

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 May 8, 2007, the Senate passed S.1082, Prescription Drug User Fee Amendments of 2007. This legislation amends the Federal Food, Drug, and Cosmetic Act to reauthorize and amend the prescription drug user fee provisions, and for other purposes.
- The House Armed Services Committee completed its mark-up of H.R. 1585, the National Defense Authorization Act for Fiscal Year 2008 on May 9, 2007. This bill authorizes appropriations for fiscal year 2008 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal year 2008, and for other purposes. The bill continues a Congressional blockage of TRICARE enrollment and copayment fee increases, as well as fees for the pharmacy benefit. It also requires an overview of DoD outreach efforts in mental health, and whether best practices are implemented and provides funding for medication that can be used immediately after an injury occurs to reduce the effects of Traumatic Brain Injury (TBI). The legislation now goes to the House floor for consideration by the full House.
- On May 8, 2007, Representative David R. Obey [WI-7] proposed H.R. 2206, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 after President Bush vetoed the previous emergency supplemental bill. This bill would provide \$42.8 billion to the Department

of Defense immediately and allow for another \$52.8 billion in July after a Congressional vote. The second vote would include an amendment that would require the funds be used to redeploy US troops out of Iraq within 180 days of enactment.

- The House Veterans Affairs Subcommittee on Oversight and Investigations held a hearing on May 8, 2007, to examine the sharing of electronic medical records between Departments of Defense and Veterans Affairs. Ms. Valerie Melvin, director, human capital and management information systems issues for the of the Government Accountability Office (GAO) testified about the status of the efforts of Departments of Defense and Veterans Affairs to create a comprehensive, seamless exchange of information. The GAO found DoD and DVA lacked a comprehensive project management plan to ensure the exchange of information is accomplished. She suggested that Congress continue its oversight of this project since it has proven critical to getting the process as far as it has so far.

Dr. Gerald M. Cross, MD, acting principal deputy under secretary for health for the VA and Dr. Stephen Jones, principle deputy assistant secretary for health affairs for the DoD, also testified.

- The House Veterans Affairs Committee held a hearing on May 9, 2007, to examine the results of the President's Task Force on Returning Global War on Terror Heroes. VA Secretary Jim Nicholson testified about the Task Force's findings and answered questions from Committee members regarding specific constituent complaints that each has received.

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Military Health Care News

- On May 9, 2007, the Department of Defense (DoD) released its implementation plan for preparing, planning and responding to a potential pandemic influenza outbreak. This plan implements the White House "[National Pandemic Influenza Strategy Implementation Plan.](#)" It provides strategic guidance to all DoD components for preparation and response to an outbreak of pandemic influenza.

- On May 9, TRICARE Management Activity (TMA) announced that three newer sedative hypnotic agents, one narcotic analgesic and six topical glaucoma agents were approved to be placed on the non-formulary (or third tier), effective Aug. 1, 2007. Medications on the Uniform Formulary third tier (non-formulary) require a \$22 co-payment in the retail and mail-order pharmacy programs and are not available at military treatment facility (MTF) pharmacies unless medical necessity has been established and the prescription is written by an MTF provider. To view the chart of affected medications, please visit [UF Formulary Changes](#).

- The TriWest Healthcare Alliance has expanded its disease management program to include beneficiaries coping with depression or diabetes. The new program, called Condition Management program, focuses on educating patients on how to improve their health management skills while living with a chronic illness. The program is available at no charge to TRICARE beneficiaries and their families.

The Condition Management program was previously focused solely on patients living with asthma or heart failure. However, more than 21 million Americans have diabetes, and more than 19 million Americans suffer clinical depression each year, according to statistics from the American Diabetes Association and Mental Health America, respectively.

TRICARE West Region beneficiaries interested in enrolling in the Condition Management program should call TriWest toll-free at 888-259-9378 to determine whether they can participate. No referral or prior authorization is necessary. <http://www.schriever.af.mil/news/story.asp?id=123052338>

- On May 4, 2007, the Department of Defense (DoD) released key findings from the latest Mental Health Advisory Team (MHAT-IV) survey, the fourth in a series of studies since 2003 to assess the mental health and well-being of the deployed forces serving in Iraq.

The MHAT-IV, conducted in August and October of last year, assessed more than 1,300 soldiers and for the first time nearly 450 Marines. Survey participants were not selected to be representative of the entire deployed force. Units were specifically targeted for this survey because they experienced the highest level of combat exposure. If a representative sample of the total deployed force had been selected, the findings would have likely been very different.

