

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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"The care and welfare of our wounded men and women in uniform demand the highest standard of excellence and commitment that we can muster as a government. When this standard is not met, I will insist on swift and direct corrective action and, where appropriate, accountability up the chain of command." – Secretary Robert Gates commenting on the sub-par conditions at Walter Reed Army Medical Center resulting in the commanding officer, Army Maj. Gen. George W. Weightman, to be relieved of his command.

Congressional Schedule

- The House Veterans Affairs Committee held a hearing on **Feb. 28, 2007**, to examine information and security management at the Department of Veterans Affairs.
- The Senate and House Veterans Affairs committees held joint hearings on **Feb. 27, 2007**, to hear the DAV legislative presentation.
- The Senate and House passed resolutions (S.Con Res. 12, and H. Res.47) establishing March 25 as "The

National Medal of Honor Day." This would commemorate and honor the recipients of the Medal of Honor and to recognize their bravery and sacrifice for the United States.

[Back to Top](#)

Military Health Care News

- On March 1, 2007, Army Maj. Gen. George W. Weightman, commanding general of the North Atlantic Regional Medical Command and Walter Reed Army Medical Center, was relieved of command by Secretary of the Army Dr. Francis J. Harvey.

According to the Army news release, Maj. Gen. Weightman was informed that the senior Army leadership had lost trust and confidence in the commander's leadership abilities to address needed solutions for soldier-outpatient care at Walter Reed Army Medical Center. The Commanding General of U.S. Army Medical Command, Lt. Gen. Kevin Kiley, will be acting temporarily as the Walter Reed commander until a general officer is selected for this important leadership position.

The Army said it is moving quickly to address issues regarding outpatient care at Walter Reed Army Medical Center. Secretary of the Army Dr. Francis J. Harvey directed Vice Chief of Staff of the Army Gen. Richard Cody to develop and implement an Army Action Plan to address shortcomings at Walter Reed, as well as Army-wide. The four focus areas of the Army Action Plan are: Soldier accountability, health and welfare; infrastructure; medical administrative process; and information dissemination. Gen. Cody put a 30-day deadline on many of these actions.

<http://www.army.mil/-news/2007/03/01/2064-army-relieves-walter-reed-commanding-general/>

- On Feb. 22, 2007, Dr. William Winkenwerder Jr. announced he will step down as assistant secretary of defense for health affairs and move to a job in the private sector after six years at the helm. <http://www.theconservativevoice.com/article/23106.html>
- On March 1, 2007, TRICARE Management Activity announced that Assistant Secretary of Defense for Health Affairs Dr. William Winkenwerder Jr. approved a new policy making National Guard and Reserve members on temporary duty for more than thirty days eligible for TRICARE Overseas Program Prime, TRICARE Global Remote Overseas and TRICARE Puerto Rico Prime enrollment. Previously, all National Guard and Reserve members on temporary duty for fewer than 180 days were not eligible to enroll in overseas Prime programs. They were limited to urgent and emergency care services while serving in overseas areas. National Guard and Reserve members on orders for thirty days or less will remain eligible for urgent and emergency care services in overseas areas. <http://www.tricare.mil/pressroom/news.aspx?fid=269>
- On Feb. 26, 2007, the Department of Defense (DoD) announced plans to enter into a Cooperative Research and Development Agreement (CRADA) with Microsoft Corp. to develop a prototype medical data warehouse and the analytical tools required to allow easy access and maximize use of military patient

health data and records currently stored in the AHLTA clinical data repository (CDR). AHLTA is the military health system's electronic health record, and supports more than 9.1 million beneficiaries worldwide.

In addition, the Telemedicine and Advanced Technology Research Center (TATRC) and Microsoft will team to develop methods and tools to extract, store and analyze data from AHLTA in a manner that will not impact data flow to and from the CDR. The heart of this Clinical Analysis and Reporting capability will be a clinical data warehouse (CDW), which will work with AHLTA's CDR but will not affect its performance. Microsoft has teamed with HP and Intel Corp. in support of the DoD's effort. Intel and HP are providing support on security, sizing, and scalability testing of the architecture.

