

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 willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive veterans of early wars were treated and appreciated by our nation."—President George Washington

Congressional Schedule

- The House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs held 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 held 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 held hearings on March 15, 2007, to examine the VA's Traumatic Brain Injury (TBI) program and Poly-trauma Centers. Barbara Sigford, PhD, the VA's national program director for Physical Medicine and Rehabilitation, testified about the Polytrauma System of Care, which includes four regional Polytrauma Rehabilitation Centers (PRCs), and the process by which

wounded service members are transitioned from military treatment facilities (MTFs) to PRCs. In addition, Tina M. Trudel, PhD, president and COO of Lakeview Healthcare System, Inc., and principal investigator, Defense and Veterans Brain Injury Center, Virginia NeuroCare, and Col. Mark Bagg, chief, Department of Orthopedics and Rehabilitation, Brooke Army Medical Center, and director of the Intrepid Center testified.

- The House passed H R 1362, the Accountability in Contracting Act, which was sponsored by Rep. Henry Waxman (D-Calif.). This major contract oversight reform legislation is designed to limit agencies' use of no-bid and cost-plus contracts.

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Military Health Care News

- The Department of Defense announced that Brig. Gen. Michael S. Tucker, deputy commanding general/assistant commandant, U.S. Army Armor Center and Fort Knox, Fort Knox, Ky., was named to deputy commanding general, North Atlantic Regional Medical Command, Walter Reed Army Medical Center, Washington, D.C. on March 12, 2007.
- On March 11, 2007, Lt. Gen. Kevin C. Kiley, Army surgeon general and commanding general of Army Medical Command, submitted his request to retire from the U.S. Army to Acting Secretary of the Army Pete Geren. Maj. Gen. Gale Pollock, current Deputy Surgeon General, immediately assumed the Surgeon General's duties.

Acting Secretary Geren further directed on March 11 the immediate convening of the required advisory board, who will recommend a slate of candidates from among officers in the Army Medical Department for consideration as the next Surgeon General. Title 10, United States Code, requires such a board. The officer ultimately selected must be approved by the President of the United States and confirmed by the Senate. This board will be announced as soon as possible with the intent to convene on a date in April. Major General Pollock will execute the duties of the Surgeon General/Commanding General, Army Medical Command, until a new officer is named.

Kiley was appointed the 41st Surgeon General of the Army and Commander, U.S. Army Medical Command, Fort Sam Houston, Texas, on Sept. 30, 2004. He started his military career July 1, 1976, appointed as an Army captain serving a surgical internship and then an obstetrics and gynecology residency at William Beaumont Army Medical Center in El Paso, Texas. He received his medical degree from Georgetown University School of Medicine, Washington D.C. He is a board-certified OB/GYN and a fellow of the American College of Obstetricians and Gynecologists. He is also a graduate of the U.S. Army War College, Carlisle Barracks, Pa. <http://www.army.mil/-newsreleases/2007/03/12/2216-army-surgeon-general-submits-retirement-request/>

The [Independent Review Group \(IRG\)](#) was established in the wake of the Walter Reed Army Medical Center controversy to identify critical shortcomings and make recommendations for improvements in

rehabilitative care, administrative processes and quality of life for injured and sick members of the Armed Forces at both Walter Reed Army Medical Center (WRAMC) and the National Naval Medical Center (NNMC). The Honorable Togo D. West, Jr., former secretary of Veterans Affairs and secretary of the Army under President Bill Clinton, and the Honorable Jack Marsh, former secretary of the Army under President Ronald Reagan, were named co-chairs of the IRG, which was convened two weeks ago. A full list a members can be found at <http://www.ha.osd.mil/DHB/IRG/members.cfm>. The group has 45 days to report to Defense Secretary Robert Gates on its findings, with recommendations for corrections. The IRG held public hearings on March 13-14, 2007, at the two facilities to hear from patients and family members about their experiences. More than 20 service members and their families testified.

- The Army Inspector General released a report, [*Army Physical Disability Evaluation System Inspection*](#) on March 12, 2007, which details shortcomings in the Army's system for rating wounded soldiers.