Among the significant health findings:

- Soldiers who deployed longer (greater than six months) or had deployed multiple times were more likely to screen positive for a mental health issue.
- The 2006 adjusted rate of suicides per 100,000 soldiers was 17.3 soldiers, lower than the 19.9 rate reported in 2005, however higher than the Army average of 11.6 per 100,000 soldiers. However, there are important demographic differences between these two soldier populations that make direct comparisons problematic.
- Soldiers experienced mental health problems at a higher rate than Marines.
- Deployment length was directly linked to morale problems in the Army.
- Leadership is key to maintaining soldier and Marine mental health.
- Both soldiers and Marines reported at relatively high rates – 62 and 66 percent, respectively – that they knew someone seriously injured or killed, or that a member of their team had become a casualty.

Implementation of recommendations and remedies to support soldiers and Marines has already begun. The Army has addressed the MHAT-IV findings with:

- Revised suicide prevention training.
- Behavioral health awareness training in junior leader development courses.
- Small-group BATTLEMIND training during both pre- and post-deployment.
- Offer BATTLEMIND training to spouses at pre- and post-deployment sessions.
- BATTLEMIND training for Warriors in Transition.

A new Army Web site, <http://www.behavioralhealth.army.mil>, includes instructional materials required to conduct BATTLEMIND training. While training brigades have not yet formally instituted BATTLEMIND training at mobilization stations, all have incorporated mental health training during the mobilization

process.

The overall findings of MHAT IV confirm information from previous MHAT reports and existing knowledge of the effects of combat and operational stress conditions. The MHAT program provides invaluable information that leaders can use to improve the overall behavioral health of military members and their families.

The redacted [MHAT IV report](#) will be available on the Army Medicine Web site.

<http://www.defenselink.mil/releases/release.aspx?releaseid=10824>

- This month, the Department of Defense (DoD) will launch the third and final recruitment phase of the largest prospective health project in military history – the Millennium Cohort Study. Designed to evaluate the long-term health effects of military service, including deployments, the cohort is tracking the health status of more than 140,000 service members from active, Reserve, and Guard duty status until well into their civilian careers or retirement.

The survey participants are chosen at random from personnel rosters of all the service branches. While cooperation is not mandatory, the program has been endorsed by Chairman of the Joint Chiefs of Staff Peter Pace as well as several veterans' service organizations.

While the study is entering its sixth year out of a twenty-one year study period, initial data has already sparked much interest in the medical community. This project hopes to provide new insight and understanding in the areas of deployment-related exposures, long-term mental health challenges, and service-related health issues. Funded by the DoD and supported by military, Department of Veterans Affairs, and civilian researchers, nearly 110,000 people are already participating in this groundbreaking study. <http://www.tricare.mil/pressroom/news.aspx?fid=281>

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Veterans Health Care News

- The Department of Veterans Affairs (VA) announced the formation of a formal, 17-person committee, called Advisory Committee on OIF/OEF Veterans and Families, that will advise on ways to improve VA programs serving veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) and their families.

The new OIF/OEF advisory committee will hold a three-day inaugural meeting, beginning May 14 in Alexandria, Va. The committee is scheduled to discuss its general work program, future meeting dates, and plans for site visits to VA facilities around the country.

The schedule includes briefings by senior officials of VA's key programs, comments by members of the public who register in advance with the committee, discussions about "seamless transition" goals and procedures affecting combat veterans moving from the military to civilian life.

Members of the VA Advisory Committee on OIF/OEF Veterans and Families are: Lt. Gen. Barno of Washington, D.C.; Dawn Halfaker of Washington, D.C.; Lonnie Moore of San Diego; Jack L. Tilley of Riverview, Fla.; Gary Wilson of Carlsbad, Calif.; Liza Biggers of New York City; Pam Estes of Dayton,

Md.; Caroline Maney of Shalimar, Fla.; Kimberly Hazelgrove of Lorton, Va.; Michael Ayoub of Ashburn, Va.; Rocky McPherson of Tallahassee, Fla.; John Sommer of Annandale, Va.; Dennis Donovan of Atlanta; Frances Hackett of South Plainfield, N.J.; Paul F. Livengood of Manassas, Va.; Tim McClain of Alexandria, Va.; and Chris Yoder of Baltimore. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1330>

- This week, sixteen pieces of award-winning artwork by veterans will be on display in the rotunda of Russell Senate Office Building. The exhibit, which is open to the public, is in conjunction with the National Veterans Creative Arts Festival—an annual art competition held by the Department of Veterans Affairs (VA) to help injured veterans' rehabilitate.

