

FEDERAL HEALTH UPDATE

Jul 2, 2010

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

To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>.

Sponsored by



Additional sponsorship by

www.fedhealthinst.org*Happy Fourth of July!*

Executive and Congressional News

- **On June 25, 2010, President Barack Obama signed into law H.R. 3962, the "Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010."** This legislation averts a 21.3 percent reduction in the Medicare physician fee schedule and replaces it with a 2.2 percent increase through November 2010.
- 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

Military Health Care News

- **TRICARE Management Activity (TMA) has launched a new TRICARE formulary search tool to find the most up-to-date information about prescription medications.**

Located at http://pec.ha.osd.mil/formulary_search.php, the new formulary search tool allows beneficiaries to easily find which medicines are in the uniform formulary. These are available at all full-service military treatment facilities and covered by TRICARE.

Once a user has identified if a drug is available, he or she can use the search tool to obtain information on a drug, such as restrictions on use. The tool also shows if the medication is Tier One (with a \$3 co-pay), Tier Two (with a \$9 co-pay) or non-formulary (requiring a \$22 co-pay.) It also shows when a generic equivalent is required.

The new TRICARE Formulary Search Tool has integrated the Prior Authorization and Medical Necessity forms and criteria into a search engine while still maintaining a page with a complete list of all criteria and forms. Any restrictions such as quantity or age limits are displayed in one location.

- **Retired Air Force Lt. Gen. George "Peach" Taylor is expected to serve as deputy assistant secretary of defense for force health protection and readiness, starting Monday, July 19.**

Taylor, who served as the Air Force surgeon general from 2002 to 2006, worked at PricewaterhouseCoopers following retirement until February 2008, when Northrop Grumman hired him as to oversee its health IT business, which included work on the Defense AHLTA electronic health record system.

In this new role, Taylor will oversee work on development of battlefield health IT systems.

- **On June 24, 2010, Deputy Defense Secretary William J. Lynn III discussed new and unprecedented research, diagnosis and treatment for war veterans with traumatic brain injuries and psychological disorders at the opening ceremony for the new National Intrepid Center of Excellence in Bethesda, Md.**

The center, located on the National Naval Medical Center grounds, will serve as a hub for service members and their families to obtain better diagnosis and treatment plans than are available at their local military installations.

The 72,000-square-foot center is one of six established in 2007 to lead Defense Department work on brain science and treatment in collaboration with the Veterans Affairs Department, as well as academic and other institutions.

Lynn noted that advancements in medical care and equipment have allowed more service members to survive combat injuries, but a great many troops are returning with brain injuries and psychological problems. Studies show that more than 10 percent of military members who served in Iraq suffered concussions, and at least 12 percent show significant signs of combat stress, depression or similar issues. "They'll need care long after the wars are over," Lynn said.

Combat veterans with brain injuries and psychological problems "face a battle for recovery that is as arduous as their time deployed," he said. "We as a department recognize that our obligation to our heroes does not end when they leave the battlefield."

Lynn called brain injuries and psychological problems an "inevitable consequence of combat" that deserves as much attention as any other injury.

The Intrepid Center team, many of them from Walter Reed Army Medical Center, has developed exam protocols for early diagnosis and post-deployment screening for TBI that have been adopted by some NATO countries, he said.

Lynn said the department continues to emphasize to service members that their careers will not be jeopardized for seeking mental health treatment.

- **The Defense Advanced Research Projects Agency (DARPA) has awarded two contracts worth nearly \$28 million to further the research on traumatic brain injuries**

A \$12.8 million contract was awarded to the SUNY Downstate Medical Center to study the brain's plasticity or ability to recover from brain injury. The newly funded research will create a realistic computational model and deliver a system that can be used for rehabilitation.

DARPA awarded the contract through its Reorganization and Plasticity to Accelerate Injury Recovery (REPAIR) program. The program seeks new methods to analyze and decode neural signals in order to understand how neural-based sensory stimulation could be applied to accelerate recovery from brain injuries.

