

FEDERAL HEALTH UPDATE

September 21, 2007

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

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Congressional Schedule

- The Senate Veterans Affairs (VA) Committee held oversight hearing on Sept. 19, 2007, to examine information technology focusing specifically on DoD and VA collaboration and cooperation. VA Assistant Secretary for Information and Technology Robert T. Howard and Ms. Valerie Melvin of the Government Accountability Office were among those who testified.
- The House Veterans Affairs Committee held 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 Commission's two co-chairs, the Honorable Robert Dole and the Honorable Donna Shalala testified about the Commission's recommendations, which can be found in its [final report](#).
- The Senate resumed consideration of H.R. 1585, the National Defense Authorization Act for Fiscal Year 2008.
- The House passed H.R. 3580, Food and Drug Administration Amendments Act of 2007, on Sept. 19,

2007.

- The Senate approved S.558, the Mental Health Parity Act of 2007, on Sept. 18, 2007.
- The House Ways and Means Subcommittee on Health approved H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, on Sept. 19, 2007.

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Military Health Care News

- TRICARE Management Activity highlighted the new Warrior Care Support Program in TRICARE's North Region in a Sept. 18, 2007, news release. This program, administered by Health Net Federal Services, contractor for TRICARE North Region, provides wounded service members with one point of contact, an effort to take stress out of military health care for beneficiaries and their families.

The program identifies eligible severely ill or injured service members to participate through military treatment facility (MTF) referrals, records identification and service member requests. Criteria are not restricted to service-related injury and the program is voluntary.

Upon a service member's acceptance in the program, a health care coordinator from a team of nurses, doctors and administrative staff will assist with a timely and seamless transition and coordination of physical and behavioral health care services from the MTF to the civilian sector or the Department of Veterans Affairs (VA). In addition to coordinating care, the team assists the warrior and family members by educating them on health care choices, providing specialized resources and assisting with claims resolutions and authorizations for medical equipment. <http://www.tricare.mil/pressroom/news.aspx?fid=316>

- On Sept. 17, 2007, TRICARE Management Activity published a news release recommending deployable and TRICARE Remote service members set up Family Member Accounts to enabling their family to access medical, pay and human resource Web sites in their absence.

The Family Member Account is a secure credential issued to sponsors and their family members that allows them to log on to other Department of Defense Web sites even if they don't have a Common Access Card (CAC) or Defense Finance and Accounting Service (DFAS) PIN, also known as "myPay."

To get a Family Member Account, the active duty sponsor can log on to <https://sso.dmdc.osd.mil/famAcctMgr> using his or her CAC or DFAS PIN. Eligibility for an account is based on the family's benefit status in the Defense Enrollment Eligibility Reporting System (DEERS). Dependent children older than 18 can get their own account. The sponsor selects which family members are eligible and then creates a separate account and a temporary password for each of them. Once the account is established, the sponsor gives family members their numbers and temporary passwords.

Family Member Account numbers and passwords will be accepted on TRICARE's new Beneficiary Web

Enrollment system launching later this fall. The new system will allow Prime and Prime Remote beneficiaries to easily enroll and manage their health care online. <http://www.tricare.mil/pressroom/news.aspx?fid=315>

- On Sept. 18, 2007, Health Net Federal Services, the government operations division of Health Net, Inc. announced that Dr. Ted Christy, its senior medical director, has accepted the role of chief medical officer.

Dr. Christy will oversee Medical Directors' activities in support of North Region for TRICARE, the military health plan, and the Clinical Quality Management team, collaborating with physicians and clinical leadership as they manage and maintain the quality of health care delivered to Department of Defense and Veterans Affairs beneficiary populations.