This exhibit is made possible by the sponsorship of Sen. Daniel K. Akaka, chairman, Committee on Veterans' Affairs, and Sen. Larry Craig, ranking member, Committee on Veterans' Affairs.

Each year, veterans treated at VA medical centers across the country compete in a local creative arts contest that includes visual art, creative writing, dance, drama and music. Selected winners are invited to attend the National Veterans Creative Arts Festival, a week-long event that highlights the talents of the national medal-winning veterans through exhibition of their visual artwork and presentation of a live stage show performance. The 2007 national festival will take place in St. Louis, Mo. October 22 –28.

The 16 pieces that comprise the exhibit on display at the Rotunda of the Russell Senate Office Building were chosen from nearly 150 first place-winning entries from 2004, 2005 and 2006 National Veterans Creative Arts competitions.

The Festival is presented each year by VA, and cosponsored by Help Hospitalized Veterans and the American Legion Auxiliary. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1331>

- J. Ronald Johnson has been appointed assistant director of the VA Gulf Coast Veterans Health Care J. Ronald Johnson System. He is responsible for the system's compensation and pension program, VA and Department of Defense partnership programs and all outpatient services delivered to veterans in Biloxi, Mobile, Pensacola, Eglin Air Force Base, Fla., and Panama City, Fla. He most recently served as the VA-DoD Liaison, TRICARE-South Region.

Johnson is board-certified in health care management and is a Fellow in the American College of Health Care Executives. He received his bachelor's from the College of William & Mary in Williamsburg, Va., and his master's in health administration from the Medical College of Virginia in Richmond.

- The Veterans Affairs Department's Inspector General released a report: [Implementing VHA's Mental Health Strategic Plan Initiatives for Suicide Prevention](#) on May 10, 2007. The report provides the first comprehensive look at VA mental health care, particularly suicide prevention.

It found that nearly three years into the VA's broad strategy for mental health care, services were inconsistent throughout the agency's 1,400 clinics. One of the largest issues is that several facilities lacked 24-hour staff, adequate screening for mental problems or properly trained workers. The report calls for additional staffing and better training in VA facilities and additional screening for patients with traumatic

brain injury.

Among the other recommendations:

- VA clinics and Pentagon military hospitals must better share health information, particularly for patients who might return to active-duty status.
- The department should ease criteria for inpatient post-traumatic stress disorder. Currently only veterans with "sustained sobriety" get treatment; this bars help for many who report increased drug and alcohol dependency as ways to alleviate stress.
- The VA should create a database to help track patients at risk for suicide.

<http://www.forbes.com/feeds/ap/2007/05/10/ap3708804.html>

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Health Care News

- On May 10, 2007, a new section of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Web site has been launched for veterans and their families. The Web site, [Resources for Returning Veterans and Their Families](#), provides critical information on prevention, treatment and recovery support for mental and substance use disorders.

Publications, fact sheets, and links to relevant agencies are provided along with information on SAMHSA-funded programs, agency activities, and training and technical assistance opportunities. Individuals seeking substance use and mental health services can easily find information about local programs by using SAMHSA's treatment facility locator.

Also, SAMHSA convened a meeting with the Department of Veterans Affairs, the Department of Defense and veterans service organizations to better understand the needs and to identify ways local community-based substance abuse and mental health service organizations can best be prepared to assist veterans and their families. The discussion will help inform the development of guidance materials for states, local communities, and providers to ensure a coordinated approach to providing mental health and substance use services. <http://www.samhsa.gov/newsroom/advisories/0705104611.aspx>

- U.S. and Indian health officials have renewed the [Indo-U.S. Vaccine Action Program \(VAP\)](#), a 20-year-old bilateral collaboration supporting research on vaccines, immunology and related biomedical issues. The VAP aims to reduce the burden of vaccine-preventable diseases of public health significance in India, the United States and other parts of the world, and to promote vaccines as one of the most cost-effective health technologies.

