

# FEDERAL HEALTH UPDATE

February 16, 2007

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

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*“Thank you is one of the most eloquent phrases in the English language. It is important that our nation’s young people learn to honor the men and women who have worn the uniforms of the U.S. armed forces.” -- Secretary of Veterans Affairs Jim Nicholson encouraging schools and youth groups to commemorate the sacrifices of America’s veterans during “Salute to*

Hospitalized Veterans” Week.

## Congressional Schedule

- On Feb 15, 2007, Senator Frank Lautenberg, (D-N.J.) and Senator Chuck Hagel, (R-Neb.) introduced the Military Retiree Health Care Protection Act. This legislation would establish in law certain findings concerning the role of military health benefits as a career retention tool and establish specific principles and guidelines for adjustment of beneficiary health fees.
- The Senate Budget Committee held a hearing on Feb. 13, 2007, to examine the President's Fiscal Year 2008 budgetary proposals for the Department of Health and Human Services. The hearing focused on the growing costs of the Medicare and Medicaid programs and what steps should be taken to make the programs more efficient. Chairman Kent Conrad was particularly interested in why the President's proposed budget didn't address a scheduled 10 percent reduction in Medicare physician reimbursements, which he felt would not be implemented.
- The House Armed Services Subcommittee on Military Personnel held a hearing on Feb. 13, 2007, to receive testimony on a review of the fiscal year 2008 military health care budget and the challenges facing the military health care system. The two major areas of interest were the efforts of the DoD and VA to integrate their electronic health records and the Task Force on the Future of Military Health Care. Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, testified.
- The House Veterans Affairs Subcommittee on Health held a hearing on Feb. 14, 2007, to examine the VA's Fiscal Year 2008 health budget. Acting VA Under Secretary for Health, Veterans Health Administration Michael J. Kussman testified.
- During his testimony before the Senate Veterans Affairs (VA) Committee held on Feb. 13, 2007, VA Secretary Jim Nicholson outlined the President's proposal to raise fees for certain veterans. Under the plan, veterans in the two lowest priority groups for care—those without service-connected disabilities and who have modest incomes—would have to pay an annual enrollment fee if their family income is \$50,000 or more. The fee would be \$250 for those with family incomes of \$50,000 to \$74,999, \$500 for incomes of \$75,000 to \$99,000 and \$750 for incomes of \$100,000 or more. Additionally, the pharmacy co-payment for the priority 7 and 8 veterans would increase from the current \$8 for a 30-day supply to \$15. And

there is a third proposal to stop the practice of waiving co-payments for veterans who are using the VA health care system but have other health insurance plans. This could mean that some veterans who pay nothing for their care today would have to pay whatever co-payment is required by their private insurer. Only Sen. Larry Craig (R-Idaho), former chairman and now ranking minority member of the Senate Veterans' Affairs Committee, agreed with the plan.

- The House Veterans Affairs Subcommittee for Oversight and Investigation will hold a hearing on Feb. 15, 2007, to receive testimony from the VA Inspector General regarding the Budget and Best Practices.
- The House Committee on Education and Labor approved HR 493, the *Genetic Information Nondiscrimination Act of 2007* on Feb. 14. This legislation would prevent employers and health insurers to discriminate against U.S. residents based on the results of genetic tests.
- On Feb. 14, 2007, the Senate Health, Education, Labor and Pensions Committee approved a bill S558, the Mental Health Parity Act of 2007. This legislation would require health insurers to provide the same level of coverage for treatment of mental illnesses and substance abuse as they provide for physical illnesses.
- On Feb. 14, 2007, the Senate passed H.J.Res. 20; Revised Continuing Appropriations Resolution, 2007. This legislation will provide further continuing appropriations for the fiscal year 2007, and for other purposes.

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## **Military Health Care News**

- The Department of Defense (DoD) and the Department of State (DoS) announced they have reached an agreement to begin a pilot project to determine if the DoD electronic health record system, AHLTA, is a feasible system for DoS to adopt as its electronic health record system of the future. DoS selected AHLTA over other electronic medical records because of its robust

functionality, proven reliability in remote and austere environments, and compliance with tough DoD security standards. This functionality is a requirement for DoS with its overseas facilities.

