

# 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

- The Senate Finance Committee held a hearing on July 25, 2007, to consider the nomination of Kerry Weems to be CMS administrator and of Tevi David Troy to be deputy secretary at HHS. During the hearing, Weems promised to intensify oversight of the agency and especially of Medicare Advantage plans and Medicare prescription drug plan providers.
- The Senate Veterans Affairs Committee held an oversight hearing on July 25, 2007, to examine Department of Veterans Affairs (VA) health care funding. The hearing focused on the numerous funding shortfalls and appropriations delays in recent years and the current process VA relies on for funding its health care system. Among those who testified was Dr. Uwe Reinhardt, health economist at Princeton University. In his testimony, he illustrated how VA's rate of growth in terms of spending over the past decade has been the lowest overall, when compared to the private health industry.
- The House Veterans Affairs Committee held a hearing on July 25, 2007, to examine how the Department of Veterans Affairs (VA) addresses the military diagnosis of Personality Disorder. More than 22,500 service members have been discharged due to Personality Disorder in the past six years. The Committee found that once a service member is diagnosed with a Personality Disorder, he or she has a much more difficult time receiving benefits and treatment at the VA. The committee also reviewed the recent report by the Institute of Medicine on VA Post

Traumatic Stress Disorder (PTSD) claims and discussed the VA's plan for implementation of recommendations in the report. Current estimates show that approximately one-third of Iraq and Afghanistan veterans may show signs of PTSD.

- The Senate Finance Committee approved (17-4) the Children's Health Insurance Program Reauthorization Act of 2007 on July 19, 2007. This legislation would provide a five-year, \$35 billion increase to the Children's Health Insurance Program (CHIP), which now enables health coverage for 6.6 million children.

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## **Military Health Care News**

- On July 20, 2007, TRICARE Management Activity announced that a potential breach of data security occurred, affecting approximately 580,000 households. The data may have been placed at risk through a violation of internal computer security practices at Science Applications International Corporation (SAIC). Analysis shows the chance any data was compromised is low, but action is being taken to ensure that affected TRICARE beneficiaries are kept informed.

The incident occurred when patient data was stored in a manner that did not meet security specifications for the Department of Defense or SAIC. The information was held on a single, SAIC-owned server at an SAIC location in Florida. The server, which was not behind a firewall and did not contain adequate password protections, is no longer in use.

The data, which was processed by SAIC under several military health care contracts, may have included personal information such as beneficiary names, addresses, social security numbers, birth dates, and limited health information. SAIC is expected to mail letters from Army Major General Elder Granger, Deputy Director, TRICARE Management Activity, and retired Marine Corps Major General Arnold L. Punaro, SAIC executive vice president, to approximately 580,000 households informing beneficiaries of the potential risk. Those who receive the notification letters will be offered a free, one-year subscription to an identity restoration service.

SAIC has established a call center to handle questions and concerns, open Monday through Friday 8 a.m. to midnight ET until further notice. The center will be staffed with identity theft specialists who will answer concerns about the incident as well as provide callers with general information on credit, fraud and identity theft matters. The call center numbers are: United States: 1-888-862-2680; International (collect): 1-515-365-3550. <http://www.tricare.mil/pressroom/news.aspx?fid=299>

- TRICARE Management Activity (TMA) unveiled its new electronic beneficiary newsletter, in conjunction with the redesigned TRICARE Web site. [HealthBeat](#), TRICARE's first online beneficiary newsletter, provides up-to-date benefit information and news to beneficiaries. The newsletter includes many features, such as TRICARE benefit updates; links to pertinent news releases and articles about TRICARE and the military health system; and the Doctor Is In column.

HealthBeat will reside on the [My Benefits portal](#) of the redesigned TRICARE Web site. Beneficiaries do not have to be a subscriber to get *HealthBeat*, however, they may sign up on the *HealthBeat* Web page. TRICARE will send a

monthly e-mail to subscribers informing them that the latest e-newsletter has been uploaded to the My Benefits portal of the TRICARE Web site. The e-mail will include an overview of that issue's content with a link to the full e-newsletter on the Web site. Additionally, TRICARE will periodically send HealthBeat news flashes on benefit issues. <http://www.tricare.mil/pressroom/news.aspx?fid=300>

- According to *American Forces Press Service*, the USNS Comfort hospital ship was deployed on June 15 to provide free medical care to more than 55,000 patients in Belize, Guatemala and Panama, as well as thousands of people in Nicaragua as part of a four-month humanitarian assistance deployment.