Dr. Christy joined the company in 1996 as director, Clinical Quality Management, later serving as corporate medical director, and most recently as vice president and medical director. Prior to joining Health Net, Dr. Christy specialized in family medicine in his own private practice, and served as chief of staff at a northern California hospital. http://sacramento.dbusinessnews.com/shownews.php?newsid=133773&type_news=latest

- According to a TRICARE Management Activity news release, a recent report from the Government Accountability Office (GAO) states that TRICARE pays children's hospitals the right amount for beneficiary care. The GAO's conclusions appear self-evident in the title of the report, [*"Defense Health Care: Under TRICARE, Children's Hospitals Paid More than Other Hospitals after Accounting for Patient Complexity."*](#)
- In 1988, Congress directed the Department of Defense (DoD) to establish a payment differential for children's hospitals. The effect of the differential is to provide a significantly higher payment rate to 80 eligible hospitals nationwide. These freestanding children's hospitals have higher costs of care for several reasons: they see very sick patients; they lack the economies of scale of major academic institutions; and they devote a higher proportion of their care to low-income and government payer patients than do other hospitals.
- The National Association of Children's Hospitals recommended the addition of an inflation adjustment to the differential. So, in the Fiscal Year 2006 National Defense Authorization Act, the Senate Armed Services Committee directed the GAO to assess the need for such an adjustment.
- On July 31, 2007, the GAO issued its report stating that an inflation adjustment of the children's hospital payment differential was not needed. After analyzing the data available regarding complexity of care and payments for pediatric care in different types of hospitals, the GAO concluded that an increase in the TRICARE payment rate to children's hospitals was not warranted.

Establishing the appropriate payments to these specialty facilities is a complex financial process. To make sure payments are appropriate in the future, DoD continues to work with the National Association of Children's Hospitals on a methodology for developing TRICARE cost estimates to provide even better data

for future evaluations. <http://www.tricare.mil/pressroom/news.aspx?fid=317>

- The Department of Defense announced that Rear Adm. Thomas R. Cullison is being assigned as deputy chief, Bureau of Medicine and Surgery, Washington, D.C. Rear Admiral Cullison is currently assigned as commander, Navy Medicine East/commander, Naval Medical Center, Portsmouth, Va. In addition, Rear Adm. (lower half) (selectee) Alton L. Stocks is being assigned as fleet surgeon, U.S. Fleet Forces Command, Norfolk, Va. He is currently assigned as force surgeon, U.S. Naval Forces Europe, Naples, Italy.
- Walter Reed Army Medical Center's new Military Advanced Training Center opened on Sept. 20, 2007. The new center will provide rehabilitating soldiers the latest in cutting-edge equipment to help with their recovery. The 31,000 square-foot facility is designed for ease of use and has the latest in computer and video monitoring systems and prosthetics to help enhance amputee and patient care. It will house more than 15 specialties, including physicians, nurse case managers, therapists, psychologists, social workers, benefits counselors and Veterans Affairs representatives.

The Training Center for Performance and Clinical Research, known as the gait lab, measures patients' strides, containing six calibrated force plates — four for walking and two for running. It also includes a dual force-plate treadmill to conduct running analysis and research protocols for prolonged activity. The system has 23 infrared cameras mounted around the room to gather data.

The center's innovation is the Computer Assisted Rehab Environment, which is designed to build a virtual environment around a patient performing tasks on a treadmill bolted to a helicopter simulator. The computer uses a video capture system similar to the gait lab, but with an interactive platform, which responds to the patient's every move.

The Computer Assisted Rehab Environment Network, one of three in the world, can also reintroduce patients to both simple and complex environments to assist warriors recovering from post traumatic stress disorder. The system measures their performance and ensures safety.

Soldiers in transition will also be able to communicate with units in Iraq, Afghanistan or families at home via video teleconference if they reserve the telemedicine conference room. Doctors, nurses and medics in the combat zone and Landstuhl Regional Medical Center can also follow their patients' progress.

