

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

- The House will stand adjourned until Nov. 15, 2010.
- The Senate will stand in recess or adjourned until Nov. 12, 2010.

- **On September 23, 2010, the House Veterans' Affairs Health Subcommittee, led by Chairman Michael Michaud (D-ME), held a hearing to provide oversight of the contracting and procurement practices by the Veterans Health Administration (VHA) at the Department of Veterans Affairs (VA).**

The hearing specifically focused on existing deficiencies and explored potential remedies in order to improve practices so they are fair, fiscally responsible, and effective.

The Committee received the testimonies of private companies that contract with the VA and those that are seeking to contract with the VA, which highlighted the perceived strengths and weaknesses of the Department's acquisition and procurement processes. Witnesses expressed concerns over unfairly award contracts, overly complex contracts and lack of competition during the bidding process. Some businesses face more extreme challenges.

Contractors suggested the VA strengthen communication lines with contractors by appointing a single contact person for each contractor and sharing important information in a consistent manner with a specific point person. Moreover, they pressed for a simplification of contracts that should be awarded to one company per industry.

Belinda Finn of the VA's Office of the Inspector General discussed findings from late 2009 that "identified systemic issues such as poor acquisition planning, problematic contract award processes, poorly written contracts and inadequate contract monitoring that impacted VA's efforts to effectively and economically deliver goods and services to VA facilities." She continued that procurement problems led to "inadequate competition for contracts, the misuse of funds, and a general lack of assurance that VA procurements achieved fair and reasonable prices or were in the best interest of the government.

- **The House passed H.R. 5993, the Securing Americas Veterans Insurance Needs and Goals Act of 2010, on Sept. 29, 2010.** This bill requires insurers to tell beneficiaries how the money will be invested and provide additional financial counseling.
- **The House passed H.R. 3421, the Medical Debt Relief Act, on Sept. 29, 2010.** This legislation amends the Fair Credit Reporting Act to prohibit a consumer reporting agency from making any report containing information related to a fully paid or settled medical debt that had been characterized as debt in collection for credit reporting purposes, which, from the date of payment or settlement, antedates the report by more than 30 calendar days.
- **The House passed H.R. 3685, which requires the Secretary of Veterans Affairs to include a hyperlink to the VetSuccess Web site on the main page of the Department of Veterans Affairs Web site and to publicize it.**
- **The White House announced that President Obama has nominated Jo Ann Rooney to be the principal deputy under secretary of defense for personnel and readiness.**

Jo Ann Rooney currently serves as the president of Mount Ida College in Massachusetts. She previously served as president of Spalding University in Kentucky for eight years. Prior to her time at Spalding University, Dr. Rooney spent several years as corporate general counsel, chief financial officer and chief operating officer of The Lyons Companies, located in Massachusetts.

Since 1994, Dr. Rooney has taught courses at several colleges and universities in strategic planning, financial management, leadership and organizational change. She has served as vice chair of the Jewish Hospital Saint Mary's Healthcare System, chair of the Housing Partnership, Inc., a state-wide affordable housing development and counseling organization, and the Board of Trustees and executive committee of Regis University in Denver, Colorado. Dr. Rooney holds an Ed.D in higher education management from the University of Pennsylvania, an LL.M from Boston University School of Law, a J.D. from Suffolk University Law School and B.S. from Boston University.

- **The House passed H.R. 3219, the Veterans' Benefits Act of 2010, on Sept. 29, 2010.**

The legislation improves and modernizes certain benefits administered by the Department of Veterans Affairs (VA) for veterans and their families. The bill has been sent to the President for signature.

Military Health Care News

- **The 2011 Military Health System (MHS) Conference will be held on Jan. 24 – 27, 2010 in Washington D.C.**

This year's theme: *The Quadruple Aim: Working Together, Achieving Success*, focuses on sharing knowledge and achieving breakthrough performance in health-care delivery, research, education and training. Each day features a specific educational theme with all plenary and breakout sessions aligned to furthering the goals of the Quadruple Aim and the associated Strategic Imperatives.

Four-thousand military and civilian medical personnel from the MHS are expected to attend the conference.

