

# FEDERAL HEALTH UPDATE

August 3, 2007

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

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## **Congressional Schedule**

- On Aug. 1, 2007, the House passed H.R. 3162, the Children's Health and Medicare Protection Act of 2007. This legislation amends 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.
- The Senate Armed Services Committee held a hearing on July 31, 2007, to hear testimony on the nominations of Navy Adm. Michael G. Mullen to be the next Chairman of the Joint Chiefs of Staff and USMC Gen. James E. Cartwright to be the next Vice Chairman of the Joint Chiefs of Staff.
- The House passed a package of bills to expand veterans' health care and benefits on July 31, 2007, including H.R. 2623, Hospice Care, H.R. 2874, the Veterans Health Care Improvement Act of 2007, and H.R. 1315, the Veterans' Benefits Improvement Act of 2007.
- The House passed H.R. 3159, Ensuring Military Readiness Through Stability and Predictability Deployment Policy Act, on Aug. 2, 2007.

## Military Health Care News

- On July 30, 2007, Oregon Gov. Ted Kulongoski signed legislation, which would provide tax credits for doctors who accept patients covered by TRICARE, the federal government's health coverage for active and retired members of the military, the National Guard and their families. The new law allows physicians to claim a \$2,500 tax credit the first year they accept TRICARE patients and \$1,000 for each following year.

<http://www.oregonlive.com/news/oregonian/index.ssf?/base/news/1185945923298030.xml&coll=7>

- In the July 31 edition of the recently launched *Evening Rounds*, a daily online column by Health Affairs, Dr. Casscells discussed the part that the military health system (MHS) played in the Food and Drug Administration (FDA) Advisory Committee meeting to determine whether to allow the diabetes drug Avandia remain on the market.

TRICARE Management Activity Director of Health Program Analysis and Evaluation Dr. Michael R. Peterson and Director of Pharmacy Utilization Management Air Force Lt. Col. Thomas Bacon [presented data on Military Health System beneficiaries](#) pertinent to the discussion of the FDA Advisory Committee.

Using the Department of Defense's (DoD's) clinical, administrative and other data sources, Dr. Peterson and Lt. Col. Bacon demonstrated that MHS beneficiaries enrolled in TRICARE Prime who filled a prescription for Avandia had no increased incidence of select cardiovascular events (acute myocardial infarction and congestive heart failure) compared to those who filled prescriptions for other anti-diabetic medications. They also demonstrated the importance and value of DoD data that can be used to inform the nation on important health matters.

In the end, the advisory committee voted to allow Advantis to remain on the market. To view other editions of *Evening Rounds*, please visit: <http://www.ha.osd.mil/asd/evening-rounds/>

- The Department of Defense, TRICARE Management Activity published a notice in the [Federal Register](#) on July 30, 2007, announcing the expansion of a Military Health System (MHS) demonstration project entitled: TRICARE Provider Reimbursement Demonstration Project for the State of Alaska. The original demonstration notice was published on Nov. 20, 2006 ([71 FR 67112-67113](#)), and described a demonstration project to increase reimbursement for individual providers in the state of Alaska. The demonstration project will now also include increased reimbursement for health care services by hospitals that have been designated as "critical access hospitals" (CAH) in the state of Alaska. TRICARE, under the demonstration project, will reimburse CAHs in a similar manner as they are reimbursed under Medicare. The expansion of the demonstration project will test the effect of this change on CAH provider participation in TRICARE, beneficiary access to care, cost of health care services, military medical readiness, morale and welfare. In particular, the demonstration will test whether the increased costs of provider payments are offset in whole or part by savings in travel costs, lost duty time, and other factors. This demonstration will be conducted under statutory authority provided in 10 U.S.C. 1092. The expansion of the demonstration became effective July 1, 2007, and will continue until Dec. 31, 2009 (three

years from the date of the original demonstration).

- On July 30, 2007, Express Scripts announced it is participating in the beta-testing process for a new program to establish accreditation standards for pharmacy benefit managers. URAC, the Washington, D.C.-based independent accreditor of health care management organizations, is launching the program with the goal of creating standards that promote the pharmacy benefit management (PBM) industry best practices; encourages quality improvement; and protects and empowers consumers.