The \$10 million center augments the capabilities of existing Walter Reed Army Medical Center facilities and supports the goal of returning multi-skilled leaders and Soldiers to duty. The construction was completed three months ahead of schedule.

http://navymedicine.med.navy.mil/default.cfm?selmod=C133A343-C299-9E36-CD0D37D920CF2107&StoryPg=092007/journal_27977.shtml

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Veterans Health Care News

- The White House announced that President Bush has nominated Michael W. Hager, of Virginia, to be assistant secretary of Veterans Affairs (Human Resources and Management). Mr. Hager currently serves as associate administrator in the Office of Capital Access at the Small Business Administration. Mr. Hager received his bachelor's degree from Bluefield State College.

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Health Care News

- The Department of Health and Human Services (HHS) released the first department-wide report on the goal of personalized health care and said work in biomedical science, health information technology and health care delivery should be aligned to produce “the right treatment, at the right time” for each individual patient.

The report, [Personalized Health Care: Opportunities, Pathways, Resources](#), presents a long-range plan for achieving much more individualized treatment for patients, especially by using genetic information and health information technology (IT). Together, health information and IT can give clinicians better information about each patient and more support in choosing “best care” options for treatment.

The report was produced as part of Secretary Mike Leavitt’s priority initiative on personalized health care. It describes how the exploding knowledge of the human genome will increase the capacity to predict, detect, preempt and treat disease, by enabling physicians to “look beneath” visible symptoms and see signs and causes of disease at the molecular level. The report also describes how health IT can make patient information accessible securely, while maintaining confidentiality, as well as how it can support high quality care. Health IT can even help clinicians and researchers ascertain which treatments are most effective and for whom, by using broad-scale data derived from day-to-day medical practice.

The report includes descriptions of the opportunities presented by science and technology. It also outlines pathways where work is needed. The report presents the first inventory of some 50 related programs underway throughout HHS.

Secretary Leavitt emphasized that personalized medicine, especially the use of genomic data, will require further attention to using information correctly, including protecting the privacy of identifiable personal health information and protection against misuse of that information. The Secretary also noted that the Bush Administration, since 2001, has supported enactment of federal law to protect against misuse of genomic information in employment and health insurance.

<http://www.hhs.gov/news/press/2007pres/09/pr20070919a.html>

- The U.S. Food and Drug Administration today licensed 15 new blood typing tests that were previously unavailable in the United States.

These tests, known as blood grouping reagents, are used to determine the blood type of blood donors, an essential step in ensuring safe blood transfusion for patients. If mismatched blood is administered to a patient, it may cause a serious and potentially fatal reaction. To prevent such problems, people must receive

compatible blood based on the results of blood typing tests.

The newly approved ALBAclone Blood Grouping Reagents, manufactured by Alba Bioscience, Inc. of Durham, N.C., include the common ABO and Rh tests, plus tests for rare blood types. The reagents are monoclonal antibodies, highly specific antibodies that ensure product uniformity and availability. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01699.html>

- The Agency for Healthcare Research and Quality (AHRQ) and the U.S. Food and Drug Administration (FDA) will collaborate in the most comprehensive study to date of prescription medications used to treat attention deficit hyperactivity disorder (ADHD) and the potential for increased risk of heart attack, stroke or other cardiovascular problems.

In the study, researchers will examine the clinical data of about 500,000 children and adults who have taken medications used to treat ADHD, to determine whether those drugs increase cardiovascular risks.

Because medications used to treat ADHD can increase heart rate and blood pressure, there are concerns about the drugs' potential to increase cardiac risks. It is also thought these risks may be different for adults and children, but more evidence is needed about the long-term effects of using ADHD medications.

The planned analysis follows an FDA-sponsored preliminary study that compiled information from large health care databases on prescription drug use, inpatient care, outpatient treatment, and health outcomes, including death. Based on that effort, researchers identified people who took ADHD drugs during a seven-year period ending in 2005. AHRQ, which sponsors research on clinical effectiveness and safety, will team with FDA to complete the analysis of the data.

