

# Federal Health Update

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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

- **On Feb. 28, 2012, Sen. Olympia Snowe (R-Maine) announced she would not seek reelection.**

In a statement she cited the increasing polarization that has made legislating and governing almost impossible:

"I do find it frustrating, however, that an atmosphere of polarization and 'my way or the highway' ideologies have become pervasive in campaigns and in our governing institutions. Unfortunately, I do not realistically expect the partisanship of recent years in the Senate to change over the short term."

The Republican Senator from Maine served Congress for more than 30 years. Elected to Congress as the youngest Republican woman, she is the first Greek-American woman elected to Congress. Snowe was elected to the U.S. Senate in 1994, becoming the first woman in American history to serve in both houses of a state legislature and both houses of Congress.

She currently sits on the Senate Finance Committee, the Senate Committee on Commerce, Science, and Transportation, the Senate Select Committee on Intelligence and the Committee on Small Business & Entrepreneurship.

- **The Senate Veterans' Affairs Committee held a hearing to examine the Administration's fiscal year 2013 budget request for the Department of Veterans Affairs (VA). Several senators made a point of commenting that helping veterans is the largest constituent service their office is asked to provide, indicating significant problems with the Department.**

Committee chairman Patty Murray (D-WA) brought up her concerns that too many veterans cannot obtain access to mental health care and women veterans are not receiving the care they require. She also expressed concern over proposed cuts in major and minor construction projects for the third year in a row.

Committee ranking member, Senator Richard Burr (R-NC) questioned whether veterans, families and survivors are receiving the benefits and services they have earned and cited the claims backlog — the average number of days to complete a claim has increased by 26 percent.

In his testimony, VA Secretary Eric Shinseki noted that the country is in a period of transition. In the next five years, more than one million veterans are expected to leave military service. Of the approximately 1.4 million veterans from OIF/OEF, 67 percent have used at least one VA benefit or service. This is a much higher percentage than previous conflicts.

He testified that the fiscal year 2013 budget request will enable the VA to fulfill its mission. This includes providing health care for 8.8 million enrolled veterans, compensation and pension benefits for over 4 million veterans; life insurance; education assistance, home mortgages, and burial honors.

- **An amendment proposed by Sen. Roy Blunt (R-Mo.) to a highway funding bill that would broaden the current religious exemption in the birth control rule was tabled by a vote of 51 to 48.**

The measure to broaden the current religious exemption in the birth control rule, which fully exempts only explicitly religious organizations such as churches from its requirement that worker health plans include contraceptive coverage with no out-of-pocket charges. Under the Blunt amendment, not only would church-affiliated organizations such as Catholic hospitals, universities, schools and charities have been free to opt out of the coverage, any non-religious employer with a moral objection would have qualified.

The amendment would also have allowed such employers to refuse to cover any other preventive procedures required under the administration's rule if they had a religious or moral objection.

Churches have always been exempt from the mandate, but Catholic and other religious leaders had complained that the rule would force church-affiliated institutions to pay for health services that violated their beliefs.

Trying to defuse the controversy, the Obama administration last month amended the rule. Under the revised rule, women who work for such organizations would still be guaranteed contraceptive coverage, but they would obtain it directly from their insurance companies, which would not be allowed to charge additional premiums.

The U.S. Conference of Catholic Bishops remains opposed to any compromise on the issue.

## MILITARY HEALTH CARE NEWS

- **Secretary of Defense Leon Panetta met Secretary of Veterans Affairs Secretary Eric K. Shinseki at the Pentagon for the latest in a series of regular meetings the two secretaries have held on issues of common interest to both departments.**

At this meeting, Panetta and Shinseki focused on five areas where the two departments have joined efforts on behalf of the nation's service members and veterans: the disability evaluation system, electronic health records, transition programs, joint pharmacy initiatives and recovery coordination for the wounded, ill, and injured.

The two secretaries said they were pleased with the status of plans to implement the President's directive to develop a new model for the Transition Assistance Program to ensure that all service members are "career-ready" when they depart the military. They also discussed the improvements to the Integrated Disability Evaluation System (IDES) as a result of the \$400 million recently added to the Defense Department budget over the next five years and VA's commitment to increase the number of personnel in support of administering the system.