In addition to serving as a beta participant, Express Scripts is currently preparing for the Pharmacy Benefit Management Accreditation review process. The final accreditation standards were approved by URAC's PBM Advisory Committee on July 26.

The accreditation standards address a variety of industry practices across the following modules: organizational quality, customer service/communications/disclosure, pharmacy distribution channels, drug use management, formulary/Pharmacy & Therapeutics Committee.

<http://digital50.com/news/items/BW/2001/07/14/20070729005016/express-scripts-participates-in-new-pbm-accreditation-program/print>

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## **Veterans Health Care News**

- The Department of Veterans Affairs (VA) announced plans to construct a new, \$5.4 million clinic in Guam on the periphery of the island's naval hospital. The plan approved by VA Secretary Jim Nicholson calls for a 6,000 square-foot outpatient clinic next to the grounds of the naval hospital, with its own parking area. Patients will not have to pass through Navy security to get to the facility. The new clinic is scheduled to open in the summer of 2009.

The new outpatient clinic will replace the existing 2,700 square-foot VA clinic at the naval hospital. VA will still partner with the naval facility for emergency and after-hours health care, acute inpatient care and some specialty services.

About 9,000 veterans live on the island. The existing clinic employs a staff of 11, including an internal medicine physician, psychiatrist and nurse practitioner. It provides primary care, mental health care, limited specialty services and physical examinations for VA's compensation and pension benefits.

<http://www.gao.gov/docsearch/pastweek.html>

- On July 30, 2007, the Department of Veterans Affairs (VA) announced the start of its national suicide prevention hot line for veterans. The hotline, available 24/7, is staffed by mental health professionals in Canandaigua, N.Y. They will take toll-free calls from across the country and work closely with local VA mental health providers to help callers.

To operate the national hot line, VA is partnering with the Substance Abuse and Mental Health Services

Administration of the Department of Health and Human Services (HHS).

VA is the largest provider of mental health care in the nation. This year, VA will spend about \$3 billion for mental health. More than 9,000 mental health professionals, backed up by primary care physicians and other health professionals in every VA medical center and outpatient clinic, provide mental health care to about 1 million veterans each year.

The toll-free hot line number is 1-800-273-TALK (8255). <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1363>

- The Department of Veterans Affairs (VA) is launching a new initiative that partners the VA's health care system with four nursing schools. VA selected nursing schools in Florida, California, Utah and Connecticut for special partnerships with local VA health care facilities as part of a new VA Nursing Academy.

The first four nursing schools selected to take part in the new program are:

- University of Florida in Gainesville;
- San Diego State University;
- University of Utah in Salt Lake City; and
- Fairfield University in Fairfield, Conn.

The four VA-nursing partnerships were selected from among 42 applications. Additional VA-nursing school partnerships will be selected in 2008 and 2009, for a total of 12 partnerships in the five-year pilot program.

The American Association of Colleges of Nursing has reported that more than 42,000 qualified applicants were turned away from nursing schools in 2006 because of insufficient numbers of faculty, clinical sites, classroom space and clinical mentors. VA currently provides clinical education for approximately 100,000 health professional trainees annually, including students from more than 600 schools of nursing.

The VA Nursing Academy was recently established to address the nationwide shortage of nurses while ensuring that veterans continue to receive world class care and services.

The Academy's "Enhancing Academic Partnerships" pilot program enables competitively selected VA-nursing school partnerships to expand the number of nursing faculty, enhance the professional and scholarly development of nurses, increase student enrollment by about 1,000 students and promote innovations in nursing education. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1365>

- The Department of Veterans Affairs (VA) and Ft. Bragg have opened a newly expanded Benefits Delivery Office at the post's Soldier Support Center to provide easier access to VA services, including programs for transitioning service members, to soldiers at Ft. Bragg.