Data captured in the CDW from population health surveys will help highlight trends that are not readily apparent. It will also allow the identification of populations at risk because they have not accessed care or may be at risk for adverse health events. These automated reports will give the DoD health care providers and managers real-time access to quality measures and allow efficient population health surveillance. The CDW will make AHLTA's structured documentation available for sophisticated data mining and analysis, to support medical readiness, force health protection, bio-medical surveillance, population health management and improved quality of patient care. <http://www.tricare.mil/pressroom/news.aspx?fid=268>

- According to the American Psychological Association, today's military is ill prepared to meet the increasing mental health needs of service men and women and their families. In a recently released report, [*"The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report."*](#) an association task force found that many active-duty personnel and their families go without mental healthcare because of limited availability and barriers to such services.

The report found that more than 30 percent of all soldiers met the criteria for a mental disorder, but less than half of those with mental health concerns sought help. The task force also determined that there is nearly a 40 percent vacancy rate among active-duty psychologists, which results in long waits, limited hours and a breakdown in the referral process. All of which act as overall deterrents, according to the findings.

The association concluded that the military needs to better-coordinate care among those in need and to better-fund education and treatment programs so military personnel and their families are assured treatment.

- The Defense Department (DoD) is overhauling its disability evaluation system to improve its effectiveness and ensure the decisions of the Disability Advisory Council are fast and fair. The system is used to evaluate service members' disabilities and separate or retain them, as appropriate. Servicemembers who are separated with at least a 30 percent disability rating receive disability retirement pay, medical benefits and commissary privileges. With a rating below 30 percent, veterans receive severance pay, but no benefits.

In the past, each service had its own disability evaluation system. Now DoD has put in place an overarching DoD-level framework with a single information system, Pentagon officials said. Each service manages its caseload under that framework.

The disability process begins with medical evaluation boards at military hospitals. Attending physicians

evaluate each patient, looking at conditions that may make the servicemember unfit for duty. If the condition or wound is judged to make the service ember unfit, the board refers the case to a physical evaluation board. The board has a mix of medical officers and line officers. They determine if the problem is service-related or not. The panel further recommends compensation for the injury or condition and recommends the disability rating. In fiscal 2006 most cases were processed within 70 days.

www.defenselink.mil/news/NewsArticle.aspx?ID=3151

- According to the *Federal Times*, federal employees called to active duty in support of contingency military operations in the Middle East and elsewhere can have their health insurance premiums waived for up to two years.

All agencies have been voluntarily paying the full two years of premiums for mobilized employees enrolled in the Federal Employees Health Benefits Program (FEHBP) under a law passed in late 2004, but the Office of Personnel Management issued a final rule on Feb. 15 in the [Federal Register](#) revising federal regulations to reflect the extended benefit. Previously, employees in the National Guard and reserves who were mobilized in support of contingency operations, such as those in Iraq and Afghanistan, could have their premiums paid by their agencies for up to 18 months. Employees who served before Congress extended the benefit from 18 months to two years could be eligible for retroactive benefits, since the change applies to operations since Sept. 14, 2001.

About 160,000 federal employees currently serve in the National Guard or reserves, roughly 20 percent of the total contingent, federal records indicate. About 550,000 National Guard and reserve members have been mobilized since the Sept. 11 terrorist attacks in support of contingency operations, which would translate to roughly 110,000 federal employees.

Currently, nearly 84,000 Guard and reserve members are deployed around the world in support of contingency operations. <http://federaltimes.com/index.php?S=2578320>

[Back to Top](#)

Veterans Health Care News

- The Department of Veterans Affairs (VA) awarded a construction contract for more than \$10 million to a Veteran/Pacific Joint Venture, a minority-owned small business based in Chicago to expand the Rock Island, Ill., National Cemetery.

The expansion project encompasses approximately 25 acres and will provide more than 7,000 gravesites, including casket gravesites, pre-placed crypts and a columbarium for cremation remains. It will also provide a new committal service shelter, an assembly area, public restrooms, an information building, a maintenance area, and additions and renovations to the administration building. New and renovated infrastructure features for water distribution, roads and utilities are included. VA expects to begin construction within approximately one month and to be completed by late 2008. The expansion will permit burials for veterans and eligible family members to continue at Rock Island National Cemetery for at least the next decade.

Veterans with a discharge other than dishonorable, their spouses and eligible dependent children can be

buried in a national cemetery. Other burial benefits available for all eligible veterans, regardless of whether they are buried in a national or private cemetery, include a burial flag, a Presidential Memorial Certificate, and a government headstone or marker. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1300>

- The Department of Veterans Affairs (VA) announced plans to enhance and improve its programs to treat and rehabilitate of veterans with brain injuries. The latest innovations for treating traumatic brain injury (TBI) include mandatory TBI training for all VA health care professionals, screening all recent combat vets for TBI and creating an outside panel of experts to review VA's TBI services.