Panetta and Shinseki also discussed steps forward on electronic health records, noting that the Interagency Program Office established by the two departments to provide leadership in building the joint integrated electronic health records system now has new leadership.

The secretaries were also updated on development of the graphical user interface program, reporting that doctors at the James A. Lovell Federal Health Care Center at North Chicago can now view both VA and DoD patient records simultaneously on a single monitor. The Lovell Center is a first-of-its-kind partnership between VA and DoD to provide integrated care to service members and veterans in the same facility and has been a testing ground for the departments' efforts to deliver a fully integrated electronic health record for all service members and veterans.

Panetta and Shinseki are expected to meet again this May in Chicago, to visit the Lovell Center and to review progress on deliverables the two departments have committed to achieve by the end of the year, including: a detailed implementation plan for the revised transition assistance program; spurring development of electronic transfer of patient files, to reduce both the processing and mailing costs incurred by paper transfer and disability evaluation processing times; and finalizing a contract for joint pharmacy capability at the Lovell Center.

- **The Congressional Budget Office (CBO) published "*The Budgetary Effect of Regulations Limiting the Ability of Employers to Offer Incentives to Employees to Use TRICARE,*" on Feb. 22, 2012.**

This report analyzed whether the limitation on employer incentives to TRICARE-eligible beneficiaries (section 707 of the John Warner National Defense Authorization Act for Fiscal Year 2007, Public Law 109-364) has resulted in budgetary savings for the Department of Defense.

The CBO estimates that there is a high probability that the enactment of section 707 has resulted in budgetary savings for the Department of Defense (DoD) and that the expected value of those savings is about \$55 million per year (in 2010 dollars). However, because of certain effects on federal revenues, the expected value of the net savings to the federal government as a whole is less: about \$30 million per year.

CBO estimates that somewhere between 45,000 and 70,000 working-age military retirees accepted incentives prior to implementation of section 707 to use their TRICARE benefit (as

much as 5 percent of the total population of working-age military retirees), with the vast majority of those incentives being in the form of employer-subsidized TRICARE supplements.

The final rule implementing section 707 was issued on April 9, 2010. It prohibits employers from providing incentives specifically targeted to TRICARE beneficiaries. However, it does not prohibit all incentives to discontinue enrollment with an employer's plan, as long as the same incentive is offered to all employees whether or not they are eligible for TRICARE.

To read the full report, please visit:

<http://www.cbo.gov/sites/default/files/cbofiles/attachments/GrahamLetter021712.pdf>.

- **The Military Health System will host its fourth annual remembrance ceremony on May 21, 2012, at Arlington National Cemetery, Old Amphitheater.**

The ceremony is dedicated to the fallen military medical personnel of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.

As Secretary of Defense Robert Gates has said, "their office is a battlefield; their job is to save others' lives while risking their own...and, at times, paying the ultimate price in the performance of their duty."

- **The TRICARE Pharmacy Operations Directorate (POD) has won the Special Recognition Immunization Champion Award from the American Pharmacist Association (APhA) in recognition of its efforts to expand vaccine coverage in the TRICARE retail pharmacy network.**

APhA gives out Immunization Champion Awards to recognize the extraordinary contributions pharmacists make towards improving the vaccination rates in their communities.

In August 2011, TRICARE expanded coverage of no-cost preventive vaccinations at more than 45,000 participating retail network pharmacies nationwide. Through December 2011, TRICARE beneficiaries received more than 573,000 covered vaccines at retail pharmacies. TRICARE has covered flu and pneumococcal vaccinations at retail pharmacies since 2009, but the new regulation allows beneficiaries to obtain any vaccine covered by TRICARE at retail pharmacies, in accordance with state laws.

To launch the program, the TRICARE developed infrastructure to process vaccine claims at pharmacies, matched vaccine coverage with varying state laws and notified pharmacies of the enhancement. TRICARE also undertook an extensive campaign to notify beneficiaries of the change to their benefit.

For more information about the TRICARE retail vaccination program, visit

[www.tricare.mil/vaccines](http://www.tricare.mil/vaccines).