Among the findings: the Department of Veterans Affairs system for disability ratings needs to be updated to better represent how soldiers are injured. The report also recommends that the U.S. Army Medical Command look at a having a common physical for both the VA and Army. In addition, the Army is not meeting its own standard for when evaluation boards should take place and needs more personnel to deal with increased caseloads.

Last month, the Army announced the report had arrived at 87 recommendations to address shortcomings in the Army's disability evaluation system.

The objectives of the inspection were to identify whether the Army's system was effective, including assessing the timeliness and execution of the Medial Evaluation Board and the Physical Evaluation Board. The report had arrived at 87 recommendations to address shortcomings in the Army's disability evaluation system. <http://www.estripes.com/article.asp?section=104&article=44277>

- On March 9, 2007, President Bush announced his intention to appoint the following individuals to serve as Members of the President's Commission On Care For America's Returning Wounded Warriors:

- Marc A. Giammatteo, of Connecticut
- Jose R. Ramos, of Texas
- Tammy L. Edwards, of Florida
- Kenneth Fisher, of New York
- C. Martin Harris, of Ohio
- Edward A. Eckenhoff, of the District of Columbia
- Gail R. Wilensky, of the District of Columbia

Navy Reserve Rear Adm. (lower half) Gregory A. Timberlake has been nominated for appointment to the grade of rear admiral while serving as deputy fleet surgeon, U. S. Fleet Forces Command, Norfolk, Va.

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Veterans Health Care News

- On March 7, 2007, the Department of Veterans Affairs (VA) issued a memorandum requiring its 1,400 hospitals and clinics to review the quality of their facilities and determine if the neglected conditions found at Walter Reed Medical Center in Washington, D.C., also exist elsewhere. The facilities are to report their findings to the VA by March 14.

VA Secretary Jim Nicholson ordered the report following a recent report released on Monday by a new Army inspector general that blames poor training and conflicting policies among the Army and the Veterans Affairs and Defense departments for problems of re-deployment of injured soldiers.

In the wake of roach infestation and dilapidated conditions in one building housing outpatients at Walter Reed Medical Center, one of the nation's premier facilities for treating those wounded in Iraq and Afghanistan, Nicholson paid a surprise visit to the VA medical center in Richmond, Virginia on Monday. Walter Reed provides supplemental health care and rehabilitation to 5.8 million veterans.

<http://www.allheadlinenews.com/articles/7006729362>

- According to a study by Dr. Karen Seal of the University of California and the San Francisco Veterans Affairs Medical Center, almost one-third of U.S. soldiers seeking government health care after returning from Iraq and Afghanistan are diagnosed with a mental problem. Diagnoses of post-traumatic stress disorder, anxiety, depression, substance abuse and other problems were most prevalent among younger soldiers.

The study, *[Bringing the War Back Home: Mental Health Disorders Among 103 788 US Veterans Returning From Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities](#)*, found that 25 percent of U.S. veterans returning from conflicts in Iraq and Afghanistan sought government-sponsored care, compared to 10 percent of Vietnam war veterans. In addition, of the nearly 104,000 veterans of Iraq and Afghanistan who sought care at Veterans Affairs facilities between September 2001 and the end of 2005, 32,010, or 31 percent, were diagnosed with at least one mental health problem. Post-traumatic stress disorder, which has symptoms that include flashbacks and can become debilitating, was diagnosed in 13,205 veterans, or 13 percent.

The incidence of mental problems found in the latest study was about the same among men and women and among different racial groups but younger soldiers were more likely to be afflicted than older ones. Soldiers younger than 25 also are more likely to be assigned to combat units than older service members. The researchers concluded that co-occurring mental health diagnoses and psychosocial problems were detected early and in primary care medical settings in a substantial proportion of OEF/OIF veterans seen at VA facilities. Targeted early detection and intervention beginning in primary care settings are needed to prevent chronic mental illness and disability.

- The Department of Veterans Affairs (VA) awarded two grants worth more than \$1.2 million for improvements to the Milledgeville state veterans home in Georgia. These grants will cover 65 percent of the cost of the projects. Total cost for the upgrades to Milledgeville's Russell and Vinson buildings are expected to total \$1.9 million.