In another project, researchers at Stanford University, Brown University, University of California San Francisco, and University College in London are studying how both the brain and its micro-circuitry react to sudden physiological changes and what can be done to encourage recovery from brain injuries. DARPA is providing \$14.9 million for two years with an option to increase the project's scope to \$28.8 million and four years through the REPAIR program.

The team hopes to develop a new model to show the flow of information around the brain and research how each part generates the signals needed by other parts. This information could help lead to the development of prosthetic computer chips that mimic and replace the computational role of injured regions of the brain. These chips could possibly be miniaturized versions of the implants developed in the REPAIR project that would be capable not only of reading neural-electrical signals but also able to generate optical-neural signals for use by brain cells.

According to the Centers of Disease Control and Prevention (CDC), 1.7 million people experience traumatic brain injuries of varying severity in the U.S. each year, including many returning war veterans.

- **Health Net Federal Services, LLC, announced its partnership with National Geographic on the grassroots film screening series of "Restrepo," the feature-length film documenting the lives of 15 U.S. soldiers fighting in the heart of Afghanistan's Korengal Valley**

Between June 27 and July 14, 2010, Health Net will support a film screening series at Fort Hood, Texas; Washington, D.C.; Boston, Mass.; Albany, N.Y.; and Fort Campbell, Ky.

Filmmakers Tim Hetherington and Sebastian Junger made a total of 10 trips to Afghanistan's Korengal Valley, starting in June 2007, to chronicle the

deployment of Battle Company of the 1st Airborne Brigade, a platoon of 15 U.S. soldiers. Metternigton and Junger assimilated with the soldiers, doing everything they did except pull guard duty and shoot back during combat. This documentary, which includes interviews with the soldiers after their deployments ended, is the story of the men who have come to be known, in their own words, as the "tip of the spear" of America's efforts in that region.

For more information about this film, please visit www.restrepothemovie.com.

- **Under a new program, an audiologist and audiology intern from Walter Reed are providing hearing screenings, hearing aid services, counseling and aural rehabilitation to residents of the Armed Forces Retirement Home (AFRH) twice a month.**

The program, started in March, has provided care to nearly 100 AFRH residents in its wellness center and other locations at the home for former members of the U.S. military in northwest D.C.

The goal of the program is to provide a convenience for residents of the home, many who have mobility concerns and find it challenging to come to Walter Reed's audiology clinic, or go to the audiology clinic at the Washington D.C. VA Medical Center for care. In addition, the program hopes to reduce the wait times for AFRH residents who have to compete with the increasing number of active duty troops with hearing injuries as a result of their duty in Operations Enduring and Iraqi Freedom.

The audiologist and audiology interns also provide guidance and strategies to help residents better communicate in social settings, such as in the cafeteria or when watching television because of background noise interference.

- **The Department of Defense's TRICARE Management Activity has named the Keystone Peer Review Organization, Inc., (KePRO) as the TRICARE Quality Monitoring Contractor (TQMC).**

KePRO, a national quality improvement and care management organization serving public and commercial markets, delivers solutions that address some of the largest health care cost drivers. The company will provide independent, impartial evaluation of the health care provided to the Military Health System beneficiaries.

KePRO recently began the implementation phase of this large, national contract. Beginning on April 1, 2011, KePRO will:

- Evaluate "best value health care" as defined in the TRICARE Operations Manual.
- Measure, evaluate, and identify superior quality health care services and recommend means to transfer successes.
- Provide comprehensive and timely reviews that are consistent with all TRICARE requirements, to ensure receipt of appropriate levels of health care for all beneficiaries.

The contract, which has a one year base period and four option years, will be administered from KePRO's Harrisburg, Pennsylvania headquarters. KePRO will be hiring 20 new employees to support these efforts.

