

FEDERAL HEALTH UPDATE

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

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Executive and Congressional News

- **On June 15, 2010, the House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs conducted a hearing to examine the state of the Veterans Benefits Administration (VBA) at the Department of Veterans Affairs (VA).** Participants discussed a wide array of issues concerning the VBA compensation and pension system, including staff training requirements, interagency communication strategies, regional and national workload management challenges, accuracy goals, and targeted pilot programs. For more information, please visit: <http://veterans.house.gov/news/PRArticle.aspx?NewsID=606>

- **On June 10, 2010, President Barack Obama established the National Prevention, Health Promotion, and Public Health Council.**

The Council will:

- Provide coordination and leadership at the federal level, and among all executive departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States.
- Develop a national prevention, health promotion, public health, and integrative health-care strategy by March 23, 2011, that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability.
- Provide recommendations to the President and the Congress concerning the most pressing health issues confronting the United States and changes in federal policy to achieve national wellness, health promotion and public health goals, including the reduction of tobacco use, sedentary behavior and poor nutrition.
- Consider and propose evidence-based models, policies and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States.
- Establish processes for continual public input, including that from state, regional, and local leadership communities and other relevant stakeholders, such as Indian tribes and tribal organizations.
- Carry out other activities determined appropriate by the President.

The Council is required to submit a report to the President and the relevant committees of the Congress by July 1, 2010, and annually thereafter until January 1, 2015.

The Surgeon General of the Public Health Service will serve as chair of the Council. To view the list of council members, please visit:

<http://www.whitehouse.gov/the-press-office/executive-order-establishing-national-prevention-health-promotion-and-public-health>

In addition, the Executive Order established within the Department of Health and Human Services an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Advisory Group), which shall report to the chair of the Council.

The Advisory Group shall be composed of not more than 25 members or representatives from outside the federal government appointed by the President and shall include a diverse group of licensed health professionals, including integrative health practitioners. It will develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

Military Health Care News

- **On June 16, 2010, the Army released suicide data for the month of May.**

Among active-duty soldiers, there were nine potential suicides, and all remain under investigation. For April, the Army reported 10 potential suicides among active-duty soldiers. Since the release of that report, four have been confirmed as suicides, and six remain under investigation.

During May 2010, among reserve component soldiers who were not on active duty, there were 12 potential suicides: two have been confirmed and 10 remain under investigation. For April, among that same group, there were seven total suicides. Of those, two were confirmed as suicides and five are pending determination of the manner of death.

The Army has identified additional crisis intervention resources available to the Army community. Soldiers and families in need of crisis assistance are strongly encouraged to contact Military OneSource or the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury Outreach Center (DCoE). Trained consultants are available from both organizations 24 hours a day, 7 days a week, 365 days a year.

The Military OneSource toll-free number for those residing in the continental United States is 1-800-342-9647, the Military One Source Web site can be found at <http://www.militaryonesource.com>. Overseas personnel should refer to the Military OneSource Web site for dialing instructions for their specific location.

- **Secretary of Defense Robert M. Gates announced that Koby J. Langley has been appointed to the Senior Executive Service.**

Langley is assigned as special assistant and senior advisor to the under secretary/principal deputy under secretary of defense (personnel & readiness), Office of the Under Secretary of Defense (Personnel and Readiness), Washington, D.C. Langley previously served as special assistant, Department of Veterans Affairs, Washington, D.C.

- **TRICARE Management Activity (TMA) announced that skilled nursing facilities will now have to preauthorize care provided to Medicare-eligible TRICARE beneficiaries once Medicare benefits are exhausted and TRICARE becomes the primary health coverage.**

Preauthorization is required for skilled nursing facility care only when medically necessary skilled nursing services extend beyond Medicare's 100-day limit and TRICARE becomes the primary payer for a beneficiary.

Since medical documentation must be submitted, the preauthorization is requested by the skilled nursing facility and should not be a burden to beneficiaries or their families.

Medicare and TRICARE cover medically necessary skilled nursing care and rehabilitative therapies, including room and board, prescription medication and laboratory work, which are provided in the skilled nursing facility. However, Medicare covers only the first 100 days of skilled nursing facility care, while TRICARE For Life covers treatment as long as it is medically necessary and is a TRICARE covered service.