Among the services offered by the VA facility at Ft. Bragg:

- Benefits counselors will coordinate with the Warrior Transition Battalion at Womack Medical Center and the VA Medical Center in Fayetteville to ensure that the most severely injured soldiers continue to receive the highest level of care as they leave active duty.
- Staff at the VA office can explain to separating service members the full range of health care, disability, home loan, vocational and educational benefits offered by VA.
- VA already provides assistance with briefings conducted by the Transition Assistance Program (TAP) and Army Career Alumni Program (ACAP).
- For those within six months of separation, VA can help file a claim for benefits and provide a medical examination to record any disabilities. For those eligible for rehabilitation assistance, VA counselors can meet with the separating service member to plan a program of education and training that will help them return to productive employment after discharge.
- In addition to Fort Bragg, VA operates benefits offices on Camp Lejeune Marine Corps Base and New River Marine Corps Air Station, with services provided at Cherry Point Marine Corps Air Station and Seymour Johnson Air Force Base. VA operates 140 offices on military installations as part of its Benefits Delivery at Discharge program.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1367>

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## Health Care News

- The U.S. Food and Drug Administration (FDA) launched a national program to bring about the adoption of more uniform, equivalent, and high quality regulatory programs by state agencies responsible for regulating facilities that manufacture, process, pack, or hold food under FDA's jurisdiction.

Currently, programmatic activities can vary from state to state and such variations can lead to inconsistencies in oversight of food safety. Adoption of voluntary standards for state regulatory programs will establish a uniform basis for measuring and improving the performance of state programs for regulating manufactured food and help the state and federal authorities reduce food-borne illness hazards in food facilities.

The Manufactured Food Regulatory Program Standards are the result of five years of intensive cooperative effort by federal and state regulators. The standards define best practices for the critical elements of state regulatory programs designed to protect the public from food-borne illness and injury, including:

- The program's regulatory foundation;
- Staff training;
- Inspection;
- Quality assurance;
- Food defense preparedness and response;

- Food-borne illness and incident investigation;
- Enforcement;
- Education and outreach;
- Resource management;
- Laboratory resources; and
- Program assessment.

Each standard has corresponding self-assessment worksheets. Several standards have supplemental worksheets and forms to assist state regulators in determining whether their state program addresses all of the elements in the standards.

The Manufactured Food Regulatory Program Standards have been approved by the U.S. Office of Management and Budget and will be pilot-tested in New York, Oregon, and Missouri before September 30, 2007.

FDA regulates about 80 percent of the food supply, which includes food for humans and animals, except meat products, poultry products, and egg products, which are regulated by the U.S. Department of Agriculture. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01674.html>

- According to *Forbes Magazine*, scientists have discovered the gene that can increase the risk of developing multiple sclerosis by 30 percent. The gene is only the second genetic risk factor for multiple sclerosis (MS) ever discovered.

The finding of the gene, on chromosome 5, is detailed in two studies in the July 29 online issue of *Nature Genetics* and confirmed in a third, corresponding study in the *New England Journal of Medicine* that was released early to coincide with the *Nature Genetics* report.

MS is a disease of the central nervous system in which the body attacks and destroys the myelin, or insulation, covering nerve fibers. The disease most often attacks people under the age of 55, and symptoms can range from mild muscle weakness to partial or total paralysis. MS is widely believed to occur as a result of both genetic and environmental factors.

Between 1972 and 1975, researchers found that a variant of the human leukocyte antigen (HLA-DRB1) increased the odds of getting MS up to fourfold. This was the only previously discovered MS gene, and it was located in an area of chromosome 6 involved in regulation of the immune system.

Simon Gregory, lead author of the first *Nature Genetics* paper and a molecular geneticist at Duke University's Center for Human Genetics, analyzed genetic information from 12,360 people (both with and without MS) using "genomic convergence." This involves using several different independent techniques, then overlapping them to focus in on likely candidate genes.

After years of work, the researchers determined that the interleukin 7 receptor (IL7R) alpha chain gene is associated with MS. The gene is involved with the normal functioning of the immune system.