- **According to Military Update, civilian employers of military retirees can offer a TRICARE supplemental plan with their cafeteria-style health insurance options so that workers who elect to use their TRICARE Standard benefit can buy coverage conveniently and with pre-taxed dollars.**

The change took effect June 18 under a final rule published by the Department of Defense (DoD) that implements a 2007 law prohibiting employers from enticing retirees to use TRICARE instead of employer-paid insurance.

The final rule relaxes an interim regulation unveiled two years ago. Employers still are prohibited under section 707 of the John Warner National Defense Authorization Act (Public Law 109-364) from offering incentives to military retirees to leave employer-paid plans and use TRICARE instead.

For example, they can't subsidize a TRICARE supplement. They also are barred from offering cash incentives exclusively to military retirees if these workers will elect to opt out of employer-paid health plans.

Under the final rule, which employers can find in the [April 9 Federal Register](#), DoD exercises an exception allowed under the law. Employers once again can make available in their cafeteria-style health plans a TRICARE insurance supplement as long as retiree participants cover the full cost.

According to Jeff Halseth with Government Contractors Insurance Services (GCIS), retirees will want to buy a supplemental from their employer, rather than buy a supplement directly from a broker, can lower their out-of-pocket costs by about 27 percent. Premiums paid for cafeteria health plans are exempt from federal and state taxes including Social Security tax.

Congress enacted legislation three years ago to prohibit employers from offering incentives to TRICARE-eligible employees. More and more companies, as well as state and local governments, were finding ways to encourage their military retirees to use TRICARE rather than employer-paid health plans.

At the time, the Congressional Budget Office estimated \$119 million in savings per year on the belief that 50,000 retirees and dependents would stop using TRICARE. The revised estimate is only \$64 million.

Halseth suggested the trend will continue. Even if TRICARE were to double annual fees and co-pays paid by military retirees, he said, the number of working retirees relying on TRICARE will continue to rise, since using TRICARE is much less expensive than most employer-paid plans. While employer-sponsored plans' costs have skyrocketed, TRICARE fees, copayments and deductibles have remained frozen at levels set in 1995.

- **NPR reports that the Pentagon has issued a new directive on June 21, 2010, ordering better tracking and treatment of mild traumatic brain injuries in war zones, including a mandatory 24-hour rest period for any soldier exposed to a nearby blast.**

The new policy, which has been in development for months, also requires soldiers who have suffered three mild traumatic brain injuries, also known as concussions, to have a complete neurological assessment done before returning to the battlefield.

The directive places the focus on evaluating all soldiers exposed to a blast or other head trauma, as opposed to relying upon medical staff or soldiers themselves to report symptoms from an injury.

However, it also may be difficult to carry out the mandated neurological assessments in the field, given limited amounts of specialists and equipment, even though it is estimated that fewer than 5 percent of soldiers are in three or more blasts per year.

The new policy also requires the military to set up a database to track each soldier exposed to a blast and the details of that explosion.

Under [previous policies](#), medics were supposed to evaluate soldiers after blasts, but there was no mandatory rest period. Medical guidelines did not specify how many concussions triggered the need for a complete evaluation of a soldier's cognitive functions.

Official military figures show about 115,000 soldiers have suffered mild traumatic brain injuries since 2002. However, unpublished research and military experts indicate the true toll could be far higher. While most recover rapidly from concussions, civilian studies suggest that 5 percent to 15 percent of those who suffer mild traumatic brain injuries have lingering problems with memory, concentration and other cognitive functions.

- **TRICARE announced that its beneficiaries can access that up-to-date information during an emergency through TRICARE's disaster relief Web page at www.tricare.mil/disasterinfo.**

Downloads on the page include a wallet card with critical contact information and a disaster preparation flyer.

Veterans Health Care News

- **Secretary of Veterans Affairs Eric K. Shinseki joined state and local officials for a ground-breaking ceremony for a new 1.5 million-square-foot medical center in New Orleans for the Department of Veterans Affairs (VA) on June 25, 2010.**

VA's new full-service medical center campus in New Orleans will become a cornerstone in New Orleans' medical research community. When opened in 2013, the facility will have 120 inpatient beds in addition to 60 transitional care beds that provide rehabilitation, hospice and palliative care and mental illness research. The hospital will accommodate a half-million outpatient visits annually.

