

# Federal Health Update

FEB. 3, 2012

Welcome to *Federal Health Update*. This newsletter, produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care, is a compilation of the latest news in the federal health care sector.

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## EXECUTIVE AND CONGRESSIONAL NEWS

- **First Lady Michelle Obama and Dr. Jill Biden announced 20 finalists as part of the Joining Forces Community Challenge, an effort to recognize and celebrate citizens, communities and organizations who have demonstrated a deep commitment to service by improving the lives of military families and veterans.**

Since the launch of the Community Challenge last July, hundreds of submissions were received in three months, all of which captured innovative ways Americans have stepped up to show their gratitude and support for our military families.

Five additional winners will be chosen with input from a panel of distinguished judges, including:

- Tom Brokaw, NBC News Special Correspondent and author of five bestsellers including *The Greatest Generation*;
- J.R. Martinez, Iraq war veteran, motivational speaker and winner of season 13 of *Dancing with the Stars*;
- Sloan D. Gibson, President and CEO, United Service Organizations (USO);
- Julian Castro – Mayor of San Antonio, one of the nation's largest military communities;

and

- Deanie Dempsey, military family advocate and wife of General Martin Dempsey, Chairman of the Joint Chiefs of Staff.

The First Lady and Dr. Biden launched Joining Forces last year as a way to encourage all Americans to support our troops and serve our nation's military families. For more information and to find opportunities to serve, go to [www.joiningforces.gov](http://www.joiningforces.gov).

The 20 finalists are profiled at <http://joiningforces.challenge.gov/>. The public is encouraged to participate in this Challenge by voting for their favorite submission to be the People's Choice Winner, which will be announced on March 16, 2012.

- **The House Committee on Veterans' Affairs held a hearing to examine how VA leadership and contracting office broke contracting laws, which it has been investigating for nearly a year.**

During the hearing VA officials admitted to illegally purchasing pharmaceuticals off-contract through its Pharmaceutical Prime Vendor (PPV).

A PPV contract, when executed correctly and with proper oversight, allows VA medical facilities to receive needed pharmaceuticals at a competitive price and in a timely manner. VA, however, illegally conducted open market purchases off their PPV contract. The House Committee on Veterans' Affairs has partnered with the House Oversight and Government Reform Committee to further investigate the extent of these activities.

The Committee's investigation, leading to the hearing, revealed that VA officials knowingly purchased pharmaceuticals and other medical supplies off-contract. VA confirmed that senior leadership knew of the PPV contracting problems at least in early 2011, and possibly back to 2009, but did not order the illegal practice be stopped until November 2011.

"Federal acquisition regulations outline clear procedures on how agencies can acquire items not on contract, VA officials for years have ignored those procedures when purchasing supplies," said Rep. Jeff Miller, Chairman of the House Committee on Veterans' Affairs. "VA's practices also willfully ignored required competition, thereby potentially compromising patient safety and compromising best value to taxpayers."

A subpoena to request all documents and communications from VA related to this matter was issued in conformance with Clause 2 (m) of Rule 11 of the House of Representatives.

## MILITARY HEALTH CARE NEWS

- **Humana Inc. announced that Humana Military CEO Dave Baker retired Feb. 1, after successful 16-year Humana career.**

Baker served as president and chief executive officer of Humana Military Healthcare Services for the past 12 years. Following a distinguished 27-year active duty career in the United States Air Force Medical Service, Baker joined Humana in 1996 and launched Humana's start-up TRICARE operations in the Southeast. Under his leadership, Humana's TRICARE market share doubled. To ensure a smooth transition, Baker will continue to serve in an advisory capacity to Humana Military through June 30.

Tim McClain, president and CEO of Humana Veterans Healthcare Services, has been named president, Government and Other Business -- which includes all Humana military lines of business. He will report to Jim Murray, executive vice president and chief operating officer.

