

FEDERAL HEALTH UPDATE

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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

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Executive and Congressional News

- **On March 10, 2010, the Senate passed H. R. 4213, the Tax Extenders Act of 2009.**

This legislation extends through 2010 federal jobless benefits and subsidies to help some unemployed people afford health insurance — two programs that were expanded in last year's economic recovery plan.

In addition, the federal government would transfer \$25 billion to states to help them afford rising Medicaid costs. The legislation would also avert a 21 percent increase in payments to doctors who treat Medicare patients.

- **The Senate Appropriations Subcommittee on Defense held its annual oversight hearing on the Defense Health Program (DHP) on March 10, 2010.** The service surgeons general and the heads of the Nurse Corps testified. In his statement, Army Surgeon General Eric Schoemaker announced that, on April 1, Maj. Gen. Patricia Horoho will join his staff as deputy surgeon general. In 2008, Horoho became the 23rd chief of the Army Nurse Corp and commander, Madigan Army Medical Center and Western Region.

Military Health Care News

- **TRICARE Management Activity announced that the My Personal Health Record, South Carolina (MyPHRSC), a free pilot program that maintains all of this information for TRICARE For Life beneficiaries, has been extended.**

MyPHRSC, a Medicare pilot project, has been extended through Sept. 30, 2010. MyPHRSC gives enrolled TRICARE For Life (TFL) beneficiaries online access to their Medicare claims records for the preceding 24 months. TFL beneficiaries in South Carolina can register and create their free MyPHRSC health record by going to www.myphrsc.com.

A new MyPHRSC feature, the Health Tracker, allows beneficiaries to track some of their own health information so they can better manage their health, allowing them to monitor blood pressure, blood sugar, cholesterol, peak flow and weight, and print out the information and bring it to their doctor.

MyPHRSC is available only to TFL beneficiaries living in South Carolina. Beneficiaries with questions can email questions@myphrsc.com or call (888) 697-4772.

- **Secretary of Defense Robert M. Gates has appointed retired General Charles Krulak and Mr. Lawrence Lewin to serve as members of the Uniformed Services University of the Health Sciences (USU) Board of Regents.**

The former Commandant of the United States Marine Corps, Krulak currently serves as an executive consultant and member of the board of directors for the Union Pacific Corporation in Omaha, Neb., and the Freeport-McMoRan Copper and Gold Corporation in Phoenix, Ariz. Krulak was vice chairman, head of corporate development and acquisitions, and chief administrative officer of the MBNA America Bank, and chairman and chief executive officer of the MBNA Europe Bank, Ltd.

Lewin is an elected member of the Institute of Medicine of the National Academies of Sciences and an executive consultant for a number of health care organizations across the United States. Founder of The Lewin Group, a health care management and consulting firm, he was the firm's president and chief executive officer from 1970 through 1999. Lewin serves on a number of corporate boards, including H&Q Healthcare and Life Sciences funds and Intermountain Healthcare. Mr. Lewis previously served on the Department of Defense Task Force on the Future of Military Health Care.

Located on the grounds of Bethesda's National Naval Medical Center and across from the National Institutes of Health, USU is the nation's federal school of medicine and graduate school of nursing. The University educates health care professionals dedicated to career service in the Department of Defense and the U.S. Public Health Service. Medical students are active-duty uniformed officers in the Army, Navy, Air Force and Public Health Service who are being educated to deal with wartime casualties, natural disasters, emerging infectious diseases, and other public health emergencies.

For more information about USU and its programs, visit www.usuhs.mil.

- **A new National Research Council report requested by Congress has found that current safety procedures and regulations at the labs at Fort Detrick meet or exceed accepted standards.**

The council released its statement despite finding several problems in an environmental impact statement prepared by the U.S. Army for its expansion of bio-containment laboratories at Fort Detrick in Frederick, Md.

The committee held public meetings to gather information from officials of the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) and contractors involved in the development of the environmental impact statement, as well as from Fort Detrick emergency personnel, the Frederick County Board of Commissioners, and members of the local community. The committee also met with officials from Frederick Memorial Hospital and Frederick County's emergency management and health departments.