For skilled nursing care benefits to be covered, the facility must be Medicare-certified and enter into a participation agreement with TRICARE. Beneficiaries must have a qualifying hospital stay of at least three consecutive days, not including the day of discharge. Beneficiaries must also enter the skilled nursing facility within 30 days of being discharged from the hospital and the care must meet TRICARE medical necessity guidelines.

- **TRICARE Management Activity (TMA) announced a new feature on TRICARE Online, which allows users to save their personal health data.**

The new feature, called the Blue Button, will create a personal health summary to a Portable Document Format (PDF) file on the beneficiary's computer, including details such as medication and allergy profiles and demographic information.

TRICARE Online is the Military Health Systems Internet point of entry that provides all 9.6 million Department of Defense beneficiaries access to available healthcare services and information through an enterprise-wide secure portal. TRICARE Online users who receive their care at a military treatment facility can schedule appointments, order prescription refills and view their personal health records.

To learn more, go to www.tricareonline.com or visit www.health.mil/mhsocio. For more news about health IT news, subscribe to The Portal, the leading news source for military health IT at www.health.mil/mhsocio.

- **Healthways International announced an agreement with International SOS Assistance, Inc., to provide chronic care management services for the Department of Defense (DoD) TRICARE Overseas Program.**

Under its contract with the DoD, International SOS will assist TRICARE Area Offices and military treatment facility commanders in the implementation of an integrated health care delivery system to enrolled members, deployed personnel, travelers and retirees outside the 50 United States and the District of Columbia.

International SOS will begin delivering comprehensive health care services on Sept. 1, 2010. Healthways will support International SOS by providing chronic care management services to TRICARE Overseas Prime Remote beneficiaries with asthma, diabetes, hypertension, depression and anxiety disorders, and for those needing cancer screening. These beneficiaries are located in 146 countries around the world.

- **According to USA Today, military records show that the Pentagon failed to comply with a congressional directive to give all troops tests before and after they serve in combat to measure their thinking abilities and uncover possible brain injuries.**

More than 562,000 tests of troops taken before they deployed have not been re-administered on their return by military health officials, the records show. That means the Pentagon could be missing thousands of cases of brain injury, says Rep. Bill Pascrell, D-N.J., who helped write the 2008 order.

The test, called the Automated Neuropsychological Assessment Metrics (ANAM), produces too many false positive results, said Lt. Col. Michael Russell, head of the Army's ANAM program.

The test "was promised ... as a sort of 'pregnancy test' for (mild) TBI. It has failed to deliver," says Russell, adding that false results could be triggered by medication, such as Benadryl.

This misrepresents the test, which is designed only to alert doctors that a soldier's thinking process has declined and further evaluation is necessary, says Tresa Roebuck-Spencer, a neuropsychologist with the University of Oklahoma, which develops and distributes the testing program for the Army. She says research shows that false positives drop significantly when the post-deployment test is compared with the original exam.

In that role, this kind of test would be a useful tool for screening all returning troops as Congress intended, say two military neurologists, Air Force Col. Michael Jaffee, director of the Defense and Veterans Brain Injury Center, and Cmdr. Jack Tsao, director of TBI programs for the Navy and Marines.

ANAM is a roughly 20-minute computerized test that scores areas such as reaction time, learning speed, short-term memory and mathematical processing. It also gauges a service member's mood, fatigue and history of any head injury.

Congress passed the test order in January 2008. Ward Casscells, then the assistant secretary of defense for health affairs, ordered in May 2008 that the ANAM test be given pre-deployment while military experts studied it and other tests for both pre- and post-deployment use. That study is not expected to be completed until 2013.

In November 2008, Lt. Gen. Eric Schoomaker, the Army surgeon general, barred post-deployment screening with ANAM. Schoomaker and other Army officials say the test is flawed and no better than a "coin flip."

About 575,000 pre-deployment tests have been gathered at a cost of about \$30 each. Only 12,000 to 13,000 tests have been used for follow-up comparisons, most for a study at Fort Campbell, Ky.