The Comfort's mission is part of U.S. Southern Command's Partnership for the Americas initiative, an on-going training and readiness operation designed to strengthen regional partnerships and improve multinational interoperability. The ship is also scheduled to visit Colombia, Ecuador, El Salvador, Guyana, Haiti, Nicaragua, Peru, Suriname, and Trinidad and Tobago before completing its voyage in September. The ship's medical treatment facility is staffed by about 500 medical personnel, covering a wide variety of medical fields and areas of expertise. In addition to Navy personnel, the staff includes members from other military services, other government agencies and even non-government organizations.

One such organization is "Operation Smile," whose members are providing medical care to children from Nicaragua with facial deformities, primarily cleft lips and palates. About 25 volunteers from Operation Smile will complete 35 surgeries when their visit to Nicaragua ends. Medical doctors and personnel from the U.S. Navy, Air Force, Army, Coast Guard, Public Health Service and volunteers from Project Hope and Operation Smile were operating a full medical clinic within moments of arrival. The services provided at Quince de Julio included adult and pediatric primary care, dentistry, optometry, immunizations, and prescription services.

<http://www.defenselink.mil/news/newsarticle.aspx?id=46823>

- The DoD Task Force on The Future of Military Health Care met on July 25 to examine the procurement and acquisition issues within the military health system and each of the Services. Ms Jean Storck, chief of health plan operations for TRICARE Management Activity (TMA), described the current contracting processes; the efforts and changes being made to improve the system to make it more efficient and effective; and some of the challenges to streamline contracting that TMA faces. Representatives from each of the Services also presented a synopsis of their procurement processes. Members of the task force noted the current operations are expensive and inefficient and questioned the reason for keeping each Service contracting activity separate.

- On July 25, 2007, the [President's Commission on the Care of Wounded Warriors](#) released its final report, entitled "*Serve, Support, Simplify.*" The report gives six broad recommendations that include as many as 35 proposals to improve service members' and their families' experiences using the health care and disability system. The recommendations require fundamental changes in care management and the disability system. The Commission urged that these changes be made immediately to ensure service members receive good, patient-centric care as soon as possible.

The six recommendations are:

- Immediately create comprehensive recovery plans to provide the right care and support at the right time in the right place

- Completely restructure the disability and compensation systems
- Aggressively prevent and treat PTSD and TBI
- Significantly strengthen support for families
- Rapidly transfer patient information between DoD and VA
- Strongly support WRAMC by recruiting and retaining first-rate professionals though 2011

Only six of the 35 proposals would require legislative action. The remaining 29 could be accomplished by the Departments of Defense and Veterans Affairs. <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/25/AR2007072500261.html?hpid=topnews>

- The Department of Defense announced that Rear Adm. (lower half)(selectee) Alton L. Stocks is being assigned as assistant deputy chief, health care operations, M3HB, Bureau of Medicine and Surgery, Washington, D.C. Stocks is currently serving as force surgeon, U.S. Naval Forces Europe, Naples, Italy.

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## Veterans Health Care News

- The Department of Veterans Affairs (VA) announced it has developed a new ankle-foot prosthetic, which replicates natural motion by propelling people forward using tendon-like springs powered by an electric motor. Through VA-funded research, the Center for Restorative and Regenerative Medicine, a partnership between the Providence VA Medical Center in Rhode Island, Brown University and Massachusetts Institute of Technology, developed the new prosthesis. The center's goal is to restore natural function to amputees.

VA expects to spend more than \$1.2 billion this year on prosthetics and sensory aids, which includes glasses and hearing aids. The VA operates about 60 orthotic-prosthetic labs that fabricate, fit and repair artificial limbs or oversee limbs provided by commercial vendors. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1361>

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## Health Care News

- The Centers for Medicare and Medicaid Services (CMS) announced it is strengthening its erythropoiesis stimulating agent (ESA) Monitoring Policy (EMP) for claims for ESAs used to treat anemia in Medicare beneficiaries who are receiving dialysis treatment for end stage renal disease (ESRD).