The study will be coordinated by Vanderbilt University researchers on contract through AHRQ's Effective Health Care program. Data analysis will be performed by researchers at Vanderbilt, Kaiser Permanente of California, the HMO Research Network and i3 Drug Safety, as well as from FDA and AHRQ. It will include all drugs currently marketed for treating ADHD. The two-year study will analyze the risks of all the drugs as a whole, and risks of the drugs grouped by class.

ADHD is a behavioral disorder that, in many patients, causes hyperactivity and may have a significant impact on school performance and social functioning. According to the National Institute of Mental Health, ADHD affects approximately 3 percent to 5 percent of school-age children and about four percent of adults.

Use of ADHD drugs has increased in recent years among children and adults. A recent AHRQ analysis of medication expenditures found three ADHD drugs—Concerta, Strattera, and Adderall—ranked among the top five drugs prescribed for children ages 17 years and younger. About \$1.3 billion was spent on those drugs in 2004, the study estimated. Adult use is also believed to be increasing.

In May 2006, based on a review of anecdotal reports of heart attack, stroke and sudden death among patients taking usual doses of ADHD medications, the FDA asked drug manufacturers to revise product labeling to reflect concerns about possible adverse events. Drug manufacturers have created patient Medication Guides for individual products to help patients understand risks.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01700.html>

- On Sept. 17, 2007, the Department of Health and Human Services announced that Robert G. McSwain assumed the role of acting director of the Indian Health Service after serving as deputy director of the Indian Health Service (IHS) since February 2005. Over his 30-year career in the IHS, McSwain shared responsibility with the IHS Director for managing a \$4 billion national health care delivery program. Under his leadership, the IHS has provide top quality preventive, curative, and community care to approximately 1.9 million American Indians and Alaska Natives.
- The U.S. Food and Drug Administration cleared for marketing a new genetic test that will help physicians assess whether a patient may be especially sensitive to the blood-thinning drug warfarin (Coumadin), which is used to prevent potentially fatal clots in blood vessels.

One-third of patients receiving warfarin metabolize it quite differently than expected and experience a higher risk of bleeding. Research has shown that some of the unexpected response to warfarin depends on variants of two genes, CYP2C9 and VKORC1. The Nanosphere Verigene Warfarin Metabolism Nucleic Acid Test detects some variants of both genes.

Warfarin can be a difficult drug to use because the optimal dose varies depending on many risk factors, including a patient's diet, age, and the use of other medications. Rapidly achieving the correct dose is important. Patients who receive doses that are higher than needed to correctly thin the blood are at risk of life-threatening bleeding. Those who receive doses that are too low may remain at risk of life-threatening blood clots.

Warfarin is the second most common drug, after insulin, implicated in emergency room visits for adverse drug events. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01701.html>

- The U.S. Food and Drug Administration has cleared for marketing the first rapid test to detect bacterial contamination in blood platelets prior to transfusion.

The Platelet Pan Genera Detection (PGD) Test System is a disposable test strip for use in a hospital transfusion service setting. It is intended to supplement current quality control testing methods used by blood establishments following collection of platelets using an automated instrument.

Platelets are used to prevent or treat bleeding in individuals undergoing chemotherapy for cancer, after major trauma, during or after surgery, and in individuals who do not produce platelets. Patients who are transfused with platelets contaminated with bacteria are at risk of developing a serious and potentially life-threatening infection of the blood stream known as blood poisoning. Blood poisoning must be treated quickly to prevent the infection from spreading to the heart and lungs.

Bacterial contamination of platelets is the leading infectious cause of transfusion-related patient fatalities. To reduce the risk of transfusing contaminated platelets, blood centers culture samples of the platelets 24 hours after the donation. The culture is read within the next 24 hours (within 48 hours after the donation), and contaminated units are discarded. However, there is a possibility that the number of bacteria present at

the time of culture may be so low that bacteria is not detected due to sampling limitations.