The new medical center will also be ideally suited to serve veterans and the citizens of southern Louisiana in the case of an emergency. Once construction is complete, the new medical center will be able to operate independently for seven days without resupply. All mission-critical services will be 20 feet above ground level, and the facility will have a heliport and boat dock for evacuations.

As part of VA's preservation efforts, the Pan-American Life Insurance Company Building will be rehabilitated and integrated into the design of the new medical center. VA will also conduct a structural appraisal of the Dixie Brewery. VA is working with the city and state to ensure all other historically significant buildings are either preserved and moved from the site or that architecturally significant pieces will be salvaged before any necessary demolition.

- **Media reports indicate that more than 1,800 veterans may have been exposed to several potentially deadly viruses, including HIV, after they received dental work at a St. Louis-area VA hospital.**

On Tuesday, the John Cochran Division of the St. Louis Veterans Affairs Medical Center began sending out letters to 1,812 veterans who were treated at the facility from February 2009 to March 2010.

According to a statement from the VA, the dental equipment was sterilized — but it was “not sterilized to the exact specifications of the manufacturers’ guidelines.”

Although the VA concluded that the risk of infection was “extremely low,” the agency decided it was still necessary to disclose the error to patients who were treated at the medical center during that 13-month period. They are now offering free blood tests to screen for HIV as well as hepatitis B and C.

Laurie Tranter, VA spokeswoman, told the *St. Louis Post-Dispatch* that the problem was discovered during an inspection that took place in mid March.

The St. Louis Veterans Affairs Medical Center provides health care to more than 50,000 veterans a year.

- **Vietnam war-era veterans exposed to Agent Orange appear to have significantly more Graves' disease, a thyroid disorder, than veterans with no exposure, according to a new study by endocrinologists at the University at Buffalo.**

Ajay Varanasi, MD, an endocrinology fellow in the UB Department of Medicine and first author on the study, said the autoimmune disorder was three times more prevalent among veterans who encountered the dioxin-containing chemical. The study also looked at other thyroid diagnoses, but didn't find any significant differences in thyroid cancer or nodules.

Agent Orange is a defoliant that was used in Vietnam to destroy crops and reduce jungle foliage that could shelter enemy combatants. The herbicide contains dioxin, which has chemical properties similar to the thyroid hormones.

Graves' disease is an autoimmune disease associated with over activity of the thyroid gland. This gland releases the hormones thyroxine (T4) and triiodothyronine (T3), which control body metabolism and are critical for regulating mood, weight, and mental and physical energy levels.

Varanasi and colleagues assessed the prevalence of major thyroid diagnoses in the VA electronic medical record database for upstate New York veterans born between 1925 and 1953, the age group that would have been eligible for military service during the Vietnam era. They conducted the research at the Buffalo VA Medical Center.

Health Care News

- **The Department of Health and Human Services' Office of Consumer Information and Insurance Oversight (OCIO) began accepting applications for the Early Retiree Reinsurance Program (ERRP) on June 29, 2010.**

Created by the Affordable Care Act as a bridge to the new health insurance marketplace established by the Exchanges in 2014, this \$5 billion program will provide financial assistance for employers, including businesses, unions, state and local governments, and nonprofits, so retirees can obtain high-quality, affordable insurance.

The Early Retiree Reinsurance Program was designed to help employers continue to provide health insurance to their retirees. For retired Americans who are not yet eligible for Medicare and unable to find affordable coverage that meets their health needs, this program will help both retirees and employers facing spiraling health care costs, and ensure more Americans have access to the health care they need. The program will bridge the insurance gap for retirees who do not qualify for Medicare until the health insurance Exchanges are in place in 2014.

The Early Retiree Reinsurance Program will reimburse employers for medical claims for retirees age 55 and older who are not eligible for Medicare, and their spouses, surviving spouses and dependents. Employers, including state and local governments and unions, who provide health coverage for early retirees are eligible to apply.

