

# FEDERAL HEALTH UPDATE

May 25, 2007

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

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

**Sponsored by**



**Additional sponsorship by**



## **Congressional Schedule**

- On May 23, 2007, the House passed the following legislation:

- H.R. 2239, Early Access to Vocational Rehabilitation and Employment Benefits Act;
  - H R 2199, Traumatic Brain Injury Health Enhancement and Long-Term Support Act;
  - H R 1470, Chiropractic Care Available to All Veterans Act;
  - H R 612, Returning Service member VA Healthcare Insurance Act;
  - H R 67, Veterans Outreach Improvement Act; and
  - H R 2429, Exception to 60-day limit on Medicare reciprocal billing arrangements in case of physicians ordered to active duty in the Armed Forces.
- President Bush nominated Preston M. Geren, of Texas, to be Secretary of the Army on May 24, 2007. Mr. Geren currently serves as Under Secretary of the Army and Acting Secretary of the Army. Prior to this, he served as Acting Secretary of the Air Force. Earlier in his career, he served as Special Assistant to the Secretary of Defense. Mr. Geren received his bachelor's degree and JD from the University of Texas.
  - President Bush nominated James W. Holsinger, Jr., of Kentucky, to be Medical Director in the Regular Corps of the Public Health Service and Surgeon General of the Public Health Service at the Department of Health and Human Services. Dr. Holsinger currently serves as the Wethington Endowed Chair in the Health Sciences and Professor of Preventive Medicine in the College of Public Health at the University of Kentucky. Prior to this, he served as Secretary of the Cabinet for Health and Family Services of the Commonwealth of Kentucky. Earlier in his career, he served as Chief Medical Director of the Veterans Health Administration. Dr. Holsinger received his bachelor's degree from the University of Kentucky, his master's degrees from the University of South Carolina and Asbury Theological Seminary, and his PhD and MD from Duke University.
  - The House Veterans Affairs Committee held full committee roundtable on May 23, 2007, to examine disability claims. Participants in the Disability Claims Roundtable included representatives from VA, Government Accountability Office, Congressional Research Service, American Federation of Government Employees, National Veterans Legal Services Program, Iraq & Afghanistan Veterans of America, , National Association of County Veterans Service Officers, Paralyzed Veterans of America, John F. Kennedy School of Government, University of Widener, Veterans Assistance Program, Vietnam Veterans of America, Commission on the Future for America's Veterans, and Disabled American Veterans.

Participants noted the need to retain and recruit employees to the VA and the need to upgrade to an electronic records system for

submitting claims. Ideas for reducing the claims backlog included increased training for veterans service organizations, standardized training for the VA's veterans service representatives, giving the veteran the benefit of the doubt during the claims process, guaranteed stipends after a specified wait time, increased outreach among returning veterans and streamlining the disability systems to a four-step rating system.

- On May 24, 2007, the House passed H.R. 2206, as amended, the 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. This compromise legislation does not include a timeline for troop withdrawal from Iraq.

[Back to Top](#)

## **Military Health Care News**

- Assistant Secretary of Defense for Health Affairs (Dr.) S. Ward Casscells published an [open letter](#) on the Health Affairs Web site to Maj. Gen. (Dr.) Eric Schoomaker following his visit to Walter Reed Army Medical Center. In the letter, Casscells praised Gen. Schoomaker's efforts to restore the trust of patients undergoing outpatient care.
- The Department of Defense (DoD) has launched a new [Patient Safety Program](#) Web site, which provides comprehensive, one-stop source of information to military and civilian patient safety administrators and health care providers.

The new patient safety Web site provides pamphlets, posters and other information products that encourage a systems approach to creating a safer patient environment and foster trust, transparency, teamwork and communication.

The site offers critical information, training resources, educational materials and data analysis to help patient safety personnel achieve significant success in improving patient safety. And as Grimes says, this is only the beginning.