This federal partnership is the first of its kind and allows both departments to partner in ways unforeseen even a few years ago. If all goes according to plan, the DoS anticipates AHLTA will eventually be used to support DoS beneficiaries abroad, many of whom seek treatment at both DoS and DoD facilities. DoD personnel receiving care in U.S. embassies will now have continuity of their lifelong medical record. DoS medical personnel will have access to vital medical information globally at the point of care, improving quality and reducing health care costs. In addition, domestic deployment of AHLTA will allow DoS much better real-time access to quality measures and epidemiological surveillance, both crucial issues facing healthcare managers. <http://www.defenselink.mil/Releases/Release.aspx?ReleaseID=10513>

- The Armed Services Blood Program (ASBP) Web site has been redesigned, offering updated content as well as a new look, according to the American Forces Information Service (AFIS). The new Web site, [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil), features information on how to join a “Life Force” team of donors, volunteers and supporters. Topics include blood facts, donor eligibility criteria, donor center locations, and more. In addition, the Web site offers information on the ASBP “Specialist in Blood Banking” program, its curriculum and how to apply.

About 20 percent of servicemembers donate blood, compared to less than five percent of the civilian populace. The program collected twice as much blood in 2006 as it did in 2001. The ASBP collects blood only from servicemembers, government civilians, retirees and their family members. The U.S. military needs blood every day for critically injured troops, cancer patients, premature infants and other uses. The program manages 18 stateside blood donor centers and four overseas centers. <http://www.defenselink.mil/news/NewsArticle.aspx?ID=3023>

- The Department of Defense (DoD) Task Force on Mental Health announced that it will hold meetings on Feb. 26-27, in Arlington, Va. These meetings are open to the public, and media are invited to attend the open sessions. The open meetings provide an opportunity for attendees to hear briefings on mental health related topics. Additionally, time will be set aside one day for Task Force members to hear statements from veterans, DoD beneficiaries, their families, the public, and from veteran and military service organizations.

The Task Force members want to hear from beneficiaries about all aspects of mental health care, including access, quality—even the stigma associated with seeking this care. They are also interested in understanding how deployments impact children and spouses, and about care received from civilian practitioners.

The Task Force was established at the direction of Congress and will submit a report to Secretary of Defense in May 2007 that will include an assessment of, and recommendations for, improving the effectiveness of mental health services provided to service members. More information can be found at <http://www.ha.osd.mil/dhb/mhtf/default.cfm>.

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## Veterans Health Care News

- The Department of Veterans Affairs (VA) announced it is expanding a collaborative outreach program with states and territories to help severely injured service members receive benefits from their states when they move from military hospitals to VA medical facilities in their communities. After a four-month pilot with the state of Florida, Secretary of Veterans Affairs Jim Nicholson expanded the program to all states while addressing a conference of the National Association of State Directors of Veterans Affairs in Alexandria, Va.

The “State Benefits Seamless Transition Program,” was successfully piloted in Florida for four months where VA staff worked within 10 Department of Defense medical facilities to identify injured military members who will be transferred to VA facilities. VA staff contacts state veterans affairs offices on behalf of the veterans. The state offices then contact the veterans to inform them about state benefits for them and dependent family members. Most states and territories offer a range of benefits to veterans. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1295>

- On Feb. 10, 2007, the Department of Veterans Affairs (VA) issued an update on the information potentially contained on a missing government-owned, portable hard drive used by a VA employee at a Department facility in Birmingham, Ala. VA and its Office of Inspector General (OIG) have learned that data files the employee was working with may have included sensitive VA-related information on approximately 535,000 individuals. The investigation has also determined that information on approximately 1.3 million non-VA physicians—both living and deceased—could have been stored on the missing hard

drive. It is believed though, that most of the physician information is readily available to the public. Some of the files, however, may contain sensitive information.

The employee reported the missing hard drive on Jan. 22, 2007 (see [news release](#)). VA continues to examine data on the employee's work computer. VA has no information the data has been misused. The non-VA physician data is used by VA to enhance the quality of care for veterans by analyzing and comparing information about the health care received from VA and non-VA providers.