The military relies largely on self-reporting symptoms in diagnosing mild TBI suffered in combat. About five percent to 15 percent suffer persistent problems.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) is reducing the paperwork and expediting the process for veterans seeking compensation for disabilities related to their military service.**

VA has shortened application forms to reduce paperwork for Veterans. The new forms, which are being made available on VA's Web site at www.va.gov/vaforms, include:

- A shortened VA Form 21-526 for Veterans applying for the first-time to VA for disability compensation or pension benefits. This form has been cut in half – from 23 to 10 pages. It is immediately available to veterans via Web download, and will be available through VA's online claim-filing process later this summer at <http://vabenefits.vba.va.gov/vonapp/main.asp>
- VA Form 21-526b for veterans seeking increased benefits for conditions already determined by VA to be service-connected. This new form more clearly describes the information needed to support claims for increased benefits.

In order to make the claims process faster, VA has also introduced two new forms for veterans participating in the Department's new fully developed claim (FDC) program, which is one of the fastest means to receive a claims decision.

Gathering the information and evidence needed to support a veteran's disability claim often takes the largest portion of the processing time. If VA receives all of the available evidence when the claim is submitted, the remaining steps in the claims-decision process can be expedited without compromising quality.

To participate in the FDC program, veterans should complete and submit an FDC Certification and VA Form 21-526EZ, "Fully Developed Claim (Compensation)," for a compensation claim, or a VA Form 21-527EZ, "Fully Developed Claim (Pension)," for a pension claim.

Along with the application and certification, veterans must also submit all relevant and pertinent evidence to "fully develop" their claims. A claim submitted as "fully developed" may still require some additional evidence to be obtained by VA, to include certain federal records and a VA medical examination.

VA provides compensation, pension, education, loan guaranty, vocational rehabilitation, employment and insurance benefits to veterans and their families through 57 VA regional offices.

For additional information, go to www.va.gov or call VA's toll free benefits number at 1-800-827-1000.

- **iCAD, Inc., a provider of advanced image analysis and workflow solutions for the early identification of cancer, announced it has signed an agreement with the Defense Supply Center to provide federal healthcare facilities including Veterans Affairs Department (VA) and Department of Defense hospitals with its Computer-Aided Detection (CAD) technology for mammography.**

More than 400 federal medical treatment facilities worldwide will have access to CAD solutions for their mammography systems. CAD technology uses advanced algorithms to evaluate various aspects of the image data, assisting radiologists in detecting cancer by providing a visual indication of suspicious areas.

The VA reports there were 1.8 million women veterans as of September 2009. The recent influx of women into the military has resulted in the formation of the Women's Comprehensive Healthcare Implementation Plan (W-CHIP) which has a goal of providing comprehensive primary healthcare for every woman veteran.

The American Cancer Society outlines recommendations for the early detection of breast cancer. Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.

- **The Minneapolis Veterans Home has broken ground on a new skilled nursing facility to replace a building demolished because of structural problems.**

The state Department of Veterans Affairs moved residents out of the 1930s-era building in November 2007 and demolished it last year. The new building will be built on the same site.

The VA is funding 65% of the project to the tune of \$19 million. The state is paying the rest, about \$10 million.

Rooms in the new facility will be designed to resemble private homes, and it will also feature a coffee shop, barbershop, theater and museum. It's scheduled to be completed by the spring of 2012.

Health Care News

- **Department of Health and Human Services Secretary Kathleen Sebelius announced a series of new investments worth \$250 million to increase the number of health care providers and strengthen the primary care workforce.**

Communities across the country are experiencing a shortage of primary care providers. Without action, experts project a continued primary care shortfall related to the needs of an aging population and a decline in the number of medical students choosing primary care. The Association of American Medical Colleges estimates that the nation will have a shortage of approximately 21,000 primary care clinicians in 2015. The investments will support the training and development of more than 16,000 new primary care providers over the next five years.

