

# DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

June 2, 2008

This is always a time of mixed feelings here on the Health Science Center campus. For this is a time when we celebrate graduation of our seniors, however it is also a time of sadness as we bid them farewell. On May 17th we graduated 128 physicians with the DO degree, and 28 Physician Assistants with a Masters of Science degree. In addition, some of our graduates completed dual degrees (i.e., MS, MPH, or PhD). Our graduates from the medical school will be attending internships and residencies all across the country; from JPS and Plaza Medical Center here in town, to Baylor Medical Center, UT-Southwestern as well as other fine institutions in Texas and around the nation. The graduation ceremony took place at the Tarrant County Convention Center at 2:00 pm on Saturday, May 17, 2008. Our graduation speaker was former acting U. S. Surgeon General Kenneth Moritsugu, MD, MPH. He received the first ever, Honorary Doctor of Osteopathic Medicine degree ever granted from UNTHSC. His talk was moving, including the profound concept that **"90% of what we see is behind our eyes!"**

Also of note, for the seventh year in a row, the Texas College of Osteopathic Medicine has been named one of the top medical schools in the nation for primary care by *US News and World Report* magazine. **This reflects the fine caliber of our students, alumni, and faculty!**

Please supply any pertinent information to my office (deantcom@hsc.unt.edu) for inclusion in future newsletters.

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# Student Affairs

Thomas Moorman, EdD  
Associate Vice President for Student Affairs

## **Field Day**

Field Day was held on Saturday, May 10 and was a great success! Approximately 325 people attended and donated \$441 towards student scholarships. Money was raised through sales of snow cones, tickets for a cake walk, and a dunking booth. Activities at Field Day included kickball, volleyball, sumo wrestling, jousting, three-legged races, tug-o-war, and human foosball. Children's activities included a bounce house, playground, miniature golf, piñata, and carnival rides. A DJ provided festive music and even an opportunity for karaoke. Burgers and hot dogs were grilled at the pavilion by Larry Hudson's Catering Company. Many students, employees, and their families came out and enjoyed the opportunity to be together.

## **DO Orientation**

### **July 21 - 25, 2008**

D.O. Orientation is scheduled for Monday, July 21 through Friday, July 25, 2008. This year we will be expecting approximately 178 students to attend D.O. orientation. Please be aware that various rooms will be utilized including the Atrium, Luibel, Everett, Beyer, and EAD 506 at various times during the week of orientation.

On Saturday, D.O. students' family members can participate in Family Day which is a program planned by the Student Advocate Association (SAA). During Family Day, the family members will hear about what life is like as a spouse, child, mother, etc. of a D.O. student. Family members will also be given the opportunity to join SAA during this time.

Orientation is a joint effort between a variety of departments, faculty, staff, student organizations, and offices. I would like to thank all of these offices in advance for their participation!

I am very excited about this program and encourage anyone who has questions to contact me at [msmether@hsc.unt.edu](mailto:msmether@hsc.unt.edu) or ext. 5006!

## **Commencement**

On May 14, faculty, staff, students and their guests attended the annual TCOM Senior Awards Banquet at the Fort Worth Club where 28 awards recognizing the accomplishments of over 40 students were presented. On May 17, the TCOM Class of 2008 walk across the commencement stage to celebrate the conclusion of another academic year.

## **2008 UNTHSC Wellness Fair - Because You're Worth It!**

The 2008 UNTHSC Wellness Fair was held in the atrium on Wednesday, April 30 from 11:00 am - 1:00 pm. The Wellness Fair was sponsored by the UNTHSC Health Promotion Committee. There were over 30 vendors selected to provide health education information as well as cholesterol, blood sugar, blood pressure and vision screenings just to name a few.

There were over 30 donated door prize drawings given out at the event such as a \$50 gift certification from The Sunflower Shoppe, Starbucks gift certificates and many more! The Wellness Fair was well attended by faculty, staff and students. Thanks to all who attended and we look forward to seeing you next year!