Reimbursements will be available for 80 percent of medical claims costs for health benefits between \$15,000 and \$90,000. Program participants will be able to submit claims for medical care going back to June 1, 2010.

A draft application was made available June 7, and additional application assistance, including a webinar, will be available online this week.

Applications for the program, as well as fact sheets and application assistance can be found at: www.hhs.gov/ocio

- **On June 29, 2010, the Centers for Medicare & Medicaid Services (CMS) proposed a new regulation to implement the new preventive health benefits for the seniors and persons with disabilities who rely on Medicare for their health care coverage.**

The new rule proposes to make two significant improvements to preventive care benefits under Medicare: Beginning Jan. 1, 2011, Medicare will cover annual wellness visits so that doctors and patients can develop a personalized prevention plan that takes a comprehensive approach to improving the patient's health. Also beginning Jan. 1, 2011, Medicare beneficiaries will no longer have to pay any out-of-pocket costs for most preventive services — including the annual wellness visit.

To help make sure that Medicare beneficiaries have access to primary care doctors, the rule would also boost payments for primary care services. The proposed regulation would also increase access to services by creating payment incentives for general surgeons as well as expand access to other types of health care providers.

For more information, see proposed rule at http://www.federalregister.gov/OFRUpload/OFRData/2010-15900_PI.pdf

- **Fewer than 10 percent of U.S. adults limit their daily sodium intake to recommended levels, according to a new report, "Sodium Intake in Adults — United States, 2005-2006," published in Center for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Report*.**

The report also finds that most sodium in the American diet comes from processed grains such as pizza and cookies, and meats, including poultry and luncheon meats.

According to the report, U.S. adults consume an average of 3,466 milligrams (mg) of sodium per day, more than twice the current recommended limit for most Americans. Grains provide 36.9 percent of this total, followed by dishes containing meat, poultry, and fish (27.9 percent). These two categories combined account for almost two-thirds of the daily sodium intake for Americans.

An estimated 77 percent of dietary sodium comes from processed and restaurant foods. Many of these foods, such as breads and cookies, may not even taste salty. The [2005 Dietary Guidelines for Americans](#) recommends that people consume less than 2,300 mg of sodium per day. Specific groups, including persons with high blood pressure, all middle-aged and older adults and all blacks, should limit intake to 1,500 mg per day. These specific groups comprise nearly 70 percent of the U.S. adult population. This study found that only 9.6 percent of all participants met their applicable dietary recommendation, including 5.5 percent of the group limited to 1,500 mg per day and 18.8 percent of the 2,300 mg per day group.

The report examined data for 2005–2006 from the National Health and Nutrition Examination Survey (NHANES), an ongoing study that explores the health and nutritional status of adults and children in the United States. Researchers used information from 24-hour dietary recall and the USDA National Nutrient Database to estimate the daily sodium intake and sources of sodium intake for U.S. adults.

The findings add to a growing body of observational research studies on Americans' excessive sodium consumption. Overconsumption of sodium can have negative health effects, including increasing average levels of blood pressure. One in three U.S. adults has high blood pressure, and an estimated 90 percent of U.S. adults will develop the disease in their lifetime. Blood pressure is a major risk factor for heart disease and stroke, the first and third leading causes of death among adults in the United States.

For more information about sodium and blood pressure, visit www.cdc.gov/salt.

- **In high-risk adults with type-2 diabetes, researchers have found that two therapies may slow the progression of diabetic retinopathy, an eye disease that is the leading cause of vision loss in working-age Americans.**

Results of the Action to Control Cardiovascular Risk in Diabetes (ACCORD) Eye Study, supported by the National Institutes of Health, are published online June 29 in the *New England Journal of Medicine (NEJM)*.