Next week, VA will begin making notifications to individuals whose sensitive information may have been on the hard drive. VA is also making arrangements to provide one year of free credit monitoring to those whose information proves compromised. VA is operating a call center that individuals can contact to get information about this incident. That toll-free number is 1-877-894-2600. The call center will operate every day from 7 a.m. to 9 p.m. CST as long as it is needed. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1294>

- The Department of Veterans Affairs (VA) has implemented a national tele-retinal imaging program, which provides veterans with diabetes initial screening for possible eye disease during their primary care appointments at the majority of VA hospitals and clinics. This new procedure screens patients for diabetic retinopathy and is a good initial way to identify patients at risk for visual loss from diabetes.

Patients are scheduled for the imaging via the computerized patient record system (CPRS). The images taken of the retina at the clinics are sent to an image reading center, where an eye care specialist determines the need for further care. Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year in the United States, making diabetes the leading cause of new cases of blindness in adults 20-74 years of age.

The tele-retinal imaging program is just one year old this month and expected to expand significantly in the coming year. VA collaborated with the Department of Defense and the Joslin Diabetes Center in Boston to implement the technology involving digital retinal imaging and remote image interpretations to assess for levels of diabetic retinopathy. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1297>

## Health Care News

- The [U.S. Medicine Institute for Health Studies](#) held a roundtable: “Addressing Antimicrobial Resistance,” on Feb. 9, 2007. The discussion focused on the growing problem of antimicrobial resistance and how it should be treated as a patient-safety issue, with concomitant post-market surveillance for antimicrobials, studies to enable tailored therapy and increased resources. Participants of the roundtable concluded that dealing with resistance needs to be made a national priority. In addition, since resistance is a global phenomenon, diplomatic coordination is necessary, as has been accomplished for pandemic influenza through the G-7 group. For a full account of the roundtable’s findings, read the [Executive Summary](#).
- The President announced that he intends to nominate W. Craig Vanderwagen, of Maryland, to be Assistant Secretary for Preparedness and Response at the Department of Health and Human Services. Dr. Vanderwagen currently serves as Deputy Assistant Secretary for Preparedness and Response and Chief Preparedness Officer at the Department of Health and Human Services. <http://www.whitehouse.gov/news/releases/2007/02/20070212-8.html>
- On Feb. 12, 2007, the U.S. Food and Drug Administration (FDA) announced it has cleared for marketing in the U.S. the TephaFLEX Absorbable Suture—the first absorbable polymer suture made from material isolated from bacteria modified by recombinant DNA technology. Recombinant DNA technology uses living organisms to create chemicals that may be more difficult to produce under standard industrial methods.

FDA reviewed safety and effectiveness information for the device under the *de novo* petition process. *De novo* petitions were added under the Food and Drug Administration Modernization Act of 1997 to find a way for novel but less risky products to get to market. As a result of its review, FDA determined that products of this type will be regulated as class II (moderate-risk) devices.

The device is contraindicated in patients allergic to the cells or the growth media used to produce the absorbable polymeric material. Doctors use sutures in patients to hold soft tissue together while the tissue heals from a deep cut or surgical incision.

Absorbable sutures are made of materials that break down in the body after a short period of time. TephafLEX Absorbable Suture is manufactured by Tepha, Inc., of Cambridge, Mass. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01560.html>

- The U.S. Food and Drug Administration (FDA) cleared for U.S. marketing a vascular shunt, a medical device that can help save the arms and legs of soldiers critically injured in combat as well as individuals in other trauma settings and emergency situations. The Temporary Limb Salvage Shunt (TLSS), made by Vascutek Ltd. (Renfrew, Scotland), was reviewed by FDA in less than one week because of the critical need for such a device.

The device works by connecting together the ends of a severed blood vessel, providing a bridge or shunt around the damaged area and restoring blood flow to the injured limb. It can be implanted on the battlefield and other remote areas to bypass damaged blood vessels and temporarily maintain blood flow to the injured limb until the patient can be transported to a surgical facility.

