



Senate Approves 2007 VA Funding Bill

On November 14, the Senate passed the Military Construction and Veterans Affairs and Related Agencies Appropriations Act, 2007 (H.R. 5385). Before doing so, it amended the original version of the bill, which was passed by the House of Representatives in May. Now, the two versions must be reconciled before Congress can submit the bill to President Bush for signing.

In its current version, the bill authorizes a total of \$94.3 billion in 2007 spending. Of these funds, \$77.9 billion are designated for the VA's 2007 budget—an increase of \$8.8 billion (11%) over last year's enacted budget. The amount earmarked for VA medical services, \$28.7 billion, exceeds 2006 levels by \$4.5 billion. Senate VA Committee Chair Larry Craig (R-ID) points out that VA funding has increased more than 65% since President Bush first took office, but he acknowledges that these increases "cannot continue forever."

Among the changes made to the bill by the Senate is an amendment that increases the amount of money the VA can spend on individual projects without soliciting Congressional approval from \$7 million to \$10 million. According to Craig, who introduced the amendment, this increase would actually save the VA money by allowing "officials to move quickly" on construction projects, which become more costly the longer they take. Notably, both the House and Senate versions of the bill rejected President Bush's proposal to offset increased health care costs by introducing an annual VHA enrollment fee and raising pharmacy copayments for veterans with higher

incomes and no service-connected disabilities.

The Senate bill also provides \$20 million for the U.S. Court of Appeals for Veterans Claims, a 6.4% increase intended to help the court expand its staff, continue working on an electronic system for filing cases, and explore further the possibility of creating a dedicated Veterans Courthouse and Justice Center. Other VA appropriations include \$38.1 billion for compensation and pensions, \$3.26 billion for readjustment benefits (which funds the education and training of veterans and service members who began active duty on or after July 1, 1985), and \$196.7 million for the Veterans Housing Benefit Program Fund.

As reported in the *Navy Times*, the Senate bill's funding for military construction is more than \$400 million below the level requested by the President—but \$2.2 billion higher than the 2006 budget. The money will provide for the construction of barracks, day care centers, and family housing.

IHS Official Receives National Safety Award

David R. Boyd, MDCM, FACS, emergency medical services (EMS) coordinator for the IHS, has been honored with the 2006 National Safety Council (NSC) Surgeons' Award for Service to Safety. The award was presented to Dr. Boyd by John J. Fildes, MD, FACS, chair of the American College of Surgeons (ACS) Committee on Trauma, and David V. Feliciano, MD, FACS, president of the American Association for the Surgery of Trauma, on October 9 during the ACS 92nd Clinical Congress in Chicago, IL. It

honors individual surgeons or surgical organizations that make outstanding contributions to accident prevention, establish or demonstrate methods and results adaptable to other individuals or groups, or encourage others to undertake or participate in safety projects or programs.

During a long and distinguished career, which has included 25 years with the PHS and 12 years with the IHS, Dr. Boyd has exhibited innovative leadership in and a strong commitment to the fields of trauma systems development and trauma care. As a young trauma surgeon, Dr. Boyd trained at prominent hospitals in Chicago and Maryland and served for two years in the U.S. Army. In the early 1970s, while serving in various public health positions for the state of Illinois, he testified before Congress on the need to establish a national EMS System and wrote the clinically relevant portions of the EMS Systems Act of 1973. In 1975, he was appointed the national director of the PHS Office of EMS, where he created a lead agency for trauma and EMS systems in every state across the country and many local public health departments.

Dr. Boyd joined the IHS in 1993 as a general surgeon at the Blackfeet Community Hospital in Browning, MT. Later, he became the hospital's clinical director. Through his initiative, the hospital was awarded a \$1.2 million grant from AmeriCorps for a program that ultimately helped reduce injuries and deaths related to motor vehicle accidents on the Blackfeet Reservation. Over the course of his career, Dr. Boyd also established a private EMS systems consulting firm that worked with domestic and international clients; has provided technical assistance and expert testimony

to most key executive and legislative bodies in the United States; and has published more than 110 scientific articles on trauma, shock, and EMS systems. Prior to the NSC award, Dr. Boyd received the Distinguished Career Award from the American Public Health Association.

IHS Director Charles W. Grim, DDS, MHSA, expressed his organization's pride in having Dr. Boyd chosen for "the highest professional award given in the field of trauma." He praised Dr. Boyd for work that "has benefited many American Indians and Alaska Natives by improving trauma care and emergency medical services systems in Indian country."

Fresh Faces for Women Veterans Committee

On November 22, six new members were appointed to the VA's Advisory Committee on Women Veterans. Established in 1983, the committee assesses the needs of female veterans with respect to VA programs and services; reviews VA programs, activities, research projects, and other initiatives designed to meet the needs of female veterans; makes recommendations to the VA secretary regarding administrative and legislative changes that would improve or modify programs and services for female veterans; and follows up on these recommendations. Committee members are appointed for terms lasting either one, two, or three years.

Joining the committee are Velma Hart of Upper Marlboro, MD; Marlene R. Kramel of Pineville, LA; the Honorable Mary Antoinette Lawrie of St. Petersburg, FL; the Honorable Brenda L. Moore of Getzville, NY; Celia R. Szelwach of Bradenton, FL; and Joanna Truitt of West River, MD. These women bring to the committee a variety of experiences, including service

in the U.S. armed forces; leadership in the VA, DoD, veterans service organizations, and public health agencies; and academic positions.

After elders, women represent the fastest growing segment of the veteran population. The female veteran population, currently estimated at about 1.7 million, is expected to grow from 7% to 10% of the overall veteran population by the year 2020. Welcoming the new members, VA Secretary Jim Nicholson called women "indispensable contributors to the nation's security." He stressed that the committee is vital to ensuring that "women veterans receive the world-class...benefits they have earned."

TRICARE Reimbursement Rates Updated

As of November 15, an updated list of TRICARE reimbursement rates was made available to beneficiaries. Rates for inpatient mental health, residential treatment centers, partial hospitalization, hospice, and inpatient cost shares for civilian hospitals have been adjusted.

Although TRICARE reimbursement rates are linked to Medicare rates, TRICARE does have some exemptions not available to Medicare. Additionally, while Medicare Part B premiums are now dependent upon income, this adjustment will not affect TRICARE costs or benefits of those who are also Medicare beneficiaries.

Making the updated rates easily accessible to beneficiaries is one way that TRICARE administrators are aiming to increase cost awareness among its recipients. The updated TRICARE reimbursement rates, including differences between the various TRICARE options, are available online at the cost share portion of the TRICARE website (www.tricare.osd.mil/tricarecost.cfm). ●