The site also offers valuable insight into DoD's TeamSTEPPS™ medical team training program, which is now available to civilian medical facilities. The Military Health System (MHS) developed Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS™) to improve the culture of patient safety in hospitals and other health care settings. This research-based system presents tools for team training, coaching and change management to improve communication, reduce medical error, and

create a culture of safety within health care facilities. <http://www.tricare.mil/pressroom/news.aspx?fid=284>

The TeamSTEPPS program is a joint endeavor with AHRQ and is described by AHRQ director Dr. Carolyn Clancy on the USMI website: [www.usminstitute.org](http://www.usminstitute.org)

- The President's Task Force on the Future of Military Health Care met on May 22, 2007 to examine disease and care management programs. Representatives from U.S. Family Health Plan Alliance, Johns Hopkins Health Care, Healthway and Cigna testified before the task force--describing their individual programs and sharing their best practices and experiences.

The Defense Health Board (DHB) met on May 23, 2007 to review global emerging infections surveillance, DoD's programs to treat and prevent traumatic brain injury; evidence-based medical standards for service; and to hear testimony from the co-chairs of the Task Force on Military Health Care. General Corley and Dr. Wilensky presented the task force's draft interim report. Recommendations in the interim report include increasing pharmacy co-payments to encourage greater use of the mail order pharmacy; increasing health care fees and co-payments to a level below that of other federal employees and of generous corporate plans over a three- to five-year span; making periodic adjustments to the catastrophic cap and adjusting the payment structure to be tiered to reflect retirement pay grades.

[Back to Top](#)

## **Veterans Health Care News**

- The Department of Veterans Affairs (VA) is convening a four-day meeting in Washington D.C. in July of mental health clinicians and researchers from across the country. The meeting will cover a wide range of issues, from integrating mental health services with primary care, to combat trauma, suicide prevention and the special needs of the newest generation of combat veterans.

In addition, the VA announced that it will hire 100 new employees to provide readjustment counseling at the Department's 209 community-based Vet Centers. The expansion is on top of VA Secretary Jim Nicholson's announcement earlier in the year to hire 100 new medical center employees to serve as advocates for the severely wounded. VA also recently hired 100 new Vet Center

employees, who are combat veterans, to conduct outreach to veterans of the Global War on Terror.

VA operates one of the largest mental health programs in the country, with an annual budget of nearly \$3 billion solely for mental health services. About 1 million of VA's patients have a mental health diagnosis. The Department employs about 9,000 mental health professionals, which does not include the mental health services provided by primary care physicians and other providers. Mental health services are provided at each of VA's 153 medical centers and nearly 900 community-based outpatient clinics. Each medical center has a PTSD Clinical Team or a specialist who focuses on the treatment of PTSD. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1336>

- Health Net Federal Services LLC has been awarded a contract by the Carl T. Hayden VA Medical Center, in Phoenix, Ariz., to provide primary and preventive health care services to more than 1,000 veterans in VA Community Based Outpatient Clinics (CBOCs) located in Payson (Maricopa County) and Buckeye (Gila County), Ariz.

The initial contract with Health Net is effective from May 1, 2007 through March 31, 2008, with four additional one-year option periods ending on March 31, 2012.

Health Net currently serves more than 25,000 veterans through 13 CBOCs located in 10 states nationwide. [http://home.businesswire.com/portal/site/google/index.jsp?ndmViewId=news\\_view&newsId=20070524005156&newsLang=en](http://home.businesswire.com/portal/site/google/index.jsp?ndmViewId=news_view&newsId=20070524005156&newsLang=en)

[Back to Top](#)

## **Health Care News**

- Effective May 22, 2007, the Centers for Medicare and Medicaid Services (CMS) will provide coverage for Doppler monitoring of cardiac output in certain settings (see [memo](#)). CMS has determined that the current evidence is adequate to revise its long-standing Ultrasound Diagnostic Procedures National Coverage Determination and remove the past non-coverage of this diagnostic test in these settings.

CMS will amend the National Coverage Determination (NCD) “Ultrasound Diagnostic Procedures” at section 220.5 of the NCD manual by adding “Monitoring of cardiac output (Esophageal Doppler) for ventilated patients in the ICU and operative patients with a need for intra-operative fluid optimization” to the list of covered uses.

Cardiac output refers to the volume of blood ejected from the heart over a period of time. For patients undergoing surgery or those in the intensive care units (ICUs), cardiac output monitoring is used to guide intravenous fluid replacement and pharmacologic therapy to maintain adequate flow of blood to the patient’s organs. [CMS NR 5-22-2007](#)

- Charles W. Grim, D.D.S., M.H.S.A., a member of the Cherokee Nation of Oklahoma and a Rear Admiral in the U.S. Public Health Service (USPHS), has been nominated by President George W. Bush to serve for a second term as the director of the Indian Health Service (IHS), an agency in the Department of Health and Human Services (HHS). Dr. Grim has served as the seventh director of the IHS since his confirmation by the full Senate on July 16, 2003. He served as interim director from August 2002 until his confirmation in 2003.