Traumatic brain injury (TBI) can be caused without any visible injuries when explosives jar the brain inside the skull. Symptoms can range from headaches, irritability, and sleep disorders to memory problems and depression. VA has developed a TBI course that is mandatory for all health care professionals. The course teaches primary care providers ways to diagnose TBI in patients who might not otherwise be aware they suffer from it. Also starting this spring is a program to screen all patients who served in the combat theaters of Iraq or Afghanistan for TBI. The new screening will be offered at all 155 VA medical centers.

VA treated more than 5.4 million patients last year, accounting for about 55 million outpatient visits and 600,000 hospitalizations. About 205,000 of the 630,000 veterans who have served in Iraq and Afghanistan have come to VA for health care, with fewer than 7,000 being hospitalized.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1302>

- The Department of Veterans Affairs (VA) announced that it is strengthening its partnership with the U.S. Olympic Committee (USOC). On Feb. 23, 2007, VA Secretary Jim Nicholson, joined by Norman Bellingham, USOC chief operating officer, announced that VA is working with the Olympic Committee to give qualified physically disabled veterans the chance to train in facilities maintained for Olympic and Paralympic athletes.

The new Veterans Paralympic Performance Program would provide full-time training and support for qualified physically disabled veterans pursuing spots on a future U.S. Paralympic team at six different Olympic and Paralympic Training facilities including: U.S. Olympic Training Centers in Chula Vista, Calif. and Colorado Springs, Colo.; Olympic and Paralympic training facilities in Birmingham, Ala., Marquette, Mich. and Edmond, Okla. and alpine ski training in collaboration with Challenge Aspen in Aspen, Colo.

More than 400 physically disabled veterans are scheduled to take part in a wide range of winter sports during the 21st National Disabled Veterans Winter Sports Clinic in Snowmass, Colo., from April 1-6. Another 500 disabled veterans are expected to show up in Milwaukee from June 19-23 for the 27th National Veterans Wheelchair Games. These programs and others being developed by the VA and USOC promote daily physical activity and participation in sport to all disabled veterans. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1301>

- The Department of Veterans Affairs (VA) awarded a construction contract to Sheehy Construction Company of St. Paul for more than \$19 million to expand the Fort Snelling National Cemetery in

Minneapolis. The expansion project includes developing approximately 25,000 gravesites, including graves with pre-placed crypts, and a columbarium for cremation remains. In addition, the project will renovate and expand the administration building, public information building and maintenance facility. VA expects construction to be completed by late 2009. The expansion will permit burials for veterans and eligible family members to continue at Fort Snelling National Cemetery for at least the next decade. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1303>

[Back to Top](#)

Health Care News

- On Feb. 27, 2007, the Food and Drug Administration (FDA) approved Humira (adalimumab) to treat adult patients with moderately to severely active Crohn's disease, a chronic inflammatory disease of the intestines, which affects an estimated one million Americans. Humira is a human-derived, genetically-engineered monoclonal antibody (a protein that can be produced in large quantities in a manufacturing plant). The product acts to reduce excessive levels of human tumor necrosis factor (TNF) alpha, which plays an important role in abnormal inflammatory and immune responses. The labeling includes a boxed warning about potential serious adverse events.

Crohn's disease is a chronic, incurable, inflammatory bowel disease that causes diarrhea, cramping and abdominal pain, and in some cases, abnormal connections (fistulas) leading from the intestine to the skin. The labeling of Humira includes a boxed warning, the strongest type of label warning, that use of this product has been associated with serious, sometimes fatal, infections, including cases of tuberculosis, opportunistic infections, and sepsis. Before initiating Humira treatment, patients should be evaluated for tuberculosis risk factors and tested for latent tuberculosis infection. Other serious adverse events reported by Humira users include lymphoma, a type of cancer. The most frequent adverse events included upper respiratory infections, sinusitis, and nausea.

Humira was previously approved for the treatment of three autoimmune diseases: rheumatoid arthritis, a chronic inflammation of the joints; psoriatic arthritis, which causes joint swelling and scaly skin; and ankylosing spondylitis, a systemic rheumatic disease that affects the spine and sacroiliac joints. Humira is manufactured by Abbott Laboratories, Abbott Park,

III. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01572.html>

- The rate of fetal deaths, also known as stillbirths, occurring at 20 weeks of gestation or more declined substantially between 1990 and 2003, according to a report by the Centers for Disease Control and Prevention (CDC). Although fetal mortality rates declined among all racial and ethnic groups from 1990-2003, the fetal mortality rate for non-Hispanic black women was more than double that of non-Hispanic white women (11.56 per 1,000 vs. 4.94 per 1,000).

