

# 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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## **Congressional Schedule**

- On April 17, 2007, members of the Independent Review Group (IRG), set up by Defense Secretary Robert Gates to examine allegations of “unacceptable care and living conditions” for wounded soldiers at Walter Reed, testified before the House Oversight and Government Relations Subcommittee on National Security and Foreign Affairs. IRG Co Chair Togo West stated that while medical care at Walter Reed remains excellent, the needs of the wounded and their families were disregarded. West blamed this partly on personnel shortages at Walter Reed and Bethesda Naval Medical Center, noting that various national issues have impacted both. The IRG recommended that the BRAC decision to merge the two facilities should move forward. West also noted that not enough has been done to recognize the extent and needs of victims of traumatic brain injuries (TBIs) and post-traumatic stress disorder (PTSD).
- The House Veterans Affairs Subcommittee on Health held a hearing, "Access to VA Health Care: How Easy is it for Veterans? Addressing the Gaps," on April 18, 2007. Dr. Marcia Brand, associate administrator for rural health policy, Health Resources Services Administration (HRSA), and Dr. Gerald Cross, acting principal deputy under secretary for health, Veterans Health Administration, were among

those who testified.

- On April 18, 2007, the Senate Health, Education, Labor and Pensions Committee on voted 14-5 to approve S 1082, the Prescription Drug User Fee Amendments of 2007. The bill would reauthorize the Prescription Drug User Fee Act, which will expire on Sept. 30, through 2012.

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## **Military Health Care News**

- On April 17, 2007, the Department of Defense announced that Dr. S. Ward Casscells has assumed the duties as assistant secretary of defense for Health Affairs. In this position, Casscells will be responsible for overall leadership of the Military Health System, serve as the principal advisor to the secretary of defense for all DoD health policies and programs and oversee all DoD health resources.

Prior to his appointment, Casscells was a distinguished professor and vice president of biotechnology at the University of Texas Health Science Center in Houston and director of clinical research at the Texas Heart Institute. Casscells received three Commandant's Medals from the U.S. Army Medical Research and Materiel Command. For his work on telemedicine and disaster medicine, Casscells received the General Maxwell Thurman Award. As an advisor to the Army surgeon general for Hurricanes Rita and Katrina, Casscells received the Army Achievement Medal. He worked as the Army Medical Command's senior medical advisor for avian flu and pandemic flu. He also directed the Army's Disaster Relief and Emergency Medical Services Program and the Army's Texas Training and Technology against Trauma and Terrorism Program.

[Casscells' biography](#) can be viewed on the Health Affairs Web site.

<http://www.tricare.mil/pressroom/news.aspx?fid=273>

- The Independent Review Group (IRG) established by Secretary of Defense Robert Gates provided the Department of Defense (DoD) with its assessment of rehabilitative care and the administrative processes at the Walter Reed Army Medical Center (WRAMC) and the National Naval Medical Center (NNMC).

DoD announced it intends to quickly evaluate the recommendations in order to establish an action plan for change. In anticipation of the IRG findings and recommendations, DoD recently requested an adjustment to the fiscal year 2007 emergency supplemental request to provide \$50 million to create a medical support fund. This will allow DoD to promptly implement these and other recommendations that may be forthcoming. DoD is currently surveying wounded warriors and their families to assess their needs. With the Department of Veterans Affairs, DoD has begun the process of redesigning the disability evaluation and separation systems and is implementing initiatives to transfer medical records between the two agencies electronically.

The results of all the reviews being conducted by the Department of Veterans Affairs Task Force on Returning Global War on Terror Heroes and the recommendations of the President's Commission on Care

for America's Returning Wounded Warriors will likewise provide advice to chart the way forward for the care of service members. <http://www.defenselink.mil/releases/release.aspx?releaseid=10766>

- The Department of Defense, TRICARE Management Activity, published a proposed rule in the *Federal Register* on April 16, 2007. This proposed rule expands the geographic scope of the TRICARE Retiree Dental Program (TRDP) to overseas locations not currently covered by the program. At this time, TRDP is only applicable in the 50 United States and the District of Columbia, Canada, Puerto Rico, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands. Expanding the geographic scope of the program will ensure that all TRICARE-eligible retirees are eligible for the same dental benefits, regardless of their location. There are no additional Government costs associated with this proposed expansion of TRDP overseas as TRDP costs are borne entirely by enrollees through premium payments.