- **During his testimony before the Senate Armed Services Committee, Defense Secretary Leon Panetta announced a new layer in the Army's investigations into a Madigan Army Medical Center behavioral health program that changed post-traumatic stress disorder diagnoses for certain soldiers who were seeking medical retirements at the Army base south of Tacoma.**

Panetta told committee members that he asked a Defense Department undersecretary of

personnel to look at whether the military is diagnosing post-traumatic stress consistently.

The decisions to adjust diagnoses were costly to some service members who were no longer entitled to the level of disability benefits the government provides to soldiers who suffer from PTSD. One psychiatrist in the forensic unit this fall encouraged other behavioral health specialists not to be a “rubber stamp,” and said a PTSD diagnosis could cost taxpayers \$1.5 million in benefits over the lifetime of a retired soldier.

“I was very concerned when I got the report about what happened at Madigan, and it reflects the fact that we have not learned how to deal with that, and we have to,” Panetta said. He agreed with Murray when she said she wanted consistent standards.

The Army has reinstated PTSD diagnoses for six soldiers who raised complaints about the Madigan unit. In eight other cases, a team at Walter Reed Army Medical Center in Maryland upheld the adjusted diagnoses reached by the forensic review team.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs is awarding nearly \$350,000 for improvements to the kitchen at the Alabama Veterans home in Alexander City.**

VA’s grant will cover 65 percent of the project’s cost, which carries a \$535,000 price tag.

Last year, VA spent nearly \$2.5 billion in Alabama to serve the state’s 406,000 Veterans. VA operates major medical centers in Birmingham, Montgomery, Tuscaloosa and Tuskegee, with outpatient clinics and Vet Centers across the state, plus three national cemeteries.

- **NextGov reports that the Department of Veterans Affairs abruptly terminated a \$102.6 million contract awarded to ASM Research in January to develop software vital to an integrated electronic health record system that will serve both VA and the Defense departments.**

A VA spokeswoman confirmed the contract cancellation, but provided no details. Industry sources told *Nextgov* that VA was concerned about potential organizational conflicts of interest and violations of federal contracting law, due to the fact that one or more ASM subcontractors had inside, nonpublic information about the procurement when it was put out for bid.

ASM has not responded to a request for comment from *Nextgov*.

Under the contract, ASM was to develop a middle layer of software for the integrated electronic health record (iEHR) called an enterprise service bus, which would ensure any application could communicate with any database in the iEHR.

The department awarded ASM the contract as a task order off its \$12 billion Transformation Twenty-One Total Technology, or T4, contract for a range of information technology services in July 2011. Harris Corp., SAIC, SRA International and 7 Delta, a disabled veteran-owned small business, submitted competing bids for the service bus contract.

- **The *Navy Times* reports that the Department of Veterans Affairs has partnered with 49 states to gather better data on suicide rates among veterans.**

The figure often noted in press reports and analyses — an average of 18 veteran suicides each day — is derived from information available from the Centers for Disease Control’s National Violent Death Reporting System, which receives input from 18 states, and other

sources.

VA now has a commitment from 49 state governments to furnish statistics on veterans' deaths in their states to the department.

The lone holdout is Colorado, although VA is in talks with the state governor to provide the information.

VA knows when a veteran in its care commits suicide, but only 6 million of the nation's 22 million veterans are enrolled in VA health services. VA relies on various sources, including the NVDRS and its own Office of Environmental Epidemiology and Serious Mental Illness Treatment, Research and Evaluation Center, to extrapolate much of its information.

According to VA, 20 percent of the suicides that occur in the U.S. are committed by veterans.

Between 2008 and 2010, about 950 veterans enrolled in VA health care attempted suicide each month.

- **The Department of Veterans Affairs (VA) has proposed to amend its regulations to establish a pilot program to offer premium-based dental insurance to enrolled veterans and certain survivors and dependents of veterans.**

VA would contract with a private insurer through the federal contracting process to offer dental insurance, and the private insurer would then be responsible for the administration of the dental insurance plan. VA's role would primarily be to form the contract with the private insurer and verify the eligibility of veterans, survivors, and dependents. The program is authorized, and this rulemaking is required, by section 510 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (the 2010 Act).

Comments about this proposal must be received by VA on or before April 30, 2012 and can be submitted at <http://www.regulations.gov>.