The report, *"Fetal and Perinatal Mortality, United States: 2003,"* was prepared by CDC's National Center for Health Statistics and looks at fetal deaths (stillbirths) as well as perinatal deaths (deaths occurring soon before or soon after birth). Relatively little is known about the causes of fetal mortality. However, recent research has identified a variety of risk factors, including smoking during pregnancy, maternal obesity, severe or uncontrolled high blood pressure, diabetes, infections, placental and cord problems, intrauterine

growth retardation, and a woman having a previous perinatal death.

<http://www.cdc.gov/od/oc/media/pressrel/2007/r070221.htm>

- Sanofi-Aventis SA won backing of U.S. government advisers for a bird-flu vaccine that would be the first U.S.-approved shot designed to protect against a potential pandemic virus. On Feb. 27, 2007, the advisers to the Food and Drug Administration voted unanimously to recommend that the agency clear the vaccine developed by Paris-based Sanofi as effective even though it fell short of standards set by the agency. The panel also found the vaccine safe, with 13 members agreeing and one abstaining.

Sanofi's vaccine targets the H5N1 virus, a strain widespread in birds that scientists say has the potential to mutate into a lethal form that can spread from human to human. FDA experts said the benefit of having an imperfect vaccine now outweighed the risks of not having one should a pandemic occur. The U.S. government has awarded the Paris-based drugmaker \$372 million in contracts for the product and already stockpiles the vaccine. The Sanofi vaccine won't be sold commercially. Data showed that Sanofi's vaccine raised a protective immune response in 45 percent of study participants, short of the 70 percent goal the FDA set last year for a pandemic vaccine.

World health experts have been monitoring outbreaks of the H5N1 virus that has struck birds and humans in Asia and other countries, urging companies and researchers to speed development of a vaccine against the lethal germ. At least 167 of the 274 people known to be infected with bird flu since 2003 have died according to the World Health Organization. Most of the cases of avian flu infection were passed from birds to humans. <http://www.bloomberg.com/apps/news?pid=20601081&sid=aE3woIDYdxkQ&refer>

- On Feb. 28, 2007, the Department of Health and Human Services (HHS) unveiled a plan for chartering local collaborative organizations that are working to improve quality and value in health care by assessing the performance of local health care providers and reporting these findings publicly. The plan would bring the local collaboratives into a nation-wide system, following nationally recognized standards to measure and improve quality of care in their local areas.

Under the plan, HHS would select qualified regional collaboratives to be chartered as Value Exchanges. In such collaboratives, local area physicians, nurses, hospitals and other health care providers are working collaboratively with health plans, employers, unions and other health care purchasers to achieve reliable public reporting on quality and cost of care. As HHS-chartered Value Exchanges, they would continue to focus on quality improvement and would provide public reports on the performance of providers in their area.

The plan for Value Exchanges is part of the Value-Driven Health Care Initiative, a public-private effort launched by Secretary Leavitt last year to improve quality and lower costs in health care delivery. Existing local and regional collaboratives that have developed independently in recent years would be expected to form the initial core of Value Exchanges receiving HHS charters. In addition, six existing collaboratives were selected last year to pioneer the process of pooling local and Medicare data, under Medicare's "Better Quality Information to Improve Care for Medicare Beneficiaries" program. The six pilots will continue to function as special Medicare demonstrations.

In measuring providers' performance and publicly reporting the findings, the Value Exchanges would use nationally recognized standards. These standards, developed through public-private efforts, also form the

basis for ongoing Medicare quality and performance reporting. The Exchanges could also pioneer new quality improvement strategies and share results through the Learning Network. <http://www.hhs.gov/news/press/2007pres/20070228.html>

- The Office of the National Coordinator for Health Information Technology (ONC) for the Department of Health and Human Services announced a contract award to foster collaboration among state leaders in health information exchange (HIE) to identify and share emerging best practices. The one-year, \$800,000 contract with the American Health Information Management Association's (AHIMA) Foundation of Research and Education (FORE) will start in March 2007.

