

FEDERAL HEALTH UPDATE

March 9, 2007

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

To subscribe, please visit <http://usminstitute.org/subscriber.cfm>.

Sponsored by



Additional sponsorship by



“We're going to do the best we can to make certain that those young men and women who served are properly cared for when they come home, and that they're properly transitioned after their care is completed.” --Former Senator Bob Dole commenting on his appointment as co-chair (with Former HHS Secretary Donna Shalala) of President Bush's Commission on Care for America's Returning Wounded Warriors.

Congressional Schedule

- The Senate Armed Services Committee held hearings on March 6, 2007, to receive testimony on care, living conditions, and administration of outpatients at Walter Reed Army Medical Center. It was the first in a series of hearings in both the House and Senate this week devoted to the problems at Walter Reed. For example, the House Oversight and Government Reform Committee's Subcommittee on National Security and Foreign Affairs also held a hearing on March 6 at which former Walter Reed Commander Maj. Gen. George Weightman and Army Surgeon General Lt. Gen. Kevin Kiley testified.

In addition, the Senate Appropriations Subcommittee on Defense held its annual hearing on March 7, 2007 to examine military health care at which the Service Surgeons General and Nursing Chiefs testified. The

main topics of discussion were the conditions at Walter Reed Army Medical Center and other military medical centers and the steps necessary to fix the problems identified.

The House Appropriations Subcommittee on Defense also held a hearing on March 7, 2007, to examine the problems at Walter Reed Army Medical Center and military health care. Gen. Pete Schoomaker, Army Chief of Staff and Lt. Gen Kevin Kiley, Army Surgeon General, testified.

On March 8, the House Armed Services Committee held a hearing to examine the care generally given to returning servicemembers wounded during combat.

- The House has approved (422-0) "Charlie W. Norwood Living Organ Donation Act" on March 6, 2007. The bill would specify that "paired" kidney donations don't violate laws against trading organs for compensation.

[Back to Top](#)

Military Health Care News

- Secretary of Defense Robert Gates named Maj. Gen. Eric Schoomaker head of the Army Medical Research and Materiel Command, to assume command of Walter Reed Army Medical Center on March 2, 2007. Schoomaker will also serve as commander of North Atlantic Regional Medical Command.
- The Task Force on the Future of Military Health Care held a meeting on March 7, 2007, to hear testimony from representatives of The Military Coalition and the National Association of Chain Drug Stores to examine options that would address the rising costs of the military health care system and still provide the benefit to military retirees.
- On March 6, 2007, TRICARE Management Activity announced it processed more than 99 percent of all claims for health care services in under 30 days for the fiscal year ending Sept. 30, 2006. On average, TRICARE processed nearly seven million claims per month in fiscal year 2006, and less than one percent of submitted claims were returned for additional information.

This is seen as fulfilling TRICARE's commitment to servicemembers, retirees, survivors and their families to provide quick and accurate claims processing. TRICARE officials have said they place a high priority on timely and accurate claims processing so beneficiaries and providers remain satisfied with TRICARE services. Providers can help speed claims processing by submitting error-free claims and including all necessary information, and by submitting claims electronically.

The TRICARE health program shares some claims payment processes with commercial health care insurers. The TRICARE performance standard requires commercial health care partners to process a minimum of 95 percent of correctly-submitted claims within 30 days of receipt.

<http://www.tricare.mil/pressroom/news.aspx?fid=270>

• On March 6, 2007, President Bush signed an executive order creating a bipartisan presidential commission to conduct a comprehensive review of the services America is providing returning servicemembers who are wounded. The President's Commission on Care for America's Returning Wounded Warriors will be co-chaired by Former Senator Bob Dole and Former U.S. Department Of Health And Human Services Secretary Donna Shalala. The President will announce seven additional members to serve on the Commission. The Commission is tasked to:

- Improve the transition from deployment to other military service or civilian life. The Commission will examine returning wounded service members' transition from deployment in support of the "Global War on Terror" to productive military service or civilian society, and recommend needed improvements.
- Ensure high-quality services for returning wounded service members. The Commission will evaluate the delivery of health care, disability, traumatic injury, education, employment, and other benefits and services to returning wounded service members by Federal agencies and the private sector. It will recommend ways to ensure programs provide high-quality services.
- Increase access to benefits and services. The Commission will analyze the effectiveness of existing outreach programs for service members and identify ways to increase awareness of and access to benefits and services and reduce any barriers or gaps in these benefits and services.