### **Career Counseling: Interview Help**

UNT Health Science Center students are now able to take advantage of InterviewStream, the only online video-based practice interviewing system. You can stop by the Library Circulation Desk to sign out a laptop and webcam to conduct an interview in a quiet study room. Have a webcam? You can conduct an interview right now! This tool provides feedback and tips of non-verbal behavior and communication missteps, plus it's very helpful for objective Counselor assessment. To get started, go to:

<http://campus.interviewstream.com/login/?schoolid=303>

### **Medical Student Government Officers 2008-2009**

We are proud to introduce the new MSGA executive committee.

Our new leaders are:

President: Jessica Toler  
1st Vice President: Bill Betz  
2nd Vice President: Hetal Gadhia  
Treasurer: Matt Garcia  
Secretary: Janice Nhan

### **PA 2011 Orientation**

The incoming PA Class of 2011 will be on campus Monday, July 21 through Friday, July 25 for new student orientation. We are expecting 40-44 new students for the next academic year. Student government officers are planning a new PA meet and greet, a faculty meet and greet, and a Family Night for the incoming class.

### **Financial Aid News**

HRSA announce the 2008-2009 Title VII Grant Awards: The UNTHSC Financial Aid Office has been awarded \$349,806 for the 2008-2009 Financial Aid Award Year. This award is \$149,000 more than UNTHSC has ever received in the past. HRSA representatives stated that the UNTHSC application provided compelling documentation to support the award. Mike Haynes, Director of Financial Aid and the entire financial aid team should be commended for this award. These funds are dedicated for use as scholarships to assist students with financial need. Congratulations!

## Health Affairs/Faculty Practice

Robert Adams, DO

Senior Associate Dean for Health Affairs/Chief Medical Officer

The implementation of NextGen EMR in the Patient Care Center (PCC) is progressing on schedule. All staff and providers have completed their initial training and are live on the system. The focus now turns to expanding the use of the record for internal communication between team members and acquiring information from external partners, such as Quest and Radiology Associates. The process of scanning information into the record is also being completed and will hopefully become functional soon. The goal for this fiscal year is to complete implementation by August 31 with all patient care activities in the PCC occurring on the electronic record. The use of the EMR will greatly enhance the medical records of UNTHHealth. Patient information will be much more complete, readily available, and coordinated between disciplines for better patient care. While the transition from paper to electronic can be slow and stressful, the improvements that will be realized will benefit everyone.

Clinical Pathways are being developed in UNTHHealth for Asthma, Colorectal Screening, Adult Depression, and Osteoporosis. These pathways are intended to serve as evidence based sources of information to providers in the care of their patients. Eventually, the expectation is for these pathways to be incorporated into the EMR to assist providers day to day. The initial development of these pathways will utilize many of our faculty serving as experts. Once a draft is complete, the pathways will be distributed to clinical departments for further review and comment. The pathways are expected to be completed and approved before the end of the August 2008.

## Educational Programs

Don Peska, DO

Associate Dean for Educational Programs

**The Texas OPTI** has implemented three new programs to help meet the needs of our affiliates. The first program is our new *Library Services* which includes an online website filled with valuable resources for our residents, interns, directors of medical education and coordinators. Each institution has a unique web page complete with contact information and reserve listings. Lisa Smith, Outreach Librarian and Lesa Williams, Web Administrator, were instrumental in helping create this program for us. The new website was been very well received by our affiliates. You may view the website by visiting this link:

<http://library.hsc.unt.edu/opti/>.

Our second program is titled, *Featured Resident*. Four times a year we feature a different resident who is nominated by his or her program director on the basis of outstanding service, dedication and overall excellence. Our first Featured

Resident is Ann Thyssen, a 2007 TCOM graduate who is currently in her first year of residency at Driscoll Children's Hospital in Corpus Christi, Texas. You may read my interview with Ann by visiting this link:

<https://www.hsc.unt.edu/organizations/texasopti/FeaturedResident.htm>.

In the interview, I ask questions such as, "What is a typical day like for you? Give us the A-Z list." The interviews help connect our residents at different sites, plus it's a great way to better understand life as a medical resident in a variety of specialties. An added benefit is that it has helped several of our TCOM students who are interested in pediatrics. We are excited about this new program and its potential to educate not only our Texas OPTI affiliates, but our TCOM students.

