

FEDERAL HEALTH UPDATE

September 14, 2007

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

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

Sponsored by



Additional sponsorship by



Congressional Schedule

- On Sept. 11, 2007, Republican members of the Senate Veterans' Affairs Committee selected Senator Richard Burr (R-N.C.) as the temporary ranking member of the committee, replacing Senator Larry Craig.
- On Sept. 12, 2007, the Senate Appropriations Committee unanimously approved a \$459.3 billion Defense spending bill for fiscal year 2008. The bill goes to the Senate floor for consideration.
- The Senate Finance Committee approved by voice vote approved S 1200, to amend the Indian Health Care Improvement Act on Sept. 12, 2007. This legislation would revise and reauthorize the Indian Health Care Improvement Act through 2017 at a cost of \$16 billion over five years and \$35 billion over 10 years.

[Back to Top](#)

Military Health Care News

- Defense Medical Logistics Standard Support (DMLSS) Joint Medical Asset Repository (JMAR) team

was selected by *Computerworld* as a finalist for its 2007 Business Intelligence Perspectives Best Practices Award. The team's pandemic influenza readiness dashboard was recognized as an example of collaborative work that led to the development of an essential decision-support tool.

The best preparedness for a natural or terrorist threat of pandemic influenza is an acquisition and distribution (pre-positioning) of medical supplies across military treatment facilities and strategic overseas sites.

The availability and viability of these pandemic-related supplies requires continuous surveillance to ensure they are present and ready for use in the event of an outbreak. The JMAR team developed the dashboard to keep commanders, managers and planners apprised of the readiness and availability of these critical medical supplies.

The Joint Medical Asset Repository is a Web-based tool that analyzes data from 670 sites and displays actionable dashboards, metrics and trending tools. Using the dashboard virtually eliminates manual tracking of DoD pandemic inventories—increasing the accuracy and timeliness of available information. The tool is expected to save millions of dollars in expiring pandemic-related items through its centralized real-time inventory databank and allow DoD to stock up on critical medical materiel when there is limited production capacity. [Sept. 12 Evening Rounds](#)

- TraumaCure announced that its new product, WoundStat™ received FDA clearance after six weeks of review. WoundStat is a lightweight, pre-mixed, dressing compound that is scientifically-proven to stem high-pressure bleeding in moderate to severe wounds.

The patent-pending technology behind WoundStat is the result of more than three years of research and development by VCURES. The university center not only conducts research on life-saving technologies, it plays a key role in training around 50 percent of the Special Operation Combat Medics in the U.S. military. TraumaCure anticipates that WoundStat will be available for deployment by the late fall. Both U.S. military and foreign military allies have expressed interest in the new product.

A multidisciplinary team of researchers at Virginia Commonwealth University's Reanimation Engineering Shock Center (VCURES,) recently published a study of WoundStat in the *Journal of Trauma* comparing early WoundStat technology to then existing products reveals that it succeeds where others fail—WoundStat securely and safely stopped potentially deadly arterial hemorrhaging in three minutes, and continued to do so for at least two hours

TraumaCure, based out of Bethesda Md., is continuing research for discovery and development of additional products based on the core compounds used in WoundStat. The current focus is on trauma injury care, and future products will aim at surgical, chronic wound, and burn care. <http://sev.prnewswire.com/health-care-hospitals/20070910/NEM14010092007-1.html>

- On Sept. 10, 2007, TRICARE Management Activity announced it began implementing a new drug management feature called Step Therapy with beneficiaries who are first-time users of four of the most commonly prescribed brand name sleep medications. The first step to treating a condition in Step Therapy involves beginning treatment with a preferred medication that is often the generic equivalent of a brand

name drug.

Beginning Aug. 1st, Ambien CR, Lunesta, Rozerem and Sonata will only be approved for first-time users after they have tried zolpidem, the preferred generic sleep medication on the Department of Defense (DoD) Uniform Formulary list.

Not every beneficiary will need to make the switch. Anyone prescribed brand-name sleep medications within the past 180 days can continue their use for either \$9 (Lunesta) or \$22 (Ambien CR, Rozerem and Sonata). Beneficiaries, for whom zolpidem is not appropriate, can also be prescribed Lunesta, Ambien CR, Rozerem and Sonata for either a \$9 or \$22 cost share by requesting prior authorization. Generic medications, such as zolpidem, are \$3 for a 30-day supply using retail network pharmacies or 90-day supply using the mail order pharmacy. <http://www.tricare.mil/pressroom/news.aspx?fid=313>

- As part of their continuing efforts to address the needs of returning Guard members, TriWest Healthcare Alliance, the Department of Defense's TRICARE contractor in 21 western states including Montana and the VA Montana Health Care System have partnered to launch the first Combat Stress Video Conference. The conference, being held from 2 to 5 p.m. on Sept. 19, 2007, will bring together nearly 150 community-based health care providers that care for the thousands of returning Montana National Guard troops throughout the state.