## GENERAL HEALTH CARE NEWS

- **The National Institutes of Health (NIH) launched an online tool launched to make it easier to navigate the rapidly changing landscape of genetic tests.**

The free resource, called the Genetic Testing Registry (GTR), is available at <http://www.ncbi.nlm.nih.gov/gtr/>.

Genetic tests currently exist for about 2,500 diseases, and the field continues to grow. To keep pace, GTR will be updated frequently, using data voluntarily submitted by genetic test providers. Such information will include the purpose of each genetic test and its limitations; the name and location of the test provider; whether it is a clinical or research test; what methods are used; and what is measured. GTR will contain no confidential information about people who receive genetic tests or individual test results.

Genetic tests that the Food and Drug Administration has cleared or approved as safe and effective are identified in the GTR. However, most laboratory developed tests currently do not require FDA premarket review. Genetic test providers will be solely responsible for the content and quality of the data they submit to GTR. NIH will not verify the content, but will require submitters to agree to a code of conduct that stipulates that the information they provide is accurate and updated on an annual basis. If submitters do not adhere to this code, NIH can take action, including requiring submitters to correct any inaccuracies or to remove such information from GTR.

In addition to basic facts, GTR will offer detailed information on analytic validity, which assesses how accurately and reliably the test measures the genetic target; clinical validity, which assesses how consistently and accurately the test detects or predicts the outcome of interest; and information relating to the test's clinical utility, or how likely the test is to improve patient outcomes.

The GTR database was developed by the National Center for Biotechnology Information (NCBI), part of NIH's National Library of Medicine, under the oversight of the NIH Office of the Director and with extensive input from researchers, testing labs, health care providers, patients and other stakeholders.

- **The Centers for Medicaid & Medicaid Services (CMS) announce it will partner with Text4Baby, a free national health texting service, to promote enrollment in both Medicaid and the Children's Health Insurance Program (CHIP) and provide pregnant women and new mothers free text messages on important health care issues.**

The announcement is part of activities marking the anniversaries of both the signing of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and the launch of Text4Baby, whose partners include Healthy Mothers, Healthy Babies Coalition, Voxiva, which provides the mobile health platforms, and a host of wireless carriers.

Organizations across the country are using the CHIPRA and Text4Baby anniversaries to highlight how access to both health coverage and health information is critical for families.

Activities are already taking place in locations in California, Florida, Illinois, Michigan, New Jersey, Oklahoma and others.

More than 184,000 current Text4Baby users are receiving a new message alerting them to the availability of free and low-cost health coverage through Medicaid and CHIP. The message will provide a connection to the InsureKidsNow phone number and website for information about how to sign up. Additional messages will be periodically texted to provide Text4Baby users information about the importance of prenatal visits for women and the value of health coverage for keeping children healthy and getting the care they need when they're sick.

- **Important safety changes to the labeling for some widely used cholesterol-lowering drugs known as statins are being announced by the U.S. Food and Drug Administration (FDA).**

These products, when used with diet and exercise, help to lower a person's "bad" cholesterol (low-density lipoprotein cholesterol). The products include: Lipitor (atorvastatin), Lescol (fluvastatin), Mevacor (lovastatin), Altoprev (lovastatin extended-release), Livalo (pitavastatin), Pravachol (pravastatin), Crestor (rosuvastatin), and Zocor (simvastatin). Combination products include: Advicor (lovastatin/niacin extended-release), Simcor (simvastatin/niacin extended-release), and Vytorin (simvastatin/ezetimibe).

The changes to the statin labels are:

- The drug labels have been revised to remove the need for routine periodic monitoring of liver enzymes in patients taking statins. FDA now recommends that liver enzyme tests should be performed before starting statin therapy, and as clinically indicated thereafter. FDA has concluded that serious liver injury with statins is rare and unpredictable in individual patients, and that routine periodic monitoring of liver enzymes does not appear to be effective in detecting or preventing this rare side effect. Patients should notify their health care professional immediately if they have the following symptoms of liver



problems: unusual fatigue or weakness; loss of appetite; upper belly pain; dark-colored urine; yellowing of the skin or the whites of the eyes.