- TriWest Healthcare Alliance, contractor for the Department of Defense (DoD) to administer the TRICARE program in the 21-state West Region, received the Outstanding Corporate Support Award from the Iowa National Guard Officers Association (INGOA) at the association's annual spring conference in Des Moines, IA. Service Area Director Don Jenn accepted honors on behalf of TriWest from Maj. Gen. Ron Dardis and Lt. Col. Richard Schuett. During the assembly Jennifer Mosinski, INGOA Auxiliary President, thanked TriWest for the charitable contribution that had been made earlier in the day to the INGOA Auxiliary. <http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/04-18-2007/0004568740&EDATE=>

- According to *Government Health IT*, the Defense Department (DoD) has launched a new effort to improve the treatment of wounded soldiers at Walter Reed Army Medical Center. Officials announced this week that they have automated the process for transferring the results of medical scans, such as MRIs and computed tomography (CT) scans, of critically injured soldiers who are moved from Walter Reed and the National Naval Medical Center in Bethesda, Md., to the Department of Veterans Affairs' Polytrauma Rehabilitation Center in Tampa, Fla.

Until recently, soldiers or their family members had to carry the scan results on CDs to the new facility. DOD will now transmit the scans directly, a process that promises to lower the risk of lost images. The electronic process will also allow providers at the VA to better prepare for new patients' arrival.

The collaborative approach will allow facilities to share images generated through computed radiology, digital radiography, CT, MRI and ultrasound. Most soldiers critically wounded in Iraq and Afghanistan receive treatment at Walter Reed, the National Naval Medical Center or the Brooke Army Medical Center in Texas and are later transferred to one of four VA Polytrauma Rehabilitation Centers -- in Tampa; Richmond, Va.; Minneapolis; and Palo Alto, Calif. DoD plans to implement the new digital image-transfer system at Brooke Army Medical Center and the three remaining polytrauma facilities soon. <http://www.govhealthit.com/article98264-04-18-07-Web>

- The American Forces Information Service reports that Deputy Defense Secretary Gordon England called for a new policy that moves wounded troops from Iraq and Afghanistan to the front of the line in the

disability rating process while system-wide fixes to the disability and health care systems are put in place.

During testimony before the Senate Veterans Affairs' and Armed Services' Committees, England recommended an immediate measure to speed combat-wounded troops through the Defense disability system and smooth their transition to the Veterans Affairs system. The goal, he said, is "an uninterrupted, seamless continuum of care and support" that ensures nobody falls through the cracks or gets mired down in bureaucratic red tape.

Wounded troops represent about 11 percent of the 25,000 service members being processed through the Defense Department's disability system. This would be a short-term fix to the problem-ridden disability system. England suggested that a more comprehensive and long-term solution would be found in findings of the many studies, reviews, commissions and panels, which have convened.

[http://www.dcmilitary.com/stories/041907/journal\\_27983.shtml](http://www.dcmilitary.com/stories/041907/journal_27983.shtml)

- The Task Force on the Future of Military Health held a meeting on April 18, 2007. GAO Comptroller General David M. Walker opened the meeting with a report on the military health system (MHS). In his remarks, Walker said at its current state, the MHS would not be sustainable. He recommended that the panel examine ways to defray costs. The task force asked Ms. Lorraine Lewis, executive director of the United Mine Workers of America (UMWA) Health and Retirement Funds, to explain how the UMWA provides health care services to its retirees and their dependents for about seven percent less cost than would be expected. The UMWA implemented two programs--the Geriatric Care Management (GCM) program and the Prescription Drug Care Coordination program—to manage costs and help educate their beneficiaries.

The second half of the meeting focused on DoD's pharmacy program. Mr. Kenny Klepper, president and chief operating officer, Medco Health Solutions, Inc., and Ms. Nancy Gilbride, MS, RPh, vice president and general manager, TRICARE Division, testified.