Because that study took a genome-wide approach, the scientists were able to identify additional genes

which, while not achieving statistical significance in this phase of research, do merit further attention.  
<http://www.forbes.com/forbeslife/health/feeds/hscout/2007/07/29/hscout606726.html>

- The Centers for Medicare and Medicaid Services (CMS) announced its final national coverage determination (NCD) for the use of Erythropoiesis Stimulating Agents (ESA) in cancer and related neoplastic conditions. This NCD was opened in response to Food and Drug Administration's (FDA) boxed warning regarding the use of ESAs such as Epogen, Aranesp and Procrit. These are man-made versions of erythropoietin, a hormone that is produced in the kidney and stimulates the bone marrow to make more red blood cells

CMS's initial decision proposed that Medicare coverage of ESA treatment in beneficiaries with cancer should be limited to circumstances in which the treatment is not likely to worsen the cancer and in cases where the beneficiary's anemia is responsive to the ESA. However, after reviewing more than 2,600 public comments and additional evidence, CMS has modified the proposed coverage decision.

The final NCD no longer distinguishes between those cancers that have erythropoietin receptors and cancers without such receptors. In addition, CMS has made no determination regarding ESA use for myelodysplastic syndrome (MDS). MDS is a premalignant syndrome that transforms into acute myeloid leukemia in many patients. In cases where no determination is made, Medicare local contractors have the discretion to make reasonable and necessary determinations regarding ESA use.

The final NCD provides coverage with restrictions for the treatment of anemia secondary to myelosuppressive anticancer chemotherapy in certain cancer conditions, such as solid tumors, multiple myeloma, lymphoma and lymphocytic leukemia. The NCD details these restrictions, which include limiting initiation of ESA therapy to when the hemoglobin level is less than 10g/dL, limiting the ESA treatment duration to a maximum of 8 weeks after a chemotherapy session ends, limiting the starting dose to the FDA recommended starting dose, and limiting dose escalation levels.

ESAs are FDA approved to reduce the need for blood transfusions in patients with end-stage renal disease, chronic kidney disease, patients with cancer on chemotherapy, patients scheduled for some major surgeries and patients with human immunodeficiency virus that are using Zidovudine (also known as AZT). . [CMS NR 07-30-2007](#)

- On July 31, 2007, the Centers for Medicare and Medicaid Services (CMS) issued new Medicare payment rates for beneficiaries using skilled nursing facility care will increase by approximately \$690 million in fiscal 2008.

The 3.3 percent increase will be reflected in Medicare payment rates to skilled nursing facilities and hospitals that furnish certain skilled nursing and rehabilitation care to Medicare beneficiaries recovering from serious health problems. The final rule for the skilled nursing facility (SNF) prospective payment system (PPS) was placed on display at the Federal Register today.

Under [Medicare's SNF PPS](#), each skilled nursing facility is paid a daily rate based on the relative needs of individual Medicare patients, adjusted for local labor costs. CMS uses a skilled nursing facility market basket to measure changes in the prices of an appropriate mix of goods and services included in covered



skilled nursing facility stays. The price of items in the market basket is measured each year, and Medicare payments are adjusted accordingly.

The final rule revises and rebases the SNF market basket, which currently reflects data from fiscal year 1997, to reflect data from fiscal year 2004. The new payment rates also continue to include a special adjustment made to cover the additional services required by nursing home residents with HIV/AIDs. [CMS NR 07-31-2007](#)

- The Centers for Medicare and Medicaid Services (CMS) announced a new rule, which will update payment rates by 3.2 percent and modify payment policies for services furnished to Medicare beneficiaries for discharges occurring on or after Oct. 1, 2007, through Sept. 30, 2008. The rule's provisions are estimated to increase Medicare payments to approximately 1,220 inpatient rehabilitation facilities (IRFs) in FY 2008 by approximately \$150 million—totaling \$6.4 billion.

The rule also increases the high-cost outlier threshold to \$7,362 from \$5,534 in FY 2007, based on an analysis of 2006 data, which indicates that this threshold would maintain estimated outlier payments at 3 percent of estimated total payments under the [IRF PPS](#).

The final rule also updates the IRF PPS wage index. It establishes a policy by which the average wage index from all contiguous counties can be used in the future as a reasonable proxy for the rural area within that State. (This policy does not apply in Puerto Rico.). [CMS NR 07-31-2007a](#)

- The Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ) released a set of reports, titled: [Privacy and Security Solutions for Interoperable Health Information Exchange](#). The reports review 34 state Health Information Exchange plans and identify the challenges and feasible solutions for ensuring the safety and security of electronic health information exchange.