The environmental impact statement estimates the effects of potential mishaps at the new USAMRIID facilities, including "maximum credible event" scenarios where Ebola virus and the bacteria causing Q fever are released from an exhaust stack. The committee, however, could not verify the estimate that such an event would lead to insignificant ground concentrations in the surrounding environment and would not pose a hazard to the nearby community. The data to support this estimate were lacking, missing or not transparent in the statement, according to the committee, whose own calculations indicated the potential for significantly higher exposure to those in the surrounding area. An exceptionally large aerosol release of a pathogen might pose a health risk, but the committee said this is an inappropriate maximum credible event because there are no reasonably foreseeable scenarios where such a release could occur.

In addition, the environmental impact statement did not adequately document or characterize individual risk of exposure or infection, nor did it consider potential exposures to workers and others on the base itself or how the spread of a pathogen would be affected by population size and density. Although Congress mandated the new labs be located at Fort Detrick as part of a larger bio-defense campus, it would have been appropriate for the statement also to consider risks at an alternative location, such as in a less populated area, which would have provided a comparison helpful for evaluating risk-management strategies.

The committee determined that it would not be useful to propose specific revisions to the environmental impact statement, given that construction of the new facilities has begun. Rather, the Army should develop new guidelines for conducting hazard assessments of bio-containment facilities. Currently there is no specific guidance for such assessments.

- **The Military Health System announced the Afterdeployment.org Web site has been re-engineered and expanded to deliver wide-ranging content from diverse sources, all within a common user experience.**

While the site's essential mission to offer Web-based tools targeting behavioral health issues remains the same, the newly revamped site, focused on the needs of the entire military community, showcases expanded content, easily accessed connections to real-time support, quick health tips, a "geolocator" to find local providers, and updated graphics with banner links to core resources such as the [Real Warriors Campaign](http://RealWarriorsCampaign).

In addition to topics on post-traumatic stress, depression, anger, sleep, relationships, substance abuse, physical injury, work adjustment, life stress, health and wellness, families with kids, and spirituality, the six new topics will address mild traumatic brain injury, tobacco, anxiety, military sexual trauma, stigma and resilience. New topics will be rolled out one-by-one over the coming weeks. Facebook and Twitter will be used to announce availability of new topic content.

Each topic has a self-assessment, self-paced workshops, videos, and an eLibrary. All topics are easily accessed from the home page allowing users to link up

to a vast matrix of expert information and other resources. In a next iteration, coming soon, users will be able to connect via forums and blogs.

To fulfill its mission, the Afterdeployment.org project team continues to work with subject matter experts through partnerships among the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#), the military services, the Department of Veterans Affairs, the National Center for PTSD, and various academic institutions.

- **WPS Health Insurance announced WPS Bridge65, a new individual health plan for people ages 60 to 64 who want the security of a fixed monthly premium.**

The WPS Bridge65 monthly rate can be "locked" for up to five years, offering peace of mind to anyone concerned about rising health insurance costs. WPS believes this is the only product of its kind in Wisconsin.

The WPS Bridge65 is designed to assist individuals who are waiting for Medicare eligibility but do not have access to group health insurance coverage. It can be customized to suit individual needs. WPS offers a range of benefit and deductible levels for the plan, as well as prescription drug coverage. People can choose a traditional copay plan similar to what one may have under a group policy, or an HSA-qualified plan that allows customers to save for current and future medical expenses in a tax-free health savings [account](#).

WPS provider networks include Wisconsin doctors and health care facilities. For those who travel extensively, WPS also offers a national network wrap. WPS Bridge65 members are also eligible for discounts on vision care, health club memberships, and other wellness resources.

WPS Health Insurance is a not-for-profit company that has been providing quality health and benefit plan administration for businesses and individuals throughout Wisconsin for more than 60 years. The company provides claims processing services for the TRICARE For Life contract, as well as supporting the TRICARE West Region contract.