The investments announced in the primary care workforce are the first allocation from the new \$500 million Prevention and Public Health fund for fiscal year

2010, created by the Affordable Care Act. Half of this fund – \$250 million – will be used to boost the supply of primary care providers by providing new resources for:

- Creating additional primary care residency slots: \$168 million for training more than 500 new primary care physicians by 2015.
- Supporting physician assistant training in primary care: \$32 million for supporting the development of more than 600 new physician assistants, who practice medicine as members of a team with their supervising physician, and can be trained in a shorter period of time compared to physicians.
- Encouraging students to pursue full-time nursing careers: \$30 million for encouraging over 600 nursing students to attend school full-time so that they have better odds of completing their education.
- Establishing new nurse practitioner-led clinics: \$15 million for the operation of 10 nurse-managed health clinics which assist in the training of nurse practitioners. These clinics are staffed by nurse practitioners, who provide comprehensive primary health care services to populations living in medically underserved communities.
- Encouraging states to plan for and address health professional workforce needs: \$5 million for states to plan and implement innovative strategies to expand their primary care workforce by 10 to 25 percent over ten years to meet increased demand for primary care services.

A fact sheet can be found at: <http://www.healthreform.gov/newsroom/primarycareworkforce.html>

- **Agriculture Secretary Tom Vilsack and Health and Human Services Secretary Kathleen Sebelius announced that public comments are now being accepted on the *Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010 (Advisory Report)*.**

Individuals and organizations are encouraged to view the *Advisory Report* now posted along with public comments at www.dietaryguidelines.gov. Written comments will be accepted from June 15, 2010 to July 15, 2010. Oral testimony may be provided at a public meeting to be held in Washington, DC, on July 8, 2010.

The 13 independent experts that make up the 2010 Advisory Committee are affiliated with universities throughout the country and are nationally recognized in the fields of nutrition and health. The Committee held six public meetings during the last two years.

Following the public comment period on the *Advisory Report*, USDA and HHS will consider these and other comments as they translate the *Advisory Report* of the Committee into the *2010 Dietary Guidelines for Americans*. Secretary Vilsack and Secretary Sebelius will release the *2010 Dietary Guidelines* policy document jointly at the end of 2010.

First published in 1980, the *Dietary Guidelines* are mandated by Congress to be reviewed, updated and released by USDA and HHS every five years. The *Dietary Guidelines* contain the latest science-based nutritional and dietary guidance for the general public. They are the foundation for federal nutrition education and promotion programs, as well as the basis for the federal food assistance programs.

Written comments can be submitted at www.dietaryguidelines.gov or mailed to Carole Davis, Co-Executive Secretary, Dietary Guidelines Advisory Committee, USDA Center for Nutrition Policy and Promotion, Room 1034, Alexandria, VA 22302.

- **One in 5 U.S. high school students say they have taken a prescription drug without a doctor's prescription, according to the *2009 National Youth Risk Behavior Survey (YRBS)* released by the *Centers for Disease Control and Prevention*.**

This is the first year the survey assessed prescription drug abuse among high school students. The YRBS has been conducted every other year since 1991.

The survey asked participating high school students if they ever taken a prescription drug such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax, without a doctor's prescription. Prescription drug abuse was most common among white students (23 percent), followed by Hispanic students (17 percent) and then black students (12 percent). Prescription drug abuse was most common among 12th grade students (26 percent) and lowest among 9th grade students (15 percent). There was no difference in prescription drug abuse by gender (20 percent for both male and female students).

The 2009 survey also found that about 72 percent of high school students used alcohol, about 37 percent had ever used marijuana, 6.4 percent ever used cocaine, 4.1 percent ever used methamphetamine, and 6.7 percent ever used ecstasy. These percentages are similar to those found in the 2007 survey.

Further analysis of National YRBS data showed encouraging trends in nutrition-related behaviors in recent years:

- A decrease in the percentage of students who drank soda at least once per day (34 percent in 2007; 29 percent in 2009)
- An increase in the percentage of students who ate fruit or drank 100 percent fruit juice two or more times per day (30 percent in 2005; 34 percent in 2009)
- Decreases in the percentages of students who engaged in the following unhealthy behaviors to lose or keep from gaining weight: not eating for 24 or more hours (13 percent in 2001; 11 percent in 2009); taking diet pills, powders, or liquids (9 percent in 2001; 5 percent in 2009); and vomiting or taking laxatives (6 percent in 2003; 4 percent in 2009)

The 2009 National YRBS results also show that many high school students engage in other risky behaviors which are harmful to their overall health and increase their risk of disease and injury. For example, during the seven days before the survey, 78 percent of high school students had not eaten fruits and vegetables five or more times per day, and 82 percent were not physically active for at least 60 minutes daily. Also, during the 30 days before the survey, 19 percent of high school students smoked cigarettes, 28 percent rode in a car or other vehicle driven by someone who had been drinking alcohol, and 39 percent of currently sexually active students reported that they did not use a condom the last time they had sexual intercourse. This information is similar to the 2007 YRBS findings.