President Bush also directed U.S. Department Of Veterans Affairs (VA) Secretary Jim Nicholson to establish an Interagency Task Force on Returning Global War On Terror Heroes. The Task Force will bring together top-level officials from the U.S. Departments of Defense, Veterans Affairs, Labor, Health and Human Services, Housing and Urban Development, and Education, as well as the Office of Management and Budget and the Small Business Administration.

It will identify and examine existing Federal services provided to returning Global War on Terror service members, identify gaps in these services, and seek recommendations from appropriate Federal agencies on ways to fill those gaps quickly and effectively.

<http://www.whitehouse.gov/news/releases/2007/03/20070306.html>

• Health Net Federal Services (HNFS) announced the appointment of Command Sergeant Major John J. Leonard, Jr. to its TRICARE Advisory Committee on March 7, 2007. The committee was formed to provide guidance and support in achieving and maintaining operational excellence to HNFS leadership.

Retired CSM Leonard is the first senior non-commissioned officer to join the committee, bringing a wealth of Reserve and National Guard experience and expanding the breadth of the committee's expertise. An experienced leader, CSM Leonard served as the first senior enlisted advisor assigned to the Office of the Chief, National Guard Bureau and senior enlisted advisor to the Assistant Secretary of Defense for Reserve Affairs, the Pentagon and Washington, D.C.

Collectively, the committee brings a wealth of established relationships with senior leadership within the

Department of Defense, the military community and with Congressional leaders. CSM Leonard will serve with current advisory committee members, former Surgeon General of the Army, retired Lt. Gen. Jim Peake; former Surgeon General of the Air Force, retired Lt. Gen. Rusty Sloan; and former Deputy Surgeon General of the Navy, retired Rear Adm. Kathy

Martin. <http://digital50.com/news/items/BW/2001/07/14/20070307005531/health-net-appoints-first-senior-non-commissioned-officer-to-tricare-advisory-committ.html>

[Back to Top](#)

Veterans Health Care News

- President Bush has created a special, inter-agency task force under the leadership of Secretary of Veterans Affairs Jim Nicholson to thoroughly examine and cut through red tape affecting the latest generation of combat veterans seeking services and benefits from the Department of Veterans Affairs (VA) or any other federal agency.

The “Task Force on Returning Global War on Terror Heroes,” held its first meeting today. The task force consists of the secretaries of Defense, Labor, Health and Human Services, Housing and Urban Development, and Education, plus the administrator of the Small Business Administration and the director of the Office of Management and Budget. Under the terms of the executive order creating the task force, the group has 45 days to:

- Identify and examine existing federal services that currently are provided to returning Global War on Terror service members;
- Identify existing gaps in such services;
- Seek recommendations from appropriate federal agencies on ways to fill those gaps; and
- Ensure that appropriate federal agencies are communicating and cooperating effectively.

Executive secretary of the task force is retired Rear Adm. Patrick W. Dunne, VA’s assistant secretary for policy and planning. Matt Smith, special assistant to Secretary Nicholson, will serve as the task force’s senior advisor. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1308>

- The Department of Veterans Affairs (VA) announced it is immediately hiring 100 new patient advocates to help severely injured veterans and their families navigate VA’s systems for health care and financial benefits.

The 100 new patient advocates will be veterans of the combat theaters in Iraq or Afghanistan. Their job will be to ensure a smooth transition for wounded service members to VA health care facilities throughout the nation, while also cutting through red tape for other benefits. The Department’s network of four “polytrauma centers” -- in Minneapolis; Tampa, Fla.; Richmond, Va.; and Palo Alto, Calif. -- that care for the most seriously injured veterans, has recently been expanded with 17 additional facilities, designated as “polytrauma networks sites,” which will provide world-class care at locations closer to home for more veterans.