McClain has 35 years' experience in executive leadership and management positions. He

served as general counsel for the U.S. Department of Veterans Affairs (VA) from 2001-2006, a Senate-confirmed Presidential appointment position, serving two Cabinet secretaries and managing an office comprising nearly 400 attorneys. He joined Humana in 2009. McClain is a graduate of the U.S. Naval Academy, Annapolis, Maryland, and California Western School of Law, San Diego. He is a retired Naval officer, having served as a Surface Warfare Officer and in the Navy's Judge Advocate General's Corps.

The company also announced that Orië Mullen will replace Baker as the leader of Humana Military Healthcare Services, reporting to McClain. Mullen is currently the chief operating officer of Humana Military. After joining Humana in 1986 as a Senior Systems Engineer, he held a number of successive roles in management information systems and claims administration before transitioning to Humana Military to lead claims oversight.

A newly created group within Government and Other Business, Government Ventures will focus on new venture opportunities that complement the company's Humana Military core business and expand Humana's capabilities in the government sector. Ray Pryor will lead Government Ventures, also reporting to McClain. Pryor joined Humana in 1990 and was an original founding member of Humana Military. He has served as Humana Military chief financial officer since its inception and in 2000 assumed additional responsibilities as vice president.

- **Secretary of the Navy Ray Mabus announced that Rear Adm. Elizabeth S. Niemyer will be assigned as deputy chief wounded, ill, and injured, Bureau of Medicine and Surgery, Bethesda, Md.**

Niemyer is currently serving as director of the nurse corps/deputy chief of staff for installations and logistics, M4, Bureau of Medicine and Surgery, Bethesda, Md.

- **On Jan. 31, 2012, Dr. Jonathan Woodson, assistant secretary of defense health affairs addressed more than 4,000 guests at the Military Health System Conference.**

In his remarks, Woodson said a Pentagon task force examined the question of a unified command in 2011 — a topic that has been studied “16 times in the last 40 years” — and found that realignment itself would not produce great savings. But it would “create a more agile, responsive and efficient mechanism for making decisions,” he said.

“We could eliminate our headquarters entirely if it were possible, and it would hardly make a dent in our overall budget. Our major opportunities for cost control lie in optimizing the use of our purchase and direct care systems to manage care,” Woodson said.

House lawmakers had proposed creating a unified command to oversee all Defense Department medical operations in the Defense Authorization Act for fiscal year 2012. The proposal, which was dropped from the final legislation, would have created a four-star command with three subcommands — one overseeing military treatment facilities; another responsible for training, education, research and development; and a third to oversee Tricare.

In addition to considering the implications of a unified health command, the military health system in the next two years will focus on four initiatives, Woodson said:

- Continued enrollment of beneficiaries in the military medical homes system of care
- A multi-year initiative to reduce tobacco use and curb obesity in family members and the retired population
- Adoption of a new patient safety model

- Increased focus on innovation, encouraging personnel to step forward with ideas and implementation.

For more information about the 2012 MHS Conference, please visit:

<http://www.health.mil/2012mhsconference.aspx>.

- **The 2012 MHS Stakeholders report is now available [online](#).**

The report entitled "Healthcare to Health" gives a snapshot of the accomplishments achieved over the past year by Military Health System. In addition, the MHS outlines strategic initiatives for the coming year aligned with the Quadruple Aim platform: Readiness, Population Health, Experience of Care, Per Capita Cost and Learning and Growth.

To view previous reports, please visit:

[http://www.health.mil/About\\_MHS/StakeholdersReport.aspx](http://www.health.mil/About_MHS/StakeholdersReport.aspx).

- **Several Congress leaders penned a letter to Dr. Jonathan Woodson, assistant secretary of defense for health affairs and director of TRICARE Management Activity warning of potential cost increases should the proposed merger between pharmacy benefit managers Express Scripts and Medco Health be approved.**

The joint letter to the department was signed by Reps. Walter Jones, R-N.C.; Joe Courtney, D-Conn.; Mo Brooks, R-Ala.; Bill Owens, D-N.Y.; Martha Roby, R-Ala.; Mike Rogers, R-Ala.; and Austin Scott, R-Ga. The lawmakers noted that the merger would leave the DoD with just two national PBMs to choose from. "We are concerned these limitations would undermine Tricare's negotiating leverage and limit Tricare's ability to demand a quality prescription drug benefit," the Congress leaders stated.