The project will work to identify successful governance models that include defined operations, resources and finances to generate, support and amplify health information exchange. Shared results and recommended guidance are intended to support health information exchange across the country. Delivering guidance to state and local health information exchange efforts will help support the development of a nationwide network of networks to enable health care transformation and lower costs.

During this past year, HHS contracted with FORE to provide practical guidance tools for state-level HIE organizations. The steering committee of state leaders in HIE has produced valuable recommendations to define opportunities for Medicaid, realize short-term financial sustainability, and coordinate quality and HIE initiatives.

The new contract builds on the work produced by FORE and includes subcontracts with two additional organizations: eHealth Initiative (eHI) and the Healthcare Information and Management Systems Society (HIMSS). <http://www.hhs.gov/news/press/2007pres/20070228a.html>

[Back to Top](#)

Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 872 from the last report to 82,846. The totals for each service are Army National Guard and Army Reserve, 65,976; Navy Reserve, 5,883; Air National Guard and Air Force Reserve, 5,220; Marine Corps Reserve, 5,470; and the Coast Guard Reserve, 297. www.defenselink.mil

[Back to Top](#)

Contracts/Procurements

- The U.S. Army Medical Command Center for Health Care Contracting (CHCC) is conducting a Commercial Activities A-76 Study on Nutrition Care services at 10 Military Treatment Facilities (MTFs) throughout the United States. The study includes the preparation of patient meals in accordance with medical instruction, delivery of patient meals, interaction with dietary requirements of the patients, consultation with medical staff on patient care, and the operations of commercial food services within the hospitals (c cafeteria and kiosks). The Service Provider shall furnish all labor, supervision, management support, transportation and services (except as specified as government-furnished) to provide nutrition care

services. The solicitation is expected to be posted to FedBizOpps in April 2007. CHCC is still conducting market research to determine level of competition. Any questions or comments should be submitted to Shirley.Tolbert@amedd.army.mil, contract support, (210) 295-4392, and Gary.Hankins@amedd.army.mil, contracting officer, (210) 221-3876.

<http://www.fbo.gov/spg/USA/MEDCOM/DADA10/SNOTE061109/SynopsisP.html>

[Back to Top](#)

Reports/Policies

- The Institute of Medicine (IOM) released *Review of NASA's Space Flight Health Standards-Setting Process: Letter Report*, “on Feb. 28, 2007. At the request of the National Aeronautics and Space Administration (NASA), the IOM established a committee to examine the process by which NASA establishes space flight health standards for human performance. The committee will assure the transparency of the current process, as well as considering its validity and integrity, particularly related to ensuring worker safety and integrating stakeholder input. The committee found that NASA’s process was sound, follows the guidelines set forth by the IOM for occupational health and enhances safety of human space flight. <http://www.iom.edu/CMS/3740/4849/40822.aspx>
- The Office of the Assistant Secretary of Defense for Health Affairs issued a *memorandum “Policy for the Release of Genetic Sequence Data of Influenza Viruses with Pandemic Potential to the Public Domain,”* on Feb. 14, 2007. <http://www.ha.osd.mil/policies/2007/07-003.pdf>
- The GAO issued “*Information Security: Veterans Affairs (VA) Needs to Address Long-Standing Weaknesses,*” (GAO-07-532T) on Feb. 28, 2007. The GAO testified before the House VA’s Subcommittee on Oversight and Investigations on the on VA’s information security program, as well as ongoing reviews that it is conducting at VA. Using information gathered from 15 previous reports, the GAO found that the VA had not consistently implemented appropriate controls for limiting, preventing, and detecting electronic access to sensitive computerized information; restricting physical access to computer and network equipment to authorized individuals; segregating incompatible duties among separate groups or individuals; ensuring that changes to computer software were authorized and timely; or providing continuity of computerized systems and operations. <http://www.gao.gov/new.items/d07532t.pdf>
- The GAO issued “*Children's Health Insurance: States' SCHIP Enrollment and Spending Experiences and Considerations for Reauthorization,*” (GAO-07-558T) on March 1, 2007. In this report, the GAO addressed 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/d07558t.pdf>

[Back to Top](#)