Since the last modification to this policy in October 2006, there have been several publications and a Food and Drug Administration "black box" warning that emphasize the risks facing ESRD patients who receive large doses of ESAs and have hemoglobin levels above 12 g/dL. Current Medicare coverage policy continues to provide that the hemoglobin be maintained between 10 and 12 g/dL. In response to the safety concerns, CMS is modifying the ESA monitoring policy to provide greater restrictions on the dosage amounts of ESAs for which payment is made for patients with levels that rise above 13 g/dL.

Medicare's current EMP requires a 25 percent reduction in the reported ESA dosage used by the dialysis facility for

which payment will be made if the facility reports that the patient's hemoglobin level exceeds 13 g/dl the facility includes a code, the GS modifier, on the claim. In the revised policy, CMS is adding a provision that will reduce by 50 percent the reported ESA dosage used by the dialysis facility for which payment will be made if the facility reports that the beneficiary's hemoglobin has exceeded 13 g/dL for three consecutive months including the current billed month. CMS will reduce the reported dosage even if the GS modifier is included on the claim.

In addition, under the revised policy Medicare will not pay for dosages of epoetin alpha (Epogen) in excess of 400,000 IUs per month or darbepoetin alpha (Aranesp) in excess of 1200 mcg per month. [CMS NR 07-20-2007](#)

- According to the July 23 issue of the [Archives of Internal Medicine](#), a new national program called the Organized Program to Initiate Lifesaving Treatment in Hospitalized Patients with Heart Failure (OPTIMIZE-HF) is improving heart-failure patient care in the U.S.

Heart failure occurs when the heart can't pump enough blood to the body's other organs. The disease affects five million Americans, and nearly 3.6 million people are hospitalized with heart failure each year. Adopted by the American Heart Association's *Get With the Guidelines-Heart Failure* quality improvement program and sponsored by drug maker GlaxoSmithKline, OPTIMIZE-HF is the largest effort of its kind undertaken for U.S. heart failure patients, with 259 hospitals participating. It is designed to help hospitals increase their adherence to standard hospital-based performance measures.

OPTIMIZE-HF also provides hospitals with tools to help improve the reliability of care, including standardized admission orders, discharge checklists, pocket cards, medical chart stickers, best-practice algorithms and critical pathways. For the study, researchers looked at data from OPTIMIZE-HF's heart-failure performance-improvement registry, a Web-based program that allows hospitals to review and compare their data to data from similar facilities. Information in the registry included data on admission, discharge care and outcomes (e.g., death and re-hospitalization rates).

Between March 2003 and December 2004, 48,612 heart failure patients were enrolled in the registry. A subgroup of 5,791 patients was followed for an additional 60-90 days after they were discharged from the hospital. The researchers found improvements in three of four of the Joint Commission on Accreditation of Healthcare Organization's performance measures used to gauge the quality of heart failure care in hospitals. They included:

- Better patient communication. The rate of giving complete medical instructions to patients increased from 46.8 percent at the beginning of the study to 66.5 percent by the study's end.
- Tougher anti-smoking efforts. Hospitals provided smoking cessation counseling to 75.6 percent of the patients at the end of the study, compared with 48.2 percent in the beginning.
- Improved heart monitoring. Evaluating the heart's left ventricle systolic function rose from 89.3 percent to 92.1 percent.

The rate of patient death while at the hospital dropped from 4.1 percent to 2.5 percent when hospitals used the standardized admission orders, and rates of death or hospitalization after hospital discharge decreased from 38.2 percent to 34.8 percent when the tools were used during care, the researchers found.

In addition, the program resulted in a decrease in deaths after hospital discharge from 9.9 percent to 6.3 percent,

which could save thousands of lives if all hospitals participated in the initiative.

- Joyce A. Hunter, Ph.D., a cardiovascular physiologist and award-winning administrator at the National Institutes of Health (NIH) will serve as deputy director, National Center on Minority Health and Health Disparities (NCMHD), NIH.

Hunter is a recognized expert on NIH extramural policies and has an extensive career in program and scientific review administration. Prior to joining the NCMHD, Hunter served as deputy director in the Division of Extramural Activities at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), where she coordinated scientific program policies that governed clinical research. She began her NIH career at the National Heart, Lung, and Blood Institute where she steadily progressed from being a program officer to chief of the Vascular Research Training and Career Development Group, a scientific review administrator, and later, section chief of the Contracts, Clinical Studies and Training Scientific Review Section.