- **The military has a new quick, portable way to treat leishmaniasis, a parasitic skin infection spread by sand flies common in Iraq and Afghanistan.**

Thermomed, a small device that can be used to treat skin infections using heat, was developed by Dr. Naomi Aronson, the director of the infectious diseases division at the Uniformed Services University of the Health Sciences. The device uses two small tines, like a fork, to apply heat in a localized area. By applying that heat in a grid over an infected bite, Aronson found the parasite causing the infection can be killed quickly. Without treatment, the infection can take anywhere from 6 to 12 months to fully heal.

The effects of Thermomed treatment on the patient's skin are a small blister followed by a burn on the same level of pain as sunburn for a day. After that, discomfort was negligible. The treatment is also beneficial because a leishmaniasis infection can be very scarring, and Thermomed devices are used in many cases to remove scars.

Cutaneous leishmaniasis major, which has affected some 1,300 American service members and civilians since the beginning of Operations Iraqi and Enduring Freedom, causes ulcer-like, non-healing sores on the skin around an infected bite.

Because the more common versions of leishmaniasis can infect the whole body, the only available medication is delivered intravenously and takes more than a week to run its course. In addition, the medicine, sodium stibogluconate, isn't approved by the U.S. Food and Drug Administration, so it has to be acquired under a research protocol.

For the military, this means high costs in paying for the medicine and in transporting troops stateside for weeks at a time to receive treatment.

The Thermomed treatment is simple: lidocaine is used to numb the skin around the sore and then the Thermomed is applied to make a small grid of burns over the affected skin and surrounding area. After a few days, the pain is gone and the infection is dead.

To learn more, visit the [Uniformed Services University of the Health Sciences](#).

- **The American Forces Press Service reports Defense Department officials expect to launch a new policy in the coming months that will make head-injury evaluations mandatory for all troops who suffer possible concussions.**

The current guidelines for treating troops with such injuries allow for them to come forward on their own. Troops in combat and in close contact with explosions or blasts make the decision on whether they need to be evaluated for concussions or head injuries.

But under the new policy, every service member exposed to such an incident will be required to seek attention. Those troops also will be required to rest and will be excluded from their unit's mission cycle for at least 24 hours.

Early detection and treatment is the cornerstone of the new policy. The guidelines are designed to help health care providers and researchers track such occurrences, as well as expand their knowledge in treatment, and to ensure unit readiness and longevity in afflicted troops. The policy is intended to address the culture of troops who are so dedicated to their mission that they often shrug off their symptoms and simply learn to deal with them.

Since 2006, service members exposed to roadside bombs, sports injuries and other incidents that could result in head injuries have participated in the military acute concussion evaluation. The evaluation is done in theater and is flexible enough to be done in a combat environment.

Line medics and Navy corpsmen can give the evaluation on the spot or at the base camp in about 10 to 15 minutes without troops having to be transported to a field hospital. Studies have shown that troops recover more quickly when close to their unit.

Troops are asked a series of questions that help the medics determine the severity of the concussion. Afterward, the individual is required to rest for 24 hours, and then participate in a follow-up evaluation. If the symptoms persist, more evaluations will be done to determine if the individual needs to be evacuated to a larger medical facility.

Making the evaluation mandatory for all troops in question was a request from troops on the front lines, and has drawn much attention from senior defense officials.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) announced an aggressive new initiative to solicit private-sector input on a proposed "fast track" process for veterans' claims for service-connected presumptive illnesses due to Agent Orange exposure during the Vietnam conflict.**

Over the next two years, about 200,000 veterans are expected to file disability compensation claims under an historic expansion of three new presumptive illnesses announced last year by VA Secretary Eric Shinseki. They affect veterans who have Parkinson's disease, ischemic heart disease and B-cell leukemias.

In practical terms, veterans who served in Vietnam during the war and who have one of the illnesses covered by the "presumption of service connection" don't have to prove an association between their medical problems and military service. This "presumption" makes it easier for Vietnam veterans to access disability compensation benefits. Vietnam veterans are encouraged to submit their claims as soon as possible to begin the process of compensation.