Researchers of the ACCORD study concluded that intensive glycemic control and fibrate treatment added to statin therapy separately reduce the progression of diabetic retinopathy. The main ACCORD findings showed that fibrate treatment added to statin therapy is safe for patients like those involved in the study. However, intensive blood sugar control to near normal glucose levels increased the risk of death and severe low blood sugar, so patients and their doctors must take these potential risks into account when implementing a diabetes treatment plan.

The ACCORD study was a landmark clinical trial that included 10,251 adults with type-2 diabetes who were at especially high risk for heart attack, stroke or cardiovascular death. The study evaluated three intensive strategies compared with standard treatments for lowering cardiovascular risks associated with diabetes.

Diabetic retinopathy is a disease in which blood vessels in the eye's light-sensitive retinal tissue are damaged by diabetes. Blood vessels can begin to leak, causing swelling in the retina, and abnormal new blood vessels can develop, both causing vision loss. In the study, disease progression was identified through retinal photographs that indicated blood vessel changes or by the need for laser or eye surgery to treat abnormal blood vessels.

In the main ACCORD study, none of the three treatment strategies resulted in a significant decrease in the combined rates of heart attack, stroke or

cardiovascular death compared with standard treatments. However, over about three-and-a-half years of follow up, participants in the intensive blood sugar group had a 22 percent higher risk of death (5.0 percent versus 4.0 percent) and a three times higher risk of seriously low blood sugar (10.5 percent versus 3.5 percent) compared with participants in the standard blood sugar control group.

The ACCORD study began in 2001, and participants were treated and monitored for an average of five years. Results of the blood sugar clinical trial were reported in 2008, when the intensive blood sugar therapy was stopped 18 months early due to an increased risk of death in that treatment group compared with the standard blood sugar control group.

- **The Centers for Medicare and Medicaid Services (CMS) has recognized the use of an updated standard for electronic prescribing under the Medicare Part D drug benefit program.**

Clinicians now can use version 10.6 of the National Council for Prescription Drug Programs SCRIPT Standard to prescribe electronically. Version 10.6 is backward compatible with version 8.1, which CMS previously adopted as a national standard. This means that prescribers can continue to use version 8.1 or migrate to 10.1.

In a final interim rule with comment period, CMS explains that "recognition" means version 10.6 can be used but is not yet formally adopted as the new electronic prescription standard. "We anticipate proposing the adoption of NCPDP SCRIPT 10.6 as an adopted standard at a later date in a further notice of proposed rulemaking. At that time, we would propose to adopt NCPDP SCRIPT 10.6 and retire the current adopted standard."

New functions in version 10.6 will enable users to provide prescriber order numbers, drug NDC source information, pharmacy prescription fill numbers and date of sale information that also could be used in a medication history response transaction, according to CMS. "These added functionalities would therefore be expected to facilitate better record matching, the identification and elimination of duplicate records, and the provision of richer information to the prescriber between willing trading partners."

- **On June 28, the U.S. Food and Drug Administration (FDA) approved the first generic version of Effexor XR capsules (venlafaxine hydrochloride) to treat major depressive disorder.**

Venlafaxine hydrochloride extended-release capsules in 37.5 milligram, 75 milligram and 150 milligram strengths have been approved to be manufactured by TEVA Pharmaceuticals, North Wales, Pa.

Symptoms of depression can include feelings of sadness, anxiety, emptiness, hopelessness, guilt, worthlessness or helplessness. Irritability and restlessness are also common symptoms of depression. Many people with depression lose interest in activities or hobbies and feel tired all the time.

The prescribing information (label) for the generic drug may differ from that of Effexor XR capsules because some uses of the drug and parts of the label are protected by patents and/or exclusivity held by the Effexor manufacturer, Wyeth Pharmaceuticals Inc.

Generic venlafaxine hydrochloride will have the same safety warnings as Effexor XR.

- **The Department of Health and Human Services (HHS) has awarded George Washington University (GWU) a \$1 million contract to study various health care reimbursement incentive schemes used by large government and commercial payers.**

HHS wants to find out whether similar incentives might be successfully applied to improve the quality of care delivered by safety net providers. It also wants the contractor to assess the influence of electronic health records to date and how to increase their adoption in communities that have populations with more pronounced health disparities.