Hunter received a bachelor's degree in biology from Dillard University in New Orleans, LA. While attending Dillard, she participated in the National Institute of General Medical Sciences-sponsored Minority Biomedical Support Program. Hunter received her doctorate in physiology from Howard University, Washington, D.C. As a pre-doctoral trainee on a National Research Service Award Institutional Training Grant she received specialty training in Cardiovascular (Cardiac Mechanics) Physiology. She was also an American Physiological Society Porter Fellow. Her research focused on the relationship between myocardial wall stress and structure/function changes associated with left ventricular hypertrophy resulting from induced renovascular hypertension. [www.nih.gov/news/pr/jul2007/ncmhd-23.htm](http://www.nih.gov/news/pr/jul2007/ncmhd-23.htm)

- The U.S. Food and Drug Administration (FDA)'s Nanotechnology Task Force released its [report](#) that recommends the agency consider developing guidance and taking other steps to address the benefits and risks of drugs and medical devices using nanotechnology.

FDA's Task Force Report on Nanotechnology includes a synopsis of the state of the science for biological interactions of nanoscale materials; analysis and recommendations for science issues; and analysis and recommendations for regulatory policy issues.

The report addresses scientific issues as distinct from regulatory policy issues in recognition of the important role of the science in developing regulatory policies in this area, rapid growth of the field of nanotechnology, and the evolving state of scientific knowledge relating to this field. Rapid developments in the field mean that attention to the emerging science is needed to enable the agency to predict and prepare for the types of products FDA may see in the near future.

A general finding of the report is that nanoscale materials present regulatory challenges similar to those posed by products using other emerging technologies. However, these challenges may be magnified both because nanotechnology can be used in, or to make, any FDA-regulated product, and because, at this scale, properties of a material relevant to the safety and (as applicable) effectiveness of FDA-regulated products might change repeatedly as size enters into or varies within the nanoscale range. In addition, the emerging and uncertain nature of the science and potential for rapid development of applications for FDA-regulated products highlights the need for timely development of a transparent, consistent, and predictable regulatory pathway.



- The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) announced the appointment of four new members to their Advisory Council. They include a veteran mental health advocate, an Academy Award-winning actress, a child and adolescent psychiatrist, and an expert in managed mental health care policy and mental health systems.

The new Advisory Council members include:

- King Davis, Ph.D. is currently the Executive Director of the Hogg Foundation for Mental Health, which promotes improved mental health for the people of Texas through the support of effective mental health services, research, policies and education.
- Ledro R. Justice, M.D., an expert in child and adolescent psychiatry, has been practicing general psychiatry for more than 30 years, and child and adolescent psychiatry for about 10 years. With experience in academia, the military, and several private facilities, he is currently a consultant with West Moreton Child and Youth Mental Health Services, in Ipswich, Queensland, Australia.
- James P. McNulty currently serves as the Coordinator for the Office of Consumer and Family Affairs for the Division of Behavioral Health in Rhode Island's Department of Mental Health, Retardation and Hospitals. Prior to this, he was CEO of a mental health advocacy organization and has been extensively involved in volunteer advocacy in the field of mental illness.
- Anna Patty Duke Pearce, an Academy Award-winning actress, has availed herself of public forums such as the The Larry King Show, Oprah, the Today Show and NPR radio to speak about the hope and possibility of recovery and overcoming the challenge of stigma common among individuals living with mental illness. Currently, Ms. Pearce spearheads the On-line Center for Mental Wellness Web site – a virtual place for people to share their stories, receive useful information and obtain referrals for mental health services.

The Council, which was established in 1992, meets twice yearly and advises, consults with and makes recommendations to the leadership of CMHS, SAMHSA and the U.S. Department of Health and Human Services regarding activities and policies carried out by CMHS. <http://www.samhsa.gov/newsroom/advisories/0707261803.aspx>

- Jean H. McKay, M.L.S. was selected as director for the Office of Policy, Planning, and Evaluation within the [National Center for Complementary and Alternative Medicine \(NCCAM\)](#), at the National Institutes of Health (NIH). Ms. McKay will serve as senior advisor to NCCAM's director on science, science policy, and other strategic issues, as well as oversee the planning, evaluation, and reporting activities for the Center.