For a copy of the letter, click [here](#).

- **Health Net Federal Services, LLC, has been awarded full reaccreditation for Health Utilization Management and Case Management from URAC, a Washington, DC-based health care accrediting organization that establishes quality standards for the health care industry.**

URAC accreditation establishes and measures key industry standards for health care management and improvement, as well as consumer protection.

As the managed care support contractor for the TRICARE North Region, Health Net Federal Services provides services for up to 3 million uniformed service beneficiaries, including active duty and retired service members, National Guard and Reserve members, family members, survivors and other TRICARE-eligible beneficiaries. The TRICARE North Region includes: Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia and Wisconsin. In addition, the contract covers portions of Tennessee, Missouri and Iowa.

URAC, an independent, nonprofit organization, is a leader in promoting health care quality through accreditation and certification programs. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in setting meaningful standards for the health care industry.

- **Spectrum Healthcare Resources (Spectrum), the government staffing division of TeamHealth, has been directed by the Army Medical Command to proceed with the construction of and provide clinical staffing and management services for two new**

### **Family Health Centers (FHCs) in Northern Virginia.**

The contract was originally awarded in 2009 and subsequently re-awarded in June 2011 but still remains under protest. The directive to proceed is a result of the U.S. Court of Federal Claims' resolution of protest issues associated with the original contract awards.

Located in Fairfax and Dumfries, Va., the Family Health Centers are extensions of the new Fort Belvoir Community Hospital (FBCH), in Ft. Belvoir, Va. Targeted for completion on or before July 1, 2012, the Family Health Centers will serve approximately 47,000 active and retired U.S. Military personnel and their dependents with primary care, laboratory, radiology and specialty healthcare services and pharmacies for the exclusive use of eligible patients.

Under its contract, Spectrum expects to complete construction of the new clinics on or before June 30 before beginning a five-year engagement to provide patient care services. More than 300 physicians, nurses, allied health professionals and administrative employees will staff these new clinics, and Spectrum will prioritize recruiting staff from FBCH's current FHCs to transition with the patients to the new facilities. Upon the completion of the clinic construction and commencement of clinical staffing and management services, annual revenues under the contract are estimated to be approximately \$43 million.

## **VETERANS AFFAIRS NEWS**

- **The Department of Veterans Affairs has published a regulation officially amending VA's medical benefits package to include up to seven days of medical care for newborns delivered by women veterans who are receiving VA maternity care benefits.**

Newborn care includes routine post-delivery care and all other medically necessary services that are in accord with generally accepted standards of medical practice.

The effective date of the rule is Dec. 19, 2011, but the regulation applies retroactively to newborn care provided to eligible women veterans on or after May 5, 2011.

VA has women veterans program managers at every VA medical center to help women veterans learn more about the health care benefits they have earned with their service. For more information about VA healthcare for women veterans, visit <http://www.womenshealth.va.gov>.

- **The U.S. Department of Veterans Affairs is facing a growing backlog of disability claims, fueled by veterans returning from Iraq and Afghanistan and a policy change making it easier for Vietnam War veterans to file Agent Orange-related claims.**

The number of pending claims before VA stood at 853,831 on Jan. 27, an increase of nearly 100,000 from last year and nearly 500,000 from three years ago.

Although VA has processed nearly a million claims over the past year, another 1.3 million new claims were filed during the same period.

Of the approximately 2.2 million veterans of the wars in Iraq and Afghanistan, 624,000 have filed disability claims and many more are expected. In addition, more than 200,000 Vietnam War veterans have filed claims based on new regulations adopted in 2010 making it easier to get compensation for health problems caused by exposure to defoliants such as Agent Orange.

VA Secretary Eric Shinseki launched a department-wide effort to break the backlog, according to agency officials. The budget for the Veterans Benefits Administration reached \$2 billion in 2012, a 20 percent increase over the previous year, which VA says will accelerate services for veterans. But some members of congressional oversight committees

question whether there is much to show for the additional money.

The VA is preparing a new paperless claim processing system that officials say will help the department reduce the backlog by taking months out of the process.