The Milledgeville state veterans home operates three skilled nursing care facilities, a domiciliary and the

Kenneth Birdsong Recreation Center. In fiscal year 2006, VA spent nearly \$2.2 billion in Georgia to serve more than 760,000 veterans who live in the state. VA operates major medical centers in Atlanta, Dublin and Augusta (a two-division facility: downtown and uptown) with outpatient clinics and Vet Centers across the state. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1311>

- Secretary of Veterans Affairs (VA) Jim Nicholson, head of the new inter-agency task force examining the processes for combat veterans seeking services and benefits from the VA and other federal agencies, announced the creation of a dedicated Web page to solicit input on the ease of accessing federal services.

The [Task Force Web page](#) allows active duty service members, veterans, family members and others to comment directly to the task force on the accessibility, timeliness and delivery of services. Comments will be studied by the task force, used in the panel's evaluation of gaps in service and form the basis of recommended solutions.

Called the "Task Force on Returning Global War on Terror Heroes," the panel 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 for returning Global War on Terror service members; identify gaps in such services; seek recommendations from federal agencies on ways to fill those gaps and ensure that appropriate federal agencies are communicating and cooperating effectively.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1312>

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Health Care News

- The Food and Drug Administration (FDA) approved Tykerb (lapatinib), a new targeted anti-cancer treatment, to be used in combination with capecitabine (Xeloda), another cancer drug, for patients with advanced, metastatic breast cancer that is HER2 positive (tumors that exhibit HER2 protein). The combination treatment is indicated for women who have received prior therapy with other cancer drugs, including an anthracycline, a taxane, and trastuzumab (Herceptin). According to the American Cancer Society, about 180,000 new cases of breast cancer are diagnosed each year. Approximately 8,000 to 10,000 women die from metastatic HER2 positive breast cancer each year.

Tykerb, distributed by GlaxoSmithKline, is a new molecular entity (NME). It acts as a kinase inhibitor working through multiple pathways (targets) to deprive tumor cells of signals needed to grow. Unlike a monoclonal antibody such as trastuzumab, which is a large protein molecule that targets the part of the HER2 protein on the outside of the cell, Tykerb is a small molecule that enters the cell and blocks the function of this and other proteins. Because of this difference in mechanism of action, Tykerb works in some HER2 positive breast cancers that have been treated with trastuzumab and are no longer benefiting. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01586.html>

- On March 14, 2007, the Centers for Medicare and Medicaid Services (CMS) announced the California Cooperative Health Care Reporting Initiative (CCHRI) as its newest participant in an effort to produce more accurate, comprehensive measures of the quality of services at the provider level. Through the Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) project, the CCHRI will combine its claims data or clinical information with that of Medicare to provide consistent measures of the quality of provider services.

Currently, the BQI project is being implemented in four regional collaboratives around the country. The Delmarva Foundation for Medical Care, one of CMS's quality improvement organizations, has entered into subcontracts with each regional collaborative. [CMS NR 3-14-07](#)

- On March 12, 2007, the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC) released new guidelines for vaccinating females aged 9-26 with the human papillomavirus vaccine (HPV). The guidelines recommend vaccinating girls aged 11-12, although the vaccine can be given as young as age 9. Catch-up vaccination is recommended for those aged 13-26 who did not get the vaccine earlier. Ideally, the vaccine should be administered before sexual exposure to HPV. Nevertheless, it is still recommended for females who already have a history of genital warts. The vaccine is not licensed for use in males. Efficacy studies in males are under way.

