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 11, 2007, the President signed into law: H.R. 1681, the American National Red Cross Governance Modernization Act of 2007, which reduces the number of members of the Board of Governors of the American National Red Cross from 50 to no more than 20 by March 2012; establishes an advisory council to the Board of Governors; and establishes an Office of the Ombudsman within the Red Cross.

• The Senate Veterans' Affairs Committee held 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. A business meeting is scheduled on May 22 to markup the nomination.

• The House passed H.R. 1585, the National Defense Authorization Act for Fiscal Year 2008, on May 17, 2007.

• On May 10, 2007, the House passed H.R. 2206, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007. The bill provides emergency supplemental appropriations for the fiscal year ending September 30, 2007.

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Military Health Care News

• According to an article which will be published in the June issue of the in *Infection Control and Hospital Epidemiology Journal*, U.S. soldiers in Iraq do not carry the bacteria responsible for difficult-to-treat wound infections found in military hospitals treating soldiers wounded in Iraq.

Investigator Matthew E. Griffith, MD, of Brooke Army Medical Center at Fort Sam Houston, Texas and colleagues found that drug-resistant strains of Acinetobacter calcoaceticus-baumannii complex are not present on the skin of uninjured soldiers in Iraq, as had been expected.

Calcoaceticus-baumannii complex is an important cause of trauma-associated and hospital-acquired infection throughout the world, and multi-drug-resistant strains of the bacteria have been infecting injured soldiers treated in US military hospitals in Iraq.
Although the consequences of the outbreak A. calcoaceticus-baumannii infection in US military hospitals serving soldiers wounded in Iraq are well described, the source of the outbreak is unknown.

To determine whether A. calcoaceticus-baumannii complex is carried on the skin of healthy US Army soldiers, investigators cultured skin swab specimens from 102 active military soldiers stationed at a base in Iraq. The base is in an environment representative of all Iraqi environments with desert, irrigated farmland and an urban area nearby.

Several previous reports have described skin carriage of Acinetobacter species in healthy people. The carriage rates have been found to vary with climate and geography. These reports may not be applicable to U.S. Army soldiers in Iraq, which has an extremely dry climate.

Because of this and similar research, an increased emphasis on infection control has been put in place in the US military's combat hospitals. http://www.sciencedaily.com/releases/2007/05/070516071519.htm

• On May 11, 2007, TRICARE Management Activity (TMA) announced that TRICARE Reserve Select (TRS) will be restructured later this year to comply with the 2007 National Defense Authorization Act. The legislation mandated the elimination of the complicated three-tier system. Beginning Oct. 1, 2007, all qualified members will pay the same premium rates.

TRS will continue under the current tier system, with its three different premium levels, through Sept. 30, 2007. Details on the restructured TRS will be available by late summer on the TRS section on TRICARE Web site. In addition, the information will be provided to National Guard and Reserve leadership to pass along through their channels.

TRICARE Reserve Select is the premium-based TRICARE health plan qualified National Guard and Reserve members may purchase. The plan offers comprehensive health coverage similar to TRICARE Standard and TRICARE Extra.

TRS members and their covered family members may access care from any TRICARE-authorized provider, hospital or pharmacy, as well as from a military clinic or hospital on a space-available basis. TMA officials remind

TRS members that space is very limited in military facilities and they may not be able to receive care from a DoD medical facility. http://www.tricare.mil/pressroom/news.aspx?fid=283

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Veterans Health Care News

• The Department of Veterans Affairs (VA) has expanded an infection prevention program, which was developed at VA's Pittsburgh Health Care System, throughout all 155 VA medical centers. The nation-wide program will be led by Dr. Rajiv Jain of the Pittsburgh Health Care System.

Using simple, easy-to-follow techniques, clinicians at VA's Pittsburgh Health Care System dramatically reduced the number of cases of infection from Methicillin-resistant Staphylococcus aureus (MRSA) at their facility. MRSA is a dangerous infection, difficult to eradicate, that can cause pneumonia or infect wounds and the bloodstream. MRSA is primarily spread through direct physical contact with a person or object carrying the bacteria. Typically, it resides on the skin or in the nose. According to the Centers for Disease Control and Prevention, MRSA is one of the most rapidly growing infections associated with health care facilities, and is responsible for more than 100,000 U.S. hospitalizations each year.