The system, which VA says uses cutting-edge information technology, has been tested in Rhode Island and Utah, and will be rolled out nationwide beginning this summer and continuing through 2013.

VA also renewed its efforts to reform the complex disability rating system, which has not been comprehensively revised since it was created at the end of World War II.

## GENERAL HEALTH CARE NEWS

- **Medicare Advantage premiums have fallen by seven percent on average and enrollment has risen by about 10 percent since this time last year, according to the Department of Health and Human Services (HHS).**

The enrollment numbers confirm projections from last September that enrollment in Medicare Advantage plans would continue to rise and average premiums would continue to fall. Average premiums have fallen from \$33.97 in 2011, to \$31.54 in 2012, while enrollment has risen from 11.7 million in 2011 to 12.8 million in 2012.

In addition to today's enrollment and premium numbers, there is more evidence that the Medicare Advantage program remains strong:

- On average, there are 26 Medicare Advantage plans to choose from in nearly every county across the country;
- Access to Medicare Advantage remains strong: 99.7 percent of Medicare beneficiaries have access to a Medicare Advantage plan; and
- Since 2010, when the Affordable Care Act was passed, Medicare Advantage premiums have fallen by 16 percent and enrollment has climbed by 17 percent.

In 2012, Medicare Advantage plans will start receiving incentives to achieve high quality scores through the use of quality bonus payments. As an extra incentive for high quality performance, CMS is allowing Five-Star Medicare Advantage and Part D plans to continuously market and enroll beneficiaries throughout the year.

To find the most recent publicly available MA and Part D contract and enrollment data, visit: <http://www.cms.gov/MCRAdvPartDEnrolData/MCESR/list.asp#TopOfPage>.

- **The total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse and neglect) is approximately \$124 billion, according to a report released by the Centers for Disease Control and Prevention (CDC).**

This study looked at confirmed child maltreatment cases, 1,740 fatal and 579,000 non-fatal, for a 12-month period. The lifetime cost for each victim of child maltreatment who lived was \$210,012, which is comparable to other costly health conditions, such as stroke with a lifetime cost per person estimated at \$159,846 or type-2 diabetes, which is estimated between \$181,000 and \$253,000. The costs of each death due to child maltreatment are even higher.

Child maltreatment has been shown to have many negative effects on survivors, including poorer health, social and emotional difficulties, and decreased economic productivity. This CDC study found these negative effects over a survivor's lifetime generate many costs that



impact the nation's health care, education, criminal justice and welfare systems.

The estimated average lifetime cost per victim of nonfatal child maltreatment includes:

- \$32,648 in childhood health care costs
- \$10,530 in adult medical costs
- \$144,360 in productivity losses
- \$7,728 in child welfare costs
- \$6,747 in criminal justice costs
- \$7,999 in special education costs

The estimated average lifetime cost per death includes:

- \$14,100 in medical costs
- \$1,258,800 in productivity losses

Child maltreatment can also be linked to many emotional, behavioral, and physical health problems. Associated emotional and behavioral problems include aggression, conduct disorder, delinquency, antisocial behavior, substance abuse, intimate partner violence, teenage pregnancy, anxiety, depression, and suicide.

Past research suggests that child maltreatment is a complicated problem, and so its solutions cannot be simple. An individual parent or caregiver's behavior is influenced by a range inter-related factors such as how they were raised, their parenting skills, the level of stress in their life, and the living conditions in their community. Because of this complexity, it is critical to invest in effective strategies that touch on all sectors of society.

The article, "*The Economic Burden of Child Maltreatment in the United States and Implications for Prevention*," is available at <http://www.sciencedirect.com/science/journal/aip/01452134>.

- **Provisions in the health care reform law, the Affordable Care Act, will save taxpayers and states an estimated \$17.7 billion over five years on prescription drugs bought through Medicaid, according to estimates in a proposed rule issued by the Centers for Medicare & Medicaid Services (CMS).**

Implementing the Medicaid prescription drug provisions of the Affordable Care Act, will increase transparency in drug pricing and ensure taxpayers and States are not overpaying for prescription drugs.