To facilitate this accelerated review process, the device manufacturer worked in close collaboration with FDA's Division of Cardiovascular Devices after discussion of the need for the device with the U.S. Air Force. There are currently no other devices specifically available for treating injuries of this nature <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01559.html>

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## Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 4,334 from the last report to 84,851. The totals for each service are Army National Guard and Army Reserve, 68,064; Navy Reserve, 5,528; Air National Guard and Air Force Reserve, 5,490; Marine Corps Reserve, 5,466; and the Coast Guard Reserve, 303. [www.defenselink.mil](http://www.defenselink.mil)

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## Contracts/Procurements



- The Centers for Medicare and Medicaid Services (CMS) awarded a six-year contract valued at more than \$200 million to Companion Data Services, LLC for data center operations that support Medicare claims processing across the United States. The contract involves electronic data processing and hosting operations to accommodate approximately 650 million fee-for-service claims submitted annually by hospitals, physicians and other providers in 30 states, the District of Columbia and Puerto Rico. The award to Companion Data Services (CDS) represents the majority share of a CMS task order for the processing of 841 million Medicare claims per year. The award is part of CMS' plan to consolidate its more than 20 current data centers in order to modernize Medicare operations, expand electronic services, bolster security and lower costs.  
[http://home.businesswire.com/portal/site/google/index.jsp?ndmViewId=news\\_view&newsId=20070213005995&newsLang=en](http://home.businesswire.com/portal/site/google/index.jsp?ndmViewId=news_view&newsId=20070213005995&newsLang=en)
- The Department of Defense (DoD), TRICARE Management Activity (TMA) intends to issue a solicitation (RFP) on or about March 1, 2007 for a follow-on contract for the TRICARE Retiree Dental Program (TRDP), currently performed by Delta Dental of California. The TRDP provides for a voluntary, enrollee-funded, group indemnity dental care insurance plan for retired members of the uniformed services and certain family members. The RFP identifies required administrative services, which include, but are not limited to, underwriting, marketing, eligibility verification and enrollment, premium collection, provider credentialing, development and maintenance of a preferred provider network in specified geographic areas, claim adjudication and payment, customer services, and the processing of appeals and grievances. The RFP includes certain changes to the current TRDP Enhanced program benefits. These changes include an increase to the lifetime Orthodontic Benefit from \$1200 to \$1500 and the addition of both an Implant and a Posterior Composites Benefit. It also includes the anticipated requirement for an expansion of the TRDP Enhanced Program to all remaining overseas locations once approval of a necessary revision to CFR 32CFR199.22 is obtained. The date of award is estimated to be Aug. 8, 2007. The period of performance under this contract is anticipated to be five years, with a ten-month transition period. The anticipated date for receipt of proposals is May 1, 2007 and offers must be valid for 180 days from the submittal date. Updates and additional Information will be posted on [TMA Website, RFP TRDP-08, H94002-07-R-0001 01](#)
- The Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) issue a presolicitation for highly skilled data and database administrators to assist in the development, implementation, maintenance, and ongoing support of the agency's operational and enterprise relational database management systems. CMS requires Data Administrator (DA) and Database Administrator (DBA) and Business Intelligence Administrator (BI) support for applications targeted for a variety of platforms. CMS anticipates release of the Request for Proposal in March 2007 and it will be available

on the [Federal Business Opportunities \(FedBizOpps\) Web site](http://www.fbo.gov/spg/HHS/HCFA/AGG/RFP-CMS-2007-8A-0005/SynopsisP.html) for all interested parties. The period of performance will be one base period and four one-year option periods. The anticipated award date for this effort is May 2007. <http://www.fbo.gov/spg/HHS/HCFA/AGG/RFP-CMS-2007-8A-0005/SynopsisP.html>