Legislation

- **H.R.1192** (introduced Feb. 27, 2007): To amend the Public Health Service Act to enhance public and health professional awareness and understanding of lupus and to strengthen the Nation's research efforts to identify the causes and cure of lupus was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Kendrick B. Meek [FL-17]
- **H.R.1197** (introduced Feb. 27, 2007): To amend title 38, United States Code, to provide improved benefits for veterans who are former prisoners of war was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Gus M. Bilirakis [FL-9]
- **H.R.1198** (introduced Feb. 27, 2007): To amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Lois Capps [CA-23]
- **H.R.1200** (introduced Feb. 27, 2007): To provide for health care for every American and to control the cost and enhance the quality of the health care system was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Oversight and Government Reform, and Armed Services, 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 McDermott [WA-7]
- **H.R.1211** (introduced Feb. 27, 2007): To amend title 38, United States Code, to provide entitlement to educational assistance under the Montgomery GI Bill for members of the Selected Reserve who aggregate more than two years of active duty service in any five year period, and for other purposes was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, 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 Matheson [UT-2]
- **H.R.1214** (introduced Feb. 27, 2007): To amend title 38, United States Code, to expand and enhance educational assistance for survivors and dependents of veterans was Referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Jim Ramstad [MN-3]
- **H.R.1218** (introduced Feb. 27, 2007): To amend part D of title XVIII of the Social Security Act to authorize the Secretary of Health and Human Services to negotiate for lower prices for Medicare prescription drugs and to eliminate the gap in coverage of Medicare prescription drug benefits, to authorize the Secretary of Health and Human Services to promulgate regulations for the re-importation of prescription drugs, 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 David Wu [OR-1]

- H.R.1222 (introduced Feb. 28, 2007): To restore health care coverage to retired members of the uniformed services, and for other purposes was referred to the Committee on Armed Services, and in addition to the Committee on Oversight and Government Reform, 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 Chris Van Hollen [MD-8]

- H.R.1232 (introduced Feb. 28, 2007): To establish a competitive grant program to build capacity in veterinary medical education and expand the workforce of veterinarians engaged in public health practice and biomedical research was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Tammy Baldwin [WI-2]

- H.R.1237 (introduced Feb. 28, 2007): To amend the Public Health Service Act to provide revised standards for quality assurance in screening and evaluation of gynecologic cytology preparations, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Bart Gordon [TN-6]

- H.R.1244 (introduced Feb. 28, 2007): To amend the Public Health Service Act to establish the School-Based Health Clinic program, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Eddie Bernice Johnson [TX-30]

- **S.RES.87** (introduced Feb. 27, 2007): A resolution expressing the sense of the Senate that the President should declare lung cancer a public health priority and should implement a comprehensive interagency program to reduce the lung cancer mortality rate by at least 50 percent by 2015 was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Chuck Hagel [NE]

- **S.685** (introduced Feb. 27, 2007): A bill to establish an expedited procedure for congressional consideration of health care reform legislation was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Russell D. Feingold [WI]

- **S.692** (introduced Feb. 27, 2007): A bill to amend title 38, United States Code, to establish a Hospital Quality Report Card Initiative to report on health care quality in Veterans Affairs hospitals was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Barack Obama [IL]

- **S.693** (introduced Feb. 27, 2007): A bill to amend the Public Health Service Act to reauthorize the Automated Defibrillation in Adam's Memory Act was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Russell D. Feingold [WI]
- **S.692** (introduced Feb. 27, 2007): A bill to amend title 38, United States Code, to establish a Hospital Quality Report Card Initiative to report on health care quality in Veterans Affairs hospitals was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Barack Obama [IL]
- **S.698** (introduced Feb. 27, 2007): A bill to amend title 38, United States Code, to expand and enhance educational assistance for survivors and dependents of veterans was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Richard Durbin [IL]
- **S.716** (introduced Feb. 28, 2007): A bill to establish a Consortium on the Impact of Technology in Aging Health Services was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Norm Coleman [MN]
- **S.718** (introduced Feb. 28, 2007): A bill to optimize the delivery of critical care medicine and expand the critical care workforce was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Richard Durbin [IL]

[Back to Top](#)

Hill Hearings

- 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 Armed Services Committee will hold hearings on **March 6, 2007**, to receive testimony on care, living conditions, and administration of outpatients at Walter Reed Army Medical Center.
- 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.

[Back to Top](#)

Meetings / Conferences

- 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 National Center on Addiction and Substance Abuse (CASA) at Columbia University will hold CASACONFERENCE: *Compound Fractures: Substance Abuse and Trauma*, on March 7, 2007, in New York City, N.Y.
- 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/
- 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.
- The 13th International Congress on Infectious Diseases will be held June 19-22, 2008, in Kuala Lumpur, Malaysia. http://www.isid.org/13th_icid/

[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.