The conference will be broadcast simultaneously to providers in nine locations including Billings, Culbertson, Glasgow, Glendive, Great Falls, Havre, Helena, Kalispell and Lewistown. It is intended to help rural providers identify deployment-related symptoms such as combat stress, anxiety, depression, PTSD and traumatic brain injury, as well as providing treatment methods.

The Montana National Guard consists of more than 3,700 members who live in nearly every corner of the state. Since 2001, more than 80 percent have been mobilized for active duty.

Key conference presenters are Rosa F. Merino, M.D., Chief of Behavioral Health, VA Montana Healthcare System, Fort Harrison, and Kurt Werner, M.D., Lead Physician, Ambulatory Care Southwest, VA Montana Healthcare System.

TriWest Healthcare Alliance is sponsoring the seminar in conjunction with the University of North Texas and the VA North Texas Healthcare System. http://www.earthtimes.org/articles/show/news_press_release,175628.shtml

- TRICARE Management Activity published a news release reminding National Guard and Reserve members currently in the TRICARE Reserve Select (TRS) health care plan that they must sign up for the restructured TRS by Sept. 30, 2007, in order to continue their coverage. Effective Sept. 30, the "old" TRS ceases to exist. A restructured TRS begins Oct. 1, 2007.

According to the release, a letter was sent in August by Reserve Affairs to Reserve Component members currently covered by TRS. The letter explained the program changes and how to continue coverage, but as of early September only 15 percent of the approximately 11,000 current members had completed the new

TRS request forms and sent them in to their regional managed care contractor.

Under the restructured TRS starting Oct. 1, there are only two qualifications to be eligible for the benefit. First, the member must be a Selected Reserve member of the Ready Reserve. Second, the member must not be eligible for the Federal Employee Health Benefits program or currently covered under FEHB (either under their own eligibility or through a family member). They must attest to this on the new TRS request form, which can be found at <https://www.dmdc.osd.mil/appj/trs/>.

More information about the restructured TRS is available on the “My Benefits” portal at www.tricare.mil. Monthly premiums are \$81 for the service member and \$253 for member-and-family coverage. TRS offers coverage comparable to TRICARE Standard and Extra.

In addition, National Guard and Reserve members are advised that they contact their Reserve Component [points of contact](#) if they have additional questions about their eligibility for TRS. <http://www.tricare.mil/pressroom/news.aspx?fid=314>

- The Office of the Chief Medical Officer for TRICARE Management Activity has released a call for submissions for the annual Healthcare Innovations Program for the 2008 Military Healthcare System (MHS) conference. For more information, please visit <http://www.tricare.mil/ocmo/innovations.cfm>

[Back to Top](#)

Veterans Health Care News

- The Department of Veterans Affairs announced that a three-party venture will design the replacement VA hospital for New Orleans on Sept. 7, 2007. Local New Orleans VA officials along with a team from VA headquarters evaluated submissions from competing firms, selecting NBBJ of Columbus, Ohio, Eskew+Dumez+Ripple of New Orleans and Rozas-Ward Architects, also of New Orleans as the winners.

The process of selecting an architectural and engineering firm follows federal laws that provide for hiring based on demonstrated competence and qualifications. Upon selection of an architectural and engineering firm, VA will move to the second phase, a contractual agreement.

VA recently announced the preferred site for a Southeast Louisiana medical center is a 34-acre tract bounded by South Rocheblave Street, South Galvez Street, Tulane Avenue and Canal Street in downtown New Orleans. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1382>

- According to a report by the Office of Inspector General for Veterans Affairs (VA), the VA consistently understated the wait times for veterans seeking medical care and in some cases made seriously injured veterans wait more than 30 days for an appointment, a violation of department policy. The report, [Audit of the Veterans Health Administration's Outpatient Scheduling Procedures](#), is a follow-up to its 2005 report in which the OIG found that the VA did not follow established procedures when scheduling medical appointments for veterans seeking outpatient care and as a result, reported waiting times and electronic waiting lists were not accurate. For the report, investigators analyzed 700 primary and specialty care

outpatient appointments made at 10 VA medical centers in October 2006.