- The Department of Defense (DoD) launched a revamped [Force Health Protection and Readiness \(FHP&R\) Web site](#) on April 19, 2007. The improved Web site provides service members, DoD leadership, and health care planners and providers a comprehensive, easy-to-use resource for information to promote and sustain a healthy and fit force, safeguard the health and well-being of Service members and their families, prevent injuries and illness and protect the force from health hazards, as well as sustain world-class medical and rehabilitative care to the sick and injured anywhere in the world.

The Web site mirrors FHP&R capability areas:

- Quality Assurance & Customer Support. Provides customer focus, Force Health Protection & Readiness quality assurance and strategic support for the FHP&R Office, collaborating with Veterans Affairs and National Military and Veterans Service Organizations.
- Deployment Technologies & Support Programs. Supports research and development of systems that electronically document medical treatment in-theater.
- Force Readiness & Health Assurance. Develops policies and programs that optimize and protect the health and safety of DoD personnel during all phases of deployment. In response to the National Defense Authorization Act for fiscal year 2005, DoD posted its health

- assessment policies, procedures and documents on the DeploymentLINK Web site, now found at <http://fhp.osd.mil/ha-pg.jsp>.
- Health Sciences & Force Optimization. Develops policy for, and oversees health research and clinical investigations conducted under, the Defense Health Program; the Component Clinical Investigation Programs; Congressionally Directed Medical Research Program; and the USD (P&R) Human Research Protection Program.
  - Global Civil-Military Medicine. Focuses on Force Health Protection on a global and civil level, including national disaster preparation and planning, pandemic influenza, coalition and non-beneficiary health benefits and international medicine.
  - Operational Medicine & Medical Force Readiness. Develops the ability to maintain medical readiness and project the continuum of health care resources required to provide for the health of the force.

<http://www.tricare.mil/pressroom/news.aspx?fid=274>

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## Veterans Health Care News

- The Department of Veterans Affairs announced opened its 125th national cemetery on April 16, 2007. The South Florida VA National Cemetery is a 313-acre site is located in Palm Beach County, approximately 19 miles northwest of Boca Raton. More than 400,000 veterans live within the service area of the cemetery.

Burials at the Palm Beach County site will begin in a section that provides 1,708 plots for casketed remains, approximately 4,000 plots for cremated remains and a committal shelter. This small development is separate from the major Phase 1 construction project, and allows for burials to begin during construction of the cemetery.

Veterans with a discharge other than dishonorable, their spouses and eligible dependent children can be buried in a national cemetery. Other burial benefits include a burial flag, a Presidential Memorial Certificate, a government headstone or marker and perpetual maintenance of the gravesite. Even a veteran who is not buried in a national cemetery is eligible for a burial flag, certificate and headstone or marker.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1321>

- On April 16, 2007, Veterans Affairs (VA) Secretary Jim Nicholson presented the President's Volunteer Service Lifetime Achievement Award to Clifford Stoffel, a veteran who contributed more than 4,000 hours of service in the VA Maryland Health Care System as a volunteer with the Disabled American Veterans transportation network at the Glen Burnie, Md., VA Outpatient Clinic. Nicholson also gave awards to other volunteers who have served at the Baltimore VA Rehabilitation and Extended Care Center and regional outpatient clinics. More than 88,000 volunteers at VA medical facilities – who worked 12.5 million hours last year – are being recognized across the country in conjunction with National Volunteer Week, April 15-21.

VA has the largest volunteer program in the government and one of the largest in the country. Using a

formula developed by a coalition representing hundreds of charities and non-profits, it is estimated that in 2006, VA would have needed more than 6,000 full-time employees to replace the time donated by volunteers. VA estimates the time volunteered to VA equates to nearly \$225 million annually. In addition, VA volunteers and their organizations contributed an estimated \$54 million in gifts and donations last year. More than 350 national and community organizations support VA's Voluntary Service program, organized in 1946. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1322>

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## Health Care News

- Immunologist and AIDS researcher Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), has been awarded the 2007 George M. Kober Medal of the Association of American Physicians (AAP) for his outstanding contributions to academic medicine. The Kober Medal is among the highest honors conferred upon physician-scientists in the United States. The Kober Medal is named after George M. Kober, M.D., a pioneer in public health reform in the late 19th century and the early 20th century. It recognizes physicians acknowledged as leaders in internal medicine.