The primary strategies VA will use to eliminate MRSA include obtaining nasal specimens from all patients when they are admitted, transferred or discharged; isolating all patients who test positive for MRSA; emphasizing the importance of thorough hand washing for everyone; and cultural transformation to make infection control a primary goal. http://ww1.va.gov/opa/pressrel/pressrelease.cfm?id=1333

Also, see USMI roundtable on microbial resistance: www.usminstitute.org

• The Department of Veterans Affairs (VA) has purchased a 295-acre site in Sarasota County for a new national cemetery for veterans and their families. The property was formerly a portion of the Hawkins Ranch, and has extensive frontage on State Route 72. VA purchased the tract for $14 million on April 26. Miller Legg & Associates of Winter Park, Fla., has been hired to design the new cemetery.

When the cemetery is completed, it will provide a burial option for local veterans. About 400,000 veterans live in southwestern Florida. VA plans for construction to begin in the summer of 2008 in an initial 15-acre section where burials are expected to begin in late 2008. When the cemetery's first phase is fully built in 2011, its 60 acres will provide 18,200 casket gravesites, a 7,000 unit columbarium, scattering garden and 500 in-ground spaces for cremated remains.

In the midst of the largest cemetery expansion since the Civil War, VA operates 125 national cemeteries in 39 states and Puerto Rico, and 33 soldiers' lots and monument sites. Nearly 1,900 veterans -- and 900 World War II veterans -- die each day. More than three million Americans, including veterans of every war and conflict, are buried in VA's national cemeteries on more than 17,000 acres of land.
http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1332

• The Secretary of the U.S. Department of Veterans Affairs, R. James Nicholson attended the groundbreaking of a

spinal cord injury center at the Minneapolis veterans hospital on May 11, 2007. The $20.5 million, 30-bed spinal cord center is the first built since 1985. It will allow veterans to access services more easily since the closest spinal cord injury center is in Milwaukee and or at Hines in Chicago.

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Health Care News

• The Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE) have joined efforts to develop a three-day training course, which provides a standardized curriculum to state and local public-health responders about how to identify and control human infections and illness associated with avian influenza A (H5N1), and is being released on-line today. The course, entitled *"CDC/CSTE Rapid Response Training: The Role of Public Health in a Multi-Agency Response to Avian Influenza in the United States"* was developed with educators at the North Carolina Center for Public Health Preparedness and includes coordination between veterinary and human public-health agencies at the federal, state and local level.

To date, no H5N1 cases in birds or humans have been found in the United States or any other country in the Western Hemisphere. However, in parts of Asia, Africa and Europe, the H5N1 virus has caused widespread infections and deaths in poultry and 291 human illnesses, resulting in 172 deaths. Public-health officials around the world consider H5N1 to be the greatest current pandemic influenza threat.

CDC provided $2 million in funding to CSTE to support development of the materials, to support the in-person trainings, to adapt the materials for on-line access, and to assist states in replicating the response training in their states using this curriculum. http://www.cdc.gov/od/oc/media/pressrel/2007/r070515.htm

• On May 14, 2007, the National Center for Complementary and Alternative Medicine (NCCAM) established an Integrative Medicine Consult Service at the National Institutes of Health (NIH) Clinical Center. This service will provide physicians, nurses, and other members of the Clinical health care team the ability to discuss complementary and alternative medicine (CAM) therapies with knowledgeable medical staff from the consult service and learn how various CAM practices might complement or interact with a patient's care as a research participant at the Clinical Center.

CAM is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine, such as herbal supplements, meditation, chiropractic manipulation, and acupuncture. Integrative medicine combines treatments from conventional medicine and CAM for which there is high-quality evidence of safety and effectiveness.

The 2002 National Health Interview Survey showed that more than one-third of all American adults use some form of CAM. And a recent consumer survey of older Americans revealed that less than one-third of those who had used CAM discussed this information with their physicians. Since patients at the Clinical Center are participating in research studies, it is important to know what CAM therapies are being used and how they might affect the treatments being studied.