Along with the publication of proposed regulations for the three new presumptives this spring, VA intends to publish a formal request in *Federal Business Opportunities* for private-sector corporations to propose automated solutions for the parts of the claims process that take the longest amount of time. VA believes these can be collected in a more streamlined and accurate way.

Development involves determining what additional information is needed to adjudicate the claim, such as military and private medical records and the scheduling of medical examinations.

With this new approach, VA expects to shorten the time it takes to gather evidence, which now takes on average over 90 days. Once the claim is fully developed and all pertinent information is gathered, VA will be able to more quickly decide the claim and process the award, if granted.

The contract is expected to be awarded in April, with proposed solutions offered to VA within 90 days. Implementation of the solution is expected within 150 days.

- **On March 8, 2010, the Department of Veterans Affairs (VA) and Department of Defense (DoD) announced the next phase of the Virtual Lifetime Electronic Record (VLER) Health Communities Program.**

This initiative is aimed at improving care and services to service members and veterans by sharing health information using the Nationwide Health Information Network (NHIN) developed under the leadership of the Department of Health and Human Services (HHS).

DoD and VA selected the Virginia/Tidewater area of Southeastern Virginia as the next area to partner with. Based on its high concentration of veterans, military retirees, members of the guard and reserve and active duty service members and their dependents.

In the Virginia/Tidewater area, VA and DoD will partner with private sector hospitals that have joined a regional health information exchange in this area. The Virginia/Tidewater pilot builds on the first pilot in San Diego with Kaiser Permanente.

Service members and veterans in the Virginia/Tidewater area will be invited to participate in this health data exchange program, scheduled to launch this year. Individuals who choose to participate will authorize their public and private sector health care providers and doctors to share specific health information electronically, safely, securely and privately.

The program, through policy and technology, places the highest priority on patient privacy and data security. No exchange of information will occur without the appropriate permissions of the individual patients. Access to care will not be affected by a decision not to participate.

Health Care News

- **On March 8, 2009, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius sent a letter to the CEOs of UnitedHealth Group Inc., WellPoint Inc., Aetna Inc., Health Care Service Corporation and CIGNA HealthCare Inc., regarding their proposed premium increases.**

In the letter, Sebelius called on the executives to publicly justify proposed health insurance premium increases. Sebelius' letter comes after a meeting last week with these executives at the White House.

The letter comes shortly after a new analysis from Goldman Sachs found that competition in the insurance market is so weak, insurance companies can continue to raise rates even if it means losing customers. The analysis found that "price competition is down" and that "incumbent carriers seem more willing than ever to walk away from existing business."

To view a copy of the letter, please visit <http://www.hhs.gov/news/press/2010pres/03/20100308a.html>.

- **The World Health Organization (WHO) released new guidelines for the treatment of malaria, and the first ever guidance on procuring safe and efficacious anti-malarial medicines.**

In recent years a new type of treatment called artemisinin-based combination therapy (ACTs) has transformed the treatment of malaria, but if not used properly the medicine could become ineffective.

The *Guidelines for the Treatment of Malaria (second edition)* provides evidence-based and current recommendations for countries on malaria diagnosis and treatment. The main changes from the first edition of the guidelines (published in 2006) are the emphasis on testing before treating and the addition of a new ACT to the list of recommended treatments.

In 2008, just 22 percent of suspected malaria cases were tested in 18 of 35 African countries reporting. Until now, most clinics had to rely on microscopy, but the recent development of quality-assured Rapid Diagnostic Tests (RDTs) using a dip stick and a drop of blood means a policy change is possible. The tests can reliably demonstrate the presence or absence of malaria parasites in the blood and can be performed at all levels of the health system, including community settings. The move towards universal diagnostic testing of malaria is a critical step forward in the fight against malaria as it will allow for the targeted use of ACTs for those who actually have malaria.

WHO is supporting malaria endemic countries to improve the quality of their diagnostic services using both microscopy and RDTs, and urging the manufacturers of RDTs to continue improving the accuracy and quality of these critically important diagnostic tests.