Secretary Jim Nicholson announced that the VA will establish a panel of outside experts to review its

polytrauma system of care, including TBI programs, to ensure VA is taking advantage of the latest technology, treatment, innovations and diagnostic insights. All VA health care professionals are now receiving mandated training in diagnosing “traumatic brain injury,” or TBI, which frequently involves brain injuries without apparent exterior wounds. VA will soon also begin screening all its patients who are veterans of the Global War on Terror for TBI. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1307>

- Secretary of Veterans Affairs Jim Nicholson selected Lake Nona Boulevard in the city of Orlando for the new hospital for the Department of Veterans Affairs (VA). For the first time, VA’s acute care, complex specialty care and advanced diagnostic services will be available for inpatients in east central Florida. More than 90,000 veterans already enrolled in VA health care will directly benefit from the location.

The complex will include a 134-bed hospital, a 120-bed nursing home, a 60-bed domiciliary, an outpatient clinic, a veterans benefits office to help veterans with financial benefits and generous parking. The new Orlando VA Medical Center, scheduled to open in 2012, will be located in a health care and research district that includes the planned University of Central Florida medical school and a research institute, providing important clinical and research opportunities for VA. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1304>

- U.S. Medicine Institute features Dr. Michael Kussman, acting under secretary for health in the Department of Veterans Affairs, in its Spotlight section. In the article, Dr. Kussman discusses the VA’s commitment to increase its role in graduate medical education by expanding resident positions. <http://www.usminstitute.org/>

[Back to Top](#)

Health Care News

- In its first *Call to Action* against underage drinking, the U.S. Surgeon General's Office appealed to Americans to do more to stop America's 11 million current underage drinkers from using alcohol and to keep other young people from starting.

Acting Surgeon General Kenneth Moritsugu, M.D., M.P.H., laid out recommendations for government and school officials, parents, other adults and the young people in [*The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*](#).

Although there has been a significant decline in tobacco and illicit drug use among teens, underage drinking has remained at consistently high levels. The 2005 National Survey on Drug Use and Health estimates there are 11 million underage drinkers in the United States. Nearly 7.2 million are considered binge drinkers, typically meaning they drank more than five drinks on occasion, and more than two million are classified as heavy drinkers.

Developed in collaboration with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the Call to Action identifies six

goals:

- Foster changes in society that facilitate healthy adolescent development and that help prevent and reduce underage drinking.
- Engage parents, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences.
- Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences.
- Conduct additional research on adolescent alcohol use and its relationship to development.
- Work to improve public health surveillance on underage drinking and on population-based risk factors for this behavior.
- Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.

<http://www.hhs.gov/news/press/2007pres/20070306.html>

- According to a new recommendation from the U.S. Preventive Services Task Force, people who are at average risk for colorectal cancer, including those with a family history of the disease, should not take aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) to try to prevent the disease. The recommendation is published in the March 6 issue of the *[Annals of Internal Medicine](#)*.

After reviewing the latest evidence, the Task Force found that the potential harms of taking more than 300 mg per day of aspirin or NSAIDs—which can include increased risks for stroke, intestinal bleeding or kidney failure—outweigh the potential benefits of colorectal cancer prevention.

Meanwhile, patients taking aspirin to prevent other conditions such as heart disease should continue to discuss the benefits with their clinicians. The Task Force found good evidence that taking low doses of aspirin (usually less than 100 mg) can reduce risk for heart disease but does not reduce the rate of colorectal cancer. Colorectal cancer is the third most common type of cancer in men and women and is the second-leading cause of cancer-related deaths in the United States.

About 56,000 Americans die from colorectal cancer and 150,000 new cases are diagnosed each year. Between 5 percent and 6 percent of people develop colorectal cancer in their lifetime, and the majority of those diagnosed are over the age of 50. In recent years, some progress has been made to detect and treat colorectal cancer earlier through screening and early removal of polyps. In 2002, the Task Force strongly recommended that clinicians screen men and women age 50 and older for colorectal cancer.

The U.S. Preventive Services Task Force is an independent panel of experts in prevention and primary care. The Task Force conducts rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling and preventive medications. Its recommendations are considered the gold standard for clinical preventive services. AHRQ provides technical and administrative support, but the recommendations of the panel are

its own. <http://www.ahrq.gov/news/press/pr2007/aspnsaidpr.htm>

- The U.S. Food and Drug Administration (FDA) approved Tekturna (aliskiren) tablets for the treatment of high blood pressure, or hypertension, which affects an estimated 25 percent of Americans and causes increased risk of stroke, heart attack, kidney failure, heart failure and death.