The conference includes an expanded exhibit hall featuring agency and commercial exhibitors whose products and programs are aligned with the MHS mission.

For more information, please contact Customer Service via phone (800) 974-3084 or e-mail at mhs.att@experient-inc.com.

- **Health Net Federal Services announced its partnership with Nashville recording artist, Barry Michael. Michael to promote his hit song, "Heroes and Angels", written specifically for all those who serve or have served our country; and pays homage to the service and sacrifice they make to protect our freedom and way of life.**

Health Net Federal Services' Web site is the only site where individuals can download Michael's song, "Heroes and Angels", free of charge. [Click here](#) to download.

Health Net and Michael have aligned in their commitment to honor and support service members, Veterans and their families. A key focus of the Health Net/Barry Michael partnership is to increase awareness and encourage use of behavioral health services, including reintegration support and family counseling. Our joint message is simple: "You are not alone. If you need it, call in support."

Health Net's behavioral health division, MHN, uses its behavioral health and wellness expertise to provide active duty service members, National Guard and Reserve components, veterans and their family members with non-medical counseling and coping skills, financial counseling, proven behavioral techniques and psycho-education to help improve the overall health and wellness of military personnel and families worldwide.

These services are provided by mental health practitioners who specialize in counseling on a comprehensive range of military family life

These services are provided by master's level behavioral health practitioners who specialize in counseling on a comprehensive range of military family life issues, including identifying, addressing and preventing domestic violence, treating crisis response and helping deal with post-traumatic stress.

Health Net operates management teams and call center services at strategic locations throughout the United States and administers behavioral health programs at more than 100 military installations worldwide.

The partnership officially kicked off Sept. 17, 2010, at the National Veterans Summer Sports Clinic in San Diego, Calif., when Michael performed for newly-injured veterans participating in the clinic. Other upcoming appearances include the Congressional Medal of Honor convention in Charleston, S.C., and Tragedy Assistance Program for Survivors (TAPS) and veteran service organization events with Health Net throughout the year.

- **Fort Carson is formally opened a \$72 million clinic for dental, pediatrics, acupuncture and other services.**

Maj. Gen. David G. Perkins, Fort Carson's commanding general, and Maj. Gen. M. Ted Wong, the Army's Western Regional Medical Command deputy commanding general for readiness, attended a ribbon-cutting ceremony on Sept. 28.

The building is called the Soldier Family Care Center. It will also house a range of other operations, including family medicine and chiropractic clinics, a pharmacy and a records section.

- **According to a RAND Corporation study, one-third of the veterans in Virginia may be affected by post-traumatic stress disorder, major depression, or traumatic brain injury.**

Many service members returning from Iraq and Afghanistan suffer from PTSD and depression. A survey conducted by Virginia Tech, of 2,000 Virginia veterans found that U.S. military screening procedures allow veterans with diagnosable injuries to slip through the cracks.

The study was commissioned by the Virginia Wounded Warrior Program of the Virginia Department of Veterans Services to help develop strategic direction and effective allocation of resources.

After returning from deployment, military personnel are screened for mental health and other health-related concerns. But, according to both veterans and the professionals who serve them, the effects of injuries such as post-traumatic stress disorder (PTSD) and or traumatic brain injury (TBI) can surface three to six months later.

According to the information gathered through focus groups, the U.S. military's current demobilization process discourages returning military personnel from recognizing or admitting to the symptoms of PTSD and TBI. Admissions may delay reunification with family members while mental health and brain injury assessments are conducted. Mental health concerns can also wreck havoc on a military career.

The Virginia Tech survey looked at employment, life satisfaction, substance-abuse treatment and other health problems. The survey included a mapping feature showing locations of key veterans' services, identifying areas with the biggest deficits in state and federal government services. The maps show a large gap in southwestern Virginia, where rates of depression and PTSD are high but community-based services are less available.