Ms. McKay most recently served as Director of the Office of Program Planning, Operations, and Scientific Information for Division of Allergy, Immunology, and Transplantation at the National Institutes for Allergy and Infectious Diseases (NIAID). Ms. McKay's career at NIH spans more than 20 years. She has worked at a number of institutes in addition to NIAID, including the National Library of Medicine, the National Cancer Institute, and the National Human Genome Research Institute. She has also worked in the Office of AIDS and Special Health Issues at the Food and Drug Administration.

The National Center for Complementary and Alternative Medicine's mission is to explore complementary and alternative medical practices in the context of rigorous science, train CAM researchers, and disseminate authoritative

information to the public and professionals. <http://www.nih.gov/news/pr/jul2007/nccam-26.htm>

- On July 26, 2007, the White House announced that President Bush has nominated Benjamin Eric Sasse, of Nebraska, to be Assistant Secretary of Health and Human Services (Planning and Evaluation). Dr. Sasse currently serves as Counselor to the Secretary for Policy and Strategic Initiatives at the Department of Health and Human Services. Prior to this, he served as Assistant Professor at the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin. Dr. Sasse received his bachelor's degree from Harvard University, master's degrees from St. John's College and Yale University and PhD from Yale University.

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## Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 1,528 from the last report to 95,624. The totals for each service are Army National Guard and Army Reserve, 78,653; Navy Reserve, 5,002; Air National Guard and Air Force Reserve, 5,753; Marine Corps Reserve, 5,915; and the Coast Guard Reserve, 301. [www.defenselink.mil](http://www.defenselink.mil)

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## Contracts/Procurements

- The Office of the Secretary of Defense, TRICARE Management Activity (TMA) issued a Special Notice is to advise interested parties that TMA plans for the follow-on procurement of its current National Quality Monitoring Contract (NQMC), which concludes in April 2009. TMA has developed requirements and has prepared a draft solicitation which will be available electronically on the [TMA Industry forum Web site](#) on or about July 31, 2007. The contractor shall provide the government with an independent, impartial evaluation the care provided to Military Health System (MHS) beneficiaries. The NQMC shall review care provided by the Designated Providers (DP) under the Uniformed Services Family Health Plan (USFHP), or managed under the Managed Care Support Contracts (MCSC). The NQMC is part of TRICARE's Quality and Utilization Review Peer Review Organization Program, in accordance with 32 CFR 199.15. The cut off date to questions and answers regarding this draft solicitation will be Aug. 31, 2007. <http://www.fbo.gov/spg/ODA/OSD/TRICAREMA/Reference%2DNumber%2DRFI%2DNQMC/Synopsis.html>

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## Reports/Policies

- The GAO released “*September 11: HHS Needs to Ensure the Availability of Health Screening and Monitoring for All Responders*,” (GAO-07-892) on July 23, 2007. This report assessed the status of services provided by the WTC Federal Responder Screening Program; efforts by CDC's National Institute for Occupational Safety and Health (NIOSH) to provide services for nonfederal responders residing outside the New York City (NYC) area; and NIOSH's awards to grantees for treatment services and efforts to estimate service costs.



<http://www.gao.gov/new.items/d07892.pdf>

- The GAO published “*Veterans Affairs: Inadequate Controls over IT Equipment at Selected VA Locations Pose Continuing Risk of Theft, Loss, and Misappropriation*,” (GAO-07-505) on July 16, and released it July 24, 2007. The report GAO was asked to determine the risk of theft, loss, or misappropriation of IT equipment at selected locations; whether selected locations have adequate procedures in place to assure accountability and physical security of IT equipment in the excess property disposal process; and what actions VA management has taken to address identified IT inventory control weaknesses.

<http://www.gao.gov/new.items/d07505.pdf>

- The GAO released “*Veterans Affairs: Lack of Accountability and Control Weaknesses over IT Equipment at Selected VA Locations*,” (GAO-07-1100T) on July 24, 2007. This is the GAO testimony before the House VA subcommittee on Oversight and Investigations.