Tekturna, manufactured by Novartis Pharmaceuticals Corp, is a new molecular entity (NME), and is the first high blood pressure drug approved by FDA that inhibits renin, a kidney enzyme associated with the regulation of blood pressure. Tekturna acts at the beginning of the blood pressure regulation process, while other available high blood pressure medications act at later stages.

Tekturna was evaluated for safety in more than 6,460 patients, including 1,740 who were treated longer than six months, and more than 1,250 for more than one year. Side effects were usually mild and brief. Tekturna and other drugs that act directly on the renin-angiotensin system should not be used during pregnancy because they can cause injury and even death to the developing fetus.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01580.html>

- The U.S. Food and Drug Administration (FDA) approved of a license supplement for the first fully automated West Nile Virus (WNV) nucleic acid test for donor screening. The Procleix WNV Assay on the Procleix TIGRIS system, manufactured by Gen-Probe Inc., is licensed to detect the virus' genetic material in plasma specimens from individual donors of blood, tissue and organs, and other living donors. It is not intended for use on cord blood specimens or as an aid in the diagnosis of WNV infection.

The Procleix WNV Assay on the Procleix TIGRIS system can be used for testing individual donor samples or for testing pooled samples from up to 16 individual donations of whole blood and blood components. This assay system provides flexibility that allows implementing testing of individual blood donor samples more extensively during periods of high WNV activity. The Procleix Tigris system is fully automated and is capable of performing certain steps that are generally performed by technologists when using semi-automated systems. The difference between this assay system and the previously approved Procleix semi-automated platform is the degree of automation.

WNV is typically spread by infected mosquitoes. However, transmission does occur, although much less commonly, through blood transfusion or organ transplantation. While most infected individuals have mild disease and recover spontaneously, infection can be serious or even fatal. WNV was first detected in the United States in 1999, and has recurred each year ever since then, becoming endemic in the country. It is estimated that between one and three million people have been infected with WNV.

[Back to Top](#)

Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 794 from the last report to 82,052. The totals for each service are Army National Guard and Army Reserve, 65,057; Navy Reserve, 6,024; Air National Guard and Air Force Reserve, 5,140; Marine Corps Reserve, 5,535; and the

Contracts/Procurements

- The Agency for Healthcare Research and Quality (AHRQ) issued a pre-solicitation notice for proposals for multiple contracts to continue the work and expand the impact of the AHRQ Evidence-based Practice Centers (EPC) Program. Work required under this contract will be obtained on an as-needed basis through issuances of Task Orders. These contracts are for a two-year base period with three one-year option periods.

The ultimate goal of the EPC Program is to present the state of the science on a given topic in a manner that can be directly applied to healthcare decisions made by clinicians, patients, policy-makers, and payers. Decisions may be made at the individual, group or organizational level. Topics are expected to cover all health care clinical, diagnostic and therapeutic areas, including prevention. The EPCs will provide a variety of services and products, including the development of evidence reports, comparative and effectiveness reviews, and technology assessments. These are systematic reviews based on rigorous, comprehensive syntheses and analyses of relevant scientific literature, emphasizing explicitly detailed documentation of methods rationale and assumptions.

AHRQ anticipates multiple contract awards (12-15). The solicitation and any documents relating to this requirement will only be available by downloading from the Internet through www.fedbizopps.gov or through the AHRQ website at www.ahrq.gov. It is anticipated that the solicitation will be available for downloading on or about March 23, 2007. <http://www.fbo.gov/spg/HHS/AHRQ/DCM/AHRQ-07-10021/SynopsisP.html>

Reports/Policies

- The GAO issued “*Veterans' Disability Benefits: Long-Standing Claims Processing Challenges Persist*,” (GAO-07-512T) on March 7, 2007. This report addressed VA's efforts to improve the timeliness and accuracy of decisions on claims and appeals, VA's efforts to reduce backlogs, and concerns about decisional consistency.