WHO estimates that 80 countries have adopted ACTs for first-line treatment of uncomplicated *P. falciparum* malaria. In the guidelines, WHO emphasizes the importance of treating this deadliest form of the disease with artemisinin-based combination therapies. WHO has now added a fifth ACT — dihydroartemisinin plus piperazine — to the previous list of recommended medicines.

WHO recommends oral artemisinin-based monotherapy should be removed from the market because its use will hasten the development of parasite resistance. Countries need to ensure that patients are diagnosed properly and take the full dose of ACTs to prevent the development of drug resistance.

The first ever guidelines on *Good procurement practices for artemisinin-based antimalarial medicines* are based on the newest stringent internationally agreed production and procurement quality standards. The manual aims to improve the capacities of national and international procurement officers in the understanding of key quality elements and required documentation.

Half of the world's population is at risk from malaria. Each year almost 250 million cases occur, causing 860 000 deaths. Approximately 85 percent of these deaths are among children, and most occur in Africa.

- **On March 9, 2010, WebMD officials announced the launch of [WebMD Health Exchange](#), a social networking system intended to provide consumers with a platform to engage health experts in discussions and solicit medical advice and support from other consumers.**

The new system will let members create personalized communities where they can safely share information with other users, as well as groups that will be open to the public.

Medical professionals will be on hand to participate in community discussions, and experts from various medical groups and societies are expected to lead discussions with members.

The WebMD Health Exchange system will be open to third-party sponsors, who will be allowed to create branded exchanges and host consumer discussions on a variety of health and wellness issues.

- **NIH Director Francis S. Collins, M.D., Ph.D. has been named a recipient of the Albany Medical Center Prize in Medicine and Biomedical Research for his leading role in mapping the human genome.**

Collins will share the honor with co-recipients Eric Lander, Ph.D., director of the Broad Institute at the Massachusetts Institute of Technology and Harvard University, and David Botstein, Ph.D., director of the Lewis-Sigler Institute for Integrative Genomics at Princeton University.

The prize was announced by James J. Barba, president and chief executive officer of Albany Medical Center and chairman of the National Selection Committee. This year's honorees will be recognized during an April 23 celebration at Albany Medical Center in Albany, N.Y.

Collectively, the work of Drs. Collins, Lander, and Botstein unlocked the human genome, paving the way for easier identification and study of genes associated with common diseases such as diabetes, cancer and heart disease, and less common genetic conditions such as progeria (premature aging) and Huntington's disease. Knowledge gleaned from the Human Genome Project, in which all three played a key role, has led to an explosion of genetic research and will in the future be a key to diagnosing, treating, and combating a myriad of human disease conditions.

This is the 10th year the Albany Medical Center Prize, often called "America's Nobel," has been awarded. It was established in 2000 by the late Morris "Marty" Silverman to honor scientists whose work has translated from "the bench to the bedside," resulting in better outcomes for patients, and to draw positive attention to Albany Medical Center and the Capital Region of New York as a center for biomedical research and medical education.

- **Immunizing children against seasonal influenza can significantly protect unvaccinated community members against influenza, according to results of a clinical trial conducted in a largely self-contained religious community during the 2008-09 influenza season.**

The study was conducted to determine if immunized children could act as a barrier to limit the spread of influenza to the wider, unvaccinated community, a concept known as herd immunity.

Researchers recruited volunteers from 46 Canadian Hutterite religious colonies that have limited contact with surrounding, non-Hutterite populations. A total of 947 children between 36 months to 15 years of age participated in the trial; 502 children in 22 colonies received 2008-09 seasonal influenza vaccine, while 445 youth in the other colonies received hepatitis A vaccine. The hepatitis A vaccine served as a control vaccine for comparison.

In the six months after the children were vaccinated, 119 of 2,326 unvaccinated community members (who were of all ages) developed laboratory confirmed cases of influenza. Of these, 80 of 1,055 were from colonies where children received hepatitis vaccine, while 39 of 1,271 were from colonies where children received the influenza vaccine.