Our third new program is the *Texas OPTI Job Board* which is exclusive to the Texas OPTI and career opportunities at our affiliate sites. As soon as our new job board went live, we had three postings! This feature will be beneficial to those who work with the Texas OPTI and for those who are interested in applying for a position at one of our affiliate sites which include: Bay Area Medical Center in Corpus Christi, Brazos Family Medicine Residency in Bryan, Driscoll Children's Hospital in Corpus Christi, JPS in Fort Worth, Methodist Charlton in Dallas, Plaza Medical Center at Fort Worth, San Jacinto Methodist Hospital in Baytown, Texas Tech University Health Sciences Center in Lubbock, and the University of Texas Medical Branch in Galveston. You may view the OPTI job board link here:

<http://www.hsc.unt.edu/organizations/texasopti/jobopps/>.

Eryn Loney, M.L.A.  
Director of Program Development &  
Careers in Medicine Leader

## Academic Affairs

Bruce Dubin, DO, JD  
Associate Dean for Academic Affairs

No articles for June 2008

## PA Studies

Hank Lemke, PA  
Chair of PA Studies

No articles for June 2008

## Clinical Research

John Licciardone, DO, MS, MBA  
Acting Associate Dean for Clinical Research

The Texas College of Osteopathic Medicine is sponsoring an intramural research program to support seed grants for research projects that aim to collect preliminary

data for subsequent extramural grant applications. An estimated \$50,000 will be available to support up to two projects. Details about the program and application materials will be available on the UNTHSC Research Website and through the TCOM Acting Associate Dean for Clinical Research at ext. 5410. Principal investigators must be regular faculty within TCOM; however, interdisciplinary projects are encouraged. Awards will be made in the current 2007-2008 fiscal year to support projects for up to 12 months. The application deadline is June 23, 2008.

The Texas College of Osteopathic Medicine is also sponsoring a new Clinical Research Incentive Program to encourage and support its faculty in submitting R01 and R21 research grant or K series applications to the National Institutes of Health prior to August 31, 2008. To be considered for this program, TCOM faculty members must submit the following to the TCOM Acting Associate Dean for Clinical Research: (1) a synopsis of their proposed research plan; (2) NIH biosketch; and (3) NIH funding opportunity announcement (e.g., program announcement or request for applications) that is to be targeted for the grant application. The aim of the program is to support TCOM faculty members with meritorious research proposals and a personal track record to suggest competitiveness in attracting NIH grant funding via their identified funding opportunity. Details about the program are available through the TCOM Department Chairs or Acting Associate Dean for Clinical Research at ext. 5410. The Research Conference at the American Osteopathic Association's Annual Convention and Scientific Seminar is tentatively scheduled for Sunday through Wednesday, October 26-29, 2008, at the Palazzo Hotel and Sands Expo and Convention Center in Las Vegas, Nevada. Updates may be acquired from the AOA Web site.

## Admissions

Russell Gamber, DO, MPH

Assistant Dean of TCOM Admissions & Outreach

### **TCOM Recruitment Weekend June 6-7**

Admissions and Outreach will host its fifth annual recruitment weekend for prospective students June 6-7, 2008. This is an opportunity for prospective students to learn more about our innovative curriculum, student life, and admissions process. Friday night will be Minority Student Recruitment Night where we invite prospective minority students to meet with our students and faculty in a casual event. Saturday is our annual TCOM open house where presentations are made by our faculty, staff, and students.

### **Outreach Update**

Recruiting Season Wrap-Up: Admissions staff visited over 25 colleges and universities this spring to garner interest in both the D.O. and P.A. programs. A number of events increased our efforts to recruit minority students with recruiting at UT Austin, University of Houston, the University of Texas-Permian Basin, and the Student National Medical Association meeting in New York. We also visited Angelo State University and Stephen F. Austin State University to boost interest in TCOM's rural programs.