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## Reports/Policies

- The Institute of Medicine (IOM) issued a report: “*Improving the Social Security Disability Decision Process*”, addressing the medical aspects of disability determination and recommending improvements to the Social Security Administration (SSA). <http://www.iom.edu/CMS/3795/24393/40472.aspx>
- The GAO issued “*Military Health: Increased TRICARE Eligibility for Reservists Presents Educational Challenges*,” (GAO-07-195) on Feb. 12, 2007. The report identifies the extent to which reservists have civilian health insurance; examines DOD's efforts to educate reservists and their dependents about TRICARE; and describes reservists' level of satisfaction with TRICARE and the types of problems reservists and their dependents experienced when using it. <http://www.gao.gov/new.items/d07195.pdf>
- The GAO issued “*Prescription Drugs: Oversight of Drug Pricing in Federal Programs*,” (GAO-07-481T) on Feb. 9, 2007. In this testimony before the House Committee on Oversight and Government Reform, the GAO provided information related to the oversight of prescription drug pricing practices that affect these federal programs. <http://www.gao.gov/new.items/d07481t.pdf>
- The GAO issued “*Children's Health Insurance: States' SCHIP Enrollment and Spending Experiences and Considerations for Reauthorization*,” (GAO-07-501T) on Feb. 15, 2007. The report addresses trends in SCHIP enrollment and the current composition of SCHIP programs across the states, states' spending experiences under SCHIP, and considerations GAO has

identified for SCHIP reauthorization.

<http://www.gao.gov/new.items/d07501t.pdf>

- The GAO issued “Health Care Spending: Public Payers Face Burden of Entitlement Program Growth, While All Payers Face Rising Prices and Increasing Use of Services,” (GAO-07-497T) on Feb.15, 2007. In the report, the GAO examined the long-term outlook for the federal budget and implications for the national; health care spending increases system-wide and drivers of spending growth; and cost containment challenges health care payers face now and in the future.

<http://www.gao.gov/new.items/d07497t.pdf>

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## Legislation

- **H.J.RES.30** (introduced Feb. 13, 2007): Proposing an amendment to the Constitution of the United States regarding the right of citizens of the United States to health care of equal high quality was referred to the House Committee on the Judiciary.  
Sponsor: Representative Jesse L. Jackson, Jr. [IL-2]

- **H.R.912** (introduced Feb. 8, 2007): To provide additional funds for food safety research related to perishable agricultural commodities, to provide emergency financial assistance to producers and first handlers of fresh spinach for losses incurred as a result of the removal of fresh spinach and products containing fresh spinach from the market and other actions undertaken in response to a public health advisory regarding spinach issued by the Food and Drug Administration in September 2006, and for other purposes was referred to the House Committee on Agriculture.  
Sponsor: Representative Sam Farr [CA-17]

- **H.R.914** (introduced Feb. 8, 2007): To amend the Internal Revenue Code of 1986 to allow individuals a refundable credit against income tax for the purchase of private health insurance, and for other purposes was referred to the House Committee on Ways and Means.

Sponsor: Representative Paul Ryan [WI-1]

- **H.R.941** (introduced Feb. 8, 2007): To authorize the conveyance of a portion of the campus of the Illiana Health Care System of the Department of Veterans Affairs to Danville Area Community College of Vermilion County, Illinois was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Timothy V. Johnson [IL-15]

- **H.R.963** (introduced Feb. 8, 2007): To amend title 38, United States Code, to provide that the rate of reimbursement for motor vehicle travel under the beneficiary travel program of the Department of Veterans Affairs shall be the same as the rate for private vehicle reimbursement for Federal employees was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Bart Stupak [MI-1]

- **H.R.971** (introduced Feb. 8, 2007): To ensure and foster continued patient safety and quality of care by making the antitrust laws apply to negotiations between groups of independent pharmacies and health plans and health insurance issuers (including health plans under parts C and D of the Medicare Program) in the same manner as such laws apply to protected activities under the National Labor Relations Act was referred to the House Committee on the Judiciary.

Sponsor: Representative Anthony D. Weiner [NY-9]

- **H.R.979** (introduced Feb. 12, 2007): To amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage was referred to House Committee on Energy and Commerce.

Sponsor: Representative Charles W. Norwood [GA-10]

- **H.R.991** (introduced Feb. 12, 2007): To amend the Internal Revenue Code of 1986 to allow individuals eligible for veterans health benefits to contribute to health savings accounts was referred to the House Committee on Ways and Means.