The researchers found that influenza vaccination was 61 percent effective at indirectly preventing illness — that is, protecting via herd immunity — in unvaccinated individuals if they lived in a colony where approximately 80 percent of the children had received flu vaccine. The findings offer experimental proof to support selective influenza immunization of school aged children to interrupt influenza transmission. Particularly, if there are constraints in quantity and delivery of vaccine, it may be advantageous to selectively immunize children in order to reduce community transmission of influenza.

Mark Loeb, M.D., of McMaster University, Hamilton, Ontario, led the trial. The research was funded in part by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and by the Canadian Institutes for Health Research.

An illustration showing how vaccination generates herd immunity is available at <http://www3.niaid.nih.gov/topics/communityImmunity.htm>.

- **The annual Harris Poll that has measured key health risks – smoking, seat belt use, weight and obesity – for the last 28 years, provides both good and bad news.**

The bad news is that obesity has increased in every five-year period since the survey started measuring it. The good news is that the proportion of adults who are obese has not changed significantly since 2006.

Other good news is that the proportion of adults who smoke cigarettes declined in every five year period, however it is disappointing that the number is not significantly lower this year than it was in 2005. It is encouraging that most adults wear seatbelts in the front seat of cars, though it is unfortunate that there has been no significant improvement since 2005.

These are the results of a nationwide Harris Poll survey of 1,010 adults surveyed by telephone between February 16 and 21, 2010. The main findings of this new survey are:

- 17 percent of adults admit to smoking cigarettes in 2010. An additional 4 percent smoke cigars or pipes, or chew tobacco. The average for the last five years (2006-2010) is 20 percent. In the previous five years 2000-2004, an average of 23 percent smoked cigarettes.
- The new survey suggests that 34 percent of adults over 25 or 29 percent (using BMI) are obese. Using the MetLife measures, the proportion of obese adults increased from 32 percent for 2001-2005 to 35 percent for 2006-2010.

Harris uses two different measurers of obesity. Since 1983, it has used the Metropolitan Life tables for people over 25, based on height, weight and body frame. Since 2005, it also has computed the more widely used Body Mass Index (BMI).

http://www.businesswire.com/portal/site/home/permalink/?ndmViewId=news_view&newsId=20100310005060&newsLang=en

Reserve/Guard

- As of March 9, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,999 to 138,217. The totals for each service are Army National Guard and Army Reserve 108,647; Navy Reserve, 6,275; Air National Guard and Air Force Reserve, 16,080; Marine Corps Reserve, 6,517; and the Coast Guard Reserve, 698. www.defenselink.mil

Reports/Policies

- **The GAO published "VA Faces Challenges in Providing Substance Use Disorder Services and Is Taking Steps to Improve These Services for Veterans," (GAO-10-294R) on March 10, 2010.** In this report, the GAO reviewed VA's provision of SUD services describing the challenges that VA officials and providers reported facing in their efforts to provide SUD services to veterans who have or are at risk for SUDs and the national efforts VA has recently undertaken to improve its SUD services for veterans who have or are at risk for SUDs. <http://www.gao.gov/new.items/d10294r.pdf>

Legislation

- **H.R.4787** (introduced March 9, 2010): To amend title XIX of the Social Security Act to improve and protect rehabilitative services and case management services provided under Medicaid to improve the health and welfare of the nation's most vulnerable seniors and children was referred to the House Committee on Energy and Commerce.[WI-2]
Sponsor: Representative Tammy Baldwin
- **H.R.4794** (introduced March 9, 2010): To prohibit the use of any recommendation of the Preventive Services Task Force (or any successor task force) to deny or restrict coverage of an item or service under a Federal health care program, a group health plan, or a health insurance issuer, 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 Leonard Lance [NJ-7]
- **H.R.4799** (introduced March 9, 2010): To direct the Secretary of Health and Human Services to develop a strategic plan to retrain displaced workers to become health care professionals serving areas with a shortage of such professionals, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Zachary T. Space [OH-18]
- **H.R.4803** (introduced March 10, 2010): To ensure health care consumer and provider access to certain health benefits plan information and to amend title XIX of the Social Security Act to provide transparency in hospital price and quality information was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, 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 Joe Barton [TX-6]
- **H.R.4808** (introduced March 10, 2010): To amend the Public Health Service Act to provide for human stem cell research, including human embryonic stem cell research, and for other purposes referred to the House Committee on Energy and Commerce.
Sponsor: Representative Diana DeGette [CO-1]
- **H.R.4813** (introduced March 10, 2010): To provide for insurance reform (including health insurance reform), amend title XVIII of the Social Security Act to reform Medicare Advantage and reduce disparities in the Medicare Program, regulate the importation of prescription drugs, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Oversight and Government Reform, 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 Marion Berry [AR-1]
- **S.3082** (introduced March 5, 2010): A bill to amend title 38, United States Code, to authorize individuals who are pursuing programs of rehabilitation, education, or training under laws administered by the Secretary of Veterans Affairs to receive work-study allowances for certain outreach services provided through congressional offices, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Ron Wyden [OR]