- **TRICARE Management Activity announced in a news release that the program already meets or exceeds most of the new health care provisions, which took effect Sept. 23, 2010, under the Patient Protection and Affordable Care Act (PPACA).**

The PPACA provides new or expanded options and consumer protections for those with private health insurance coverage. Most provisions under PPACA, such as restrictions on annual limits, lifetime maximums, "high user" cancellations, denial of coverage for pre-existing conditions, have not been a concern for the over 9.6 million active duty military and retiree families under TRICARE.

Because TRICARE is an entitlement provided for by law, TRICARE's coverage has no lifetime cap. Under the basic entitlement, TRICARE costs are determined by legislation and in general, active duty families and military retirees pay low or no, annual or monthly fees, unlike coverage under most commercial health insurance plan. There is no cost for medical care for active duty service members.

One provision under PPACA that is not already addressed in the TRICARE entitlement is coverage for dependents up to the age of 26. TRICARE's current age limit for dependent children is 21 or age 23, if the dependent child is a full time college student or has been determined to be incapable of self support.

The recent PPACA requires civilian health plans that provide medical coverage to children to make that coverage available until the child turns 26 years of age. While the Act does not give the Department of Defense (DoD) the authority to offer this benefit through TRICARE, bills pending in the U.S. Senate and U.S. House of Representatives would extend dependent medical coverage up to age 26. It is not known yet whether there will be a charge or premium until the law is enacted. If enacted into law, DoD will make every effort to implement this provision as soon as possible.

- **According to Government Health IT, the Senate Appropriations Committee wants more details about how the Department of Defense (DoD) plans to modernize its electronic health record system, which DoD is upgrading in coordination with the Veterans Affairs Department.**

The committee is monitoring progress the two departments are making improving their electronic health record systems, but lacks details from them on how that will be accomplished, according to a report accompanying the 2011 Defense appropriations bill.

DoD and VA share many of the same requirements for their respective electronic record systems, which they have now begun to interconnect as part of the Obama administration's virtual lifetime electronic record or VLER project.

The report, which does not mention VLER, said the Joint Executive Council, the VA-DoD office that oversees the two EHR upgrades, has not provided enough detail in its strategic plan about EHR coordination and how the departments intend to meet their common requirements.

The committee directed the DoD, in coordination with VA, to report within 90 days of the Defense bill's enactment a revised joint plan that provides specific details about the EHR system modernization efforts and how they will address areas in which the departments have identified common requirements.

- **Stars and Stripes reports that the Government Accountability Office (GAO) found the military services do not always follow Defense Department regulations when involuntarily separating service members for a personality disorder, a condition that can have similar symptoms to post-traumatic stress disorder and disqualifies individuals for combat-related disability pay.**

A 2008 review of the personnel records of 371 enlisted service members found that most troops were notified of an impending personality disorder separation, which is required by the DoD, the GAO found. But in many cases, the diagnosis was not made by a psychiatrist or psychologist and/or formal counseling was not provided prior to notification of separation, which are also DoD requirements.

Defined as "a long-standing, inflexible pattern of behavior that deviates markedly from expected behavior," a personality disorder is considered a "pre-existing condition," which disqualifies service members from disability compensation.

But accurately diagnosing service members who have served in combat with a personality disorder can be challenging, the GAO report said, because some personality disorder symptoms — irritability, feelings of detachment or estrangement from others, and aggressiveness — are similar to PTSD symptoms.

DoD records show that from Nov. 1, 2001, through June 30, 2007, about 26,000 enlisted service members were separated from the military because of a personality disorder. Of those, about 2,800 had deployed at least once in support of Operation Enduring Freedom or Operation Iraqi Freedom, the GAO report said.

Since the 2008 review, the DoD has added requirements to help ensure service members are not incorrectly separated. The services also are required to provide reports on their compliance with the DoD regulations.

But the reports for fiscal year 2008 showed that three out of the four services were not in compliance with any of the separation requirements, according to GAO. Only the Air Force was in compliance with two of the three requirements.

In that fiscal year, 2,008 service members were separated because of a personality disorder, with nearly half of them — 946 — coming from the Navy.

To view the full report, go to: <http://www.gao.gov/new.items/d101013t.pdf>.