Sponsor: Representative John Campbell [CA-48]

- **H.R.1013** (introduced Feb. 13, 2007): To amend title XXI of the Social Security Act to prohibit the approval or continuation of section 1115 waivers insofar as they provide coverage of non-pregnant adults under the State Children's Health Insurance Program (SCHIP) was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Michael C. Burgess [TX-26]
- **H.R.1014** (introduced Feb. 13, 2007): To amend the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Lois Capps [CA-23]
- **H.R.1030** (introduced Feb. 13, 2007): To amend the Public Health Service Act to establish a program to provide screenings and treatment for cancer to minority or underserved populations, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Maxine Waters [CA-35]
- **H.R.1031** (introduced Feb. 13, 2007): To amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority communities was referred to the House Committee on Energy and Commerce.  
Sponsor: [Representative Maxine Waters](#) [CA-35]
- **H.R.1032** (introduced Feb. 13, 2007): To amend the Public Health Service Act to authorize grants for treatment and support services for Alzheimer's patients and their families was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Maxine Waters [CA-35]
- **H.R.1038** (introduced Feb. 14, 2007): To amend the Public Health Service Act to provide for the licensing of comparable and interchangeable biological products, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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 Henry A. Waxman [CA-30]

- **H.R.1041** (introduced Feb. 14, 2007): To amend title 38, United States Code, to provide an enhanced funding process to ensure an adequate level of funding for veterans health care programs of the Department of Veterans Affairs, 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 Christopher H. Smith [NJ-4]

- **S.546** (introduced Feb. 12, 2007): A bill to amend title XXI of the Social Security Act to make available additional amounts to address funding shortfalls in the State Children's Health Insurance Program for fiscal year 2007 was referred to the Committee on Finance.

Sponsor: Senator Saxby Chambliss [GA]

- **S.549** (introduced Feb. 12, 2007): A bill to amend the Federal Food, Drug, and Cosmetic Act to preserve the effectiveness of medically important antibiotics used in the treatment of human and animal diseases was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Edward M. Kennedy [MA]

- **S.558** (introduced Feb. 12, 2007): A bill to provide parity between health insurance coverage of mental health benefits and benefits for medical and surgical services was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Pete V. Domenici [NM]

- **S.573** (introduced Feb. 13, 2007): A bill to amend the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Debbie Stabenow [MI]

- **S.579** (introduced Feb. 14, 2007): A bill to amend the Public Health Service Act to authorize the Director of the National Institute of Environmental Health Sciences to make grants for the development and operation of research centers regarding environmental factors that may be related to the etiology of breast cancer was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Harry Reid [NV]

- **S.586** (introduced Feb. 14, 2007): A bill to amend the Public Health Service Act to provide grants to promote positive health behaviors in women and children was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Jeff Bingaman [NM]

- **S.596** (introduced Feb. 14, 2007): A bill to amend the Federal Food, Drug, and Cosmetic Act to provide for the regulation of Internet pharmacies was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Judd Gregg [NH]

- **S.600** (introduced Feb. 14, 2007): A bill to amend the Public Health Service Act to establish the School-Based Health Clinic program, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Gordon H. Smith [OR]

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## Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **Feb. 27, 2007**, to examine the VA's Fiscal Year budget.

- The Senate and House Veterans Affairs committees will hold joint hearings on **Feb. 27, 2007**, to hear the DAV legislative presentation.

- The Senate and House Veterans Affairs committees will hold joint hearings on **March 6, 2007**, to hear the VFW legislative presentation.
- The Senate and House Veterans Affairs committees will hold joint hearings on **March 8, 2007**, to hear legislative presentations from, PVA, JWV and BVA.
- The Senate and House Veterans Affairs committees will hold joint hearings on **March 29, 2007**, to hear legislative presentations from AMVETS, Ex-POWs, MOPH and Fleet Reserve Association.

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## Meetings / Conferences

- 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](http://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](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.usacc.org/ATACCC/index.htm>

- The 55th Annual Clinical Meeting of The American College of Obstetricians and Gynecologists will be held on **May 5-9, 2007** in San Diego, Calif. [www.acog.org/acm/](http://www.acog.org/acm/)
- 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.
- The 13th International Congress on Infectious Diseases will be held June 19-22, 2008, in Kuala Lumpur, Malaysia. [http://www.isid.org/13th\\_icid/](http://www.isid.org/13th_icid/)

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