- **The federal government issued [regulations](#) that outline the requirements necessary for employers to grandfather their current health care plans under the new health care reform.**

The new regulation protects the ability of individuals and businesses to keep their current plan while providing important consumer protections that give individuals — rather than insurance companies — control over their own health care. The new regulation also provides stability and flexibility to insurers and businesses that offer health insurance coverage as the nation transitions to a more competitive marketplace in 2014, when businesses and consumers will have more affordable choices through exchanges.

While the Affordable Care Act requires all health plans to provide important new benefits to consumers, under the law, plans that existed on March 23, 2010, are exempt from some new requirements. The "grandfather rule" issued makes it clear that these plans can continue to innovate and contain costs by allowing insurers and employers to make routine changes without losing grandfather status. Plans will lose their "grandfather" status if they choose to significantly cut benefits or increase out-of-pocket spending for consumers — and consumers in plans that make such changes will gain new consumer protections.

All health plans — whether or not they are grandfathered plans — must provide certain benefits to their customers for plan years starting on or after September 23, 2010, including:

- No lifetime limits on coverage for all plans.
- No rescissions of coverage when people get sick and have previously made an unintentional mistake on their application.
- Extension of parents' coverage to young adults under 26 years old;

For Americans who secure their health insurance through employers, additional benefits will be offered, irrespective of whether their plan is grandfathered, including:

- No coverage exclusions for children with pre-existing conditions.
- No "restricted" annual limits (e.g., annual dollar-amount limits on coverage below standards to be set in future regulations).

Grandfathered health plans will be able to make routine changes to their policies and maintain their status. These routine changes include cost adjustments to keep pace with medical inflation, adding new benefits, making modest adjustments to existing benefits, voluntarily adopting new consumer protections under the new law, or making changes to comply with state or other federal laws. Premium changes are not taken into account when determining whether or not a plan is grandfathered.

Plans will lose their grandfathered status if they choose to make significant changes that reduce benefits or increase costs to consumers. If a plan loses its grandfathered status, then consumers in these plans will gain additional new benefits including:

- Coverage of recommended prevention services with no cost sharing.
- Patient protections such as access to OB-GYNs and pediatricians without a referral by a separate primary care provider.

Details about routine changes insurers and employers can make without losing their grandfathered status, and the projected impact on large and small employer plans and the individual plan market, can be found at http://www.healthreform.gov/newsroom/keeping_the_health_plan_you_have.html.

- **Men are 24 percent less likely than women to have visited the doctor within the past year and are about 30 percent more likely than women to be hospitalized for preventable conditions such as congestive heart failure and complications from diabetes, according to new data released by the Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ).**

In an effort to raise awareness among middle-aged men about the importance of preventive medical testing, AHRQ joined with the Ad Council to launch a new series of public service advertisements (PSAs) in conjunction with Men's Health Week (June 13-19) and prior to Father's Day (June 20).

As an extension of a Men's Preventive Health campaign first launched in 2008, AHRQ and the Ad Council released new PSAs to encourage men over 40 to learn which preventive screening tests they need and when to get them. This campaign complements AHRQ's existing efforts toward improving the safety and quality of health care and promoting patients' involvement in their own health care, including the "Questions are the Answer" campaign launched with the Ad Council in 2007 and the "Superheroes" Spanish-language campaign launched in 2008.

Data from the AHRQ Medical Expenditure Panel Survey show that men are 22 percent more likely than women to have neglected their cholesterol tests.

Created pro bono for the Ad Council by Grey New York, the new television, radio, print, outdoor and Web ads incorporate family as a key motivating factor for men to take a more active role in preventive health. To view the PSAs, visit <http://www.ahrq.gov/healthymen>.