Rapid testing of blood platelets using the Platelet PGD Test System permits units of platelets to be retested at a time closer to their use. Although the test system is less sensitive than standard cultures, it is done later in storage when bacteria, if present, have multiplied, and thus are easier to detect.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01702.html>

- The National Institutes of Health (NIH) announced that it will begin implementing President Bush's [Executive Order](#) to explore methods to expand the number of approved pluripotent stem cell lines "without creating a human embryo for research purposes or destroying, discarding, or subjecting to harm a human embryo or fetus." The Executive Order calls on Health and Human Services (HHS) Secretary Michael Leavitt, who in turn is directing NIH, to conduct and support research that takes advantage of emerging potential alternative methods for generating stem cells that are pluripotent, i.e., capable of producing all or almost all of the cell types in the developing body.

Stem cells have been recognized for years as a tool for advancing knowledge about cell specialization and its great potential to be medically valuable. At the most basic level, stem cells will also help in understanding the most fundamental processes in human biology and how cells program and re-program themselves. Recently, technical innovation in stem cell derivation and proliferation suggests that there may be new avenues for scientific progress.

The plan calls for aggressively pursuing an assessment of the potential of alternative sources of pluripotent stem cell lines, including altered nuclear transfer; single cell embryo biopsy, and reprogramming or dedifferentiation of somatic cells, such as skin cells. While these methods have been proposed, questions remain as to their feasibility. To address this issue, the NIH will undertake a comprehensive research portfolio review to determine what research NIH is currently supporting in this area and convene a state-of-the-science workshop to identify the key questions. Some of the alternative methods may raise questions under applicable law. In such cases, NIH must carefully consider whether it may fund such research.

NIH will also hold a symposium that will explore what avenues of stem cell research eligible for funding under federal law and policy offer the greatest potential for clinical benefit.

Under the plan, NIH will rename its Human Embryonic Stem Cell Registry as the "Human Pluripotent Stem Cell Registry" and will consider the addition of new human pluripotent stem cell lines to the registry that are deemed eligible. <http://www.nih.gov/news/pr/sep2007/od-18.htm>

- The U.S. Food and Drug Administration (FDA) published its inaugural issue of the *Drug Safety Newsletter* on Sept. 18, 2007.

The newsletter, expected to be published quarterly and e-mailed for free to subscribers, is a source of information for healthcare professionals about the findings of selected post-marketing drug safety reviews from FDA's Center for Drug Evaluation and Research (CDER). The newsletter also provides information on important emerging drug safety issues and recently approved new molecular entities. It is one of FDA's tools to communicate evolving safety information about pharmaceutical products regulated by CDER.

The current issue includes results of post-marketing reviews of rituximab-- (Rituxan), modafinil (Provigil), and temozolomide (Temodar). It also provides early safety findings for deferasirox (Exjade), a new molecular entity approved for the treatment of chronic iron overload from blood transfusions. <http://www.fda.gov/cder/dsn/default.htm>

- A report on the State Children's Health Insurance Program (SCHIP) showing increases in program enrollment, coverage, and access to health care among low-income, uninsured children was released by the Centers for Medicare and Medicaid Services (CMS).

Analysis in the report shows SCHIP contributed to recent improvements in children's health insurance coverage, enabling low-income children to achieve and maintain an increased level of health coverage during the late 1990s and early 2000s.

The report, "[*National Evaluation of the State Children's Health Insurance Program: A Decade of Expanding Coverage and Improving Access*](#)" examined four broad areas: progress toward reducing the number of uninsured low-income children; access to health care; outreach, enrollment, and retention; and lessons from the field.