CAM is not a new concept at the NIH Clinical Center. The Clinical Center's Pain and Palliative Care Service and the Rehabilitation Medicine Department offer acupuncture, Reiki, hypnosis, guided imagery, massage therapy,

acupuncture, tai chi, and qi gong training. The Pharmacy Department consults on herbals and herb/drug interactions and has conducted research in these areas. The Integrative Medicine Consult Service will coordinate the resources of these existing services to meet the needs of the Clinical Center staff and its patients. In addition to offering clinical consultation regarding CAM therapies, the service will establish a research program embedded in NIH's clinical and translational research structure and provide CAM education for NIH staff, patients, and their families. http://www.nih.gov/news/pr/may2007/nccam-14.htm

• The Centers for Medicare and Medicaid Services (CMS) will award thirteen states and the District of Columbia more than $547 million in grants over the next five years to build Medicaid long-term care programs that will help keep people at home and out of institutions,

This is the second round of grants that will total $1.75 billion over five years (2007-2011) to help shift Medicaid's traditional emphasis on institutional care to a system offering greater choices that include home and community-based services.

This "Money Follows the Person" initiative was included in the Deficit Reduction Act of 2005 (DRA), currently being implemented by CMS. It is a component of the administration's New Freedom Initiative, a nationwide effort to remove barriers to community living for people of all ages with disabilities or chronic illnesses. Under this program states will be able to move more than 14,000 people into community settings using these grant awards. The Medicaid program traditionally pays for care for elderly and disabled individuals living in institutions who need help with activities of daily living. To fund home and community-based services, states must obtain waivers of normal program rules designed to pay for care in institutions.

States receiving grants will design programs, which will eliminate barriers or mechanisms that prevent Medicaid-eligible individuals from receiving support for appropriate and necessary long-term services in the settings of their choice; increase the ability of the state Medicaid program to assure continued provision of home and community based long-term care services to eligible individuals who choose to move from an institutional to a community setting; and ensure that procedures are in place to provide quality assurance for individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.

All states were eligible to participate in the five-year demonstration program and had to commit to provide demonstration services for at least two years. CMS NR 5-14-07

• The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a new guide to help health care professionals incorporate substance abuse treatment into trauma care. Because excessive drinking is a risk factor for injuries and nearly half of trauma center patients can test positive for alcohol, centers need a strategy for dealing with hazardous drinking behavior. *Alcohol Screening and Brief Intervention (SBI) for Trauma Patients: Committee on Trauma Quick Guide* helps trauma centers understand how substance abuse treatment can fit into their routine care.

Trauma center staff will learn about a variety of screening methods to identify problem drinking and how to address the needs of patients who still have enough control over their drinking that they can be motivated to cut down or quit.
A collaborative effort for SAMHSA with the American College of Surgeons Committee on Trauma, along with the

Centers for Disease Control and Prevention, the National Institute on Alcohol Abuse and Alcoholism and the National Highway Traffic Safety Administration, the guide represents a significant milestone in efforts to integrate substance abuse treatment with primary and general care.

Although the guide is aimed at Level I and Level II trauma centers, smaller trauma centers, emergency rooms, clinics and primary care physicians will also find screening methods and intervention scenarios that they can incorporate.

• According to a new report from the Commonwealth Fund, the U.S. healthcare system ranks last or next-to-last in five areas—quality, access, efficiency, equity and healthy lives—when compared with five other nations, even though it spends more per person on healthcare.

The results released today are from the third edition of *Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care*, which also released analysis on these six health systems in 2006 and 2004.

Overall, Germany was the only country to receive a score of "1," the highest ranking possible, while the U.S. earned an overall score of "6," the same mark it received in 2006 and 2004. This year's report said the U.S. is most notably different from the other countries surveyed because it does not provide universal health insurance coverage. "It is not surprising, therefore, that the United States substantially underperforms other countries on measures of access to care and equity in health care between populations with above-average and below-average incomes," the report said.

It also showed that the U.S. spent more on health expenditures per person in 2004—$6,102—than the other five countries. Germany spent $3,005 per capita, while the United Kingdom, which earned an overall ranking of "2," spent $2,546. And in terms of quality, other countries are "further along than the U.S. in using information technology and a team approach to managed chronic conditions and coordinate care," the authors said in the report's executive summary. The other three countries examined were Australia, Canada and New Zealand.