Public service advertisements are being distributed to approximately 33,000 media stations nationwide this week. Per the Ad Council's donated media model, all of the new public service advertisements will air and run in advertising time and space donated by the media. To date, the campaign has received more than \$35 million in donated time and space.

Reserve/Guard

- As of June 15, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,847 to 123,247. The totals for each service are Army National Guard and Army Reserve 92,730; Navy Reserve, 6,261; Air National Guard and Air Force Reserve, 17,309; Marine Corps Reserve, 6,125; and the Coast Guard Reserve, 822. www.defenselink.mil

Reports/Policies

- The GAO published "Medicare Fraud, Waste, and Abuse: Challenges and Strategies for Preventing Improper Payments," (GAO-10-844T) on June 15, 2010.** This report focuses on challenges facing CMS and selected key strategies that are particularly important to helping prevent fraud, waste, and abuse, and ultimately to reducing improper payments, including challenges that CMS continues to face. <http://www.gao.gov/new.items/d10844t.pdf>
- The Institute of Medicine published "Leadership Commitments to Improve Value in Healthcare: Toward Common Ground," on June 14, 2010.** This report is a summary of the workshop that brought together stakeholders to discuss opportunities and cooperative strategies to improve the efficiency and effectiveness of care throughout the nation. <http://www.iom.edu/Reports/2010/Leadership-Commitments-to-Improve-Value-in-Healthcare-Toward-Common-Ground.aspx>

Legislation

- H.R.5540 (introduced June 16, 2010): To make 2 percent across-the-board rescissions in non-defense, non-homeland-security, and non-veterans-affairs discretionary spending for each of the fiscal years 2010 and 2011 was referred to the House Committee on Appropriations. Sponsor: Representative Marsha Blackburn [TN-7]
- H.R.5541 (introduced June 16, 2010): To make 1 percent across-the-board rescissions in non-defense, non-homeland-security, and non-veterans-affairs discretionary spending for each of the fiscal years 2010 and 2011 was referred to the House Committee on Appropriations. Sponsor: Representative Marsha Blackburn [TN-7]
- H.R.5542 (introduced June 16, 2010): To make 5 percent across-the-board rescissions in non-defense, non-homeland-security, and non-veterans-affairs discretionary spending for each of the fiscal years 2010 and 2011 was referred to the House Committee on Appropriations. Sponsor: Representative Marsha Blackburn [TN-7]
- H.R.5543 (introduced June 16, 2010): To amend title 38, United States Code, to repeal the prohibition on collective bargaining with respect to matters and questions regarding compensation of employees of the Department of Veterans Affairs other than rates of basic pay, and for other purposes was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Bob Filner [CA-51]
- S.3486 (introduced June 15, 2010): A bill to amend title 38, United States Code, to repeal the prohibition on collective bargaining with respect to matters and questions regarding compensation of employees of the Department of Veterans Affairs other than rates of basic pay, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Sherrod Brown [OH]
- S.3493 (introduced June 15, 2010): A bill to reauthorize and enhance Johanna's Law to increase public awareness and knowledge with respect to gynecologic cancers was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Arlen Specter [PA]
- S.3498 (introduced June 16, 2010): A bill to support the establishment and operation of Teachers Professional Development Institutes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Joseph I. Lieberman [CT]
- S.3500 (introduced June 16, 2010): A bill to provide funds to States, units of general local government, and community-based organizations to save and create local jobs through the retention, restoration, or expansion of services needed by local communities, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Sherrod Brown [OH]
- S.3499 (introduced June 16, 2010): Fiduciary Benefits Oversight Act of 2010 was referred to the Committee on Veterans' Affairs. Sponsor: Senator Daniel K. Akaka [HI]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **June 23, 2010**, to examine how to overcome rural health care barriers using innovative wireless health technology solutions.
- The House Veterans Affairs Committee will hold a hearing on **June 24, 2010**, to markup pending legislation.
- The Senate Armed Services Committee will hold a hearing on **June 22, 2010**, to examine the progress in preventing military suicides and challenges in detection and care of the invisible wounds of war.
- The House Veterans Affairs Committee will hold a hearing on **June 30, 2010**, to examine the U.S. Department of Veterans Affairs Office of General Counsel.
- The Senate Appropriations Subcommittee on Defense will hold a hearing on **June 23, 2010** to examine outside witness statements
- The House Veterans Affairs Committee will hold a legislative hearing on **July 1, 2010**, on H.R. 3407, H.R. 3787, H.R. 4541, H.R. 5064, and draft legislation.
- The Senate Veterans Affairs Committee will hold a hearing on **July 1, 2010**, to examine veterans' claims processing, focusing on if current efforts are working.
- The House Veterans Affairs Committee will hold a hearing on **July 14, 2010**, to examine the progress of suicide prevention outreach efforts at the U.S. Department of Veterans.
- The House Veterans Affairs Committee will hold a roundtable on **July 21, 2010**, to on innovative treatments for TBI and PTSD.
- The House Veterans Affairs Committee will hold a hearing on **July 27, 2010**, to examine Gulf War Illness: and the future for unsatisfied veterans.
- The Senate Veterans Affairs Committee will hold a hearing on **Sept. 22, 2010**, to examine a legislative presentation focusing on the American Legion.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 23, 2010**; examine Veterans' Affairs disability compensation, focusing on presumptive disability decision-making.

