

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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“We can learn a number of lessons from the VA as we consider Medicare price negotiations. I support drug price negotiation by Medicare. As Chairman of the Veterans Affairs Committee, I will closely monitor the evolution of this issue to ensure VA retains access to affordable drugs. The gains that can be made in Medicare—and the improvement of quality—are just too great to do nothing.” —Senator Daniel Akaka (D-HI), Chairman of the Senate Veterans’ Affairs Committee.

Congressional Schedule

- The Senate Health, Education, Labor, and Pensions Committee and Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held joint hearings on Jan. 19, 2007, to examine stem cell research.
- Reps. Chet Edwards, (D-Texas), and Walter Jones, (R-N.C.), introduced the Military Retirees Healthcare Protection Act (HR 579) on Jan. 19, 2007. The bill prohibits increases in enrollment fees for TRICARE Prime and TRICARE Reserve Select, in pharmacy co-pays and in co-pays for inpatient care unless Congress specifically approves such fees. The bill was introduced before the administration sent its fiscal 2008 budget to Congress to counter Pentagon officials who have renewed their calls for increasing

TRICARE fees to deal with the military's rising health care costs. Last year, the Pentagon proposed raising premiums for "working-age" retirees, those under age 65 but the proposal as blocked by Congress. The HR 579 was referred to the House Armed Services Committee.

<http://www.marinecorpstimes.com/news/2007/01/tnsTricarefees070122/>

- The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies held a hearing on Jan. 24, 2007, to examine the issues of preparing for an influenza pandemic.
- The House Appropriations Subcommittee on Defense held a hearing on Jan. 19, 2007, to examine military medical readiness. Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs and the Service surgeons general testified about the state of the military health system, as well as their budget concerns. Retired Lt. Gen. Michael Dunn, president of the National Defense University and former commander of Walter Reed Army Medical Center (WRAMC), appealed to the Subcommittee to keep WRAMC open—at least while the US was at war. According to Dunn, Walter Reed is by far, the strongest institution in the country in treating amputees, PTSD, and TBI. These are the critical issues in today's combat operations.
- The Senate Veterans Affairs Committee held an oversight hearing on Jan. 23, 2007, to examine the efforts of Departments of Defense (DoD) and Veterans' Affairs (DVA) to smooth the transition of service members between the agencies when they leave active duty. VA Deputy Secretary Gordon H. Mansfield and Dr. David S. Chu, under secretary of defense (personnel and readiness) testified. During the hearing, Deputy Secretary Mansfield announced that DoD and DVA are in the processing of creating joint medical facilities. The most extensive such facility is scheduled for groundbreaking later this year.

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Military Health Care News

- The Department of Defense published an interim final rule in the [Federal Register](#) on Jan. 19, 2007. The interim rule implements two provisions of the National Defense Authorization Act for Fiscal Year 2006 (NDAA FY06), Public Law 109-163. First, Section 715 of the NDAA FY06 extends the timeframe certain dependents of active duty service members (ADSM) who die while on active duty for more than 30 days shall receive TRICARE medical benefits at active duty dependent payment rates. Second, Section 592 of the NDAA FY06 modifies the requirement for those intermediaries who provide adoption placements. Additionally, this interim final rule makes an administrative clarification to the following two eligibility provisions: those placed in the legal custody of a member or former member; and those placed in the home of a member or former member in anticipation of adoption. This clarification makes a distinction between the two groups and specifies that for placement into legal custody by court order, the court order must be for a period of 12 consecutive months. This rule is effective March 20, 2007.
- The Department of Defense announced that the President has nominated Air Force Brig. Gen. Thomas

W. Travis for appointment to the grade of major general while serving as the command surgeon, Headquarters Air Combat Command, Langley Air Force Base, Va.

- The Department of Defense announced that the President has nominated Army Col. Stephen L. Jones, for promotion to the rank of brigadier general. He is currently serving as command surgeon, U.S. Army Cadet Command, Fort Monroe, Va.