• The Centers for Medicare and Medicaid Services (CMS) announced its proposed decision to limit coverage of erythropoiesis stimulating agent (ESA) treatment for beneficiaries with certain cancers and related neoplastic conditions, either because of a deleterious effect of the ESA on the beneficiaries' underlying disease or because the underlying disease increases their risk of adverse effects related to ESA use. CMS proposes that ESA treatment is only reasonable and necessary under specified conditions for the treatment of anemia in certain cancers.

The proposed national coverage decision (NCD) was made in response to a Food and Drug Administration (FDA) black box warning regarding the use of ESAs. FDA recently announced concerns about the use of ESAs by adding Black Box warnings to all ESA labels. This led CMS to open a National Coverage Analysis (NCA), on March 14, 2007, on the use of ESAs for conditions other than end-stage renal disease (ESRD), which was the first step toward issuing this proposed NCD.

ESAs are anti-anemia biologics, distributed as Epogen and Aranesp and as Procrit. They are manmade versions of erythropoietin, a hormone that is produced in the kidney, and stimulate the bone marrow to make more red blood cells. ESAs are FDA-approved to treat anemia in patients with ESRD and reduce the need for blood transfusions in patients with ESRD and chronic kidney failure, as well as in cancer patients whose anemia is caused by

chemotherapy. Epogen and Procrit are also approved for some patients scheduled for major surgery to reduce potential blood transfusions, and for the treatment of anemia due to zidovudine therapy in patients with human immunodeficiency virus (HIV).

This proposed decision is the latest step in CMS' efforts to closely review the use of ESAs in the Medicare population. In addition to this proposed NCD, CMS continues to review its monitoring policy for the use of ESAs in the ESRD setting. Details of Medicare coverage policy are available at the CMS coverage Web site at www.cms.hhs.gov/center/coverage.asp. CMS NR 05-14-2007

• On May 15, 2007, the FDA's Vaccines and Related Biological Products Advisory Committee voted (9-6) that FluMist should be used in children between 1 and 5 years old. Committee members unanimously agreed that the vaccine was safe and effective in children between 2 and 5, but they split their safety and efficacy recommendations for the youngest of kids in whom FluMist has been studied, those 6-23 months.

MedImmune of Gaithersburg, Md., has filed a supplemental biologics license application for pediatric use in that age group, save for children with a history of wheezing or asthma. Presently, the nasal spray's liquid formulation is approved for use in those between 5 and 49. That presumably would lead to higher sales of FluMist, which has never come close to original hopes since first reaching the market three years ago, much less the nearly $2 billion the company has invested in it to date. It generated $36 million in sales last year.

Each one-year age group younger than 5 represents about 4 million children, Young said, and between 40 percent and 50 percent of them get a flu vaccine shot. But only about 17 percent of first-timers required to receive a follow-up get that second dose. The committee also recommended post-approval studies to better assess risks associated with FluMist in young children, such as trials that span multiple flu seasons and include large numbers of the youngest of kids receiving the vaccine, those 6-23 months, if the FDA signs off on the sBLA. MedImmune has proposed expanding a 60,000-patient Phase IV trial to also include 20,000 children younger than 5.

Safety findings have proven more confounding, particularly data from the pivotal study. Children younger than 24 months who received FluMist had a statistically significant increase in protocol-defined wheezing, with those younger than 12 months accounting for most of the difference. In post hoc analyses, children 6-11 months had a significant increase in all-cause hospitalizations, mostly more than 42 days after vaccination. In general, between 20 percent and 25 percent of children in that age group have issues with wheezing. The agency, which typically follows the suggestions of its advisors, is scheduled to act on the application by May 28.
http://www.bioworld.com/servlet/com.accumedia.web.Dispatcher?next=bioWorldHeadlines_article&forceid=43789

• The Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ) released a new handbook to help researchers and others use patient registries to evaluate the real-life impact of health care treatments. *Registries for Evaluating Patient Outcomes: A User's Guide*, is the first government-supported handbook for establishing, managing, and analyzing patient registries. Development of the handbook was co-funded by AHRQ and HHS' Centers for Medicare & Medicaid Services (CMS). Thirty-nine contributors from industry, academia, and government collaborated to create the handbook.