In the current report, the OIG found that the Veterans Health Administration falsely reported to Congress that 95 percent of its appointments were scheduled within wait times of 30 days or less. In fact, about 75 percent of appointments were scheduled within that time frame, according to the report. In addition, the report noted that 27 percent of the injured veterans who had to wait more than 30 days for an appointment had severe service-related disabilities. VA policy states that such patients must be scheduled within 30 days of their requests.

Investigators also found that VA might have understated the number of veterans on its electronic waiting list by more than 53,000. This discrepancy was attributed to a lack of training and data entry errors, as well as schedulers 'gaming' of the scheduling process.

- According to the *Houston Chronicle*, San Antonio has been selected as the site of a \$67 million rehabilitation center to treat veterans and troops returning from Iraq with multiple wounds. The new "polytrauma" facility will be built on the Audie Murphy Veterans Memorial Hospital campus. This is one of five sites nationwide. The VA operates other sites in Richmond, Va.; Tampa, Fla.; Minneapolis; and Palo Alto, Calif.

The facility will be of greatest benefit to those with traumatic brain injuries, known as the signature wound of the wars in the Middle East because of the widespread use of explosives.

Construction on the center is expected to begin in fiscal 2008, which begins Oct. 1, 2007.

<http://www.chron.com/disp/story.mpl/nation/5130605.html>

[Back to Top](#)

Health Care News

- Sheldon Bradshaw, Associate General Counsel/Chief Counsel of the Food & Drug Division of the U.S. Department of Health and Human Services' Office of the General Counsel has announced that he will leave the department, effective Sept. 12, 2007 to return to the private sector.

Bradshaw joined HHS as Associate General Counsel for the Food and Drug Division in April 2005. In that position, he provided legal advice to FDA's senior leadership on a number of significant policy matters, including the agency's drug and food safety initiatives.

Bradshaw also formulated the legal basis for numerous regulations and guidances critical to the agency's vital public health mission, including the new drug and biologic products labeling rule, enforced the requirements of the Food, Drug and Cosmetic Act in federal court, and defended the agency's programs when they were challenged.

Jeffrey Senger, the current Deputy Associate General Counsel has become the Acting Associate General Counsel until a permanent replacement is appointed.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01697.html>

- On Sept. 12, 2007, the Centers for Disease Control and Prevention (CDC) released a report, [“Deaths: Preliminary Data for 2005.”](#) According to the report, a child born in the United States in 2005 can expect to live nearly 78 years (77.9) – a new high.

The report from CDC’s National Center for Health Statistics is based on approximately 99 percent of death records reported in all 50 states and the District of Columbia for 2005 and documents the latest trends in the leading causes of death and infant mortality.

The increase in life expectancy represents a continuation of a long-running trend. Over the past decade, life expectancy has increased from 75.8 years in 1995, and from 69.6 years in 1955.

Highlights of the report include:

- Life expectancy for whites was 78.3 in 2005, unchanged from the record high of 2004. Life expectancy for blacks increased slightly from 73.1 years in 2004 to 73.2 years in 2005.
- The age-adjusted U. S. death rate fell to below 800 deaths per 100,000 population in 2005 – an all-time low.
- The death rate from the three leading killers in the United States – heart disease, cancer and stroke – declined in 2005 compared to the previous year. The age-adjusted death rate from heart disease fell from 217 deaths per 100,000 in 2004 to 210.3 in 2005, while the age-adjusted death rate from cancer dropped from 185.8 per 100,000 in 2004 to 183.8 in 2005. The age-adjusted death rate from stroke declined from 50 per 100,000 in 2004 to 46.6 in 2005.
- The age-adjusted death rates for the seventh leading cause of death, Alzheimer’s disease, and the 14th leading cause of death, Parkinson’s disease, both increased approximately 5 percent between 2004 and 2005.

Preliminary figures also indicate an increase in the U.S. infant mortality rate from 6.79 per 1,000 live births in 2004 to 6.89 in 2005. However, this increase is not considered statistically significant. Congenital malformations, or birth defects, were the leading cause of infant mortality in 2005, followed by disorders related to preterm birth and low birth weight. Sudden infant death syndrome (SIDS) was the third leading cause of infant death in the United States.

- The Centers for Medicare and Medicaid Services (CMS) awarded that Wisconsin Physicians Service Health Insurance Corp. a five-year contract for the combined administration of Part A and Part B Medicare claims payment in Iowa, Kansas, Missouri and Nebraska.