<http://www.gao.gov/new.items/d071100t.pdf>

- The GAO published “*Influenza Pandemic: DoD Combatant Commands' Preparedness Efforts Could Benefit from More Clearly Defined Roles, Resources, and Risk Mitigation*,” (GAO-07-696) on June 20, and released it July 23, 2007. GAO was asked to examine DoD's pandemic influenza planning and preparedness efforts. This report focuses on DDO's combatant commands (COCOM) and addresses actions the COCOMs have taken to prepare and management challenges COCOMs face going forward. GAO reviewed guidance, plans, and after-action reports and interviewed DOD officials and more than 200 officials at the 9 COCOMs. <http://www.gao.gov/new.items/d07696.pdf>

- The GAO published “*Defense Health Care: Comprehensive Oversight Framework Needed to Help Ensure Effective Implementation of a Deployment Health Quality Assurance Program*,” GAO-07-831, on June 22, and released it July 20, 2007. This report examined whether DoD has established a medical tracking system to comply with requirements of 10 U.S.C. 1074f pertaining to pre- and post-deployment medical examinations; and the extent to which DoD has effectively implemented a deployment health quality assurance program as part of its medical tracking system.

<http://www.gao.gov/new.items/d07831.pdf>

- The Congressional Budget Office (CBO) released a report examining S. 793, Reauthorization of the Traumatic Brain Injury Act on July 24, 2007. S. 793 would amend the Public Health Services Act to authorize research and public health activities related to trauma and traumatic brain injury (TBI). CBO estimates that implementing the bill would cost \$106 million in 2008 and \$1.5 billion over the 2008-2012 period, subject to the appropriation of the necessary amounts and enacting S. 793 would not affect direct spending or federal revenues.

<http://www.cbo.gov/ftpdocs/83xx/doc8346/s793.pdf>

- The GAO issued “*Food and Drug Administration: Methodologies for Identifying and Allocating Costs of Reviewing Medical Device Applications Are Consistent with Federal Cost Accounting Standards, and Staffing Levels for Reviews Have Generally Increased in Recent Years*,” (GAO-07-882R) on June 25, and released the report July 25, 2007. The report examines whether FDA's methodologies for identifying its annual costs of reviewing device applications and its method for allocating these costs among various application types are consistent with federal cost accounting standards; and the extent to which staffing levels for the process of reviewing device applications have changed since fiscal year 2002, the baseline year before MDUFMA went into effect, and how these changes in staffing levels have

been distributed within FDA. <http://www.gao.gov/new.items/d07882r.pdf>

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## Legislation

- **H.R.3109** (introduced July 19, 2007): To amend the Internal Revenue Code of 1986 to allow reimbursement from flexible spending accounts for certain dental products was Referred to the House Committee on Ways and Means. Sponsor: Representative Ron Lewis [KY-2]
- **H.R.3112** (introduced July 19, 2007): To amend the Public Health Service Act to increase the provision of scientifically sound information and support services to patients receiving a positive test diagnosis for Down syndrome or other pre-natally diagnosed conditions was referred to the House Committee on Energy and Commerce. Sponsor: Representative F. James Sensenbrenner, Jr. [WI-5]
- **H.R.3130** (introduced July 23, 2007): To amend title V of the Public Health Service Act to provide for enhanced comprehensive methamphetamine treatment services was referred to the House Committee on Energy and Commerce. Sponsor: Representative Darlene Hooley [OR-5]
- **H.R.3162** (introduced July 24, 2007): To amend titles XVIII, XIX, and XXI of the Social Security Act to extend and improve the children's health insurance program, to improve beneficiary protections under the Medicare, Medicaid, and the CHIP program, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on 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 John D.Dingell [MI-15]
- **H.R.3163** (introduced July 24, 2007): To provide affordable, guaranteed private health coverage that will make Americans healthier and can never be taken away was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. Sponsor: Representative Brian Baird [WA-3]
- **H.R.3173** (introduced July 25, 2007): To amend the Public Health Service Act to establish demonstration programs on regionalized systems for emergency care, to support emergency medicine research, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Henry A. Waxman [CA-30]
- **H.R.3176** (introduced July 25, 2007): To amend title XXI of the Social Security Act to reauthorize and reform the State Children's Health Insurance Program (SCHIP) was referred to the House Committee on Energy and Commerce. Sponsor: Representative Joe Barton [TX-6]