A patient registry is a database of confidential patient information that can be analyzed to understand and compare the outcomes and safety of health care. The data may originate from multiple sources, including hospitals, pharmacy systems, physician practices, and insurance companies. Some registries include patients who have the

same disease. Others are comprised of patients who have undergone a common surgical procedure or received a newly approved medication.

An analysis of patient registry data may offer insights that can improve health care and public health. For example, doctors may use a registry database to monitor disease patterns or identify unexpected adverse events in specific populations. Physician groups may analyze treatments to identify opportunities for quality improvement. Health insurers may review treatment trends before making coverage decisions. Researchers from academia, industry, and government may use registries to monitor the long-term comparative benefits, safety, and harms of medications or medical devices.

AHRQ's new handbook identifies the best scientific practices for operating registries. Covered topics include: how registries should be designed, what types of data sources may be accessed, and how to encourage participation among patients and health care providers. Also included are chapters on detecting adverse events, interpretation of data, and how to handle issues related to ethics and publication of research papers. The handbook's summary chapter serves as a checklist for best practices. http://www.ahrq.gov/news/press/pr2007/regguidepr.htm

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 225 from the last report to 81,633. The totals for each service are Army National Guard and Army Reserve, 64,182; Navy Reserve, 5,791; Air National Guard and Air Force Reserve, 5,938; Marine Corps Reserve, 5,356; and the Coast Guard Reserve, 366. www.defenselink.mil

- The Department of Defense announced that Secretary of Defense Robert Gates has acted on 23 of the recommendations made by the Commission on the National Guard and Reserve in its recent report. Gates has also asked the chairman of the Joint Chiefs of Staff (CJCS) for an assessment of how the National Guard might be organized differently to better meet the national security requirements of the United States.

After reviewing the recommendations of a working group, a separate assessment from the CJCS and considering alternative points of view, the Secretary of Defense concurred in whole or substantially in part with 20 of the commission’s recommendations. In these 20 recommendations are four that require no action since they affirm current statutory authority and existing DoD policies and practices.

The Secretary of Defense has directed that the department immediately implement nine of the 20 recommendations that can be accomplished through changes in DoD policies and procedures. He also directed that legislative proposals be drafted for three of the 20 recommendations requiring a change in law. Gates also directed that legislation be prepared to specify that the Secretary of Defense is responsible for developing and prescribing the charter for the National Guard Bureau. These legislative amendments are expected to be included in the department’s legislative program for Fiscal Year 2008.

The department will continue to work with the Department of Homeland Security to implement four of the 20 recommendations, including: establishing the roles and responsibilities of each department in meeting civil support requirements; working more effectively as a team by exchanging representatives; providing Congress with an

annual report on our collaborative homeland security and civil support activities; and establishing a council of governors.
Gates did not concur with three of the CNGR's recommendations, including: placing federal forces under the direct control of a governor; designating the National Guard Bureau as a joint activity of DoD; and mandating that Northern Command's commander or deputy commander must be a National Guard or reserve officer. However, he has directed that an alternative approach to address these recommendations be explored by DoD.

The CNGR released a report of its findings and recommendations based on an extensive review of options to empower the chief of the National Guard Bureau, enhance the National Guard Bureau and determine the adequacy of the federal planning for homeland security and civil support as required by section 529 of the John Warner National Defense Authorization Act for Fiscal Year 2007.

The memo signed by Sec. Gates can be found at
http://www.defenselink.mil/news/May2007/d20070516_OSD05132-07.pdf .
http://www.defenselink.mil/releases/release.aspx?releaseid=10883

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Contracts/Procurements

• The Office of the Secretary of Defense, TRICARE Management Activity issued a Request For Information (RFI) regarding a draft solicitation for a complete dental health care delivery system from potential offerors who already have a fully developed national dental provider network. The Active Duty Dental Program (ADDP) will provide the complete range of dental care for all active duty service members (ADSMs) located within the United States and designated territories who are authorized to seek dental health care services within the civilian community to ensure world-wide deployability and maintainability. The contractor shall provide an extensive dental provider network covering the United States, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, and the Northern Mariana Islands, for authorized dental care. The contractor shall also provide associated administrative services, such as customer service, provider reimbursement, education, etc. that are determined by the contractor as necessary to support a complete dental health care delivery system, or as specifically required by the Government. While the contractor will provide a dental network, the ADDP is not an indemnity program as there are no monthly premiums.