- **On Sept. 30, 2010, the Department of Defense announced:**

- Maj. Gen. Thomas W. Travis, commander, 59th Medical Wing, Wilford Hall Medical Center, Air Education and Training Command, Lackland Air Force Base, Texas., to deputy surgeon general, Office of the Surgeon General, Headquarters U.S. Air Force, Joint Base Bolling, Washington, D.C.
- Brig. Gen. Byron C. Hepburn, who has been selected for the rank of major general, deputy surgeon general, Office of the Surgeon General, Headquarters U.S. Air Force, Joint Base Bolling, Washington, D.C. to commander, 59th Medical Wing, Wilford Hall Medical Center, Air Education and Training Command, Lackland Air Force Base, Texas.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) policy on disclosure of adverse medical events was praised as a "valuable resource for all health care institutions" in an article in a recent issue of the *New England Journal of Medicine*.**

Adverse events, such as incomplete cleaning of medical instruments, may affect significant numbers of patients over time. However, prompt disclosure also

presents an opportunity to quickly assess risk to patients and to learn how to improve health care delivery and processes.

The article, entitled *The Disclosure Dilemma*, states that although many health care organizations have adopted policies encouraging disclosure of adverse events to individual patients, these policies seldom address large scale adverse events. It adds, however, that VA's own disclosure policy is "a notable exception."

The authors, including Denise Dudzinski, Ph.D., an associate professor and Director of Graduate Studies at the Department of Bioethics & Humanities at the University of Washington School of Medicine in Seattle, go on to say that VA's policy outlines "a clear and systematic process" for disclosure decisions regarding large scale adverse events – a process that can include convening a multidisciplinary advisory board with representation from diverse stakeholder groups and experts, including ethicists.

The VA policy endorses transparency and expresses an obligation to disclose adverse events that cause harm to patients. Its provisions can include the convening of a multidisciplinary advisory board to review large-scale adverse events, recommend whether to disclose and provide guidance on the manner of disclosure.

The authors of the article conclude with the following observation, which summarizes VA's philosophy on the matter: "Disclosure should be the norm, even when the probability of harm is extremely low. Although risks to the institution are associated with disclosure, they are outweighed by the institution's obligation to be transparent and to rectify unanticipated patient harm."

- **Veterans of the first Gulf War as well as current operations in Iraq and Afghanistan now have a smoother path toward receiving health-care benefits and disability compensation for nine diseases associated with their military service.**

A final regulation published in Sept. 29 [Federal Register](#) relieves veterans of the burden of proving these diseases are service-related: Brucellosis, Campylobacter jejuni, Coxiella Burnetii (Q fever), Malaria, Mycobacterium tuberculosis, Nontyphoid Salmonella, Shigella, Visceral leishmaniasis and West Nile virus.

The new presumptions after reviewing a 2006 National Academy of Sciences Institute of Medicine report on the long-term health effects of certain diseases suffered among Gulf War veterans. It also extends the presumptions to veterans of Afghanistan, based on NAS findings that the nine diseases are prevalent there as well.

The new presumptions apply to veterans who served in Southwest Asia beginning on or after the start of Operation Desert Shield on Aug. 2, 1990, through Operation Desert Storm to the present, including the current conflict in Iraq. Veterans who served in Afghanistan on or after Sept. 19, 2001, also qualify.

The new presumptions initially are expected to affect just under 2,000 veterans who have been diagnosed with the nine specified diseases, John Gingrich, VA's chief of staff, told American Forces Press Service. He acknowledged that the numbers are likely to climb as more cases are identified.

With the final rule, a veteran needs only to show service in Southwest Asia or Afghanistan during the specified time periods to receive disability compensation, subject to certain time limits based on incubation periods for seven of the diseases.

- **Dr. Robert Jesse, principal deputy under secretary for health at the Department of Veterans Affairs (VA), accepted an appointment to the first Patient-Centered Outcomes Research Institute's Board of Governors.**

The board, created by the 2010 Patient Protection and Affordable Care Act, is charged with identifying comparative effectiveness research (CER) priorities and establishing a research agenda. CER studies are head-to-head trials that compare different clinical practices and therapies to see how they stack up against each other for treating a defined patient population. The studies are unlike most clinical trials conducted in the United States, which examine only whether a drug or other medical approach works better than an inert placebo alternative.