HHS' goal is to align incentives — including those for using health IT — to improve health care quality in federally qualified health centers, rural health clinics and free clinics. HHS must report the findings of the study to Congress in February 2011.

Current quality incentives often restrict participation by safety net providers because of their unique payment methods. For instance, these providers generally bill Medicare on an institutional claim form, which does not include the data elements necessary for quality incentive programs established by the Centers for Medicare and Medicaid Services.

If safety net providers change the way they bill for their services, they could be eligible to participate in demonstrations.

HHS wants the GWU to bring together experts, including the National Association of Community Health Centers and the National Association of Free Clinics, to help identify the most promising methods through which safety net providers can participate in quality incentive programs.

Reserve/Guard

- As of June 29, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,725 to 121,145. The totals for each service are Army National Guard and Army Reserve 91,586; Navy Reserve, 6,384; Air National Guard and Air Force Reserve, 17,071; Marine Corps Reserve, 5,280; and the Coast Guard Reserve, 824. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "Demographic Changes, A View from California: Implications for Framing Health Disparities," on June 28, 2010.** People in different socioeconomic, racial, and ethnic groups often experience unequal access to health care, worse health outcomes and higher rates of disease. This report examines strategies for discussing health disparities in ways that engage the public and motivate change.
- **The GAO published "Foreign Medical Schools: Education Should Improve Monitoring of Schools That Participate in the Federal Student Loan Program," (GAO-10-412) on June 28, 2010.** This report examines the amount of federal student aid loan dollars has been awarded to U.S. students attending foreign medical schools; the pass rates of international medical graduates on license examinations; the Department of Education's monitoring of foreign medical schools' compliance with the pass rate required to participate in the federal student loan program; schools' performance with regard to the institutional pass rate requirement; and where international medical graduates have obtained residencies in the United States and the types of medicine they practice. <http://www.gao.gov/new.items/d10412.pdf>
- **The GAO published "Information Technology: Management Improvements Are Essential to VA's Second Effort to Replace Its Outpatient Scheduling System," (GAO-10-579) on June 28, 2010.** This report examines the status of the Scheduling Replacement Project; determines the effectiveness of VA's management and oversight of the project; and assesses the impact of the project on VA's overall implementation of its HealthVet initiative. <http://www.gao.gov/new.items/d10579.pdf>

Legislation

- **H.R.5593** (introduced June 24, 2010): To amend title XVIII of the Social Security Act to provide for timely access to post-mastectomy items under Medicare was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Betty Sutton [OH-13]
- **H.R.5595** (introduced June 24, 2010): To amend section 214(b) of the Immigration and Nationality Act to create, for an alien seeking to enter the United States as a nonimmigrant to care for a relative with a serious health condition, an exemption from the presumption that the alien is an immigrant was referred to the House Committee on the Judiciary.
Sponsor: Representative Keith Ellison [MN-5]
- **H.R.5597** (introduced June 24, 2010): To establish a Medicare patient IVIG access demonstration project was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Doris O. Matsui [CA-5]
- **H.R.5636** (introduced June 29, 2010): To establish Federally Qualified Behavioral Health Centers and to require Medicaid coverage for services provided by such Centers was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Doris O. Matsui [CA-5]

Hill Hearings

- 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 International Papillomavirus Conference & Clinical and Public Health Workshop are scheduled for **July 3-8, 2010**, in Montreal, Canada. <http://hpx2010.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 Immunotherapeutics & Vaccine Summit will be held on **Aug. 17-19, 2010**, in Cambridge, Mass. <http://www.healthtech.com/imt/overview.aspx>
- 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 5th Annual Obesity Congress will be held on **Sept. 28-30, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10088/>
- 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.

Back issues available at [Federal Health Update Archives](#).

© Copyright 2007, IFHC
5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016
(202)271-5814 postmaster@fedhealthinst.org