The ADDP has two components: dental coverage for ADSMs referred from military Dental Treatment Facilities (DTF) for civilian care and dental coverage for ADSMs under the Remote Active Duty Dental Program (RADDP). The RADDP is to provide dental care to ADSMs on continuous active duty orders for more than 30 days and who have a duty location and residence greater than 50 miles from a DTF. In addition, Reservists and National Guard members on active duty may be covered when injured while serving on orders. Extensive DoD Information Assurance Certification and Accreditation Process and Physical and Personnel Security requirements will have to be met by the contractor. http://www.fbo.gov/spg/ODA/OSD/TRICAREMA/RFI%2DADDP/listing.html

• The Department of Health and Human Services, Center for Disease Control and Prevention (CDC) issued a solicitation notice for a contract to provide case management services and audits of hospital and physician invoices for services rendered to enrolled clients in the Tuskegee Health Benefit Program (THBP). The TFBP is a congressionally mandated program which provides comprehensive lifetime medical and health benefits to the affected wives/widows and offspring of participants in the Tuskegee Syphilis Study. This award will be made in

accordance with the Federal Acquisition Regulation, Part 13, Simplified Acquisition Procedures. The period of performance shall commence twelve months from the award date. Bidders should submit budget information and evidence of how their organization meets the minimum requirements listed in the Statement of Work. http://www.fbo.gov/spg/HHS/CDCP/PGOA/2007%2D41766/SynopsisP.html

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Reports/Policies

- The GAO released *"Department of Veterans Affairs' Lack of Timely and Accurate Information on Unexpended Balances Limits Effective Management and Congressional Oversight,"* (GAO-07-410R) on May 16, 2007. http://www.gao.gov/new.items/d07410r.pdf

- The GAO released *"Defense Health Care: Activities Related to Past Drinking Water Contamination at Marine Corps Base Camp Lejeune,"* (GAO-07-276) on May 11, 2007. The National Defense Authorization Act of Fiscal Year 2005 required GAO to report on past drinking water contamination and related health effects at Camp Lejeune. In this report, GAO describes efforts to identify and address the past contamination; activities resulting from concerns about possible adverse health effects and government actions related to the past contamination; and the design of the current ATSDR study, including the study's population, time frame, selected health effects, and the reasonableness of the projected completion date. http://www.gao.gov/new.items/d07276.pdf

- The Institute of Medicine (IOM) released "*Future of Emergency Care: Dissemination Workshop Summaries," on May 17, 2007. The report, developed by the* IOM Committee on the Future of Emergency Care, is the third report examining the full scope of emergency care; exploring its strengths, limitations, and challenges; creating a vision for the future of the system; and make recommendations to help the nation achieve that vision. *It is t*he result of three regional IOM workshops conducted across the country, and a fourth capstone workshop conducted in Washington, DC. The committee's conclusions and recommendations from three previous reports, *Emergency Medical Services at the Crossroads*; *Hospital-Based Emergency Care: At the Breaking Point*; and *Emergency Care for Children: Growing Pains,* were discussed at these workshops.
http://www.iom.edu/CMS/3809/34454/43123.aspx

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Legislation

- **H.R.2260** (introduced May 10, 2007): To prohibit misleading and deceptive advertising or representation in the provision of health care services and to require the identification of the license of certain health care providers was referred to the House Committee on Energy and Commerce.
Sponsor: Representative John Sullivan [OK-1]

- **H.R.2266** (introduced May 10, 2007): To provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes was referred to the House Committee on Foreign Affairs.

