. 4, 2007): A bill to amend title 38, United States Code, to provide for annual cost-of-living adjustments to be made automatically by law each year in the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans was referred to the Committee on Veterans' Affairs.

Sponsor: Senator John Thune [SD]

- **S.173** (introduced Jan. 4, 2007): A bill to amend title XVIII of the Social Security Act to establish Medicare Health Savings Accounts was referred to the Committee on Finance.

Sponsor: Senator James M. Inhofe [OK]

- **S.174** (introduced Jan. 4, 2007): A bill to amend the Head Start Act to require parental consent for non-emergency intrusive physical examinations was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator James M. Inhofe [OK]

- **S.201** (introduced Jan. 4, 2007): A bill to establish a grant program for individuals still suffering health effects as a result of the September 11, 2001, attacks in New York City and at the Pentagon was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.225** (introduced Jan. 9, 2007): A bill to amend title 38, United States Code, to expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Larry E. Craig [ID]

- **S.242** (introduced Jan. 10, 2007): A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to the importation of prescription drugs, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Byron L. Dorgan [ND]

- **S.243** (introduced Jan. 10, 2007): A bill to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator John Ensign [NV]

- **S.244** (introduced Jan. 10, 2007): A bill to improve women's access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the delivery of obstetrical and gynecological services was referred to the Committee on the Judiciary.

Sponsor: Senator Judd Gregg [NH]

- **S.251** (introduced Jan. 10, 2007): A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to the importation of prescription drugs, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator David Vitter [LA]

[Back to Top](#)

Hill Hearings

- No hearings are scheduled next week.

[Back to Top](#)

Meetings / Conferences

- The State of the MHS - The 2007 Annual TRICARE Conference will be held **Jan. 29 to Feb. 1, 2007**, in Washington D.C. <http://www.tricare.osd.mil/conferences.cfm>

- The American College of Medical Quality's Annual Meeting: "Medical Quality 2007" will be held Feb.22-24, 2007 in Miami, Florida. www.acmq.org/natlconf/index.cfm

- The American College of Preventive Medicine (ACPM) will hold "Preventive Medicine 2007," on **Feb. 21-25, 2007**, in Miami, Florida.

- The 2007 HIMSS will be held **Feb. 25 to March 1, 2007**, in New Orleans, La. <http://www.himss07.org/>

- The 2007 International Symposium on Antimicrobial Agents and Resistance (ISAAR) will be held on **March 7-9, 2007**, in Singapore. http://www.isaar.org/sub01_invitation.asp

- 46th Annual Research in Medical Education (RIME) Conference will be held **Nov. 2-7, 2007**, in conjunction with the AAMC Annual Meeting in Washington, D.C.

[Back to Top](#)

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@usminstitute.org. To subscribe, please visit <http://usminstitute.org/subscriber.cfm>. To unsubscribe, please send an email to update@usminstitute.org with UNSUBSCRIBE as the subject.