As the VA principal deputy under secretary for health, Jesse leads clinical policies and programs for the nation's largest integrated health care system. Jesse also serves as a professor of Internal Medicine and Cardiology at Virginia Commonwealth University School of Medicine. He has extensive experience in comparative effectiveness, cardiology, cancer and biochemical research.

Previously, he was the chief consultant for Medical Surgical Services and VA's National program director for Cardiology in VA's Office of Patient Care Services where he was instrumental in implementing broad reforms in the delivery of specialty, sub-specialty and emergency care that have significantly improved the quality of care provided across the VA health care system.

Health Care News

- **The National Institutes of Health (NIH) will award \$9.4 million over three years to support four research projects in regulatory science.**

This research is conducted in partnership with the U.S. Food and Drug Administration (FDA), which will contribute approximately \$950,000. These projects will better inform scientists and regulatory reviewers about medical product safety and improve the evaluation and availability of new medical products to the community.

The projects include research on nanoparticles (extremely small molecules that may be used to deliver drugs in a targeted manner) and their characterization; a heart-lung model to test the safety and efficacy of drugs; innovative clinical trial design; and a novel strategy to predict eye irritation.

The awards follow a February 2010 announcement by the NIH and the FDA to work together in an unprecedented manner on important public health issues. As part of that effort, the agencies established an NIH-FDA Joint Leadership Council to spearhead collaborative activities. In addition, the NIH and the FDA issued a request for applications to stimulate a new research initiative in a priority area, Advancing Regulatory Science through Novel Research and Science-Based Technologies.

Regulatory science involves the development and use of the scientific knowledge, tools, standards and approaches necessary for the assessment of medical product safety, efficacy, quality, potency and performance.

The four grantees include:

- William G. Barsan, M.D., Donald A. Berry, Ph.D., and Roger J. Lewis, M.D., Ph.D., University of Michigan, Ann Arbor – Accelerating Drug and Device Evaluation through Innovative Clinical Trial Design
- Daniel R. Cerven, M.S. and George L. DeGeorge, Ph.D., MB Research Laboratories, Inc., Spinnerstown, Penn. – Replacement Ocular Battery (ROBatt)
- Dennis E. Hourcade, Ph.D., Washington University, St. Louis – Characterization/Bioinformatics-modeling of Nanoparticle: Complement Interactions
- Donald E. Ingber, M.D., Ph.D., Harvard University Medical School, Boston – Heart-Lung Micromachine for Safety and Efficacy Testing

For more information on the Regulatory Science Program, please visit: <http://commonfund.nih.gov/regulatoryscience/>.

The National Institutes of Health (NIH) announced the transition of the National Center on Minority Health and Health Disparities (NCMHD) to the National Institute on Minority Health and Health Disparities (NIMHD).

The transition gives the institute a more defined role in the NIH's research agenda against health disparities, which it defines as differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.

The move authorizes the NIMHD to plan, coordinate, review and evaluate all minority health and health disparities research activities conducted and supported by the NIH institutes and centers. It also reaffirms the authority of the NIMHD director as the primary federal official with responsibility for coordinating such activities.

The law transfers all of the responsibilities of the NCMHD provided under the Minority Health and Health Disparities Research and Education Act to the new institute. This includes responsibility for coordinating the development of the NIH health disparities research agenda. In addition, it expands the eligibility criteria of the NIMHD Research Endowment program to include active NIMHD Centers of Excellence.

The transition to an institute is the culmination of years of work to bring attention to and find solutions for the unequal burden of illness affecting minority, rural and poor populations in this country. Over the last two decades, NIMHD has made significant strides towards ending health disparities. Collaboration with other NIH institutes and centers as well as other federal agencies has been the hallmark of its success as it evolved from the Office of Research on Minority Health to NCMHD and now an institute.

The NIMHD through its predecessor NCMHD, has supported the training of more than 2,000 health professionals with an interest in health disparities research through loan repayment awards. It has funded more than 88 centers of excellence around the nation to conduct research on health disparities in many disciplines and on a variety of topics.