Wisconsin Physicians Service Health Insurance Corp.(WPS), headquartered in Madison, Wis., is the third new Medicare Administrative Contractor (MAC) to be named by CMS as required by the Medicare Modernization Act of 2003 (MMA). By 2011, a total of 15 new Medicare contractors will cover every state and the District of Columbia. The first two contractors are processing Medicare claims in a total of 10 western states.

WPS will serve as the first point of contact for the processing and payment of fee-for-service claims from hospitals, nursing facilities, physicians and practitioners in the four states. The MAC was selected in open competition under federal procurement rules.

The new contractor will take claims payment work now performed by four fiscal intermediaries and three carriers in the four states. The MAC contract, which has an approximate value of \$225 million over five years, will fulfill the requirements of the MMA's contracting reform provisions.

Under the current system, fiscal intermediaries process claims for Medicare Part A providers, such as hospitals, skilled nursing facilities and other institutional providers. Carriers process claims for physicians, laboratories and other practitioners under Medicare Part B.

The contract for WPS includes a base period and four one-year options and will provide WPS with an opportunity to earn award fees based on its ability to meet or exceed the performance requirements set by CMS. These requirements are rooted in CMS' key objectives for the MACs, including enhanced provider customer service, increased payment accuracy, improved provider education and training leading to correct claims submissions, and realized cost savings resulting from efficiencies and innovation. In accordance with the MMA, MAC contracts are to be open for bidding at least every five years.

As the MAC contractor, WPS will immediately begin implementation activities and will assume full responsibility for the claims processing work in its four-state jurisdiction no later than Sept. 9, 2008.

When contracting reform is fully implemented, all the fiscal intermediaries and carriers will be replaced by MACs that will be responsible for both Part A and Part B claims. For beneficiaries and providers, the new structure will mean that they each have a single point of contact with the Medicare program. When it becomes operational, the MAC for Iowa, Kansas, Missouri and Nebraska will be the contact for all Medicare providers and physicians in the four states, while beneficiaries will pose their claims-related questions to a Beneficiary Contact Center. [CMS NR 09-07-2007](#)

- Harvey V. Fineberg has been appointed to a second six-year term as president of the Institute of Medicine (IOM) to begin July 1, 2008. Prior to his selection as IOM president in 2002, Fineberg was dean of the Harvard School of Public Health for 13 years and served as the university's provost from 1997 to 2001.

The 1,625-member Institute of Medicine was established in 1970 by the National Academy of Sciences (NAS) to enlist distinguished members of the health professions in examining health-policy matters. Under a congressional charter granted to NAS in 1863, IOM provides advice to government policymakers, health professionals, and the public on issues such as health care delivery and quality, vaccine safety, nutrition, cancer prevention and management, and military and veterans' health.

During Fineberg's first term as IOM's president, the Institute issued landmark reports on subjects of critical concern to U.S. health care. These covered such diverse and important topics as childhood obesity and the marketing of foods and beverages to children, medication errors, electronic medical records, the quality of mental health care, health insurance and access to care, lifelong care of patients with cancer, preterm birth, the integrity of biomedical research, worldwide availability of malaria treatment, preparedness for

pandemic flu, ending tobacco as a public health problem, the health consequences of chemical and biological exposures during military service, and reform of the Food and Drug Administration.

Fineberg, who holds M.D. and Ph.D. degrees from Harvard, was elected to IOM membership in 1982. He has served on many IOM and NAS study committees, co-chairing the Committee on HIV Prevention Strategies and chairing the Committee on Summary Measures of Population Health Status. Fineberg serves on the boards of the William and Flora Hewlett Foundation, the China Medical Board, and the Institute for Health Metrics and Evaluation. He is an adviser to the World Health Organization, and in 2003, he served on the Hong Kong SARS Expert Committee.

The National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council make up the National Academies. They are private, nonprofit institutions that provide independent advice on science, technology, and health policy.

[Back to Top](#)

Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 490 from the last report to 95,563. The totals for each service are Army National Guard and Army Reserve, 76,532; Navy Reserve, 5,574; Air National Guard and Air Force Reserve, 7,258; Marine Corps Reserve, 5,890; and the Coast Guard Reserve, 309. www.defenselink.mil

[Back to Top](#)

Contracts/Procurements

- The Department of Defense (DoD) TRICARE Management Activity (TMA) issued a pre-solicitation notice seeking qualified sources to submit offers in the competitive acquisition for the third generation (T-III), TRICARE Managed Care Support services. The anticipated solicitation issue date is tentatively scheduled for approximately Oct. 9, 2007. This acquisition will be for full and open competition after exclusion of sources and will not be set aside for small or small disadvantaged businesses.