As the IHS Director, Dr. Grim manages a \$4 billion nationwide health care delivery program composed of 12 administrative Area (regional) Offices, which oversee local hospitals and clinics, and a workforce of approximately 16,000 employees. The IHS is responsible for providing preventive, curative, and community health care services to approximately 1.9 million of the nation's 3.3 million American Indians and Alaska Natives through a nationwide network of 48 hospitals, 283 health centers, 162 Alaska village clinics, and 154 health stations. The IHS is the principal federal health care provider and health advocate for American Indian and Alaska Native people.

A strong focus on preventive health care was started by Dr. Grim during his first term as IHS Director through initiatives in behavioral health, health promotion/disease prevention, and chronic care management. Dr. Grim also has worked intently for passage of the pending reauthorization of the Indian Health Care Improvement Act; ensuring a steady budget for Indian health care during a time of fiscal constraint; and formalizing beneficial health care improvement partnerships between the IHS and renowned entities such as the Mayo Clinic, Harvard University, and Johns Hopkins University.

Click here to view [Dr. Grim’s biography](#).

- Stroke prevalence varies widely from state to state, with some states and U.S. territories having more than double the stroke prevalence of others, according to a new report from the Centers for Disease Control and Prevention (CDC). The report, "[Prevalence](#)

[of Stroke - United States, 2005.](#)" published in CDC's Morbidity and Mortality Weekly Report, provides the first data on the percentage of stroke survivors in all 50 states, the District of Columbia and U.S. territories.

The study analyzed state-specific data for adults 18 and older collected from the 2005 Behavioral Risk Factor Surveillance System (BRFSS). Stroke prevalence ranged from a low of 1.5 percent in Connecticut to a high of 4.3 percent in Mississippi. A stroke occurs when either the blood supply to part of the brain is blocked or when a blood vessel in the brain bursts, causing damage to a part of the brain. According to Neyer, high blood pressure, high blood cholesterol, heart disease, smoking, diabetes and atrial fibrillation, an irregular beating of the upper chambers of the heart, are some of the major risk factors for stroke. About 700,000 strokes occur in the United States each year. About 500,000 of these are first or new strokes. About 200,000 occur in people who have already had a stroke. Over 160,000 people die each year from stroke in the United States. Nearly one out of four states, including the District of Columbia, had a high stroke prevalence of three percent and above. These include Alabama, Arkansas, Illinois, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nevada, Oklahoma, Tennessee, Texas, and West Virginia.

The lowest levels of stroke prevalence (less than the median of 2.6 percent) were found in Arizona, Colorado, Connecticut, Maryland, Massachusetts, Minnesota, Montana, New Jersey, North Dakota, Puerto Rico, Rhode Island, Vermont, Wisconsin, and Wyoming.

The prevalence of stroke was similar among men (2.7 percent) and women (2.5 percent). American Indian/Alaska Natives had the highest stroke prevalence (6 percent), while the prevalence of stroke in blacks (4.0 percent) was almost twice that of whites (2.3 percent), with Asians having the lowest rate (1.6 percent). Stroke prevalence was more than twice as high in individuals with fewer than 12 years of education (4.4 percent) compared to college graduates (1.8 percent). <http://www.cdc.gov/od/oc/media/pressrel/2007/r070517.htm>

- During its 60th session, the World Health Assembly (WHA) approved a resolution which will help all countries better prepare for the global public health threat which an influenza pandemic presents. The resolution, "Sharing of Influenza viruses and access to vaccines and other benefits," restates the general principles of the necessity of sharing both in the preparations for an influenza pandemic and the benefits that will flow from improved international cooperation and preparation, such as greater quantities of and equitable access to H5N1 and pandemic vaccines.

The resolution requests World Health organization (WHO) to establish an international stockpile of vaccines for H5N1 or other

influenza viruses of pandemic potential, and to formulate mechanisms and guidelines aimed at ensuring fair and equitable distribution of pandemic-influenza vaccines at affordable prices in the event of a pandemic.