The proposed regulation reduces costs through a number of improvements, including:

- Aligning reimbursement rates to better reflect the actual price the pharmacy pays for the drug;
- Increasing rebates paid by drug manufacturers that participate in Medicaid, and;
- Providing rebates for drugs dispensed to individuals enrolled in a Medicaid managed care organization.

Several states have implemented similar initiatives to inject fairness into prescription drug pricing. Alabama, for example, estimates a savings of \$30 million in one year alone from an initiative to better understand and align reimbursements with the prices pharmacies pay for prescription drugs.

In 2009, Medicaid spent \$15.8 billion on prescription drugs. This proposed rule will implement initiatives designed to save the program \$17.7 billion over five years.

The Medicaid Pharmacy Regulation notice of proposed rulemaking can be found in the *Federal Register* at: [http://www.ofr.gov/OFRUpload/OFRData/2012-02014\\_PI.pdf](http://www.ofr.gov/OFRUpload/OFRData/2012-02014_PI.pdf). The comment period will close on April 2, 2012.

Stakeholders will have 60 days from the publication date to submit public comments. CMS plans to issue a final rule in 2013.

- **The FDA and representatives from the medical device industry have reached an agreement in principle on proposed recommendations for the third reauthorization of a medical device user fee program.**

The recommendations would authorize the FDA to collect \$595 million in user fees over five years, plus adjustments for inflation. Details of the agreement, such as the fee structure, are expected to be finalized soon.

Under a user fee program, industry agrees to pay fees to help fund a portion of the FDA's device review activities while the FDA agrees to overall performance goals such as reviewing a certain percentage of applications within a particular time frame.

The agreement in principle would result in greater accountability, predictability and transparency through such improvements as a more structured pre-submission process and earlier interactions between FDA and applicants. With the additional funding, the FDA would be able to hire over 200 full-time equivalent workers by the end of the five-year program. The FDA and industry expect that the agreement in principle would result in a reduction in average total review times.

The industry associations who have reached an agreement in principle with the FDA include the Advanced Medical Technology Association, the Medical Device Manufacturers Association and the Medical Imaging and Technology Alliance.

Congress first established the user fee program 10 years ago with the Medical Device User Fee and Modernization Act of 2002 (MDUFA I), prompted by growing concerns about the capacity and performance of the medical device review program. The five-year program was reauthorized with the Medical Device User Fee Act of 2007 (MDUFA II) and is set to expire on Sept. 30, 2012.

MDUFA II authorized FDA to collect user fees for certain medical device applications, for the registration of certain medical device establishments, and for certain other purposes. Small businesses may qualify for a waiver from fees on certain submissions or may qualify for a reduced fee.

Once the final details of the agreement with industry is completed, FDA will develop a package of proposed recommendations and give the public an opportunity to comment before they are submitted to Congress.

- **The U.S. Food and Drug Administration approved Erivedge (vismodegib) to treat adult patients with basal cell carcinoma, the most common type of skin cancer.**

The drug is intended for use in patients with locally advanced basal cell cancer who are not candidates for surgery or radiation and for patients whose cancer has spread to other parts of the body (metastatic).

Erivedge, reviewed under the agency's priority review program, is the first FDA-approved drug for metastatic basal cell carcinoma. Erivedge was reviewed under the FDA's priority review program that provides for an expedited six-month review of drugs that may offer major advances in treatment. The drug is being approved ahead of the March 8, 2012 prescription user fee goal date.



Basal cell carcinoma is generally a slow growing and painless form of skin cancer that starts in the top layer of the skin (epidermis). The cancer develops on areas of skin that are regularly exposed to sunlight or other ultraviolet radiation.

Erivedge, marketed by South San Francisco based-Genentech, is being approved with a BOXED WARNING alerting patients and health care professionals of the potential risk of death or severe birth effects to a fetus (unborn baby). Pregnancy status must be verified prior to the start of Erivedge treatment. Male and female patients should be warned about these risks and the need for birth control.

- **The Department of Health and Human Services announced that nearly 3.6 million people with Medicare saved \$2.1 billion on their prescription drugs in 2011 because of provisions in the Affordable Care Act.**

According to the [new report](#), the average person with Medicare will save nearly \$4,200 by 2021 because of the new law.