All states followed a standard core methodology, but each was provided an opportunity to tailor the process to meet their needs. As a result, states varied on several key dimensions, including degree of adoption of electronic health information exchange, health care market forces in the state, legal and regulatory conditions related to health information, demographic composition of the state, and financial status of the state.

Some of the key findings point to the need for additional research and guidance on:

- Identifying different interpretations of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule among States and increasing awareness among stakeholders.
- Addressing variations regarding the potential intersections between federal/State privacy laws.
- Evaluating the technologies available to protect security and privacy of individuals as well as the associated administrative processes and liabilities.
- Developing a system that accurately and consistently matches individual patients with their health record information—one that is created and updated by various health care providers/organizations.



- Developing a standard set of definitions and terms to facilitate sharing of health information. For example, terms such as medical emergency, current treatment, related entity, and minimum necessary do not have agreed-upon definitions and may increase variation as organizations attempt to meet compliance.

<http://www.ahrq.gov/news/press/pr2007/hiereptpr.htm>

- A comprehensive new publication, *Growing Older in America: The Health & Retirement Study*, is now available online from the National Institute on Aging (NIA), part of the National Institutes of Health (NIH). This compendium offers a view of older Americans' health, work and economic status, as well as retirement and family lives. It is based on analyses of data from the Health and Retirement Study (HRS), a national survey of Americans over age 50.

The online publication is intended to familiarize policymakers, researchers, health and retirement experts, the news media and others with the HRS. A major goal of the study, which is unique in providing data on the combined health and economic conditions of older Americans over time, is to help address the scientific and policy challenges posed by the nation's rapidly aging population.

Launched in 1992, the HRS is sponsored by the NIA under a cooperative agreement with the University of Michigan's Institute for Social Research. The study follows more than 20,000 men and women at two-year intervals, providing data from pre-retirement to advanced age to understand the dynamic nature of health, well-being, work and social circumstances in later life. <http://www.nih.gov/news/pr/aug2007/nia-02.htm>

- The Board of Commissioners of The Joint Commission announced the appointment of Mark R. Chassin, M.D., M.P.P., M.P.H., to lead The Joint Commission as its next President. The appointment is effective Jan. 1, 2008.

The Joint Commission evaluates and accredits nearly 15,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation's predominant standards-setting and accrediting body in health care.

Dr. Chassin is the Edmond A. Guggenheim Professor of Health Policy and chairman of the Department of Health Policy at Mount Sinai School of Medicine in New York, and executive vice president for excellence in patient care at The Mount Sinai Medical Center. He is a board-certified internist and practiced emergency medicine for 12 years. His background includes service in the federal government and many years of health services and health policy research. He is a member of the Institute of Medicine of the National Academy of Sciences and co-chaired its National Roundtable on Health Care Quality. Dr. Chassin received his undergraduate and medical degrees from Harvard University, Cambridge, MA, and a master's degree in public policy from the Kennedy School of Government at Harvard. He also holds a master's degree in public health from the University of California at Los Angeles.

Dr. O'Leary, who has led The Joint Commission for the past 21 years, will become President Emeritus of The Joint Commission on Jan. 1, 2008. [http://www.jointcommission.org/NewsRoom/NewsReleases/nr\\_chassin\\_080107.htm](http://www.jointcommission.org/NewsRoom/NewsReleases/nr_chassin_080107.htm)

- The White House announced that President Bush intends to nominate Jeffrey William Runge, of North Carolina, to be Assistant Secretary for Health Affairs and Chief Medical Officer at the Department of Homeland Security. Dr. Runge currently serves as Chief Medical Officer at the Department of Homeland Security. Prior to this, he served as Administrator of the National Highway Traffic Safety Administration. Dr. Runge received his bachelor's degree from the University of the South and his MD from the Medical University of South Carolina.