National Institutes of Health (NIH) Director Elias A. Zerhouni, M.D., and Secretary of the Department of Biotechnology in India, Maharaj K. Bhan, M.D., signed the Joint Statement on May 3, 2007, renewing this historic program for another five-year period.

According to Dr. Bhan, a former VAP grantee who currently oversees the government department that implements the program, the VAP has been one of India's most important and successful international

scientific collaborations since the program began in 1987. A total of 35 collaborative research projects have been funded over the last two decades, VAP's research priorities include acute respiratory illnesses, hepatitis, rotavirus diarrhea, cholera, leishmaniasis, typhoid, rabies, HIV/AIDS, tuberculosis, malaria and emerging and re-emerging infectious diseases.

Many VAP-supported research projects have directly addressed critical health problems. Rotavirus is responsible for about 20 percent of diarrhea-related hospitalizations and 100,000 deaths in India each year. With VAP funding, Indian and American scientists discovered novel strains of rotavirus in Indian newborns. Drs. Bhan and Glass developed the candidate vaccine, which is being tested in large-scale clinical trials in India.

Other successful collaborations include the development of a new hepatitis C diagnostic test for Indian patients. As a demonstration of the program's commitment to move from discovery to public health impact, VAP also will assist the commercial development of these diagnostic measures. This is especially important because currently available diagnostic methods that are reasonably effective in the United States have shown low specificity in India.

Recently, three VAP scientific missions to India discussed cooperation on HIV/AIDS, rabies and malaria. Since rabid animal bites and rabies-related human deaths are common in India, U.S. experts helped review the status of rabies prevention and recommended actions that might reduce the number of people who die. Efforts also are under way to develop collaboration on malaria vaccine research. <http://www3.niaid.nih.gov/news/newsreleases/2007/vap07.htm>

- On May 9, 2007, the U.S. Food and Drug Administration (FDA) announced the approval of Neupro (rotigotine transdermal system), a skin patch designed to treat symptoms of early Parkinson's disease. Rotigotine is a drug not previously approved in the United States. Neupro, manufactured by Schwarz Bioscience, is the first transdermal patch approved for the treatment of symptoms of Parkinson's disease.

Parkinson's disease, which belongs to a group of conditions called motor system disorders, results from the loss of dopamine-producing brain cells. Rotigotine, a member of the dopamine agonist class of drugs, is delivered continuously through the skin (transdermal) using a silicone-based patch that is replaced every 24 hours. A dopamine agonist works by activating dopamine receptors in the body, mimicking the effect of the neurotransmitter dopamine.

The effectiveness of Neupro was demonstrated in one fixed-dose response study and two flexible-dose studies. The parallel group studies were randomized, double-blinded, and placebo-controlled, and involved 1,154 patients with early Parkinson's disease who were not taking other Parkinson's medications.

According to the Parkinson's Action Network, more than 1 million Americans live with Parkinson's disease and 60,000 new cases are diagnosed each year. The four primary symptoms of Parkinson's are trembling in hands, arms, legs, jaw, and face (tremor); stiffness of the limbs and trunk (rigidity); slowness of movement (bradykinesia,); and impaired balance and coordination (postural instability). As these symptoms become more pronounced, patients may have difficulty walking, talking, or completing other simple tasks.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01631.html>

- On May 7, 2007, nearly 40 of the nation's top business leaders and largest employers joined forces on Capitol Hill to announce the formation of the [Coalition to Advance Healthcare Reform \(CAHR\)](#), which calls for meaningful federal and state policy reforms by 2009 to solve the nation's healthcare crisis.

According to the Coalition, healthcare costs will be 22 percent of the United State's gross domestic product by 2015 if it continues to grow at its current rate. By next year, the average Fortune 500 firm will have a healthcare bill that exceeds its net income. Presently, 47 million Americans are living and raising their families without health insurance.

CAHR is a working coalition of business leaders and employers committed to solving this problem by advancing a set of five core principles to guide and shape state and federal policies. Specifically, the coalition believes the foundation of any reform must be based on the following: Market-Based Healthcare System; Universal Coverage with Individual Responsibility; Financial Assistance for Low-Income Individuals; Healthier Behavior and Incentives; Equal Tax Treatment.

CAHR's approach to healthcare reform centers around taking immediate action at the state and national level to engage with all stakeholders to enact market-based reforms to solve the healthcare crisis. CAHR has brought on board America's leading businesses as well as a team of nationally-recognized professionals, including Jack Quinn and Ed Gillespie, to manage the organization.