- On Jan. 24, 2007, the Department of Defense (DoD) announced plans for the joint acquisition and use of a new common in-patient electronic health record system with the Department of Veterans Affairs (VA). The two departments now have separate systems that require upgrade. Both VA and DoD have been independently working on the enhancement and improvement of their respective inpatient electronic health record tools. AHLTA, DoD's electronic health record (EHR) is implemented worldwide and currently supports the documentation and management of outpatient healthcare for nearly 9 million beneficiaries. Management of inpatient care is a future capability planned for AHLTA. The VA is planning to modernize VistA, its electronic health record, including its inpatient module. Common need and the potential benefits led the two departments to discuss the feasibility of jointly implementing a common inpatient electronic health record. Despite obvious differences in mission, such as DoD's requirements to support its combat theaters, pediatric and obstetrical patients and VA's requirements to support domiciliary care, both agencies believe that the similarities in clinical and business processes may make the adoption of a common inpatient EHR a viable option.

Adopting a joint electronic solution for the documentation of in-patient health information will facilitate the seamless transition of active duty service members to veteran status. It will also make the inpatient healthcare data on shared beneficiaries immediately accessible to both DoD and VA healthcare providers. An added benefit of adopting a common tool is the potential for both agencies to realize significant cost savings through a joint development or acquisition effort. Both agencies have agreed to conduct a study to examine their respective clinical processes and requirements and assess the benefits and the impacts on each department's timelines and costs prior to a final decision on a joint acquisition strategy for an inpatient EHR. <http://www.defenselink.mil/Releases/Release.aspx?ReleaseID=10432>

- Due to its wide popularity and use, the Department of Defense announced it is expanding and enhancing the [Mental Health Self-Assessment Program \(MHSAP\)](#) in 2007. The program provides materials designed to help installations conduct mental health and alcohol education events and an online self-assessment program, which is available to all branches and components and their families, including National Guard and Reserve members and provides information about services provided through both the DoD and the Department of Veterans Affairs.

The program is run through Screening for Mental Health, Inc., (SMH), which is adding a robust array of new services designed to expand the program's reach and make it more accessible and informative including customizable referrals, telephone self-assessment, online assessments for parents and a new Spanish version of the program. Local health providers, hospitals, businesses or mental health centers can link to the online Mental Health Self-Assessment by visiting www.MilitaryMentalHealth.org. <http://www.tricare.mil/pressroom/news.aspx?fid=262>

- On Jan. 23, 2007, TRICARE Management Activity (TMA) announced it will conduct a three-year demonstration project in Alaska to improve access to care for its beneficiaries. Beginning Feb. 1, 2007, physicians and other non-institutional individual professional providers in Alaska will receive payment at a rate higher than the Medicare rate. Access to health care services in Alaska is often severely limited by the overall scarcity of providers, their reluctance to accept TRICARE payment rates, transportation issues, and other factors. TRICARE is raising reimbursement rates in response to these challenges.

During the three-year demonstration project, Alaska doctors will receive payment at a rate 1.35 times the current TRICARE allowable rate. The project will test how this increase affects provider participation in TRICARE, beneficiary access to care, and the cost of health care services, all of which could impact military medical readiness, morale and welfare. When local providers are unavailable, patients must be transported to Seattle or another location for treatment, which is expensive and involves considerable lost duty time. This demonstration will test to what extent savings in travel costs, lost duty time, and other factors might offset the increased costs of provider payments.

TRICARE provider payments are generally the same as under Medicare, unless the Defense Department takes specific action to increase payment rates in response to a severe access problem in a location. Alaska's Military Treatment Facilities meet a large percentage of the state's beneficiary health care needs. Those remaining must be referred to local civilian providers or to the lower 48 states. <http://www.tricare.mil/pressroom/news.aspx?fid=263>

- A new Oncology Palliative Care suite and family/patient lounge opened at the Walter Reed Army Medical Center (WRAMC), through the efforts of The Pentagon Federal Credit Union Foundation and Health Net Federal Services, Inc. (HNFS), a major donor. The hospice rooms reflect current best practices for patients to receive quality care, while being treated in a soothing environment equipped with state-of-the-art technology, conveniences and comforts of home. Prior to the development of the hospice rooms, there were no accommodations at WRAMC for family members to comfortably stay with their terminally ill loved ones. Patients often had to make the difficult choice between receiving pain medication and spending time with family at home during their last few days of life.

Despite the WRAMC scheduled closure and merger with Bethesda Naval Hospital in the next five years, the PFCUF and Walter Reed officials put dignified comfort and care of military service members and their families first.