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr56e312a1.htm?s_cid=rr56e312a1_e

- TASER International, Inc. provider of advanced electronic control devices for use in the law enforcement, military, private security and personal defense markets, announced that the 17th Surgeon General of the United States, Richard H. Carmona, M.D., M.P.H., FACS, has joined the Board of Directors of TASER International, Inc. effective March 8, 2007. Dr. Carmona served the four-year term as U.S. Surgeon General from 2002 to 2006. He brings nearly 40 years of military, law enforcement, and medical experience to his role as a member of the TASER Board of Directors. Dr. Carmona currently serves as vice chairman of Canyon Ranch, CEO of Canyon Ranch Health, and president of the nonprofit Canyon Ranch Institute in Tucson, Arizona. Dr. Carmona is also the Distinguished Professor of Public Health at The University of Arizona Mel and Enid Zuckerman College of Public

Health. <http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/03-13-2007/0004545283&EDATE=>

- Researchers at the University of Virginia School of Medicine have created a new online search engine- www.relemed.com -that provides medical professionals, researchers and the general public with a more efficient and targeted way to search for the latest, most relevant medical literature to answer medical queries.

ReleMed, short for Relevant Medicine, is not a general health site. It doesn't provide answers or suggest guidelines for specific medical problems. Rather, based on entered search terms, ReleMed retrieves the most relevant recent references published about a problem or a combination of conditions, versus any article in which the search terms appear. ReleMed works by assigning each of the articles a relevance or priority score. An article assigned a ranking of "1"-the highest possible-has clear relationships among the submitted search terms in all the critical parts of the article: the title, the abstract and in the key indexing or

MeSH terms.

With the explosion in the number of biomedical articles being published (more than 1,700 new articles daily), ReleMed allows a searcher to cull through them efficiently. Clinicians and researchers with tightly defined search needs can quickly search for articles that address their specific interest.

- According to the latest estimates from the [Drug Abuse Warning Network, 2005: National Estimates of Drug-Related Emergency Department Visits](#), emergency room visits related to the non-medical use of pharmaceuticals, including prescription and over-the-counter drugs, increased 21 percent from 2004 to 2005. Visits related to illicit drug use or alcohol were unchanged for the same time period.

The DAWN report, published by the Substance Abuse and Mental Health Services Administration, shows that the total number of drug-related emergency room visits remained stable from 2004 to 2005. However, visits involving the non-medical use of prescription or over-the-counter drugs increased from 495,732 to 598,542. The majority of these visits involved multiple drugs. Anti-anxiety drugs (benzodiazepines, up 19 percent), prescription pain relievers (up 24 percent) and methadone (up 29 percent) were among those most frequently implicated in non-medical use. DAWN does not distinguish between methadone in pill form, which is prescribed for pain, and methadone in liquid form, which is used for the treatment of heroin addiction.

Of the 1.4 million emergency room visits associated with drug misuse or abuse recorded by DAWN in 2005, 31 percent involved illicit drugs only and 27 percent involved pharmaceuticals only. An additional 36 percent involved combinations of illicit drugs, alcohol, and/or pharmaceuticals. Overall, there were 108 million emergency room visits in U.S. hospitals during the year.

- The Department of Health and Human Services (HHS) has developed a downloadable online diagnostic and treatment toolkit designed for health care providers, primarily physicians, who may have to provide medical care during a radiation incident. The new information package includes easy-to-follow procedures for diagnosis and management of radiation contamination and exposure, guidance for the use of radiation medical countermeasures, and a variety of other features to facilitate medical responses. All of this is now available on the [Radiation Event Medical Management \(REMM\) Web site](#). Critical information is presented in a format that will quickly and efficiently orient and guide health care providers during a mass casualty radiation event. In addition to online access, federal, state and local medical response teams will be able to download REMM information on laptop computers for quick access when they are deployed to a radiation incident or for training sessions.
- On March 14, 2007, the Food and Drug Administration (FDA) requested that all manufacturers of sedative-hypnotic drug products, a class of drugs used to induce and/or maintain sleep, strengthen their product labeling to include stronger language concerning potential risks. These risks include severe allergic reactions and complex sleep-related behaviors, which may include sleep-driving. Sleep driving is defined as driving while not fully awake after ingestion of a sedative-hypnotic product, with no memory of the event.

Along with the labeling revisions, FDA requested that each product manufacturer send letters to health care

providers to notify them about the new warnings. Manufacturers will begin sending these letters to providers starting this week.