In the coming weeks and months, CAHR will be actively engaged in policy discussions at the state and federal level. The business community can, and should be, in a leadership position to advance market-based solutions that reverse rising healthcare costs, solve the problem of the uninsured and dramatically improve the quality of care for every American.

The full membership list of the coalition includes: Aetna, Inc., Alex Lee, Inc., Blue Shield of California, Bumble Bee Seafoods, LLC, C&S Wholesale Grocers, Inc., Cigna HealthCare, The Clorox Company, CVS/Pharmacy Corporation, Del Monte Foods, Eli Lilly and Company, General Mills, Giant Eagle, GlaxoSmithKline, H.J. Heinz Company, Illinois Tool Works, Inc., Jax Markets, Kaiser Permanente, Kimberly-Clark Corporation, Kohlberg Kravis Roberts & Co., Kraft Foods, Inc. The Kroger Company, Longs Drugs, McKesson Corporation, Medtronic, Inc., Norfolk Southern Corporation, PacifiCare, A United Healthcare Company, Pacific Gas and Electric Company, PepsiCo, Inc., Playtex Products, Inc., Price Chopper, Raley's, Safeway Inc., Supervalu, The J.M. Smucker Company, United Supermarkets, Ltd., Wm. Wrigley Jr. Company. <http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=109&STORY=/www/story/05-07-2007/0004582480&EDATE=>

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 1,063 from the last report to 81,408. The totals for each service are Army National Guard and Army Reserve, 64,005; Navy Reserve, 5,859; Air National Guard and Air Force Reserve, 5,886; Marine Corps Reserve, 5,356; and the

Contracts/Procurements

- The US Army Medical Research Acquisition Activity (USAMRAA), on behalf of the TRICARE Management Activity, will be issuing an unrestricted competitive Request for Proposals (RFP) for the requirements of the Reserve Health Readiness Program (RHRP). The RHRP provides health readiness support services to the Service Components (SC), which are composed of the Reserve Components (RC) and Active Components (AC). This requirement provides for the necessary medical and dental standards and requirements essential in maintaining a deployable force. The RHRP succeeds an interagency initiative called the Federal Strategic Health Alliance (FEDS_HEAL) which was created to assist the RCs when increased deployment readiness requirements severely impacted the RCs health readiness.

RHRP services include immunizations, physical examinations, Periodic Health Assessments (PHA), Post Deployment Health Re-Assessment (PDHRA), dental examinations and x-rays, dental treatment, laboratory services, occupational health services, and other services as required to satisfy SC health readiness needs. AC services will be limited to PDHRA and Individual Medical Readiness for service members in geographically remote areas. The successful contractor will be required to establish and maintain a nationwide network of health care providers. A single Indefinite Delivery/Indefinite Quantity contract will be awarded to the offeror that provides the Best Value to the Government. The period of performance of the contract will consist of a base period of 12-months and will include four 12-month option periods. The RFP is expected to be released between May 22, 2007 and June 5, 2007. The RFP documents will be available on the [Army Single Face to Industry \(ASFI\) Acquisition Business Web Site](http://www.fbo.gov/spg/USA/USAMRAA/DAMD17/W81XWH%2D07%2DR%2D0021/SynopsisP.html).
<http://www.fbo.gov/spg/USA/USAMRAA/DAMD17/W81XWH%2D07%2DR%2D0021/SynopsisP.html>

Reports/Policies

- The Institute of Medicine (IOM) released "*PTSD Compensation and Military Service*," on May 8, 2007. The report addresses several issues surrounding its administration of veterans' compensation for post-traumatic stress disorder (PTSD) and recommends ways to fix shortcomings in VA's program for evaluating and compensating veterans for service-connected PTSD and to restore confidence that the agency is compensating all veterans fairly. The report also addresses questions about how long after a traumatic event PTSD can arise and how to better manage PTSD claims related to sexual harassment or assault during military service. <http://www.iom.edu/CMS/26761/33979/42926.aspx>
- The GAO issued "*Global Health: Global Fund to Fight AIDS, TB and Malaria Has Improved Its Documentation of Funding Decisions but Needs Standardized Oversight Expectations and Assessments*," (GAO-07-627) on May 7, 2007. The report assesses the Global Fund's documentation of information used to support performance-based funding decisions; progress in implementing a risk assessment model and

early warning system; and oversight of the performance of "local fund agents" (LFAs), which monitor grant progress in recipient countries. GAO reviewed the documentation for funding decisions and interviewed key officials.