- **HHS Secretary Kathleen Sebelius has announced \$320 million in grants under the Affordable Care Act (ACA) to strengthen the health care workforce.**

Of those grants, \$253 million will go to improve and expand the primary care workforce under the Prevention and Public Health Fund of the Affordable Care Act. Another \$67 million in Health Profession Opportunity Grants will provide low-income individuals with education, training and supportive services that will help

them prepare to enter and advance in careers in the health care sector.

The \$253 million in Prevention and Public Health Fund grants are awarded under six health professions programs administered by HHS' Health Resources and Services Administration (HRSA). The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.

- The Primary Care Residency Expansion (PCRE) program received \$167.3 million to fund 82 accredited primary care residency training programs to increase the number of residents trained in general pediatrics, general internal medicine and family medicine. Grantees will use the five-year grants to provide stipend support for new enrollees in 3-year primary care residency training programs.
- Access to primary care also improves with an expanded primary care physician assistant workforce. The Expansion of Physician Assistant Training (EPAT) program will provide \$30.1 million to fund 28 primary care physician assistant training programs for five years. The program funds student stipends of \$22,000 per student per year, for two years. It is projected that more than 700 physician assistants will receive funding with more than 600 fully trained by 2015.
- The Advanced Nursing Education Expansion (ANEE) program will provide \$31 million in funds to 26 nursing schools to increase full-time enrollment in primary care nurse practitioner (NP) and nurse midwife (NMW) programs. It is projected that more than 1,300 primary care nursing stipends will be supported through this five-year program. By providing a stipend of \$22,000 per student per year for up to two years, this funding aims to reduce the financial burden of attending school full-time and to accelerate graduation rates to increase the number of advanced practice nurses. Grantees project that 600 NPs and NMWs in total will be fully trained by 2015.
- The Nurse Managed Health Clinics (NMHC) with funds of \$14.8 million will support 10 grantees for three years to operate NMHCs to provide primary care. Funding will provide access to primary care for approximately 94,000 patients and training for more than 900 advanced practice nurses.
- Under the State Health Workforce Development program, 26 states will receive a total of \$5.6 million to begin comprehensive health care workforce planning or implementation. Planning grants (limited to one year and \$150,000 plus 15 percent matching funds) assess a state's current health workforce and include activities, such as gathering and analyzing data, examining current resources, policies and practices and identifying ways to remove barriers at state and local levels.
- Direct care workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance to Americans who are elderly or living with disabilities or other chronic conditions. The Personal and Home Care Aide State Training (PHCAST) program is a demonstration project with \$4.2 million to support states in developing and evaluating a competency-based uniform curriculum to train qualified personal and home care aides. Prevention and Public Health Fund workforce grant award tables by state are available at: http://www.hhs.gov/news/press/2010pres/09b/state_charts.html.

The Health Profession Opportunity Grants, administered by the Administration for Children and Families' Office of Family Assistance, will provide 32 grants to entities in 23 states. These grants will provide low-income individuals with successful training programs for a variety of health care professions. Grantees will also provide additional supportive services such as transportation, dependent care and temporary housing. Health Profession Opportunity Grants award tables by state are available at http://www.hhs.gov/news/press/2010pres/09d/state_charts.html.

Reserve/Guard

- As of Sept. 28, 2010, the total number of Guard and Reserve currently on active duty has **increased** by 25 to 103,900. The totals for each service are Army National Guard and Army Reserve 76,828; Navy Reserve, 6,881; Air National Guard and Air Force Reserve, 15,469; Marine Corps Reserve, 4,013; and the Coast Guard Reserve, 709. www.defenselink.mil