The grand opening ceremony took place in WRAMC's Oncology department on Jan. 22, 2007. Speakers include George W. Weightman, WRAMC Commander; WRAMC Chaplain Roderick Swanson; and Roderick Mitchell. Health Net Federal Services representatives will attend the event along with family members of patients who have succumbed to cancer.

<http://digital50.com/news/items/BW/2001/07/14/20070122005283/health-net-supports-home-like-hospice-suites-for-military-patients-at-walter-reed.html>

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Veterans Health Care News

- Harvard University released the results of a comprehensive study comparing the quality of health care received by patients who suffer from congestive heart failure, heart attack or pneumonia at federal facilities and private ones. The study, published on Dec. 11 in Archives of Internal Medicine, concluded that federal hospitals, including those run by the Department of Veterans Affairs (VA), provide the best care available anywhere for some of the most common life-threatening illnesses. The study found that hospitals operated by the federal government and the military received higher performance ratings than other hospitals studied. A large percentage of federal hospitals are operated by VA. The Harvard Medical School study is the latest recognition of the high quality of VA health care. In 2006, VA received a prestigious “Innovations in American Government” Award from Harvard’s Kennedy School of Government for its advanced electronic health records and performance measurement system.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1276>

- Hall of Fame quarterback John Elway is promoting the Veterans Affairs’ (VA’s) campaign “Healthy Weight Week” (Jan 21-27), which had more than 41,000 veterans participate. The campaign was created to reduce the high rates of illness among VA’s patients caused by obesity. According to the VA, 70 percent of the veterans VA cares for are overweight and one in five has diabetes, both of which increase the risk of many diseases. The MOVE! program—“Managing Overweight Veterans Everywhere”—encourages veterans enrolled in VA care to get in shape and offers information to family members and anyone trying to lose weight through an Internet link. VA started MOVE! to encourage veterans to increase their physical activity and improve their nutrition. Through individual and group counseling, physicians, nurses, dieticians and recreational therapists help enrollees change their eating behavior and increase their exercise. Primary care teams at all VA medical centers stay in touch with participants to track their progress. Increasing numbers of VA community-based clinics also are enrolling veterans. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1278>

- The Department of Veterans Affairs (VA) announced that it will work with the Department of Defense (DoD) to make joint inpatient electronic health records a reality—a move that will transform the way both departments deliver health care and that can be a model for the health care industry nationwide. Both VA and DoD believe that a joint system will make inpatient medical records instantly accessible to clinicians in both departments. VA clinicians will have immediate access to their patients’ military health records, allowing doctors and others to make faster and better treatment decisions. During the Jan 23 Senate Veterans Affairs Committee hearing, VA Deputy Secretary Gordon H. Mansfield announced the agreement during his testimony. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1279>

- The Department of Veterans Affairs (VA) announced it will reorganize its vision rehabilitation services to enhance health care services for more than a million visually impaired veterans. VA will make approximately \$40 million available during the next three years to establish a comprehensive nationwide rehabilitation system for veterans and active duty personnel with visual impairments. The system will enhance inpatient services and expand outpatient services throughout the 1,400 locations where VA provides health care.

Under the reorganization plan, each of VA’s 21 regional networks, called Veterans Integrated Service

Networks, or VISNs, will implement a plan to provide eye care to veterans with visual impairments ranging from 20/70 to total blindness. Basic low-vision services will be available at all VA eye clinics, and every network will offer intermediate and advanced low-vision services, including a full spectrum of optical devices and electronic visual aids. VA's 10 existing inpatient blind rehabilitation centers will continue to provide the Department's most intensive eye care programs, but each VISN now will also provide outpatient-based blind rehabilitation care.