It also tasks an interdisciplinary working group with drawing up new Terms of Reference (TORs) for the WHO Influenza Collaborating Centre Network, and its H5 reference laboratories, for the sharing of influenza viruses. The new TORs will take into account the origin of influenza viruses going into the WHO Global Influenza Surveillance Network, and will make their use more transparent. Once finalized, these TORs will be submitted to a special Intergovernmental Meeting of WHO Member States and regional economic organizations.

More than 2400 people from WHO's 193 Member States, nongovernmental organizations and other observers attended the meeting. <http://www.who.int/mediacentre/news/releases/2007/wha02/en/print.html>

- The Food and Drug Administration (FDA) approved Lybrel, the first continuous use drug product for prevention of pregnancy. The new contraceptive, Lybrel, comes in a 28 day-pill pack with low-dose combination tablets that contain 90 micrograms of a progestin, levonorgestrel, and 20 micrograms of an estrogen, ethinyl estradiol, which are active ingredients available in other approved oral contraceptives. Continuous contraception works the same way as the 21 days on-seven days off cycle. It stops the body's monthly preparation for pregnancy by lowering the production of hormones that make pregnancy possible.

Other contraceptive pill regimens have placebo or pill-free intervals lasting four to seven days that stimulate a menstrual cycle. Lybrel is designed to be taken without the placebo or pill-free time interval. Women who use Lybrel would not have a scheduled menstrual period, but will most likely have unplanned, breakthrough, unscheduled bleeding or spotting.

The safety and efficacy of Lybrel as a contraceptive method were supported by two one-year clinical studies, enrolling more than 2,400 women, ages 18 to 49. Health care professionals and patients are advised that when considering the use of Lybrel, the convenience of having no scheduled menstruation should be weighed against the inconvenience of unscheduled bleeding or spotting. The occurrence of unscheduled bleeding decreases over time in most women who continue to take Lybrel for a full year. In the primary clinical study, 59 percent of the women who took Lybrel for one year had no bleeding or spotting during the last month of the study.

The approval of Lybrel concludes a comprehensive review process that included expert advice from a meeting of an FDA's Reproductive Health Drugs advisory committee and an opportunity for public comment on issues regarding hormonal contraception.



<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01637.html>

- On May 18, 2007, the World Health Organization (WHO) published [World Health Statistics 2007](#), the most complete set of health statistics from its 193 Member States. This edition also highlights trends in 10 of the most closely watched global health statistics. It is the authoritative annual reference for a set of 50 health indicators in countries around the world.

Among the highlights:

- Life expectancy at birth in 2005 ranged from 37 in Sierra Leone to 80 in San Marino for men and from 37 in Swaziland to 86 in Japan for women. U.S. life expectancy was 75 for men and 80 for women.
- The leading causes of death in 2030 are projected to be cancers, ischemic heart disease, stroke, HIV/AIDS, and chronic obstructive pulmonary disease. Tobacco-related deaths are projected to rise from 5.4 million in 2005 to 6.4 million in 2015 and 8.3 million in 2030.
- Ten percent of the world's children under age 5 years suffer wasting as a result of malnutrition, according to 2005 data.
- In 2004, the world spent \$4.1 trillion on health.
- In 2002, depression accounted for 4.5% of the total burden of disease worldwide.

- The Centers for Medicare and Medicaid Services (CMS) proposed strengthening its current oversight requirements and penalties for Medicare Advantage plans and Part D prescription drug plans. In its rule, CMS proposes clarifications to Medicare program provisions relating to contract determinations involving Medicare Advantage organizations and Medicare Part D prescription drug plan sponsors, including developing new steps to help expose potential fraud or misconduct through mandatory self-reporting; and changing the process relating to intermediate sanctions and contract determinations (including non-renewals) and to better clarify the process for imposing civil money penalties. The proposed rule will go through a 60 day period of public notice and comment and a final rule is expected to be released later this year.