<http://www.gao.gov/new.items/d07512t.pdf>

- The GAO released “*Medicare: Improvements Needed to Address Improper Payments for Medical Equipment and Supplies*,” (GAO-07-59) on January 31, 2007 and published it on March 6, 2007. The GAO examined CMS's and CMS's contractors' activities to prevent and minimize improper payments for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and describe CMS's oversight of PSC program integrity activities.

<http://www.gao.gov/new.items/d0759.pdf>

- The GAO issued “*Medicare Spending: Preliminary Findings Regarding an Approach Focusing on Physician Practice Patterns to Foster Program Efficiency*,” (GAO-07-567T) on March 6, 2007. The GAO addressed approaches taken by other health care purchasers to address physicians' inefficient practice patterns; GAO's efforts to estimate the prevalence of inefficient physicians in Medicare; and the methodological tools available to identify inefficient practice patterns program-wide. GAO ensured the reliability of the claims data used in this report by performing appropriate electronic data checks and by interviewing agency officials who were knowledgeable about the data.

<http://www.gao.gov/new.items/d07567t.pdf>

- The GAO issued “*DoD and VA Health Care: Challenges Encountered by Injured Servicemembers during Their Recovery Process*,” (GAO-07-589T) on March 5, 2007. The GAO addressed the transition of care for seriously injured servicemembers who are transferred between DoD and VA medical facilities; DoD's and VA's efforts to provide early intervention for rehabilitation for seriously injured servicemembers; DoD's efforts to screen servicemembers at risk for post-traumatic stress disorder (PTSD) and whether VA can meet the demand for PTSD services; and the impact of problems related to military pay on injured servicemembers and their families. This is based on GAO work issued from 2004 through 2006 on the conditions facing OEF/OIF servicemembers at the time the audit work was completed.

<http://www.gao.gov/new.items/d07589t.pdf>

[Back to Top](#)

Legislation

- **H.R.1308** (introduced March 5, 2007): To amend titles XIX and XXI of the Social Security Act to permit States the option of coverage of legal immigrants under the Medicaid Program and the State children's health insurance program (SCHIP) 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 Lincoln Diaz-Balart [FL-21]

- **H.R.1315** (introduced March 5, 2007): To amend title 38, United States Code, to provide specially adaptive housing assistance to certain disabled members of the Armed Forces residing temporarily in housing owned by a family member was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Stephanie Herseth [SD]

- **H.R.1317** (introduced March 5, 2007): To establish a demonstration project to train unemployed workers for employment as health care professionals, and for other purposes was referred to the Committee on Education and Labor, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

Sponsor: Representative Eddie Bernice Johnson [TX-30]

- **H.R.1318** (introduced March 5, 2007): To amend title 38, United States Code, to repeal the authority for agent or attorney representation in veterans benefits cases before the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Ron Lewis [KY-2]

- **H.R.1322** (introduced March 5, 2007): To amend title I of the Employee Retirement Income Security Act of 1974 to provide emergency protection for retiree health benefits was referred to the Committee on Education and Labor, and in addition to the Committee on the Budget, 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 F. Tierney [MA-6]

- **H.R.1323** (introduced March 5, 2007): To authorize a major medical facility project for the Department of Veterans Affairs at Denver, Colorado was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative John T. Salazar [CO-3]

- **H.R.1327** (introduced March 6, 2007): To direct the Occupational Safety and Health Administration to complete its rulemaking on Employer Payment for Personal Protective Equipment for workers was referred to the House Committee on Education and Labor.

Sponsor: Representative Lucille Roybal-Allard [CA-34]

- **H.R.1328** (introduced March 6, 2007): To amend the Indian Health Care Improvement Act to revise and extend that Act was referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

Sponsor: Representative Frank Pallone, Jr. [NJ-6]

- **H.R.1329** (introduced March 6, 2007): To amend title XXI of the Social Security Act to make available additional amounts to address the funding shortfalls in the State Children's Health Insurance Program for fiscal year 2007 was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Joe Barton [TX-6]

- **H.R.1343** (introduced March 6, 2007): To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Gene Green [TX-29]

- **H.R.1348** (introduced March 6, 2007): To redesignate the National Institute on Drug Abuse as the National Institute on Diseases of Addiction, and to redesignate the National Institute on Alcohol Abuse and Alcoholism as the National Institute on Alcohol Disorders and Health was referred to the House

Committee on Energy and Commerce.