- Certain cognitive (brain-related) effects have been reported with statin use. Statin labels will now include information about some patients experiencing memory loss and confusion. These reports generally have not been serious and the patients' symptoms were reversed by stopping the statin. However, patients should still alert their health care professional if these symptoms occur.
- Increases in blood sugar levels (hyperglycemia) have been reported with statin use. The FDA is also aware of studies showing that patients being treated with statins may have a small increased risk of increased blood sugar levels and of being diagnosed with type 2 diabetes mellitus. The labels will now warn healthcare professionals and patients of this potential risk.
- Health care professionals should take note of the new recommendations in the lovastatin label. Some medicines may interact with lovastatin, increasing the risk for muscle injury (myopathy/rhabdomyolysis). For example, certain medicines should never be taken (are contraindicated) with Mevacor (lovastatin) including drugs used to treat HIV (protease inhibitors) and drugs used to treat certain bacterial and fungal infections.

▪ **Health and Human Services Secretary Kathleen Sebelius announced the next steps for providers who are using electronic health record (EHR) technology and receiving incentive payments from Medicare and Medicaid.**

These proposed rules, from the Centers for Medicaid & Medicare Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC), will govern stage 2 of the Medicare and Medicaid Electronic Health Record Incentive Programs.

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it in a meaningful way. What is considered "meaningful use" is evolving in three stages:

- Stage 1 (which began in 2011 and remains the starting point for all providers): "meaningful use" consists of transferring data to EHRs and being able to share information, including electronic copies and visit summaries for patients.
- Stage 2 (to be implemented in 2014 under the proposed rule): "meaningful use" includes new standards such as online access for patients to their health information, and electronic health information exchange between providers.
- Stage 3 (expected to be implemented in 2016): "meaningful use" includes demonstrating that the quality of health care has been improved.

CMS' proposed rule specifies the stage 2 criteria that eligible providers must meet in order to qualify for Medicare and/or Medicaid EHR incentive payments. It also specifies Medicare payment adjustments that, beginning in 2015, providers will face if they fail to demonstrate meaningful use of certified EHR technology and fail to meet other program participation requirements.

The number of hospitals using EHRs has more than doubled in the last two years from 16 to 35 percent between 2009 and 2011. Eighty-five percent of hospitals now report that by 2015 they intend to take advantage of the incentive payments.

The proposed rules announced today may be viewed at [www.ofr.gov/inspection.aspx](http://www.ofr.gov/inspection.aspx).

▪ **Two new pancreatic enzyme products used to help aid food digestion were approved**



**by the U.S. Food and Drug Administration.**

Ultresa is a delayed-release capsule used to treat children and adults with cystic fibrosis, a serious genetic disorder affecting the lungs and other organs, or other conditions who cannot digest food normally because their pancreas does not make enough pancreatic enzymes.

Viokace, in combination with a proton pump inhibitor, is used to treat adults who cannot digest food normally. Adults with chronic pancreatitis, a continuing, chronic inflammatory process of the pancreas, or those who have had some or all of their pancreases removed (pancreatectomy) may not digest food normally because they lack needed enzymes or because their enzymes are not released into the bowel (intestine). Viokace's safety and efficacy in children has not been established.

Ultresa and Viokace are the fourth and fifth pancreatic enzyme products approved by FDA. Other FDA-approved pancreatic enzyme products include Creon (2009), Zenpep (2009) and Pancreaze (2010). Approved pancreatic enzyme products meet FDA standards for safety, efficacy and product quality.

Unapproved pancreatic enzyme products had been available for many years. FDA established a date of April 28, 2010 for the makers of pancreatic enzyme products to stop manufacturing and distributing unapproved products.

## GUARD/RESERVE

- As of Feb.28, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 237 to 73,291. The totals for each service are Army National Guard and 53,373; Navy Reserve, 4,703; Air National Guard and Air Force Reserve, 9,523; Marine Corps Reserve, 4,994, and the Coast Guard Reserve, 698. [www.defenselink.mil](http://www.defenselink.mil)

## REPORTS/POLICIES

- **The GAO published “2012 Annual Report: Opportunities to Reduce Duplication, Overlap and Fragmentation, Achieve Savings, and Enhance Revenue,” (GAO-12-342SP) on Feb. 29, 2012.**

This report is the second in a series of reports to identify and report annually on federal programs, agencies, offices, and initiatives which have duplicative goals or activities. The key recommendations include:

- The National Institutes of Health, Department of Defense, and Department of Veterans Affairs can improve sharing of information to help avoid the potential for unnecessary duplication.
- The Departments of Defense and Veterans Affairs need to improve integration across care coordination and case management programs to reduce duplication and better assist service members, veterans, and their families.