<http://www.gao.gov/new.items/d07627.pdf>

- The GAO issued "*Hospital Quality Data: HHS Should Specify Steps and Time Frame for Using Information Technology to Collect and Submit Data*," (GAO-07-320) on April 25 and released it May 7, 2007. The report examines hospital processes to collect and submit quality data; the extent to which IT facilitates hospitals' collection and submission of quality data; and whether CMS has taken steps to promote the use of IT systems to facilitate the collection and submission of hospital quality data. GAO addressed these issues by conducting case studies of eight hospitals with varying levels of IT development and interviewing relevant officials at CMS and the Department of Health and Human Services (HHS). <http://www.gao.gov/new.items/d07320.pdf>
- The GAO issued "*Information Technology: VA and DOD Are Making Progress in Sharing Medical Information, but Are Far from Comprehensive Electronic Medical Records*," [GAO-07-852T](#), May 8, 2007. <http://www.gao.gov/new.items/d07852t.pdf>
- The GAO issued "*Medicare Part D: Challenges in Enrolling New Dual-Eligible Beneficiaries*," (GAO-07-272) on May 4, 2007 and released it on May 8, 2007. This report analyzed current challenges in identifying and enrolling new dual-eligible beneficiaries in PDPs; the Centers for Medicare and Medicaid Services' (CMS) efforts to address challenges; and federal and state approaches to assigning dual-eligible beneficiaries to PDPs. GAO reviewed federal law, CMS regulations and guidance and interviewed CMS and PDP officials, among others. GAO also made site visits to six states to learn about the enrollment of dual-eligible beneficiaries from the state perspective. <http://www.gao.gov/new.items/d07272.pdf>
- The GAO issued "*Medicare Part D: Enrolling New Dual-Eligible Beneficiaries in Prescription Drug Plans*," (GAO-07-824T) on May 8, 2007. This report examines Centers for Medicare and Medicaid Services' (CMS) process for enrolling new dual-eligible beneficiaries into PDPs and its effect on access to drugs; and how CMS set the effective coverage date for certain dual-eligible beneficiaries and its implementation of this policy. <http://www.gao.gov/new.items/d07824t.pdf>
- The GAO issued "*Medicare Part D Low-Income Subsidy: Progress Made in Approving Applications, but Ability to Identify Remaining Individuals Is Limited*," (GAO-07-858T) on May 8, 2007. This report reviews the progress that SSA has made in identifying and soliciting applications from individuals potentially eligible for the low-income subsidy; and the processes that SSA uses to track its progress in administering the subsidy. <http://www.gao.gov/new.items/d07858t.pdf>
- The GAO issued "*Medicare: Providing Systematic Feedback to Physicians on their Practice Patterns Is a Promising Step Toward Encouraging Program Efficiency*," (GAO-07-862T) on May 10, 2007. The GAO's report discusses an approach to analyzing physicians' practice patterns in Medicare and ways the Centers for Medicare and Medicaid Services (CMS) could use the results. It focuses on the results of its analysis estimating the prevalence of inefficient physicians in Medicare; and the potential for CMS to

profile physicians in traditional fee-for-service Medicare for efficiency and use the results in ways that are similar to other purchasers' efforts to encourage efficiency. <http://www.gao.gov/new.items/d07862t.pdf>

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Legislation

- **H.R.2183** (introduced May 7, 2007): To prevent legislative and regulatory functions from being usurped by civil liability actions brought or continued against food manufacturers, marketers, distributors, advertisers, sellers, and trade associations for claims of injury relating to a person's weight gain, obesity, or any health condition associated with weight gain or obesity was referred to the House Committee on the Judiciary.

Sponsor: Representative Dan Boren [OK-2]

- **H.R.2184** (introduced May 7, 2007): To amend the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to expand comparative effectiveness research and to increase funding for such research to improve the value of health care 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 Thomas H. Allen [ME-1]

- **H.R.2189** (introduced May 7, 2007): To require pre- and post-deployment mental health screenings for members of the Armed Forces, and for other purposes 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 Rosa L. DeLauro [CT-3]

- **H.R.2190** (introduced May 7, 2007): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish the Advisory Committee on Rural Veterans was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Joe Donnelly [IN-2]

- **H.R.2192** (introduced May 7, 2007): To amend title 38, United States Code, to establish an Ombudsman within the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Paul W. Hodes [NH-2]

- **H.R.2199** (introduced May 8, 2007): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide certain improvements in the treatment of individuals with traumatic brain injuries, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Michael H. Michaud [ME-2]

- **H.R.2200** (introduced May 8 2007): To amend title 5, United States Code, relating to the use of the leave transfer program by wounded veterans who are Federal employees was referred to the House Committee on Oversight and Government Reform.