College Tours of TCOM: Admissions staff hosted visits by college premedical groups from the University of Texas Pan American (Edinburg, Texas) and the University of Texas Permian Basin (Odessa, Texas) in May. The groups toured the gross anatomy laboratory, the simulation laboratory, classrooms, and the library and met with current TCOM medical and PA students during lunch.

High School Tours of TCOM: The department welcomed several groups from area high schools whose students have an interest in health professions careers. Represented were students from Bethesda Christian School in Fort Worth, Holland Medical High School in Abilene, and Cisco High School.

## Other News

### Science and Health News

#### **More effective options for tobacco cessation spur guideline update from U.S. Public Health Service**

May 19, 2008

By Damian McNamara

Many new and effective treatment strategies are available that clinicians can employ to help patients quit tobacco use, according to an updated Clinical Practice Guideline released May 7 by the U.S. Public Health Service.

Use of multiple interventions, individual and group counseling, integration of effective therapies into routine health care delivery, and insurance reimbursement increase the likelihood that a patient with tobacco dependence can quit, according to the guideline.

Expanding tobacco dependence literature and new treatments available since 1999 led a consortium of eight federal agencies and nonprofit organizations to update the guideline for the first time since 2000. The new recognition of tobacco dependence as a chronic disease that generally requires ongoing assessment and repeated intervention is central to the update.

A 24-member panel screened more than 8,700 publications on tobacco dependence and treatment published since 1975 in preparation for the update. A total of 81 outside peer experts reviewed the panel's findings.

The universal aim of the 276-page "Treating Tobacco Use and Dependence: 2008 Update" is to assist clinicians in strongly recommending effective tobacco dependence counseling and medications to patients who use tobacco. This includes consideration of seven first-line medications now approved by the Food and Drug Administration that "reliably increase long-term smoking abstinence

rates.” Those medications are bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline (Chantix).

It is important to encourage use of effective medications alone or in combination for all patients attempting to quit smoking, except when medically contraindicated, according to the guideline. Also, evidence is insufficient for effectiveness in specific populations, including pregnant women, smokeless tobacco users, light smokers, and adolescents.

However, it is not enough for clinicians to recommend these medications. Health systems, insurers, and purchasers need to increase availability and facilitate use of these therapies to help physicians help their patients. “Making tobacco dependence treatment a covered benefit of insurance plans increases the likelihood that a tobacco user will receive treatment and quit successfully,” the authors wrote.

Increased evidence that counseling, alone and especially with medication, greatly increases a person’s chances of quitting tobacco is recognized. There is a new consensus that counseling efforts can be effective in adolescent tobacco users, for example. Also, quitlines such as 1-800-QUIT-NOW are an effective intervention that can reach a large number of the 70% of 45 million smokers in the United States who indicate a desire to quit, according to the guideline.

Individual and group counseling also are deemed effective, particularly with increasing treatment intensity. Practical counseling (problem-solving/skills training) and social support delivered as part of treatment were found especially effective. Use these interventions when counseling patients making a quit attempt, the authors suggested.

Clinical interventions both for patients who are willing or unwilling to make a quit attempt at the time are outlined. Cessation strategies for special populations include adolescent smokers, pregnant smokers, and individuals with low socioeconomic status/limited formal education. Interventions for individuals with psychiatric disorders, including substance use disorders, are also recommended.

Recognition that brief tobacco dependence treatment is effective is among the key recommendations listed in the document. “Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in this guideline,” they wrote.

The authors recognized that counseling and medication are effective when used by themselves for treating tobacco dependence. However, they suggest that clinicians encourage all patients to consider both, because the combination is more effective than either strategy alone.

The guideline also identifies areas where additional progress is needed. For example, although adolescents appear to benefit from counseling, more consistent and effective interventions and options for use with children, adolescents, and young adults are clearly needed. Future strategies should focus on populations



where smoking prevalence “remains discouragingly high,” including people with a low socioeconomic status/low educational attainment, some Native American populations, and individuals with psychiatric disorders, including substance use disorders.

The authors also call for additional research in real-world clinical settings and new strategies to increase consumer demand for effective cessation treatments. There has been little increase in the percentage of smokers who make quit attempts, they noted, and too few smokers who do try to quit take advantage of evidence-based treatments that can double or triple their odds of success.