The report found that substitution of private coverage by SCHIP, known as "crowd out," does occur. Under one measure of substitution of coverage, the report found the magnitude of SCHIP-eligible children dropping private coverage or declining to take up private coverage potentially at levels up to 56 percent. Since this study was completed, the Congressional Budget Office estimated the rate of substitution under SCHIP and Medicaid to be approximately 33 percent for the reauthorization legislation currently being considered by the Congress. [CMS NR 09-19-2007](#)

- The U.S. Food and Drug Administration (FDA) has named Timothy Coté, M.D., M.P.H., as the new director of FDA's Office of Orphan Products Development. Dr. Coté will be responsible for promoting the development of products that demonstrate promise for the diagnosis or treatment of rare diseases or conditions.

Dr. Coté's experience ranges from medical epidemiology to clinical research.

Dr. Coté, a captain in the U.S. Public Health Service Commissioned Corps, most recently served as the Centers for Disease Control's (CDC) country director for the African nation of Rwanda. In Rwanda, he directed programs in HIV/AIDS, malaria and avian influenza and was responsible for scientific and administrative leadership in patient care and research initiatives. He also oversaw the President's Emergency Plan for AIDS Relief (PEPFAR) operations. Under his leadership, the numbers of HIV-infected individuals receiving anti-retroviral medications from the United States rose from 20,000 to 55,000 persons.

Early in his career, he was a CDC epidemic intelligence officer at the Maryland Health Department. He also served as a senior federal advisor for CDC at the District of Columbia Health Department. From February 2002 until August 2004 Dr. Coté was the chief of the Therapeutics and Blood Safety Branch in the FDA's Center for Biologics Evaluation and Research, Office of Biostatistics and Epidemiology.

Dr. Coté has a Bachelor of Arts degree in biology and psychology from Syracuse University. He earned his medical degree from Howard University College of Medicine and a Master's in Public Health from the Harvard School of Public Health. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01704.html>

- The Partnership for Public Service awarded nine [Service to America Medals](#) to outstanding civil servants for their high-impact contributions critical to the safety, health and well-being of Americans. The Service to America Medals have earned a reputation as one of the most prestigious awards dedicated to celebrating America's civil servants.

The top medal, Federal Employee of the Year, went to Dr. Douglas Lowy and Dr. John Schiller, renowned NIH scientists whose discoveries led to new cervical cancer vaccines. Cervical cancer is the number two cause of death among women, worldwide.

Additional Service to America Medals were awarded to public servants who boast achievements in fighting nuclear terrorism; cancer research; weapons technology; nuclear waste cleanup; foreign affairs; public housing - and helping wounded soldiers use technology to re-enter the workforce, through the world's largest electronics accommodations program.

The other 2007 Service to America Medal recipients are:

- Nicole Faison won the Call to Service Medal. Faison is director, Office of Public Housing Programs, U.S. Department of Housing and Urban Development in Washington, D.C. Faison created an income verification program that eliminated more than \$2 billion in fraudulent payments by HUD's rental assistance programs, removing the program from the Government Accountability Office's "high risk list."
- Dr. David Vesely won the Career Achievement Medal. Vesely is chief of Endocrinology, Diabetes and Metabolism, U.S. Department of Veterans Affairs at the James A. Haley VA Medical Center in Tampa, Florida. Vesely discovered three hormones made by the heart that benefit the treatment of congestive heart failure, kidney failure and cancer.
- Dinah Cohen was awarded the Citizen Services Medal. Cohen is director, Computer/Electronic Accommodations Program (CAP) at the U.S. Department of Defense, TRICARE Management Activity in Falls Church, Virginia. Cohen leads the world's largest assistive technology program, filling more than 60,000 accommodation requests for people with disabilities, including 2,400 accommodations for wounded service members.
- Tracy Mustin, Homeland Security Medalist, is director, Office of Second Line of Defense at the U.S. Department of Energy, National Nuclear Security Administration in Washington, D.C. Mustin is leading an initiative to put radiological and nuclear detectors at seaports, airports and border crossings across the globe, providing vital defenses against nuclear terrorism.
- Edward Peter Messmer won the International Affairs Medal. Messmer recently returned from assignment as Special Assistant to the Ambassador, at the U.S. Department of State in Beirut, Lebanon. Messmer averted an impending health crisis during the 2006 Lebanon-Israeli armed conflict by helping to get fuel reserves into the country, which kept major power plants open.
- Dr. John S. Morgan and the President's DNA Initiative Team were awarded Justice and Law

Enforcement Medals for created a program that has helped solve thousands of cold cases and dramatically expanded the capacity of local law enforcement to utilize DNA evidence. Morgan is deputy director for Science at the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice in Washington, D.C.