CMS is also releasing another proposed rule which makes technical changes to the regulations implementing the Part D prescription drug benefit. In general, the proposal makes certain technical corrections and clarifications to the January 28, 2005 final rule. Areas addressed in the regulation include inhaled insulin, coordination of benefits, and the retiree drug subsidy, among others. CMS also proposes, effective, 2009, to refine certain rules relating to the determination and reporting of prescription drug costs. CMS is also

proposing to update the requirements of Part D sponsors to ensure adequate access to home infusion pharmacies. [CMS NR 5-21-2007](#)

[Back to Top](#)

## Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 1,985 from the last report to 83,618. The totals for each service are Army National Guard and Army Reserve, 66,169; Navy Reserve, 5,646; Air National Guard and Air Force Reserve, 6,025; Marine Corps Reserve, 5,414; and the Coast Guard Reserve, 364. [www.defenselink.mil](http://www.defenselink.mil)

[Back to Top](#)

## Reports/Policies

- The Institute of Medicine issued “*Nutrigenomics and Beyond: Informing the Future Workshop Summary*,” on May 21, 2007. The report explores the state of nutrition science and genomic tools and the impact that they can have to better understand and address diet-related chronic diseases and molecular responses to dietary factors. <http://www.iom.edu/CMS/3788/31286/43170.aspx>
- The Institute of Medicine issued “*Advancing Quality Improvement Research: Challenges and Opportunities, Workshop Summary*,” on May 23, 2007. The report is a summary of a workshop held by the Institute of Medicine’s Forum on the Science of Health Care Quality Improvement and Implementation. The focus of the workshop was to bring people together from various arenas to discuss quality improvement—what it is, what barriers against it must be overcome in the health care industry, and what research has been done on it. <http://www.iom.edu/CMS/3809/38607/43175.aspx>
- The Institute of Medicine issued “*Ending the Tobacco Problem: A Blueprint for the Nation*,” on May 24, 2007. The report reviews effective prevention and treatment interventions and considers a set of new tobacco control policies for adoption by federal and state

governments. The report first provides background information on the history and nature of tobacco use, developing the context for the policy blueprint proposed in the second half of the report. It also reviews the addictive properties of nicotine, delving into the factors that make it so difficult for people to quit and examines recent trends in tobacco use. In addition, an overview of the development of governmental and nongovernmental tobacco control efforts is provided.

<http://www.iom.edu/CMS/3793/20076/43179.aspx>

- The GAO issued “*Pediatric Drug Research: The Study and Labeling of Drugs for Pediatric Use under the Best Pharmaceuticals for Children Act*,” (GAO-07-898T) on May 22, 2007. In the report, GAO assessed the extent to which pediatric drug studies were being conducted under BPCA for on-patent drugs; the extent to which pediatric drug studies were being conducted under BPCA for off-patent drugs; and the impact of BPCA on the labeling of drugs for pediatric use and the process by which the labeling was changed. <http://www.gao.gov/new.items/d07898t.pdf>

- The GAO issued “*Federal Employees Health Benefits Program: Premiums Continue to Rise, but Rate of Growth Has Recently Slowed*,” (GAO-07-873T) on May 18, 2007. In this report, GAO reviewed FEHBP premium trends compared with those of other purchasers; factors contributing to average premium growth across all FEHBP plans; and factors contributing to differing trends among selected FEHBP plans. GAO reviewed data provided by OPM relating to FEHBP premiums and factors contributing to premium growth. <http://www.gao.gov/new.items/d07873t.pdf>

- On May 11, 2007, Dr. S. Ward Casscells, assistant secretary of defense for health affairs, signed a memorandum “*Policy on Bariatric Surgical Procedures for Active Duty Service Members*.” The policy states that no active duty service members should receive bariatric surgery through the military health system (MHS) or any other health insurance without prior MHS authorization and suggests that those who do not follow this policy should separate from the military. <http://www.ha.osd.mil/policies/2007/07-006.pdf>

[Back to Top](#)

## Legislation

- **H.R.2357** (introduced May 17, 2007): To amend the Social Security Act to guarantee comprehensive health care coverage for all children born after 2008 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 Fortney Pete Stark [CA-13]
- **H.R.2371** (introduced May 17, 2007): To amend the Public Health Service Act to expand and improve the provision of pediatric dental services to medically underserved populations, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Elijah E. Cummings [MD-7]
- **H.R.2377** (introduced May 17, 2007): To amend the Internal Revenue Code of 1986 to increase the deduction under section 179 for the purchase of qualified health care information technology by medical care providers, and for other purposes 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 Phil Gingrey [GA-11]
- **H.R.2387** (introduced May 17, 2007): To prohibit the use of Federal funds for any universal or mandatory mental health screening program was referred to House committee. Status: Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.  
Sponsor: Representative Ron Paul [TX-14]
- **H.R.2391** (introduced May 17, 2007): To amend title 5, United States Code, to make family members of public safety officers killed in the line of duty eligible for coverage under the Federal employees health benefits program, and for other purposes was referred to the House Committee on Oversight and Government Reform  
Sponsor: Representative Bart Stupak [MI-1]