Meetings / Conferences

- The Military Healthcare Convention & Conference will be held on **June 22-25, 2010**, in San Antonio, Texas. www.MilitaryHealthcareConvention.com
- The 24th International Congress and Exhibition on Computer Assisted Radiology will be held on **June 23-26, 2010**, in Geneva Switzerland. <http://www.cars-int.org/>
- The National Eye Institute hosts Translational Research and Vision Symposium on **June 24-25, 2010**, in Bethesda, Md. <http://www.nei.nih.gov/anniversary/symposia/research.asp>
- The International Papillomavirus Conference & Clinical and Public Health Workshop are scheduled for **July 3-8, 2010**, in Montreal, Canada. <http://hvp2010.org/main/>
- The International Society for Infectious Diseases Neglected Tropical Diseases Meeting will be held on **July 8-10, 2010**, in Boston, Mass. <http://www.isid.org/>
- The CDC 7th International Conference on Emerging Infectious Diseases will be held on **July 11-14, 2010**, in Atlanta, Ga. <http://www.iceid.org/>
- The 2nd Annual Mobile Health (mHealth) Summit will be **July 29-30, 2010**, in Boston, Mass. www.worldcongress.com/mHealth
- Association for Healthcare Resource and Materials Management's Annual Conference will be held on **Aug. 1-4, 2010**, in Denver, Colo. http://www.ahrmm.org/ahrmm_app/conference/annualconf10/index.jsp
- The 8th Annual Health Care Quality Congress (HCQ 2009) will be held on **Aug. 2-4, 2010**, in Boston Mass. <http://www.worldcongress.com/events/HL10025/>
- The 9th International Rotavirus Symposium will be held **Aug. 2-3, 2010**, in Johannesburg, South Africa. <http://www.rotavirus2010.com>
- 13th Annual Force Health Protection Conference: "Military Preventive Medicine and Public Health" will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz. <http://www.theconferencewebsite.com/conference-info/FHPC-2010>
- National Conference on Health Statistics will be held **Aug. 16-18, 2010**, in Washington, D.C. <http://www.cdc.gov/nchs/events/nchs.htm>
- The 2010 Advanced Technology Applications for Combat Casualty Care (ATACCC) Conference will be held **Aug. 16-19, 2010**, in St. Pete Beach, Fla. <https://www.atacc.org/>

- AHRA 2010 Annual Meeting and Exposition will be held on **Aug. 22-26, 2010**, in National Harbor, Md. <http://www.ahraonline.org/AM/Template.cfm?Section=AnnualMeetingRegistration>
- 13th Battlefield Healthcare event: Pre and Post Deployment Combatant Care will be held **Sept. 20-22, 2010**, in San Diego, Calif. <http://www.battlefieldhealthcare.com/Event.aspx?id=331874>
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept. 23, 2010**, in Washington D.C. www.hjf.org/symposium
- 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/>

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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