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## Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 97 from the last report to 95,527. The totals for each service are Army National Guard and Army Reserve, 78,241; Navy Reserve, 5,256; Air National Guard and Air Force Reserve, 5,806; Marine Corps Reserve, 5,915; and the Coast Guard Reserve, 309. [www.defenselink.mil](http://www.defenselink.mil)

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## Contracts/Procurements

- Office of the Secretary of Defense, TRICARE Management Activity (TMA) issued a request for information (RFI). The purpose of this RFI is to solicit feedback from potential offerors, industry representatives, government agencies, and other interested parties on a [draft solicitation](#) for the follow-on acquisition to the TRICARE Global Remote Overseas contracts. TMA requests and encourages feedback on all areas of the requirement and draft solicitation, particularly input from small businesses and non-incumbents. It is anticipated that the final solicitation will be issued in late fall 2007 following a sources sought notice.

The TRICARE Overseas Program (TOP) is the Department of Defense (DoD) program for the delivery of health care services outside of the continental United States (OCONUS). TOP provides health care coverage for all OCONUS beneficiaries, including active duty service members (ADSMs), eligible Reserve Component (RC) personnel, active duty family members (ADFMs) including family members of eligible RC personnel), retired military and their respective family members, and transitional survivors. The OCONUS healthcare source/contractor shall assist the TRICARE Overseas Program (TOP) Regional Director, TRICARE Area Office (TAO) Directors, and Military Treatment Facility (MTF) Commanders in operating an integrated health care delivery system which effectively combines the resources of the military direct medical care system with the contractor support services. All responses should be submitted by Aug. 31, 2007. <http://www.fbo.gov/spg/ODA/OSD/TRICAREMA/Reference%2DNumber%2DRFI%2DTOP08/SynopsisP.html>

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## Reports/Policies

- The GAO published “*Medicare: Geographic Areas Used to Adjust Physician Payments for Variation in Practice Costs Should Be Revised*,” (GAO-07-466) on June 29, 2007 and released it July 30, 2007. The report examined how CMS has revised the localities; the extent to which they accurately reflect variations in physicians' costs; and alternative approaches to constructing the localities. <http://www.gao.gov/new.items/d07466.pdf>
- The GAO issued “*Information Security: Despite Reported Progress, Federal Agencies Need to Address Persistent Weaknesses*,” (GAO-07-837) on July 27, 2007. The GAO report found that almost all of the major federal agencies had weaknesses in one or more areas of information security controls; and that most agencies did not implement controls to sufficiently prevent, limit, or detect access to computer resources. In addition, agencies did not always manage the configuration of network devices to prevent unauthorized access and ensure system integrity, such as patching key servers and workstations in a timely manner; assign incompatible duties to different individuals or groups so that one individual does not control all aspects of a process or transaction; or maintain or test continuity of operations plans for key information systems. The report concluded that an underlying cause for these weaknesses is that agencies have not fully implemented their information security programs. <http://www.gao.gov/new.items/d07837.pdf>
- The Institute of Medicine (IOM) issued “*Veterans and Agent Orange: Update 2006*,” on July 31, 2007. This report is the seventh (of ten) update to the 1991 report that was mandated by Congress, in which the IOM conducted a comprehensive evaluation of scientific and medical information regarding the health effects of exposure to Agent Orange and other herbicides used in Vietnam. In this update, the committee reassigned several health outcomes from *Update 2004*. For the first time, a VAO committee found itself deadlocked on several of the health outcomes, and were unable to come to a consensus on their categorization. As a result, these health outcomes were left in the lower category of association. <http://www.iom.edu/CMS/3793/4689/44596.aspx>
- The GAO released “*Defense Health Care: Under TRICARE, Children's Hospitals Paid More Than Other Hospitals After Accounting for Patient Complexity*,” (GAO-07-947) on July 31, 2007. The report examines the effect of the differential on TRICARE's base payments to children's hospitals; differences in diagnosis and complexity between TRICARE pediatric patients at children's hospitals and those at other hospitals; the extent to which TRICARE payment differences across hospitals reflect differences in patient complexity; and recent trends in TRICARE pediatric patients' use of children's hospital services. <http://www.gao.gov/new.items/d07947.pdf>
- The GAO released “*Medicare Advantage: Required Audits of Limited Value*,” (GAO-07-945) on July 30, 2007. In this report, GAO examined whether CMS met the one-third requirement for 2001 through 2006; what information the ACR audits provided and how CMS used it; and what information the bid audits provided and how CMS used it. <http://www.gao.gov/new.items/d07945.pdf>
- The GAO issued “*TRICARE: Changes to Access Policies and Payment Rates for Services Provided by Civilian Obstetricians*,” (GAO-07-941R) on July 31, 2007. This report describes changes TRICARE has made to obstetric coverage policy and payment rates since late 2003 to address concerns about access to civilian outpatient obstetric care and about the adequacy of payments to civilian physicians for obstetric