The Affordable Care Act provides a 50 percent discount on brand-name prescription drugs and this year, a 14percent discount on generics. Last year, it provided a seven percent discount on covered generic medications for people who hit the prescription drug coverage gap known as the donut hole, with 2,814,646 beneficiaries receiving \$32.1 million in savings on generics.

In 2011, the 3.6 million Americans who hit the donut hole saved an average of \$604 on the cost of their prescription drugs.

Data also show that women especially benefitted from the law's provision with 2.05 million women saving \$1.2 billion on their prescription drugs. By 2020, the donut hole will be closed completely.

The report also stated that this provision and other features of the health reform law will generate substantial savings for people with Medicare. Typical Medicare beneficiaries will save an average of nearly \$4,200 from 2011 to 2021. People with high prescription drug costs could save as much as \$16,000

The savings are a product of provisions in the Affordable Care Act and other cost trends that:

- Decrease prescription drug costs for seniors
- Make preventive services like mammograms free for everyone in Medicare
- Reduce growth in Part B premiums (for physician services)
- Reduce growth in cost-sharing under both Parts A (hospital care) and Part B.

For state-by-state savings figures for today's donut hole announcement, visit:

<http://www.cms.gov/Plan-Payment/>

## GUARD/RESERVE

- As of Jan. 31, 2012, the total number of Guard and Reserve currently on active duty has **increased** by 1,393 to 74,479. The totals for each service are Army National Guard and 54,536; Navy Reserve, 4,518; Air National Guard and Air Force Reserve, 9,438; Marine Corps Reserve, 5,224, and the Coast Guard Reserve, 763. [www.defenselink.mil](http://www.defenselink.mil)

## REPORTS/POLICIES

- **The GAO published “Antibiotics: FDA Needs to Do More to Ensure That Drug Labels Contain Up-to-Date Information,” (GAO-12-218) on Jan. 31, 2012.** This report assesses FDA’s efforts to help preserve antibiotic effectiveness by ensuring breakpoints on labels are up to date and examines the impact of the antibiotic innovation provisions. <http://www.gao.gov/assets/590/588022.pdf>
- **The GAO published “Defense Health: Coordinating Authority Needed for Psychological Health and Traumatic Brain Injury Activities,” (GAO-12-154) on Jan. 30, 2012.** GAO reviewed funding for DoD's PH and TBI activities in fiscal years 2007 through 2010 and the accuracy of its reporting on these activities to Congress and DoD's ability to coordinate its PH and TBI activities to help ensure that funds are used to support programs of the most benefit to service- members. <http://www.gao.gov/assets/590/587919.pdf>
- **The Institute of Medicine (IOM) published “Living Well with Chronic Illness: A Call for Public Health Action,” on Jan. 31, 2012.** This report lays out a comprehensive framework intended as a guide to develop and implement cross-cutting strategies that reduce the individual and societal burdens of chronic illness by helping people with chronic illnesses live well. <http://www.iom.edu/Reports/2012/Living-Well-with-Chronic-Illness.aspx>

## HILL HEARINGS

- The Senate Armed Services Committee will hold a hearing on **Feb. 7, 2012**, to examine the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House Committee on Veterans' Affairs will hold a hearing **Feb. 9, 2012**, to examine the U.S Department of Veterans Affairs budget request for fiscal year 2013.
- The Senate Armed Services Committee will hold a hearing on **Feb. 14, 2012**, to examine the Department of the Air Force in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House Veterans' Affairs will hold a hearing on **Feb. 15, 2012**, to examine U.S Department of Veterans Affairs Budget Request for Fiscal Year 2013.
- The Senate Armed Services Committee will hold a hearing on **Feb. 28, 2012**, to examine the Department of the Navy in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **Feb. 28, 2012**, to receive legislative presentation of the Disabled American Veterans (DAV).
- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **March 7, 2012**, to receive legislative presentation from the Veterans of Foreign Wars (VFW).
- The Senate Armed Services Committee will hold a hearing on **March 8, 2012**, to examine the Department of the Army in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.
- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **March 21, 2012**, to receive legislative presentations of the Military Order of the Purple Heart, Iraq and Afghanistan Veterans of America (IAVA), Non Commissioned Officers Association, American Ex-Prisoners of War, Vietnam Veterans of America, Wounded Warrior Project, National Association of State Directors of Veterans Affairs, and The Retired Enlisted Association.