To read the report, please visit: <http://www.gao.gov/duplication>.

- **GAO published “VA Health Care: Methodology for Estimating and Process for Tracking Savings Need Improvement,” (GAO-12-305) on Feb. 27, 2012.** For this report GAO assessed (1) the basis for VA's estimated savings from each improvement and (2) VA's

process for tracking its actual savings from each improvement.

<http://www.gao.gov/assets/590/588879.pdf>

- **The GAO published “Drug Pricing: Research on Savings from Generic Drug Use,” (GAO-12-371R) on March 1, 2012.** The report reviews articles that used varying approaches to estimate the savings associated with generic drug use in the United States. <http://www.gao.gov/assets/590/588064.pdf>
  
- **The Institute of Medicine (IOM) published “Safe and Effective Medicines for Children: Pediatric Studies Conducted Under BPCA and PREA,” on Feb. 29, 2012.** In this report, IOM reviewed aspects of pediatric studies and changes in product labeling that resulted from BPCA and PREA and their predecessor policies, as well as to assess the incentives for pediatric studies of biologics – drugs derived from human or animal sources, or microorganisms – and the extent to which biologics have been studied in children.
  
- **The Institute of Medicine published “Measuring Progress in Obesity Prevention - Workshop Report,” on Feb. 23, 2012.** The IOM formed the Committee on Accelerating Progress in Obesity Prevention to review the IOM’s past obesity-related recommendations, identify a set of recommendations for future action, and recommend indicators of progress in implementing these actions. The committee held a workshop in March 2011 about how to improve measurement of progress in obesity prevention.

## HILL HEARINGS

- The Senate Budget Committee will hold a hearing on **March 6, 2012**, to examine perspectives on the President's proposed budget request for fiscal year 2013 for the Department of Defense.
- The House Armed Services Subcommittee on Military Personnel will hold a hearing on **March 6, 2012**, to receive the Service Personnel chiefs' perspectives on the personnel budgets for 2013.
- The House Veterans Affairs Subcommittee on Oversight and Investigations (O&I) Subcommittee will hold a hearing on **March 6, 2012**, to examine the dubious contracting practices: Savannah.
- The Senate Appropriations Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies will hold a hearing on **March 7, 2012**, to examine proposed budget estimates for fiscal year 2013 for the Department of Health and Human Services.
- 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 House Appropriations Committee will hold a budget hearing on **March 8, 2012**, to examine the Defense Health Program.
- 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 Senate Armed Services Committee will hold a hearing on **March 15, 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 Appropriations Labor, Health and Human Services, Education, and Related Agencies Subcommittee will hold a budget hearing on **March 20, 2012**, to examine the National Institutes of Health's proposed budget for fiscal year 2013.
- The Senate Armed Services Committee will hold a hearing on **March 20, 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 Appropriations Military Construction, Veterans Affairs and Related Agencies Subcommittee will hold a budget hearing on **March 21, 2012**, to examine the Department of Veterans Affairs' proposed budget for fiscal year 2013.
- 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.
- The Senate Armed Services Committee will hold a hearing on **March 28, 2012**, to examine the Active, Guard, Reserve, and civilian personnel programs in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.

## LEGISLATION

- **H.R.4114** (introduced Feb. 29, 2012): To increase, effective as of Dec. 1, 2012, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Jon Runyan [NJ-3]
- **H.R.4115** (introduced Feb. 29, 2012): To amend title 38, United States Code, to require, as a condition on the receipt by a State of certain funds for veterans employment and training, that the State ensures that training received by a veteran while on active duty is taken into consideration in granting certain State certifications or licenses, and for other purposes was referred to the House Committee on Veterans Affairs  
Sponsor: Representative Steve Stivers, [OH-15]

## MEETINGS

- 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/)
- The 2012 National Conference on Health Statistics will be held **August 6-8, 2012**, in Washington DC 2012 [http://service.govdelivery.com/service/view.html?code=USCDC\\_43](http://service.govdelivery.com/service/view.html?code=USCDC_43)

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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).