care; and examines the extent to which TRICARE's managed care support contractors achieved targeted numbers of obstetric care providers in their civilian provider networks in 2005 and 2006, and potential implications for access to care. <http://www.gao.gov/new.items/d07941r.pdf>

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## Legislation

- **H.R.3234** (introduced July 31, 2007): To amend the Internal Revenue Code of 1986 to improve access to health care through expanded health savings accounts was referred to the House Committee on Ways and Means.

Sponsor: Representative Eric Cantor [VA-7]

- **H.R.3256** (introduced July 31, 2007): To reduce post traumatic stress disorder and other combat-related stress disorders among military personnel and for other purposes was referred to the House Committee on Armed Services.

Sponsor: Representative Patrick J. Kennedy [RI-1]

- **H.R.3267** (introduced July 31, 2007): To amend the Public Health Service Act with respect to the Healthy Start Initiative was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Edolphus Towns [NY-10]

- **H.R.3269** (introduced July 31, 2007): To amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and 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 Heather Wilson [NM-1]

- **H.R.3286** (introduced Aug. 1, 2007): To amend title 38, United States Code, to reduce the period of time for which a veteran must be totally disabled before the veteran's survivors are eligible for the benefits provided by the Secretary of Veterans Affairs for survivors of certain veterans rated totally disabled at time of death was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Bob Filner [CA-51]

- **H.R.3294** (introduced Aug. 1, 2007): To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and 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.3306** (introduced Aug. 1, 2007): To amend the Internal Revenue Code of 1986 to allow amounts in a health flexible spending arrangement that are unused during a plan year to be carried over to subsequent plan years or deposited into certain health or retirement plans was referred to the House Committee on Ways and Means.

Sponsor: Representative Edward R. Royce [CA-40]

- **S.1898** (introduced July 30, 2007): A bill to amend the Family and Medical Leave Act of 1993 to expand family and medical leave for spouses, sons, daughters, and parents of service members with combat-related injuries was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.1899** (introduced July 30, 2007): A bill to require every American to have health insurance coverage was referred to the Committee on Finance.

Sponsor: Senator Benjamin L. Cardin [MD]

- **S.1906** (introduced July 31, 2007): A bill to understand and comprehensively address the oral health problems associated with methamphetamine use was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Max Baucus [MT]

Latest Major Action: 7/31/2007 Referred to Senate committee. Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

- **S.1911** (introduced Aug. 1, 2007): A bill to amend the Safe Drinking Water Act to protect the health of susceptible populations, including pregnant women, infants, and children, by requiring a health advisory, drinking water standard, and reference concentration for trichloroethylene vapor intrusion, and for other purposes was referred to the Committee on Environment and Public Works.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.AMDT.2534 to H.R.976** (introduced July 31, 2007): To revise and extend the Indian Health Care Improvement Act is being considered by the Senate.

Sponsor: Senator Byron L. Dorgan [ND]

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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 Force Health Protection Conference will be held **Aug. 4 – 10, 2007**, in Louisville, Ky. <http://chppm-www.apgea.army.mil/fhp/>
- The CDC's 2007 Cancer Conference: *Meeting Future Challenges features presentations and topic sessions on key issues relating to cancer prevention and early detection*, will be held on **Aug. 13-16, 2007**, in Atlanta Ga. <http://www.cdc.gov/od/oc/media/pressrel/2007/a070801.htm>
- 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.blsmeetings.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.vindicomed.com/meetings/idc/ny/default.htm>
- The 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. <http://www.aamc.org/meetings/annual/2007/start.htm>

- 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.*