Dr. Fauci, a pioneer in the field of human immunoregulation, began working as NIAID director in 1984. He oversees an extensive research portfolio of basic and applied research to prevent, diagnose and treat infectious and immunologic diseases. He has received acclaim for developing effective therapies for the formerly fatal rheumatological diseases: polyarteritis nodosa and Wegener's granulomatosis. He is one of the key advisors to the White House and the Department of Health and Human Services on global HIV/AIDS issues, and on initiatives to bolster medical and public health preparedness against emerging infectious disease threats such as pandemic influenza. [http://www3.niaid.nih.gov/news/newsreleases/2007/fauci\\_kober.htm](http://www3.niaid.nih.gov/news/newsreleases/2007/fauci_kober.htm)

- On April 18, 2007, the Department of Health and Human Services (HHS) announced the appointment of Robert M. Kolodner, M.D., to head the Office of the National Coordinator for Health Information Technology (ONC) at HHS. Dr. Kolodner has been serving as the Interim National Coordinator for Health IT since Sept. 20, 2006.

Kolodner joined HHS from the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA), where he was Chief Health Informatics Officer. In that role, he was chief advisor to the VA's Under Secretary for Health on information technology issues and oversaw the development of the VA's renowned electronic health record, VistA. Dr. Kolodner's long-standing interest in computers and his training as a psychiatrist led to his early involvement with VA's efforts to use automation in support of mental health care and subsequently his leadership in coordinating clinical record access across all clinical disciplines.

As National Coordinator for Health IT at HHS, Dr. Kolodner will serve as principal advisor to Secretary Leavitt on all health IT initiatives. He will also continue to develop, maintain, and direct the implementation of the strategic plan to guide nationwide adoption of interoperable health IT to reduce medical errors, improve quality, and produce greater value in health care. Dr. Kolodner's appointment is



effective immediately. [http://www.govtech.net/magazine/channel\\_story.php/105048](http://www.govtech.net/magazine/channel_story.php/105048)

- The Centers for Medicare and Medicaid Services (CMS) published a proposed rule that takes significant steps to improve the accuracy of Medicare's payment under the acute care hospital inpatient prospective payment system (IPPS), while providing additional incentives for hospitals to engage in quality improvement efforts. The changes reflect recommendations from the Medicare Payment Advisory Commission (MedPAC).

The payment reforms include a proposal to restructure the inpatient diagnosis related groups (DRGs) to account more fully for the severity of the patient's condition. In addition, the proposed rule includes provisions to ensure that Medicare no longer pays hospitals for their additional costs of hospital-acquired conditions (including infections), and includes an expanded list of publicly reported quality measures. The proposed rule would also reduce payment for a DRG involving the implantation of a device, when a hospital replaces a device and the replacement is supplied to the hospital at no or reduced cost.

Medicare's inpatient rates for operating expenses will increase by 3.3 percent in FY 2008 for those hospitals that report quality data to CMS. Overall, the proposed rule is estimated to increase payments to more than 3,500 acute care hospitals by \$3.3 billion. The proposed rule would add five new quality measures, which would bring to 32 the number of measures hospitals would need to report in FY 2008 in order to qualify for the full market basket update in FY 2009. The five proposed measures include 30-day mortality for Medicare patients with pneumonia, and four additional measures relating to surgical care improvement. In addition, the proposed rule seeks input concerning other measures that could be added for FY 2009 and beyond. [CMS NR 4-13-2007](#)

- The U.S. Food and Drug Administration (FDA) announced the first approval in the United States of a vaccine for humans against the H5N1 influenza virus, commonly known as avian or bird flu. The vaccine could be used in the event the current H5N1 avian virus were to develop the capability to efficiently spread from human to human, resulting in the rapid spread of the disease across the globe. Should such an influenza pandemic emerge, the vaccine may provide early limited protection in the months before a vaccine tailored to the pandemic strain of the virus could be developed and produced.