Previously, other notices for this requirement have been advertised to include a draft solicitation and posting of historical and informational TRICARE data on the TMA Web site. Interested parties should register at the [TMA solicitation Web site](#) to be notified of the issuance of the solicitation and to receive updates regarding the solicitation and responses to potential offeror questions via e-mail. This list will be considered the solicitation mailing list and is available on the Web site. In order for potential prime contracting offerors to be aware of small businesses interested in subcontracting opportunities, small and small disadvantaged businesses are encouraged to register on the Web site.

After the solicitation is issued, a question-and-answer forum will be established on the solicitation web page. All questions will be posted as submitted, although names of the parties submitting the questions will not be posted. TMA will post responses to all questions. The cutoff date for receipt of questions will

be three weeks after the date the solicitation is issued.

The Defense Health Program (DHP) consists of direct care provided by DoD personnel through Military Treatment Facilities (MTF) and clinics and purchased care provided through Managed Care Support Contractors. In order to fulfill the purchased care needs of the DHP, sources/contractors must provide all services necessary to fully support DoD's primary wartime readiness mission while supplementing the services provided through DoD owned and/or operated health care facilities. MCS services apply to approximately 9.2 million active and retired members of the Uniformed Services: the U.S. Army, the U.S. Navy, the U.S. Air Force, the U.S. Marine Corps, the U. S. Coast Guard, the Commissioned Corps of the Public Health Service and the Commissioned Corps of the National Oceanic and Atmospheric Administration, their spouses and children and their surviving family members subject to the provisions of Chapter 55 of Title 10, U.S.C. Also eligible are Medal of Honor recipients (Chapter 55 of Title 10, U.S.C., Section 1074h.). <http://www.fbo.gov/spg/ODA/OSD/TRICAREMA/H94002%2D07%2DR%2D0007/SynopsisP.html>

[Back to Top](#)

Reports/Policies

- The GAO published “*Influenza Pandemic: Further Efforts Are Needed to Ensure Clearer Federal Leadership Roles and an Effective National Strategy*,” on (GAO-07-781) Aug. 14, 2007, and released it Sept. 10, 2007. This report assesses how clearly federal leadership roles and responsibilities are defined and the extent to which the Strategy and Plan address six characteristics of an effective national strategy. To do this, GAO analyzed key emergency and pandemic-specific plans, interviewed agency officials, and compared the Strategy and Plan with the six characteristics GAO identified. <http://www.gao.gov/new.items/d07781.pdf>

[Back to Top](#)

Legislation

- **H.J.RES.49** (introduced Sept. 11, 2007): Providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating a cost limit for providers operated by units of government and other provisions under the Medicaid Program was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Henry A. Waxman [CA-30]
- **H.R.3495** (introduced Sept. 7, 2007): To establish a National Commission on Children and Disasters, a National Resource Center on Children and Disasters and for other purposes was to the House Committee on Transportation and Infrastructure.
Sponsor: Representative Corrine Brown [FL-3]
- **H.R.3502** (introduced Sept. 7, 2007): To provide for the prompt implementation of those

recommendations of the President's Commission on Care for America's Returning Wounded Warriors that require congressional action was referred to the Committee on Armed Services, and in addition to the Committees on Veterans' Affairs, Education and Labor, Oversight and Government Reform, and House Administration, 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 Jerry Moran [KS-1]

- **H.R.3503** (introduced Sept. 7, 2007): To amend the Public Health Service Act to provide for a national program to conduct and support activities toward the goal of significantly reducing the number of cases of overweight and obesity among individuals in the United States was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Eleanor Holmes Norton [DC]

- **H.R.3507** (introduced Sept. 7, 2007): To amend the Social Security Act to provide grants and flexibility through demonstration projects for States to provide universal, comprehensive, cost-effective systems of health care coverage, with simplified administration 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 John F. Tierney [MA-6]

- **H.R.3509** (introduced Sept. 10, 2007): To provide health care liability reform, and for other purposes was referred to the House Committee on the Judiciary.

Sponsor: Representative Michael C. Burgess [TX-26]

- **H.R.3515** (introduced Sept. 10, 2007): To amend the Internal Revenue Code of 1986 to allow individuals a refundable credit against income tax for the purchase of private health insurance was referred to the House Committee on Ways and Means.