- **S.1824** (introduced July 19, 2007): A bill to amend title XVIII of the Social Security Act to establish a Hospital Quality Report Card Initiative under the Medicare program to assess and report on health care quality in hospitals was referred to the Committee on Finance.  
Sponsor: Senator Barack Obama [IL]
- **S.1834** (introduced July 19, 2007): A bill to improve the health of Americans through the gradual elimination of tobacco products was referred to the Committee on Finance.  
Sponsor: Senator Michael B. Enzi [WY]
- **S.1838** (introduced July 19, 2007): A bill to provide for the health care needs of veterans in far South Texas was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator John Cornyn [TX]
- **S.1854** (introduced July 23, 2007): A bill to amend the Social Security Act and the Public Health Service Act to improve elderly suicide early intervention and prevention strategies, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Harry Reid [NV]
- **S.1858** (introduced July 23, 2007): A bill to amend the Public Health Service Act to establish grant programs to provide for education and outreach on newborn screening and coordinated follow-up care once newborn screening has been conducted, to reauthorize programs under part A of title XI of such Act, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions..  
Sponsor: Senator Christopher J. Dodd [CT]
- **S.1873** (introduced July 25, 2007): A bill to amend the Public Health Service Act to establish demonstration programs on regionalized systems for emergency care, to support emergency medicine research, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Barack Obama [IL]
- **S.1875** (introduced July 25, 2007): A bill to amend the Internal Revenue Code of 1986 to provide a refundable and advanceable credit for health insurance, to amend the Social Security Act to provide for improved private health insurance access and affordability, to amend the Internal Revenue Code of 1986 to repeal the alternative minimum tax, and for other purposes was referred to the Committee on Finance.  
Sponsor: Senator Jim DeMint [SC]

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## 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.

## Meetings / Conferences

- The Society of Ghana Women's Medical and Dental Practitioners, the 27th International MWIA Congress is scheduled for **July 31 to Aug. 4, 2007** in Accra, Ghana. [www.mwiainghana.org](http://www.mwiainghana.org)
- The 21st Annual Madigan Army Medical Center Otolaryngology Seminar - "About Face: Updates in Facial Plastic & Reconstructive Surgery" will be held on Aug. 3-4, 2007, in Tacoma, Wash. [www.hjf.org/events](http://www.hjf.org/events)
- 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>
- The 13th Annual San Antonio Trauma Conference will be held on **Aug. 20-22, 2007**, in San Antonio, Texas. [www.hjf.org/events](http://www.hjf.org/events)
- The Defense and Veterans Brain Injury Center will hold a conference on Traumatic Brain Injury: Training for Military Health Care Providers on **Sept. 9-20, 2007**, in College Park, Md. [www.hjf.org/events](http://www.hjf.org/events)
- The First AHRQ Annual Meeting “Improving Health Care Quality,” will be held **Sept. 26-28, 2007**, in Bethesda, Md. <http://www.blsmmeetings.net/2007ahrqannual/index.cfm>
- The 44th Annual Meeting of the Association of Reproductive Health Professionals (ARHP) will hold the *Reproductive Health 2007 Conference* on **Sept. 26-29, 2007**, in Minneapolis, Minn. [www.arhp.org/rh2007/](http://www.arhp.org/rh2007/)
- The American Academy of Family Physicians (AAFP) will host a meeting for family physicians on **Oct. 3-6, 2007**, in Chicago, Ill. [www.aafp.org/online/en/home/cme/aafpcourses/conferences.html](http://www.aafp.org/online/en/home/cme/aafpcourses/conferences.html)
- The 14th Annual Meeting of the ACP Navy Chapter will be held on **Oct. 4-6, 2007**, in Portsmouth, Va. [www.hjf.org/events](http://www.hjf.org/events)
- The 20th Annual Infectious Diseases in Children Symposium will be held on **Oct. 20-21, 2007**, in New York City, N.Y. <http://www.vindicomeded.com/meetings/idc/ny/default.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 27th AMEDD Neurology Meeting will be held on **Nov. 14-16, 2007**, in Washington, D.C. [www.hjf.org/events](http://www.hjf.org/events)
- The 2007 meeting of the Army and Air Force Chapters of the ACP will be held on **Nov. 14-18, 2007**, in San Antonio, Texas. [www.hjf.org/events](http://www.hjf.org/events)
- The 13th International Congress on Infectious Diseases will be held **June 19-22, 2008**, in Kuala Lumpur, Malaysia. [http://www.isid.org/13th\\_icid/](http://www.isid.org/13th_icid/)

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*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.*