Reports/Policies

- **The GAO published "VA Health Care: Preliminary Observations on the Purchasing and Tracking of Supplies and Medical Equipment and the Potential Impact on Veterans' Safety," (GAO-10-1038T) on Sept. 23, 2010.** The report is based on GAO's ongoing work and provides preliminary observations on the extent of compliance with VA's requirements for purchasing and tracking of expendable medical supplies and RME; and steps VA plans to take to improve its oversight of VAMCs' purchasing and tracking of expendable medical supplies and RME. GAO reviewed VA policies and selected three requirements that GAO determined to be relevant to patient safety. <http://www.gao.gov/new.items/d101038t.pdf>
- **The Institute of Medicine (IOM) announced it would conduct a study, called "Geographic Variation in Health Care Spending and Promotion of High-Value Care," to determine the variation in health care spending and utilization across the country for individuals with Medicare, Medicaid, private insurance, or no insurance.** The first meeting will be held Nov. 9-10, 2010, in Washington, D.C. <http://www.iom.edu/Activities/HealthServices/GeographicVariation.aspx>
- **The Institute of Medicine (IOM) published "Women's Health Research: Progress, Pitfalls, and Promise," on Sept. 23, 2010.** In this report, the IOM found that women's health research has contributed to significant progress over the past 20 years in lessening the burden of disease and reducing deaths from some conditions, while other conditions have seen only moderate change or even little or no change. Gaps remain, both in research areas and in the application of results to benefit women in general and across multiple population groups. <http://www.iom.edu/Reports/2010/Womens-Health-Research-Progress-Pitfalls-and-Promise.aspx>
- **The GAO published "VA Health Care: Spending for and Provision of Prosthetic Items," (GAO-10-935) on Sept. 30, 2010.** <http://www.gao.gov/new.items/d10935.pdf>.

Legislation

- **H.RES.1674** (introducing Sept. 29, 2010): Providing for consideration of the bill (H.R. 847) 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; providing for consideration of the bill (H.R. 2378) to amend title VII of the Tariff Act of 1930 to clarify that fundamental exchange-rate misalignment by any foreign nation is actionable under United States countervailing and antidumping duty laws, and for other purposes; and providing for consideration of the Senate amendment to the bill (H.R. 2701) to authorize appropriations for fiscal year 2010 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.
Sponsor: Representative Michael A. Arcuri [NY-24]
- **H.R.6220** (introducing Sept. 28, 2010): To amend title 38, United States Code, to ensure that the Secretary of Veterans Affairs provides veterans with information concerning service-connected disabilities at health care facilities was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Chellie Pingree [ME-1]
- **H.R.6306** (introducing Sept. 29, 2010): To improve the understanding and coordination of critical care health services was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Tammy Baldwin [WI-2]
- **H.R.6318** (introducing Sept. 29, 2010): To amend the Public Health Service Act to ensure a national-coordinated approach to improving maternal and infant health was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Lois Capps [CA-23]
- **H.R.6348** (introducing Sept. 29, 2010): To amend title XIX of the Social Security Act to clarify the treatment of Medicaid EHR incentive payments for federally qualified health centers as referred to the House Committee on Energy and Commerce.
Sponsor: Representative Frank Kratovil, Jr. [MD-1]
- **H.R.6350** (introducing Sept. 29, 2010): To amend title XIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care was referred to the House Committee on Energy and Commerce.
Sponsor: Representative James R. Langevin [RI-2]
- **H.R.6385** (introducing Sept. 29, 2010): To repeal the unearned income Medicare contribution provision in the Health Care and Education Reconciliation Act of 2010 was referred to the House Committee on Ways and Means.
Sponsor: Representative Adrian Smith [NE-3]
- **S.11** (introducing Sept. 28, 2010): A bill to restore the application of the 340B drug discount program to orphan drugs with respect to children's hospitals was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Scott P. Brown [MA]
- **S.14** (introducing Sept. 28, 2010): A bill to ensure that women seeking an abortion are fully informed regarding the pain experienced by their unborn child was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Mike Johanns [NE]
- **S.3840** (introducing Sept. 24, 2010): the *Working Families Flexibility Act* was referred to the Committee on Health, Education, Labor, and Pensions
Sponsor: Senator Robert P. Casey, Jr. [PA]
- **S.3852** (introducing Sept. 28, 2010): A bill to authorize grants to promote media literacy and youth empowerment programs, to authorize research on the role and impact of depictions of girls and women in the media, to provide for the establishment of a National Task Force on Girls and Women in the Media, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Kay Hagan [NC]