The H5N1 virus is one version of the influenza A virus commonly found in birds. Unlike seasonal influenza, where infection ranges from mild to serious symptoms in most people, the disease caused by H5N1 is far more severe and happens quickly, with pneumonia and multi-organ failure commonly seen.

The vaccine was obtained from a human strain and is intended for immunizing people 18 through 64 years of age who could be at increased risk of exposure to the H5N1 influenza virus contained in the vaccine. H5N1 influenza vaccine immunization consists of two intramuscular injections, given approximately one month apart. The manufacturer, Sanofi Pasteur Inc., will not sell the vaccine commercially. Instead, the vaccine has been purchased by the federal government for inclusion within the U.S. Strategic National Stockpile for distribution by public health officials if needed. The vaccine will be manufactured at Sanofi Pasteur's Swiftwater, Pa., facility.

With the support of FDA, the U.S. National Institutes of Health and other government agencies, sanofi pasteur and other manufacturers are working to develop a next generation of influenza vaccines for

enhanced immune responses at lower doses, using technologies intended to boost the immune response. Meanwhile, the approval and availability of this vaccine will enhance national readiness and the nation's ability to protect those at increased risk of exposure.

The U.S. Strategic National Stockpile is maintained by the U.S. Centers for Disease Control and Prevention. It contains large quantities of medicine and medical supplies to protect the American public if there is a public health emergency, which can be delivered to any state in the United States within 12 hours. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01611.html>

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## Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 85 from the last report to 80,903. The totals for each service are Army National Guard and Army Reserve, 63,602; Navy Reserve, 6,338; Air National Guard and Air Force Reserve, 5,172; Marine Corps Reserve, 5,489; and the Coast Guard Reserve, 302. [www.defenselink.mil](http://www.defenselink.mil)

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## Contracts/Procurements

- The Department of Health and Human Services, Centers for Medicare and Medicaid Services, issued a pre-solicitation notice for a contractor to provide training, independent quality assurance, and content support for the Beneficiary Contact Center (BCC) operations, which is designed to strengthen the knowledge, quality of performance and skills of the BCC workforce; to provide continuous improvement through the integration of content, training, quality assurance and operations; as well as create a responsive content and training operations team capable of incorporating new program initiatives and other specialized needs. The entire scope of this work, the requirements, evaluation factors, etc. will be specifically addressed in the solicitation when issued.

The contract period of performance will be a three-month transition, 15-month base year with four, one-year option periods. This acquisition is set aside for a competition limited to all responsive, responsible, eligible Small Business Administration (SBA) 8(a) concerns that are registered in the Central Contractor Registration (CCR) ([www.ccr.gov](http://www.ccr.gov)). All other firms are deemed ineligible to submit offers. A single award is anticipated from this solicitation. The solicitation is expected to be released on [www.Fedbizopp.gov](http://www.Fedbizopp.gov) on or after May 8,

2007. <http://www.fbo.gov/spg/HHS/HCFA/AGG/RFP%2DCMS%2D2007%2D8A%2D0006/listing.html>

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## Reports/Policies

- On April 16, 2007, the Congressional Budget Office (CBO) released “*Effects of Medicare’s Drug*



*Pricing on Other Purchasers.*” The CBO determined that S. 3, the Medicare Prescription Drug Price Negotiation Act of 2007, would not have an effect on drug prices for other purchasers including the Medicaid program and the Department of Veterans Affairs.