Sponsor: Representative Betty McCollum [MN-4]

- **H.R.2270** (introduced May 10, 2007): To amend the Public Health Service Act to extend Federal Tort Claims Act coverage to all federally qualified community health centers was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Michael E. Capuano [MA-8]

- **H.R.2292** (introduced May 14, 2007): To prohibit the payment of bonuses to certain officers of the Department of Veterans Affairs unless fewer than 100,000 disability compensation claims are pending before the Department was Referred to the Committee on Veterans' Affairs, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative John J. Hall [NY-19]

- **H.R.2295** (introduced May 14, 2007): To amend the Public Health Service Act to provide for the establishment of an Amyotrophic Lateral Sclerosis Registry was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Eliot L. Engel [NY-17]

- **H.R.2302** (introduced May 14, 2007): To amend the Internal Revenue Code of 1986 to allow a deduction for premiums for high deductible health plans required with respect to health savings accounts was referred to the House Committee on Ways and Means.
Sponsor: Representative Steve King [IA-5]

- **S.1359** (introduced May 10, 2007): A bill to amend the Public Health Service Act to enhance public and health professional awareness and understanding of lupus and to strengthen the Nation's research efforts to identify the causes and cure of lupus was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Patty Murray [WA]

- **S.1363** (introduced May 10, 2007): A bill to improve health care for severely injured members and former members of the Armed Forces, and for other purposes was referred to the Committee on Armed Services.
Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.1364** (introduced May 10, 2007): A bill to amend titles XIX and XXI of the Social Security Act to extend the State Children's Health Insurance Program (SCHIP) and streamline enrollment under SCHIP and Medicaid and for other purposes was referred to the Committee on Finance.
Sponsor: Senator Richard Durbin [IL]

- **S.1367** (introduced May 10, 2007): A bill to amend the Public Health Services Act to provide methamphetamine prevention and treatment services was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Tom Harkin [IA]

- **S.1375** (introduced May 11, 2007): A bill to ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services, and to increase research at the National Institutes of Health on postpartum depression was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Robert Menendez [NJ]

- **S.1376** (introduced May 14, 2007): A bill to amend the Public Health Service Act to revise and expand the drug discount program under section 340B of such Act to improve the provision of discounts on drug purchases for certain safety net provides was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jeff Bingaman [NM]

- **S.1378** (introduced May 14, 2007): A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to the distribution of the drug dextromethorphan, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Patty Murray [WA]

- **S.1382** (introduced May 14, 2007): A bill to amend the Public Health Service Act to provide the establishment of an Amyotrophic Lateral Sclerosis Registry was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Harry Reid [NV]

- **S.1392** (introduced May 15, 2007): A bill to increase the authorization for the major medical facility project to consolidate the medical centers of the Department of Veterans Affairs at the University Drive and H. John Heinz III divisions, Pittsburgh, Pennsylvania was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Arlen Specter [PA]

- **S.1396** (introduced May 15, 2007): A bill to authorize a major medical facility project to modernize inpatient wards at the Department of Veterans Affairs Medical Center in Atlanta, Georgia was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Johnny Isakson [GA]

- **S.1398** (introduced May 15, 2007): A bill to expand the research and prevention activities of the National Institute of Diabetes and Digestive and Kidney Diseases, and the Centers for Disease Control and Prevention with respect to inflammatory bowel disease was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Harry Reid [NV]

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Hill Hearings

- The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies will hold a hearing on **May 21, 2007**, to examine proposed budget estimates for fiscal year 2008 for the

National Institutes of Health: A New Vision for Medical Research.

- The Senate Armed Services Subcommittee on Personnel will hold a closed hearing on **May 22, 2007**, to mark-up the provisions, which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for Fiscal Year 2008.

- The House Veteran Affairs Committee will hold a full committee roundtable on **May 23, 2007**, to examine disability claims.

- 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 it's fifth annual symposium: "Changing the World's Healthcare through Biomedical Technologies," on **June 1, 2007**, in Bethesda, Md. http://www.nibibmeetings.org/Symposium/

- The 5th Annual Biodefense Vaccines and Therapeutics will be held **June 4 – 6, 2007**, in Washington D.C. http://www.infocastinc.com/biovac07.html

- The Global Medical Readiness Conference will be held **June 25 – 28, 2007**, in Orlando, Fl. https://secure.giuffrida.org/airforce/index.html

- The Force Health Protection Conference will be held **Aug. 4 – 10, 2007**, in Louisville, Ky. http://chppm-www.apgea.army.mil/fhp/

- 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.