VA estimates there are more than 1 million visually impaired veterans over the age of 45 in the United States. Within this group, approximately 157,000 are legally blind, and 1,026,000 have low vision. About 80 percent of all visually impaired veterans have a progressive disability caused by age-related macular degeneration, glaucoma, or diabetic retinopathy.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1280>

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Health Care News

- On Jan. 22, 2006, Steve Case's Revolution Health Group unveiled a preview of [Revolutionhealth.com](#). The Web site will provide ratings for doctors, hospitals and different treatment options to consumers. The Web site will be formally launched in April and is under development. The Web site will store personal health records, offer telephone services to consult users on their health and provide users with recommendations on management of health insurance claims. Revolution Health will offer access to the Web site at no cost until April. After April, users will have to pay an annual fee of about \$100 for access to premium services.
- [WebMD.com](#) announced the next generation of its leading consumer health information portal, together with free, widespread access to its WebMD Personal Health Record. The new portal will enrich the user experience for the more than 35 million people who turn to the WebMD Health network each month. The new WebMD health portal introduces the next level of personalization, information, community and care that empowers people to make more informed health decisions. In addition, the new initiative creates opportunities for expanded sponsored promotion, and serves to increase overall WebMD traffic through improved external search engine optimization. As part of the new portal, WebMD will provide each person with access to its Personal Health Record as part of WebMD Health Manager, a free service that enables consumers to securely store and maintain their personal health history. WebMD Health Manager provides the health assessment tools that enable people to learn their personal health score and take a more active role in managing their families' health. <http://sev.prnewswire.com/medical-pharmaceuticals/20070122/NYM13622012007-1.html>
- U.S. Food and Drug Administration (FDA) announced two new personnel changes at the Agency on Jan. 19, 2007: the creation of the Office of the Chief Medical Officer which will be overseen by Deputy Commissioner Dr. Janet Woodcock and the appointment of John R. Dyer, MPH, as the agency's Deputy Commissioner for Operations and the Chief Operating Officer (COO). As the Deputy Commissioner and

the Chief Medical Officer, Dr. Woodcock will oversee scientific and planning-related operations for FDA. Mr. Dyer will be a part of the senior management of the agency that supports the Commissioner in advancing his priority initiatives. Specifically, Mr. Dyer will concentrate on strengthening the management, business processes, and information technology of the agency. In addition, Mr. Dyer will work with the other Deputy Commissioners and the Chief of Staff to provide management leadership and oversight to FDA. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01549.html>

- In his State of the Union address, President Bush unveiled two proposals to make basic, private health insurance available and affordable for more Americans. The President's plan includes two parts: reforming the tax code with a standard deduction for health insurance so all Americans get the same tax breaks for health insurance and helping states make affordable private health insurance available to their citizens.

The first proposal will waive income or payroll taxes for families with health insurance on the first \$15,000 in compensation and singles will not pay income or payroll taxes on the first \$7,500. At the same time, health insurance would be considered taxable income. This is a change for those who now have health insurance through their jobs. According to the proposal, the tax reform will lower taxes for about 80 percent of employer-provided policies. For those with more generous policies, they will have the option to adjust their compensation to have lower premiums and higher wages to offset the tax change.

The second proposal, the President's Affordable Choices Initiative, will help states make basic private health insurance available and will provide additional help to Americans who cannot afford insurance or who have persistently high medical expenses. For states that provide their citizens with access to basic, affordable private health insurance, this Initiative will direct federal funding to assist states in helping their poor and hard-to-insure citizens afford private insurance. By allocating current federal health care funding more effectively, the President's plan accomplishes this goal without creating a new federal entitlement or new federal spending. <http://www.whitehouse.gov/stateoftheunion/2007/initiatives/index.html>

- According to a report released by the HHS' Agency for Healthcare Research and Quality (AHRQ), today's most commonly prescribed antidepressants are similar in effectiveness to each other but differ when it comes to possible side effects. The report, *Comparative Effectiveness of Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression*, was based on a review of nearly 300 published studies of second-generation antidepressants and shows that about six in 10 adult patients get some relief from the drugs. About six in 10 also experience at least one side effect, ranging from nausea to sexual dysfunction. Patients who don't respond to one of the drugs often try another medication within the same class. About one in four of those patients recover, according to the review. Overall, current evidence on the drugs is insufficient for clinicians to predict which medications will work best for individual patients.

Second-generation antidepressants, which include selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs), are often prescribed because first-generation antidepressants (such as tricyclic antidepressants, or TCAs) can cause intolerable side effects and carry high risks.