- **S.3857** (introducing Sept. 28, 2010): A bill to amend the National and Community Service Act of 1990 to improve the educational awards provided for national service was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Christopher J. Dodd [CT]
- **S.3873** (introducing Sept. 29, 2010): A bill to provide for the establishment of a task force to address the environmental health and safety risks posed to children was referred to the Committee on Environment and Public Works.
Sponsor: Senator Amy Klobuchar [MN]
- **S.3906** (introducing Sept. 29, 2010): A bill to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Lamar Alexander [TN]
- **S.3907** (introducing Sept. 29, 2010): A bill to amend the Public Health Service Act to increase access to health care for individuals with disabilities and increase awareness of the need for health care facilities and examination rooms to be accessible for individuals with disabilities, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Christopher J. Dodd [CT]
- **S.3921** (introducing Sept. 29, 2010): A bill to ensure that rules for the approval of pharmaceutical and biological products do not require violations of medical ethics in the testing of products in humans and vertebrate animals was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Bernard Sanders [VT]

Hill Hearings

- The Senate Veterans Affairs Committee will hold an oversight hearing on **Oct. 6, 2010**, to examine Veterans' Affairs Information Technology (IT) program, focusing on looking ahead.

Meetings / Conferences

- The 6th Modern Drug Discovery & Development Summit will be held on **Oct. 20-22, 2010**, in San Francisco, Calif. <http://www.gtcbio.com/conferenceDetails.aspx?id=158>
- The 39th World Congress on Military Medicine will be held **Oct. 23-28, 2011**, in Abuja, Nigeria. <http://39wcommabj2011.com/>
- IDGA's Electronic Health Records Summit will be held on **Oct. 27 - 29, 2010**, in Vienna, Va. <http://www.electronichealthrecordssummit.com/Event.aspx?id=338518>
- The annual Shots for Tots conference will be held on **Oct. 28-29, 2010**, in New Orleans. <http://www.shotsfortots.com/html/conference.html>
- The 116th Annual Meeting of AMSUS – “Federal Medicine: A Global Source for Health” will be held **Oct. 31 to Nov. 5, 2010**, in Phoenix, Ariz. www.amsus.org
- The 138th American Public Health Association Annual Meeting & Exposition will be held on **Nov. 6-10, 2010**, in Denver Colo. <http://www.apha.org/meetings/>
- The 5th Annual World Healthcare Innovation and Technology will be held on **Nov. 7 - 10, 2010**, in Alexandria Va. <http://www.worldcongress.com/events/HL10010/index.cfm?confCode=HL10010>
- The 6th Annual World Healthcare Innovation and Technology Congress (WHIT v.6.0) will be held **Nov. 8-10, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10010/>
- The AHP Fall Forum 2009 will be held on **Nov. 8-10, 2010**, in Chicago, Ill. <http://www.ahip.org/links/fallforum2010/>
- AMIA 2009 Annual Symposium will be held on **Nov. 13-17, 2010**, in Washington D.C. <http://symposium2010.amia.org/>
- The 21st Annual National Forum on Quality Improvement in Health Care will be held on **Dec. 5-8, 2010**, in Orlando, Fla. <http://www.ihl.org/HL/Programs/ConferencesAndSeminars/22ndAnnualNationalForumonQualityImprovementinHealthCare.htm>
- Military Medicine's Next Gen in Training, Treatment, and Technology will be held on **Dec. 6 - 8, 2010**, in San Antonio, Texas. www.BattlefieldHealthCare.com
- The World Influenza Congress will be held **Dec. 7-9, 2010**, in Amsterdam. <http://www.terrapinn.com/2010/flu/conf.stm>
- The 2011 Military Health System (MHS) Conference will be held on **Jan. 24 – 27, 2010** in Washington D.C. www.health.mil
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2010**, in Vienna Austria. <http://imed.isid.org/>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/thpc/>
- The World Health Care Congress 8th Annual Health IT/ Interoperability Summit will be held on **April 4-6, 2011**, in Washington D.C. <http://www.worldcongress.com/events/HR11000/>

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 katetheroux@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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