<http://www.cbo.gov/showdoc.cfm?index=8005&sequence=0&from=7>

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## Legislation

- **H.R.1863** (introduced April 17, 2007): To direct the Secretary of Veterans Affairs to conduct at two-year pilot program to use a mobile processing unit to perform certain services of the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Doug Lamborn [CO-5]
- **H.R.1864** (introduced April 17, 2007): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide for the automated processing of veterans disability compensation claims was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Doug Lamborn [CO-5]
- **H.R.1879** (introduced April 17, 2007): To direct the Secretary of Veterans Affairs to convey the Department of Veterans Affairs Medical Center located in Marlin, Texas, to the State of Texas was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative John R. Carter [TX-31]
- **H.R.1884** (introduced April 17, 2007): To amend the Public Health Service Act to provide for the participation of optometrists in the National Health Service Corps scholarship and loan repayment programs, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Bart Gordon [TN-6]
- **H.R.1892** (introduced April 17, 2007): To direct the Secretary of Health and Human Services to provide for the establishment and maintenance of a National Amniotic and Placental Stem Cell Bank was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Daniel Lipinski [IL-3]
- **H.R.1900** (introduced April 17, 2007): To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who received an expeditionary medal during a period of military service other than a period of war was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Nick J. Rahall, II [WV-3]
- **H.R.1901** (introduced April 17, 2007): To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who served

during certain periods of time in specified locations was Referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Nick J. Rahall, II [WV-3].

- **S.1109** (introduced April 16, 2007): A bill to increase funding for the National Institutes of Health to carry out breast cancer research and to amend title XVIII of the Social Security Act to extend for 6 months the eligibility period for the "Welcome to Medicare" physical examination and to eliminate coinsurance for screening mammography and colorectal cancer screening tests in order to promote the early detection of cancer was referred to the Committee on Finance.

Sponsor: Senator Evan Bayh [IN]

- **S.1117** (introduced April 16, 2007): A bill to establish a grant program to provide vision care to children, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Christopher S. Bond. [MO]

- **S.1120** (introduced April 17, 2007): A bill to amend the Public Health Service Act to provide grants for the training of graduate medical residents in preventive medicine and public health was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Tom Harkin [IA]

- **S.1146** (introduced April 18, 2007): A bill to amend title 38, United States Code, to improve health care for veterans who live in rural areas, and for other purposes was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Ken Salazar [CO]

- **S.1147** (introduced April 18, 2007): A bill to amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as "Priority 8") was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Patty Murray [WA]

- **S.1156** (introduced April 18, 2007): A bill to amend the Federal Food, Drug, and Cosmetic Act to reauthorize the Best Pharmaceuticals for Children program was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Christopher J. Dodd [CT]

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## Hill Hearings

- 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.

- The House Veterans Affairs Subcommittee on Health will hold a hearing on **May 9, 2007**, to examine the VA's Long-Term Care Programs.
- The Senate Veterans' Affairs Committee will hold a hearing on **May 9, 2007**, to examine legislation on benefits.
- The Senate Veterans' Affairs Committee will hold a hearing on **May 16, 2007**, to examine the nomination of Michael K. Kussman, of Massachusetts, to be Under Secretary for Health of the Department of Veterans Affairs.
- The Senate Veterans' Affairs Committee will hold a hearing on **May 23, 2007**, to examine legislation on health issues.
- The Veterans Affairs committees for the Senate and House will hold a joint hearing on **Sept. 20, 2007**, to hear the American Legion's legislative presentation.

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## **Meetings / Conferences**

- The President's Commission on America's Returning Wounded Warriors will hold a meeting on **April 23, 2007**, in Washington DC.  
<http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/07-1908.htm>
- The CDC will hold its Annual Diabetes Translation Conference on **April 30–May 3, 2007**, in Atlanta, Ga. <http://www.team-psa.com/ddt2007/main.asp>
- The 55th Annual Clinical Meeting of The American College of Obstetricians and Gynecologists will be held on **May 5-9, 2007** in San Diego, Calif. [www.acog.org/acm/](http://www.acog.org/acm/)
- The National Institute on Drug Abuse (NIDA) will hold a two day meeting: "*Drug Abuse and Risky Behaviors: The Evolving Dynamics of HIV/AIDS*," on **May 8-9, 2007**, in Bethesda, Md.  
<http://www.nih.gov/news/pr/apr2007/nida-04.htm>
- The National Institute of Biomedical Imaging and Bioengineering (NIBIB) will hold its fifth annual symposium: "Changing the World's Healthcare through Biomedical Technologies," on **June 1, 2007**, in Bethesda, Md. <http://www.nibibmeetings.org/Symposium/>

- 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/](http://www.isid.org/13th_icid/)

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