Sponsor: Representative John M. McHugh [NY-23]

- **H.R.3516** (introduced Sept. 10, 2007): To amend the Internal Revenue Code of 1986 to provide a 100 percent deduction for the health insurance costs of individuals was referred to the House Committee on Ways and Means.

Sponsor: Representative John M. McHugh [NY-23]

- **S.J.RES.18** (introduced Sept. 11, 2007): A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating to a cost limit for providers operated by units of government and other provisions under the Medicaid program was referred to the Committee on Finance.

Sponsor: Senator Jeff Bingaman [NM]

- **S.2031** (introduced Sept. 7, 2007): A bill to amend the Social Security Act to provide grants and flexibility through demonstration projects for States to provide universal, comprehensive, cost-effective systems of health care coverage, with simplified administration was referred to the Committee on Finance. Sponsor: Senator Bernard Sanders [VT]
- **S.2042** (introduced Sept. 12, 2007): A bill to authorize the Secretary of Health and Human Services to conduct activities to rapidly advance treatments for spinal muscular atrophy, neuromuscular disease, and other pediatric diseases, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Debbie Stabenow [MI]

[Back to Top](#)

Hill Hearings

- The House Veterans Affairs Committee will hold an oversight hearing on **Sept. 18, 2007**, to examine the State of the Department of Veterans Affairs.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 19, 2007**, to examine information technology.
- The House Veterans Affairs Committee will hold an oversight hearing on **Sept. 19, 2007**, to examine the findings of the President's Commission on Care for America's Returning Wounded Warriors.
- 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.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 25, 2007**, to examine the Persian Gulf War research.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 27, 2007**, to examine the nomination of Paul J. Hutter, of Virginia, to be General Counsel, Department of Veterans Affairs.

[Back to Top](#)

Meetings / Conferences

- A Defense Forum: "*Keeping Faith With Those Who Serve: How Can We Provide the Healthcare Our Military and Veterans Need—and Deserve?*" will be held on **Sept. 18, 2007**, in Washington DC. <https://www.usni.org/conferences/registration/register.asp> or

http://www.moaa.org/controller.asp?pagename=serv_prof_forum

- The First AHRQ Annual Meeting “Improving Health Care Quality,” will be held **Sept. 26-28, 2007**, in Bethesda, Md. <http://www.blsm meetings.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/
- The annual General Assembly of the World Medical Association will be held on Oct. 3-6, 2007 in Copenhagen, Denmark. www.wma.net
- 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
- The 14th Annual Meeting of the ACP Navy Chapter will be held on **Oct. 4-6, 2007**, in Portsmouth, Va. 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 American Association for Clinical Chemistry (AACC) and the National Academy of Clinical Biochemistry (NACB) will hold a one-day conference: “*Making the Case for the New Cancer Diagnostics*,” on **Nov. 2, 2007**, in St. Louis, Mo. <http://www.aacc.org/AACC/events/meetings/NewCancerDetectionTechnologies.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 American Public Health Association 135th Annual Meeting will be held on **Nov. 3-7, 2007**, in Washington, D.C. <http://apha.confex.com/apha/135am/techprogram/>
- The FDA’s conference: “*Anthrax Vaccines -- Bridging Correlates of Protection in Animals to Immunogenicity in Humans*,” will be held on Nov. 8-9, 2007, in Gaithersburg Md. <http://www.fda.gov/OHRMS/DOCKETS/98fr/E7-11613.htm>
- The AMSUS 113th Annual Meeting will be held Nov. 11-16, 2007, in Salt Lake City, Utah. <http://www.amsus.org/convention/>

- The 27th AMEDD Neurology Meeting will be held on **Nov. 14-16, 2007**, in Washington, D.C. 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
- The State of the MHS - The 2008 Annual TRICARE Conference will be held on **Jan. 28-31, 2008**, in Washington D.C. <http://www.tricare.mil/conferences.cfm>
- The 5th Annual World Healthcare Congress will be held on **April 21-23, 2008**, in Washington D.C. <http://www.worldcongress.com/email/HR08000/HR08000-9-11-07Online.htm>
- The 13th International Congress on Infectious Diseases will be held **June 19-22, 2008**, in Kuala Lumpur, Malaysia. 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. To subscribe, please visit <http://usminstitute.org/subscriber.cfm>. To unsubscribe, please send an email to update@usminstitute.org with UNSUBSCRIBE as the subject.