In addition, FDA has requested that manufacturers of sedative-hypnotic products develop Patient Medication Guides for the products to inform consumers about risks and advise them of potential precautions that can be taken. Patient Medication Guides are handouts given to patients, families and caregivers when a medicine is dispensed. The guides will contain FDA-approved information such as proper use and the recommendation to avoid ingesting alcohol and/or other central nervous system depressants. When these Medication Guides are available, patients being treated with sleep medications should read the information before taking the product and talk to their doctors if they have questions or concerns. Patients should not discontinue the use of these medications without first consulting their health care provider. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01587.html>

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 645,000 from the last report to 81,407. The totals for each service are Army National Guard and Army Reserve, 64,375; Navy Reserve, 6,022; Air National Guard and Air Force Reserve, 5,149; Marine Corps Reserve, 5,560; and the Coast Guard Reserve, 301. www.defenselink.mil

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Reports/Policies

- The GAO issued “*Veterans' Disability Benefits: Processing of Claims Continues to Present Challenges*,” (GAO-07-562T) on March 13, 2007. The report examines the VA's efforts to improve the timeliness of decisions on claims and appeals and VA's efforts to reduce backlogs

<http://www.gao.gov/new.items/d07562t.pdf>

- The GAO issued “*DoD and VA Health Care: Challenges Encountered by Injured Servicemembers during Their Recovery Process*,” (GAO-07-606T) on March 8, 2007. In the report, the GAO addresses 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; the impact of problems related to military pay on injured servicemembers and their families. This testimony 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/d07606t.pdf>

- The Substance Abuse and Mental Health Services Administration's (SAMHSA) released “*Mental Health, United States 2004*,” on March 9, 2007. The report contains coordinated primary and mental health and substance abuse care, adoption and application of quality improvement tools, population assessments and

national mental health services statistics. <http://mentalhealth.samhsa.gov/publications/allpubs/SMA06-4195/default.asp>

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Legislation

- **H.CON.RES.90** (introduced March 8, 2007): Recognizing the dedication and honorable service of members of the Armed Forces who are serving or have served as military nurses was referred to the House Committee on Armed Services.
Sponsor: Representative Eddie Bernice Johnson [TX-30]
- **H.R.1420** (introduced March 8, 2007): To amend the Public Health Service Act with respect to facilitating the development of microbicides for preventing transmission of HIV/AIDS and other diseases, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned..
Sponsor: Representative Janice D. Schakowsky [IL-9]
- **H.R.1424** (introduced March 9, 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.1426** (introduced March 9, 2007): To amend title 38, United States Code, to provide veterans enrolled in the health system of the Department of Veterans Affairs the option of receiving covered health services through facilities other than those of the Department was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Tom Latham [IA-4]
- **H.R.1436** (introduced March 9, 2007): To amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Gus M. Bilirakis [FL-9]

- **H.R.1438** (introduced March 9, 2007): To establish demonstration projects to provide at-home infant care benefits was referred to the House Committee on Education and Labor.
Sponsor: Representative Rosa L. DeLauro [CT-3]
- **H.R.1448** (introduced March 9, 2007): To amend title 38, United States Code, to establish a Hospital Quality Report Card Initiative to report on health care quality in Department of Veterans Affairs hospitals was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Nita M. Lowey [NY-18]
- **H.R.1459** (introduced March 9, 2007): To improve Medicare beneficiary access by extending the 60 percent compliance threshold used to determine whether a hospital or unit of a hospital is an inpatient rehabilitation facility was referred to the House Committee on Ways and Means.
Sponsor: Representative John S. Tanner [TN-8]
- **H.R.1466** (introduced March 9, 2007): To amend title XXI of the Social Security Act to permit qualifying States to use a portion of their allotments under the State children's health insurance program for any fiscal year for certain Medicaid expenditures was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Heather Wilson [NM-1]
- **H.R.1470** (introduced March 12, 2007): To amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Bob Filner [CA-51]
- **H.R.1479** (introduced March 12, 2007): To amend title XVIII of the Social Security Act to provide for coverage of qualified acupuncturist services under part B of the Medicare Program, and to amend title 5, United States Code, to provide for coverage of such services under the Federal Employees Health Benefits Program was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and 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 Maurice D. Hinchey [NY-22]
- **H.R.1480** (introduced March 12, 2007): 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 House Committee on Energy and Commerce.
Sponsor: Representative Ron Klein [FL-22]
- **H.R.1487** (introduced March 13, 2007): 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 House Committee on Energy and Commerce.