Sponsor: Representative Patrick J. Kennedy [RI-1]

- **H.R.1354** (introduced March 6, 2007): To amend titles 10 and 38, United States Code, to improve benefits and services for members of the Armed Forces, veterans of the Global War on Terrorism, and other veterans, to require reports on the effects of the Global War on Terrorism, and for other purposes was referred to the Committee on Veterans' Affairs, 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 James P. Moran [VA-8]

- **H.R.1367** (introduced March 7, 2007): To amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

Sponsor: Representative Patrick J. Kennedy [RI-1]

- **H.R.1368** (introduced March 7, 2007): To establish a program to provide financial incentives to encourage the adoption and use of interactive personal health records 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 Patrick J. Kennedy [RI-1]

- **H.R.1378** (introduced March 7, 2007): To amend the Internal Revenue Code of 1986 to allow individuals to designate any portion of a refund for use by the Secretary of Health and Human Services in providing catastrophic health coverage to individuals who do not otherwise have health coverage was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

Sponsor: Representative Virgil H. Goode, Jr. [VA-5]

- **H.R.1382** (introduced March 7, 2007): To amend title 38, United States Code, to provide for an assured adequate level of funding for veterans health care was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative John R. "Randy" Kuhl, Jr. [NY-29]

- **S.746** (introduced March 2, 2007): A bill 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 Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Wayne Allard [CO]

- **S.753** (introduced March 2, 2007): A bill to enhance scientific research and competitiveness through the Experimental Program to Stimulate Competitive Research, and for other purposes was and referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator John D. Rockefeller, IV [WV]

- **S.757** (introduced March 5, 2007): A bill to create a national set of effective voluntary national expectations for mathematics and science education in kindergarten through grade 12, and for other purposes was and referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.764** (introduced March 5, 2007): A bill to amend title XIX and XXI of the Social Security Act to permit States the option of coverage of legal immigrants under the Medicaid Program and the State children's health insurance program (CHIP) was referred to the Committee on Finance

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.765** (introduced March 6, 2007): A bill to establish a grant program to improve high school graduation rates and prepare students for college and work was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Richard Burr [NC]

- **S.766** (introduced March 6, 2007): A bill to amend the Fair Labor Standards Act of 1938 to provide more effective remedies of victims of discrimination in the payment of wages on the basis of sex, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.769** (introduced March 6, 2007): A bill to amend the Elementary and Secondary Education Act of 1965 to ensure that participants in the Troops to Teachers program may teach at a range of eligible schools was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Ken Salazar [CO]

- **S.773** (introduced March 6, 2007): A bill to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums was referred to the Committee on Finance.

Sponsor: Senator John Warner [VA]

- **S.787** (introduced March 7, 2007): A bill to impose a 2-year moratorium on implementation of a proposed rule relating to the Federal-State financial partnerships under Medicaid and the State Children's Health Insurance Program was referred to the Committee on Finance.

Sponsor: Senator Mel Martinez [FL]

- **S.792** (introduced March 7, 2007): A bill to amend the Internal Revenue Code of 1986 and the Employee Retirement Income Security Act of 1974 to modify the definition of governmental plan with respect to Indian tribal governments was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Gordon H. Smith [OR]

- **S.793** (introduced March 7, 2007): A bill to provide for the expansion and improvement of traumatic brain injury programs was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Orrin G. Hatch [UT]

[Back to Top](#)

Hill Hearings

- The House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs will hold hearings on **March 13, 2007**, to examine the impact of OIF/OEF on the VA Claims Process.
- The Senate Health, Education, Labor, and Pensions Committee will hold hearings on **March 14, 2007**, to examine enhancing patient access and drug safety relating to Prescription Drug User Fees.
- The House Veterans Affairs Subcommittee on Health will hold hearings on **March 15, 2007**, to examine the VA's Traumatic Brain Injury (TBI) program and Poly-trauma Centers.
- The Senate Veterans' Affairs Committee will hold an oversight hearing on **March 27, 2007**, to examine Department of Veterans Affairs and Department of Defense cooperation and collaboration, focusing on health care issues.
- 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 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.