Also released with the guideline are “Helping Smokers Quit - A Guide for Clinicians” and “Help for Smokers and Other Tobacco Users,” a patient-friendly brochure.

The guideline was sponsored by the Agency for Healthcare Research and Quality; the Centers for Disease Control and Prevention; the National Cancer Institute; the National Heart, Lung, and Blood Institute; the National Institute on Drug Abuse; the American Legacy Foundation; the Robert Wood Johnson Foundation; and the University of Wisconsin School of Medicine and Public Health’s Center for Tobacco Research and Intervention.

Of the 24 panel members, 21 had no significant financial interests. The three other panel members were recused from panel deliberations relating to their areas of conflict.

The Clinical Practice Guideline and related documents are available at [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco).

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**More than half of Americans on chronic meds:  
Blood pressure, cholesterol drugs are most widely used, new study shows.**  
The Associated Press  
updated 7:36 a.m. CT, Wed., May. 14, 2008

TRENTON, N.J. - For the first time, it appears that more than half of all insured Americans are taking prescription medicines regularly for chronic health problems, a study shows.

The most widely used drugs are those to lower high blood pressure and cholesterol - problems often linked to heart disease, obesity and diabetes.

The numbers were gathered last year by Medco Health Solutions Inc., which manages prescription benefits for about one in five Americans.

Experts say the data reflect not just worsening public health but better medicines for chronic conditions and more aggressive treatment by doctors. For example, more people are now taking blood pressure and cholesterol-lowering medicines

because they need them, said Dr. Daniel W. Jones, president of the American Heart Association.

#### Endless advertising

In addition, there is the pharmaceutical industry's relentless advertising. With those factors unlikely to change, doctors say the proportion of Americans on chronic medications can only grow.

"Unless we do things to change the way we're managing health in this country ... things will get worse instead of getting better," predicted Jones, a heart specialist and dean of the University of Mississippi's medical school.

Americans buy much more medicine per person than any other country. But it was unclear how their prescriptions compare to those of insured people elsewhere. Comparable data were not available for Europe, for instance.

Medco's data show that last year, 51 percent of American children and adults were taking one or more prescription drugs for a chronic condition, up from 50 percent the previous four years and 47 percent in 2001. Most of the drugs are taken daily, although some are needed less often.

The company examined prescription records from 2001 to 2007 of a representative sample of 2.5 million customers, from newborns to the elderly.

Medication use for chronic problems was seen in all demographic groups:

- # Almost two-thirds of women 20 and older.
- # One in four children and teenagers.
- # 52 percent of adult men.
- # Three out of four people 65 or older.

Among seniors, 28 percent of women and nearly 22 percent of men take five or more medicines regularly.

#### An overwhelming amount

Karen Walker of Paterson, N.J., takes 18 prescription medicines daily for high blood pressure, diabetes, chronic back and shoulder pain, asthma and the painful muscle disorder fibromyalgia.

"The only way I can do it and keep my sanity ... is I use pill boxes" to organize pills for each morning and night, said Walker, 57, a full-time nurse at an HIV clinic. Her 69-year-old husband, Charles, keeps his medicines lined up on his bureau: four pills for arthritis and heart disease, plus two inhalers for lung problems.

Dr. Robert Epstein, chief medical officer at Franklin Lakes, N.J.-based Medco, said he sees both bad news and good in the findings.

"Honestly, a lot of it is related to obesity," he said. "We've become a couch potato culture (and) it's a lot easier to pop a pill" than to exercise regularly or diet.

On the good side, he said, researchers have turned what used to be fatal diseases into chronic ones, including AIDS, some cancers, hemophilia and sickle-cell disease.

Yet Epstein noted the biggest jump in use of chronic medications was in the 20- to 44-year-old age group - adults in the prime of life - where it rose 20 percent over the six years. That was mainly due to more use of drugs for depression, diabetes, asthma, attention-deficit disorder and seizures.

Antidepressant use in particular jumped among teens and working-age women. Doctors attributed that to more stress in daily life and to family doctors, including pediatricians, being more comfortable prescribing newer antidepressants.