Hill Hearings

- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 18, 2010**, to hear the legislative presentations from AMVETS, NASDVA, NCOA, GSW, TREA, FRA, VVA, and IVA.
- On **March 18, 2010**, the House Veterans Affairs Committee will hold the 2010 Claims Summit.
- The House Veterans Affairs Committee will hold a hearing on **March 24, 2010**, to examine the VA Regional Office disability claims quality review methods.

Meetings / Conferences

- The 27th Annual Behavioral Risk Factor Surveillance System Conference will be held on **March 20-24, 2010**, in San Diego, Calif. <http://www.cdc.gov/brfss/conference/index.htm>
- BIT Life Sciences' 2nd World Congress of Vaccine: *Next Generation Vaccines* will be held on **March 24-26, 2010**, in Beijing, China. <http://www.bitlifesciences.com/wcv2010>
- The Battlefield Healthcare Conference will be held on **March 29-31, 2010**, in Tyson's Corner, Vienna, Va. www.battlefieldhealthcare.com
- The Military Medical Technology Conference will be held on **March 31 - April 2, 2010**, in Tyson's Corner, Vienna, Va. www.militarymedicaltechnology.com
- The 10th Annual World Vaccine Congress will be held on **April 19-22, 2010**, in Washington, D.C. <http://www.terrapinn.com/2010/wvdc/index.stm>
- The Military Health Management 2010 Conference will be held on **April 26-28, 2010**, in Arlington, Va. www.MilitaryHealthManagement.com
- The 13th Annual Conference on Vaccine Research will be held on **April 26 - 28, 2010**, in Bethesda Md. <http://www.nfid.org/conferences/>
- The 81st Annual Scientific Meeting of the Aerospace Medical Association will be held on **May 9-13, 2010**, in Phoenix, Ariz. <http://www.asma.org/meeting/>
- The 15th Annual International Meeting of the American Telemedicine Association will be held **May 16-18, 2010**, in San Antonio, Texas. <http://medtechq.ning.com/events/15th-annual-international>
- The Electronic Health Records Summit will be held on **May 24-26, 2010**, in Washington D.C. www.electronichealthrecordssummit.com
- The National Conference on Immunization and Health Coalitions will be held on **May 26-28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/nchic/registration.html>
- The 9th National Conference on Immunization and Health Coalitions will be held on **May 26 - 28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/nchic2010.html>
- The 9th Annual Optimizing Hospital Patient Flow Conference will be held on **June 9 -10, 2010**, in Chicago, Ill. www.worldrg.com/patientflow
- The Military Healthcare Convention & Conference will be held on **June 22-25, 2010**, in San Antonio, Texas. www.MilitaryHealthcareConvention.com
- The 24th International Congress and Exhibition on Computer Assisted Radiology will be held on **June 23-26, 2010**, in Geneva Switzerland. <http://www.cars-int.org/>
- The CDC 7th International Conference on Emerging Infectious Diseases will be held on **July 11-14, 2010**, in Atlanta, Ga. <http://www.iceid.org/>
- 13th Annual Force Health Protection Conference: "Military Preventive Medicine and Public Health" will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz. <http://www.theconferencewebsite.com/conference-info/FHPC-2010>

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 kathetheroux@fedhealthinst.org. To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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