The report is the newest analysis from [AHRQ's Effective Health Care program](#). That program represents an important federal effort to compare alternative treatments for significant health conditions and make the findings public. The program is intended to help patients, doctors, nurses, and others choose the most

effective treatments. <http://www.ahrq.gov/news/press/pr2007/antidepr.htm>

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 221 from the last report to 91,334. The totals for each service are Army National Guard and Army Reserve, 74,688; Navy Reserve, 5,269; Air National Guard and Air Force Reserve, 5,573; Marine Corps Reserve, 5,505; and the Coast Guard Reserve, 309. www.defenselink.mil

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Contracts/Procurements

- The Centers for Disease Control and Prevention (CDC) issued a solicitation notice to award multiple contracts for the purchase of childhood vaccines included under the Vaccines for Children (VFC) program. CDC anticipates the award of one consolidated contract for each vaccine manufacturer to include all vaccines required by the VFC program, which the manufacturer produces. Maximum estimated quantities, minimum order sizes, shelf life requirements and applicable price restrictions are listed in the solicitation. Vaccines shall be shipped to the 50 states and U.S. territories. Contracts shall be for a twelve month period beginning on or about April 1, 2007. All proposals are due by Feb. 12, 2007. For more information, contact Cherie Katin at 770-488-2652 or via e-mail atchk5@cdc.gov. <http://www.fbo.gov/spg/HHS/CDC/P/GOA/2007%2DN%2D09211/SynopsisP.html>

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Reports/Policies

- The GAO issued “*Federal Employees Health Benefits Program: Premium Growth Has Recently Slowed, and Varies among Participating Plans*,” (GAO-07-141) on Dec.22, 2006, and published it on Jan. 22, 2007. The GAO was asked to evaluate the nature and extent of premium increases for the Federal Employees Health Benefits Program (FEHBP). In the report, GAO examined FEHBP premium trends compared with those of other purchasers; factored contributing to average premium growth across all FEHBP plans; and factored contributing to differing trends among selected FEHBP plans. <http://www.gao.gov/new.items/d07141.pdf>

- The Institute of Medicine (IOM) released “*Adequacy of Evidence for Physical Activity Guideline Development: Workshop Summary*,” on Jan. 25, 2007. The report is a summary of a workshop held in which 30 experts examined whether there is sufficient evidence for the U.S. Department of Health and Human Services (HHS) to develop a comprehensive set of physical activity guidelines for Americans. <http://www.iom.edu/CMS/3788/36887/39846.aspx>

Legislation

- **H.R.579** (introduced Jan. 19, 2007): To amend title 10, United States Code, to prohibit certain increases in fees for military health care was referred to the House Committee on Armed Services.
Sponsor: Representative Chet Edwards [TX-17]
- **H.R.583** (introduced Jan. 19, 2007): To amend the Public Health Service 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 House Committee on Energy and Commerce.
Sponsor: Representative Michael F. Doyle [PA-14]
- **H.R.585** (introduced Jan. 19, 2007): 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 House Committee on Veterans' Affairs.
Sponsor: Representative Stephanie Herseth [SD]
- **H.R.593** (introduced Jan. 19, 2007): To amend title XXI of the Social Security Act to provide grants to promote innovative outreach and enrollment under the Medicaid and State children's health insurance programs and for other purposes was Referred to the House Committee on Energy and Commerce.
Sponsor: Representative David G. Reichert [WA-8]
- **H.R.612** (introduced Jan. 22, 2007): To amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Bob Filner [CA-51]
- **H.R.613** (introduced Jan. 22, 2007): To amend section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to permit Puerto Rico to qualify for Federal reimbursement of emergency health services furnished to undocumented aliens was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Luis G. Fortuno [PR]
- **H.R.636** (introduced Jan. 23, 2007): To amend the Internal Revenue Code of 1986 to improve health care choice by providing for the tax deductibility of medical expenses by individuals was referred to the House Committee on Ways and Means.
Sponsor: Representative Michele Bachmann [MN-6]
- **H.R.640** (introduced Jan. 23, 2007): To amend the Internal Revenue Code of 1986 to permit financial institutions to determine their interest expense deduction without regard to tax-exempt bonds issued to

provide certain small loans for health care or educational purposes was referred to the House Committee on Ways and Means.

Sponsor: Representative Bobby Jindal [LA-1]

- **H.R.649** (introduced Jan. 24, 2007): To amend title XVI of the Social Security Act to provide that annuities paid by States to blind veterans shall be disregarded in determining supplemental security income benefits was referred to the House Committee on Ways and Means.