- Anh Duong was awarded the National Security Medal. Duong is science advisor, deputy chief of Naval Operations for Information, Plans and Strategy at the Naval Surface Warfare Center, Indian Head Division in Washington, D.C. Duong designed the thermobaric bomb credited with helping win the war in Afghanistan -- and currently develops anti-terrorism technologies for the Pentagon.
- Frazer Lockhart and the Rocky Flats Cleanup Team won Science and Environment Medals for completing the first successful cleanup of a former nuclear weapons facility 60 years ahead of schedule and \$30 billion under budget. Lockhart is manager, Rocky Flats Project at the U.S. Department of Energy in Colorado.

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 1,560 from the last report to 97,123. The totals for each service are Army National Guard and Army Reserve, 76,601; Navy Reserve, 5,691; Air National Guard and Air Force Reserve, 7,914; Marine Corps Reserve, 6,608; and the Coast Guard Reserve, 309. www.defenselink.mil
- The White House announced that President Bush has nominated Anita K. Blair, of Virginia, to be Assistant Secretary of the Navy (Manpower and Reserve Affairs). Ms. Blair currently serves as Deputy Assistant Secretary of the Navy (Total Force Transformation). Prior to this, she served as Deputy Assistant Secretary of the Navy (Military Personnel Policy). Ms. Blair received her bachelor's degree from the University of Michigan and her JD from the University of Virginia.

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Reports/Policies

- The Institute of Medicine (IOM) published "*Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers*," on Sept. 18, 2007. In this report, the IOM studied the personal protective equipment needed by healthcare workers in the event of an influenza pandemic. The IOM committee determined that there is an urgent need to address the lack of preparedness regarding effective PPE for use in an influenza pandemic. Three critical areas were identified that require expeditious research and policy action: understanding influenza transmission; committing to worker safety and appropriate use of PPE; and innovating and strengthening PPE design, testing, and certification. <http://www.iom.edu/CMS/3740/29908/46095.aspx>
- The GOA issued "*September 11: Improvements Needed in Availability of Health Screening and Monitoring Services for Responders*," (GAO-07-1228T) on Sept. 18, 2007. The report examines the status

of services provided by the Department of Health and Human Services' (HHS) WTC Federal Responder Screening Program; efforts by the Centers for Disease Control and Prevention'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 WTC health program grantees for treatment services. <http://www.gao.gov/new.items/d071228t.pdf>

- The GAO issued “*Information Security: Sustained Management Commitment and Oversight Are Vital to Resolving Long-standing Weaknesses at the Department of Veterans Affairs*,” (GAO-07-1019) on Sept. 7, and published the report on Sept. 19, 2007. The report examined whether VA has effectively addressed GAO and VA Office of Inspector General (IG) information security recommendations and the actions VA has taken since May 2006 to strengthen its information security practices and secure personal information. To do this, GAO examined security policies and action plans, interviewed pertinent department officials, and conducted testing of encryption software at select VA facilities. The GAO found that the VA has implemented only 2 of the 22 recommendations issued by the GAO and IG.