Sponsor: Representative Walter B. Jones, Jr. [NC-3]

- **H.R.2201** (introduced May 8 2007): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish the Committee on Care of Veterans with Traumatic Brain Injury was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Jerry McNerney [CA-11]

- **H.R.2219** (introduced May 8 2007): To direct the Secretary of Veterans Affairs to award a grant to a private, nonprofit entity to establish, publicize, and operate a national toll-free suicide prevention telephone hotline targeted to and staffed by veterans of the Armed Forces was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative James P. Moran [VA-8]

- **H.R.2210** (introduced May 8, 2007): To amend the Public Health Service Act to prevent and cure diabetes and to promote and improve the care of individuals with diabetes for the reduction of health disparities within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American and Pacific Islander, and American Indian and Alaskan Native communities was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Diana DeGette [CO-1]

- **H.R.2223** (introduced May 8, 2007): To direct the Director of the Office of National Drug Control Policy, in consultation with the Attorney General and the Secretary of Health and Human Services, to conduct a study on prescription drug take-back programs, and for other purposes was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Jon C. Porter [NV-3]

- **H.R.2225** (introduced May 8, 2007): To direct the Secretary of Veterans Affairs to submit a report to Congress providing a master plan for the use of the West Los Angeles Department of Veterans Affairs Medical Center, California, and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Henry A. Waxman [CA-30]

- **H.R.2226** (introduced May 8, 2007): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to carry out a pilot program to provide readjustment counseling and related mental health services to veterans through the use of mobile centers was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Peter Welch [VT]

- **H.R.2241** (introduced May 9, 2007): To amend the Public Health Service Act with respect to prevention

and treatment of diabetes, and for other purposes was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Elliot L. Engel [NY-17]

- **H.R.2257** (introduced May 9, 2007): To direct the Secretary of Veterans Affairs to increase the number of benefits claims representatives employed by the Department of Veterans Affairs, and to ensure that there are not fewer than two such claims representatives located at each center for the provision of readjustment counseling and related mental health services established under section 1712A of title 38, United States Code (commonly referred to as a "vet center"), to help reduce the backlog of claims pending with the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Peter Welch [VT]

- **S.1314** (introduced May 7, 2007): A bill to amend title 38, United States Code, to improve the outreach activities of the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Russell D. Feingold [WI]

- **S.1315** (introduced May 7, 2007): A bill to amend title 38, United States Code, to enhance life insurance benefits for disabled veterans, and for other purposes was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Daniel K. Akaka [HI]

- **S.1323** (introduced May 7, 2007): A bill to prevent legislative and regulatory functions from being usurped by civil liability actions brought or continued against food manufacturers, marketers, distributors, advertisers, sellers, and trade associations for claims of injury relating to a person's weight gain, obesity, or any health condition associated with weight gain or obesity was referred to the Committee on the Judiciary.

Sponsor: Senator Mitch McConnell [KY]

- **S.1326** (introduced May 8, 2007): A bill to amend title 38, United States Code, to improve and enhance compensation and pension, health care, housing, burial, and other benefits for veterans, and for other purposes was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Bernard Sanders [VT]

- **S.1332** (introduced May 8, 2007): A bill to amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Edward M. Kennedy [MA]

- **S.1337** (introduced May 8, 2007): A bill to amend title XXI of the Social Security Act to provide for equal coverage of mental health services under the State Children's Health Insurance Program was referred to the Committee on Finance.

Sponsor: Senator John F. Kerry [MA]

- **S.1342** (introduced May 9, 2007): A bill to improve the health of Americans and reduce health care costs by reorienting the Nation's health care system toward prevention, wellness, and self care was referred to the Committee on Finance.

Sponsor: Senator Tom Harkin [IA]

- **S.1343** (introduced May 9, 2007): A bill to amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

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Hill Hearings

- 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 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/

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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.