- The House and Senate Committees on Veterans' Affairs will hold a joint hearing on **March 22, 2012**, to receive legislative presentations of the Paralyzed Veterans of America, Air Force Sergeants Association, Blinded Veterans Association, American Veterans (AMVETS), Gold Star Wives, Fleet Reserve Association, Military Officers Association of America, and the Jewish War Veterans.

## LEGISLATION

- **H.R.3859** (introduced Feb. 1, 2012): To amend title XVIII of the Social Security Act to protect and preserve access of Medicare beneficiaries in rural areas to health care providers under the Medicare program, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.  
Sponsor: Representative Cathy McMorris Rodgers [WA-5]
- **H.R.3860** (introduced Feb. 1, 2012): To amend title 38, United States Code, to clarify the responsibilities of small businesses with respect to the employment and reemployment rights of veterans was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative John Garamendi [CA-10]
- **S.2044** (introduced Jan. 31, 2012): A bill to require the Under Secretary for Science and Technology in the Department of Homeland Security to contract with an independent laboratory to study the health effects of backscatter x-ray machines used at airline checkpoints operated by the Transportation Security Administration and provide improved notice to airline passengers was referred to the Committee on Commerce, Science, and Transportation.  
Sponsor: Senator Susan M. Collins [ME]
- **S.2045** (introduced Jan. 31, 2012): A bill to amend title 38, United States Code, to require judges of the United States Court of Appeals for Veterans Claims to reside within fifty miles of the District of Columbia, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Richard Burr [NC]

## MEETINGS

- Digital Health Communication Extravaganza will be held on **Feb. 15-17, 2012**, in Orlando, Fla. <http://conferences.dce.ufl.edu/dhcx/>.
- Annual HIMSS Conference & Exhibition will be held **Feb. 20-24, 2012**, in Las Vegas, Nev. <http://www.himssconference.org/?src=hwnav>
- The International Conference on Emerging Infectious Diseases 2012 (ICEID) will be held on **March 11-14, 2012**, in Atlanta, Ga. <http://www.cdc.gov/eid/content/16/11/e1.htm>
- Behavioral Risk Factor Surveillance System (BRFSS) 29th Annual Conference will be held on **March 24-28, 2012**, in Atlanta, Ga. <http://www.brfss2011conference.com/>
- Warrior Resilience Conference IV will be held **March 29-30, 2012**, in Washington DC [http://www.dcoe.health.mil/Default\\_Error.aspx?aspxerrorpath=/content.aspx](http://www.dcoe.health.mil/Default_Error.aspx?aspxerrorpath=/content.aspx)
- 9th Annual World Healthcare Congress will be held **April 16-18, 2012**, in Washington DC <http://www.worldcongress.com/events/HR12000/index.cfm?confCode=HR12000>
- Freedom & Recovery—Integrated Mental Health and Addiction Treatment for Veterans will be held **April 23-26, 2012**, in San Diego, Calif. <http://www.foundationsrecoverynetwork.com/events/freedom-and-recovery-2012/FRN->

[Freedom-and-Recovery-Ad.pdf](#)

- Armed Forces Public Health Conference will be held **June 1-8, 2012**, in San Diego, Calif. <http://usaphcapps.amedd.army.mil/afphc/>
- Armed Forces Public Health Conference "Partners in Prevention" Core Conference will be held on **June 4-8, 2012**, in San Diego, Calif. <http://www.pdhealth.mil/education/afphc.asp>
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. [http://www.isid.org/15th\\_ICID/](http://www.isid.org/15th_ICID/)

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If you need further information on any of the items in the *Federal Health Update*, please contact Kate Theroux at (703) 447-3257 or by e-mail at [dhakat@aol.com](mailto:dhakat@aol.com).