Sponsor: Representative Thomas M. Reynolds [NY-26]

- **H.R.650** (introduced Jan. 24, 2007): To provide for the Secretary of Veterans Affairs to conduct a pilot program to determine the effectiveness of contracting for the use of private memory care facilities for veterans with Alzheimer's disease was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Thomas M. Reynolds [NY-26]

- **H.R.653** (introduced Jan. 24, 2007): To amend title 38, United States Code, to allow the sworn affidavit of a veteran who served in combat during the Korean War or an earlier conflict to be accepted as proof of service-connection of a disease or injury alleged to have been incurred or aggravated by such service was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Thomas M. Reynolds [NY-26]

- **H.R.665** (introduced Jan. 24, 2007): To amend the Consolidated Omnibus Budget Reconciliation Act of 1985 to expand the county organized health insuring organizations authorized to enroll Medicaid beneficiaries was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Lois Capps [CA-23]

- **H.R.666** (introduced Jan. 24, 2007): To amend the Internal Revenue Code of 1986 to require that amounts paid for employer-provided coverage under accident or health plans be included on W-2 Forms was referred to the House Committee on Ways and Means.

Sponsor: Representative Jim Cooper [TN-5]

- **H.R.676** (introduced Jan. 24, 2007): To provide for comprehensive health insurance coverage for all United States residents, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Natural Resources, 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.677** (introduced Jan. 24, 2007): To provide for a study by the Institute of Medicine of the National Academy of Sciences to identify constraints encountered by schools of nursing in admitting and graduating the number of nurses sufficient to meet the health care needs of the United States, and for other purposes was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Rush D. Holt [NJ-12]

- **H.R.687** (introduced Jan. 24, 2007): To amend the Public Health Service Act to establish a State family support grant program to end the practice of parents giving legal custody of their seriously emotionally disturbed children to State agencies for the purpose of obtaining mental health services for those children was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Jim Ramstad [MN-3]

- **S.356** (introduced Jan. 22, 2007): A bill to ensure that women seeking an abortion are fully informed regarding the pain experienced by their unborn child was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Sam Brownback [KS]

- **S.358** (introduced Jan. 22, 2007): A bill to prohibit discrimination on the basis of genetic information with respect to health insurance and employment was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Olympia J. Snowe [ME]

- **S.362** (introduced Jan. 23, 2007): A bill to expand the number of embryonic stem cell lines available for federally-funded research was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Norm Coleman [MN]

- **S.363** (introduced Jan. 23, 2007): A bill to provide increased Federal funding for stem cell research, to expand the number of embryonic stem cell lines available for Federally funded research, to provide ethical guidelines for stem cell research, to derive human pluripotent stem cell lines using techniques that do not create an embryo or embryos for research or knowingly harm human embryo or embryos, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Norm Coleman [MN]

- **S.AMDT.154 to H.R.2** (introduced Jan. 23, 2007): To improve access to affordable health care was proposed on the Senate floor.

Sponsor: Senator John Ensign [NV]

- **S.371** (introduced Jan. 24, 2007): A bill to amend the Fair Labor Standards Act of 1938 to clarify the house parent exemption to certain wage and hour requirements was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Mel Martinez [FL]

- **S.382** (introduced Jan. 24, 2007): A bill to amend the Public Health Service Act to establish a State family support grant program to end the practice of parents giving legal custody of their seriously emotionally disturbed children to State agencies for the purpose of obtaining mental health services for those children was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Susan M. Collins [ME]

- **S.383** (introduced Jan. 24, 2007): A bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Daniel K. Akaka [HI]

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Hill Hearings

- The Senate Committee on Health, Education, Labor, and Pensions will hold a hearing on Jan. 31, 2007, to consider the Genetic Information Nondiscrimination Act.
- The Senate Armed Services Committee (SASC) will hold hearing on Feb. 1, 2007, to examine the nomination of Gen. George W. Casey Jr., USA, for reappointment to the grade of general and to be Chief of Staff, United States Army.

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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
- The 2007 Advance Technology Applications for Combat Casualty Care (ATACCC) Conference will be held on Aug. 13-15, 2007 in St Petersburg Beach, Fla. <http://www.usaccc.org/ATACCC/index.htm>
- 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.

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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.