<http://www.gao.gov/new.items/d071019.pdf>

- The GAO issued “*Veterans Affairs: Progress Made in Centralizing Information Technology Management, but Challenges Persist*,” (GAO-07-1246T) on Sept. 19, 2007. The report found that while the VA has made progress in moving to a centralized management structure for IT, it had not addressed certain critical success factors for transformation and had not yet institutionalized key IT management processes. <http://www.gao.gov/new.items/d071246t.pdf>

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Legislation

- **H.RES.656** (introduced Sept. 17, 2007): Expressing the sense of the House of Representatives that the Secretary of Veterans Affairs, the Secretary of Defense, and the Congress should take immediate action to implement the recommendations of the President's Commission on Care for America's Returning Wounded Warriors, and for other purposes was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 James T. Walsh [NY-25]

- **H.R.3533** (introduced Sept. 14, 2007): To extend by one year the moratorium on implementation of a rule relating to the Federal-State financial partnership under Medicaid and the State Children's Health Insurance Program and on finalization of a Medicaid rule regarding graduate medical education was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Eliot L. Engel [NY-17]

- **H.R.3543** (introduced Sept. 17, 2007): To amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes was referred to the Committee on Energy and Commerce, and

in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Carolyn B. Maloney [NY-14]

- **H.R.3553** (introduced Sept. 17, 2007): To amend title 38, United States Code, to extend and improve certain authorities of the Secretary of Veterans Affairs and for other purposes was referred to the House Committee on Veterans' Affairs.

Sponsor: Representative Stephanie Herseth Sandlin [SD]

- **H.R.3555** (introduced Sept. 17, 2007): To prohibit the implementation of policies to prohibit States from providing quality health coverage to children in need under the State Children's Health Insurance Program (SCHIP) was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Frank Pallone, Jr. [NJ-6]

- **H.R.3558** (introduced Sept. 18, 2007): To provide for the establishment of a Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Military Eye Injuries, and for other purposes was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 Boozman [AR-3]

- **H.R.3561** (introduced Sept. 18, 2007): To authorize the Secretary of Health and Human Services to make grants to community health coalitions to assist in the development of integrated healthcare delivery, and for other purposes was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Gene Green [TX-29]

- **H.R.3581** (introduced Sept. 19, 2007): To clarify the roles of the Department of Defense and Department of Veterans Affairs disability evaluation systems for retirement and compensation of members of the Armed Forces for disability, to require the development of a single physical exam that can be used to determine both fitness for duty and disability ratings, to standardize fitness testing among the Armed Forces, and for other purposes was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 Walter B. Jones, Jr. [NC-3]

- **H.R.3582** (introduced Sept. 19, 2007): To amend the Fair Labor Standards Act of 1938 to clarify the exemption for home healthcare workers from certain provisions of that Act was referred to the House Committee on Education and Labor.

Sponsor: Representative Lynn C. Woolsey [CA-6]

- **H.R.3584** (introduced Sept. 19, 2007): To amend title XXI of the Social Security Act to extend funding for 18 months for the State Children's Health Insurance Program (SCHIP), and for other purposes was

referred to the House Committee on Energy and Commerce.

Sponsor: Representative Joe Barton [TX-6]

- **H.R.3599** (introduced Sept. 19, 2007): To authorize the Secretary of Health and Human Services to make grants to improve access to dependable, affordable automobiles by low-income families was referred to the House Committee on Ways and Means.

Sponsor: Representative Gwen Moore [WI-4]

- **S.2059** (introduced Sept. 18, 2007): A bill to amend the Family and Medical Leave Act of 1993 to clarify the eligibility requirements with respect to airline flight crews was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.2061** (introduced Sept. 18, 2007): A bill to amend the Fair Labor Standards Act of 1938 to exempt certain home health workers from the provisions of such Act was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Tom Harkin [IA]

- **S.2064** (introduced Sept. 18, 2007): A bill to fund comprehensive programs to ensure an adequate supply of nurses was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Richard Durbin [IL]

- **S.2065** (introduced Sept. 18, 2007): A bill to provide assistance to community health coalitions to increase access to and improve the quality of healthcare services was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Patty Murray [WA]

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Meetings / Conferences

- 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/

- 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/

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