- **H.R.2404** (introduced May 21, 2007): To reduce health care costs and promote improved health by providing supplemental grants for additional preventive health services for women was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Rosa L. DeLauro [CT-3]
- **H.R.2410** (introduced May 21, 2007): To authorize additional appropriations to the National Institutes of Health for research on the early detection of and the reduction of mortality rates attributed to breast cancer was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Nita M. Lowey [NY-18]
- **H.R.2412** (introduced May 21, 2007): To require equitable coverage of prescription contraceptive drugs and devices and contraceptive services under health plans was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, 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 Nita M. Lowey [NY-18]
- **H.R.2434** (introduced May 22, 2007): To amend title 38, United States Code, to require the Secretary of Veterans Affairs to provide regular notice to individuals submitting claims for benefits administered by the Secretary on the status of such claims was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Thelma D. Drake [VA-2]
- **H.R.2464** (introduced May 23, 2007): To amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Jim Matheson [UT-2]
- **H.R.2468** (introduced May 23, 2007): To amend the Public Health Service Act to provide for activities to increase the awareness and knowledge of health care providers and women with respect to ovarian and cervical cancer, and for other purposes was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Nydia M. Velazquez [NY-12]

- **S.38** (introduced May 23, 2007): A bill to require the Secretary of Veterans Affairs to establish a program for the provision of readjustment and mental health services to veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom, and for other purposes was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Pete V. Domenici. [NM]

- **S.1417** (introduced May 22, 2007): A bill 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 Committee on Veterans' Affairs.

Sponsor: Senator Dianne Feinstein [CA]

- **S.1418** (introduced May 17, 2007): A bill to provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes was referred to the Committee on Foreign Relations.

Sponsor: Senator Christopher J. Dodd [CT]

- **S.1421** (introduced May 17, 2007): A bill to provide for the maintenance, management, and availability for research of assets of Air Force Health Study was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Daniel K. Akaka, [HI]

- **S.1445** (introduced May 22, 2007): A bill to amend the Public Health Service Act to direct the Secretary of Health and Human Services to establish, promote, and support a comprehensive prevention, research, and medical management referral program for hepatitis C virus infection was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Edward M. Kennedy [MA]

- **S.1451** (introduced May 22, 2007): A bill to encourage the development of coordinated quality reforms to improve health care delivery and reduce the cost of care in the health care system was referred to the Committee on Health, Education, Labor, and

Pensions.

Sponsor: Senator Sheldon Whitehouse [RI]

- **S.1452** (introduced May 22, 2007): A bill to amend the Public Health Service Act to establish a national center for public mental health emergency preparedness and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.1455** (introduced May 23, 2007): A bill to provide for the establishment of a health information technology and privacy system was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Sheldon Whitehouse [RI]

- **S.1456** (introduced May 23, 2007): A bill to provide for the establishment and maintenance of electronic personal health records for individuals and family members enrolled in Federal employee health benefits plans under chapter 89 of title 5, United States Code, and for other purposes was referred to the Committee on Homeland Security and Governmental Affairs.

Sponsor: Senator Thomas R. Carper [DE]

- **S.1459** (introduced May 23, 2007): A bill to strengthen the Nation's research efforts to identify the causes and cure of psoriasis and psoriatic arthritis, expand psoriasis and psoriatic arthritis data collection, study access to and quality of care for people with psoriasis and psoriatic arthritis, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Robert Menendez [NJ]

[Back to Top](#)

## Hill Hearings

- 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.

[Back to Top](#)

## 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.usacc.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/)

[Back to Top](#)



*If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at [kate@usminstitute.org](mailto:kate@usminstitute.org). To subscribe, please visit <http://usminstitute.org/subscriber.cfm>. To unsubscribe, please send an email to [update@usminstitute.org](mailto:update@usminstitute.org) with UNSUBSCRIBE as the subject.*