Sponsor: Representative Henry C. "Hank," Johnson, Jr. [GA-4]

- **H.R.1489** (introduced March 13, 2007): To amend title XXI of the Social Security Act to eliminate the remainder of the funding shortfalls in the State Children's Health Insurance Program (SCHIP) for fiscal year 2007 was referred to the House Committee on Energy and Commerce.

Sponsor: Representative John Barrow [GA-12]

- **H.R.1518** (introduced March 14, 2007): To allow employees of Federally-qualified health centers to obtain health coverage under chapter 89 of title 5, United States Code was referred to the House Committee on Oversight and Government Reform.

Sponsor: Representative Danny K. Davis [IL-7]

- **H.R.1527** (introduced March 14, 2007): To amend title 38, United States Code, to allow highly rural veterans enrolled in the health system of the Department of Veterans Affairs to receive covered health services through providers other than those of the Department, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Jerry Moran [KS-1]

- **S.815** (introduced March 8, 2007): A bill to provide health care benefits to veterans with a service-connected disability at non-Department of Veterans Affairs medical facilities that receive payments under the Medicare program or the TRICARE program was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Larry E. Craig [ID]

- **S.820** (introduced March 8, 2007): A bill to establish demonstration projects to provide at-home infant care benefits was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.823** (introduced March 8, 2007): A bill to amend the Public Health Service Act with respect to facilitating the development of microbicides for preventing transmission of HIV/AIDS and other diseases, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Barack Obama [IL]

- **S.830** (introduced March 8, 2007): A bill to improve the process for the development of needed pediatric medical devices was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Christopher J. Dodd [CT]

- **S.845** (introduced March 12, 2007): A bill to direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Michael B. Enzi [WY]

- **S.847** (introduced March 13, 2007): A bill to extend the period of time during which a veteran's multiple sclerosis is to be considered to have been incurred in, or aggravated by, military service during a period of war was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Patty Murray [WA]
- **S.866** (introduced March 13, 2007): A bill to provide for increased planning and funding for health promotion programs of the Department of Health and Human Service was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Richard G. Lugar [IN]
- **S.882** (introduced March 14, 2007): A bill to require a pilot program on the facilitation of the transition of members of the Armed Forces to receipt of veterans health care benefits upon completion of military service, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Robert Menendez [NJ]
- **S.885** (introduced March 14, 2007): A bill 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 in the same manner as such laws apply to collective bargaining by labor organizations under the National Labor Relations Act was referred to the Committee on the Judiciary.
Sponsor: Senator Johnny Isakson [GA]

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Hill Hearings

- The Subcommittee on Retirement and Aging for the Senate Committee on Health, Education, Labor and Pensions will hold a hearing on **March 20, 2007**, to examine the state of Alzheimer's research.
- The Senate Committee on Health, Education, Labor and Pensions will hold a hearing on **March 21, 2007**, to examine the long-term health impacts from September 11, 2001.
- The Senate Committee on Health, Education, Labor and Pensions will hold a hearing on **March 22, 2007**, to examine the safety of medicines and medical devices for children.
- The Senate Veterans Affairs (VA) **Committee on Health will hold an oversight hearing on March 27, 2007, to examine VA-DOD cooperation and collaboration on health care issues.**
- The House Veterans Affairs (VA) **Subcommittee on Health will hold a hearing on March 28, 2007, to examine the VA's mental health services.**
- 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.

- The Senate Veterans Affairs (VA) **Committee on Health will hold an oversight hearing on April 25, 2007, to examine mental health issues at the VA.**

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Meetings / Conferences

- The American Association for Cancer Research (AACR) will hold its 2007 Annual Meeting, "*A Century of Leadership in Science - A Future of Cancer Prevention and Cures*," on **April 14-18, 2007**, in Los Angeles, Calif. www.aacr.org.
- 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/

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