Dr. Sidney Wolfe of Public Citizen's Health Research Group said the increased use of medications is partly because the most heavily advertised drugs are for chronic conditions, so most patients will take them for a long time. He also blames doctors for not spending the time to help patients lose weight and make other healthy changes before writing a prescription.

The study highlights a surge in children's use of medicines to treat weight-related problems and other illnesses previously considered adult problems. Medco estimates about 1.2 million American children now are taking pills for Type 2 diabetes, sleeping troubles and gastrointestinal problems such as heartburn.

"A scarier problem is that body weights are so much higher in children in general, and so we're going to have larger numbers of adults who develop high blood pressure or abnormal cholesterol or diabetes at an earlier age," said Jones, of the heart association.

Dr. Richard Gorman, an American Academy of Pediatrics expert on children's medicines, said more children are taking medicines for "adult conditions" partly because manufacturers now provide pediatric doses, liquid versions or at least information to determine the right amount for a child.

The Medco study found that among boys and girls under age 10, the most widely used medication switched from allergy drugs to asthma medicines between 2001 and 2007. Gorman said that's because over the last decade, asthma care has gone from treating flare-ups to using inhaled steroids regularly to prevent flare-ups and hospitalizations.

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URL: <http://www.msnbc.msn.com/id/24603120/from/ET/>

## Health Policy News

### House Approves Medical Education Report

Meeting at TexMed 2008 in San Antonio, TMA's House of Delegates unanimously approved without debate a Council on Medical Education report to maintain current TMA policy on several issues, including medical school expansion, graduate medical education (GME), student and resident economic hardship, and formula funding for health science centers.

The council report included recommendations to:

Retain TMA's policy supporting GME programs' right to select the best-qualified candidates to fill available training positions;  
Continue to educate elected officials and philanthropic organizations on the importance of a broad definition of students' and residents' economic hardship for the purpose of qualifying for student financial aid;  
Reaffirm association policy that Texas medical schools should be funded at a level that would allow them to continue to provide excellence in medical education, research, and patient care;  
Reaffirm TMA's support of a fair and equitable state funding formula that takes into account the medical schools' unique mission and financial characteristics, and

Continue to support the TMA Minority Scholarship Program.

#### War Supplemental Could Include Medicaid and Medicare Provisions

Many Congressional Democrats are hoping to attach Medicare and Medicaid-related provisions to a war supplemental spending bill, expected to be considered by both chambers next week. The war spending bill, requested by President Bush, is likely to be one of the few pieces of legislation that will eventually be signed into law this year and, therefore, it has become an attractive vehicle for other legislative priorities.

The House spending bill contains moratoria on seven controversial Medicaid regulations which would delay their effective date until April, 2009. The House recently and overwhelmingly approved stand-alone legislation, HR 5613, to delay these Medicaid rules, but the bill has been stalled in the Senate due to Republican opposition. Implementation of the Medicaid regulations would restrict community-based rehabilitation services, targeted case management, graduate medical education (GME), provider taxes, and intergovernmental transfers (IGTs), among other cuts.

Meanwhile, the Senate is said to have included in its supplemental spending bill both the Medicaid regulations moratoria, as well as a provision restricting new physician-owned specialty hospitals from participating in Medicare. However, Senator Grassley (R-IA), Ranking Member of the Finance Committee, publicly expressed his opposition this week to including these provisions in an appropriations bill.

Citing jurisdictional concerns, Senator Grassley asked Appropriations Committee Chairman Robert Byrd (D-WV) and Ranking Member Thad Cochran (R-MS) to exclude the Medicaid and Medicare provisions from the supplemental. Grassley

has been vocal in his opposition to delaying the Medicaid regulations but supports the ban on specialty hospitals, having lead an investigation on the issue when he was Chairman of the Finance Committee. Current Finance Chairman, Max Baucus (D-MT), is supportive of the moratoria on the Medicaid regulations and specialty hospitals' ban.

House Democratic leaders had planned to bring a war supplemental spending bill to the floor this week, but threats to vote against the measure from Republicans and fiscally conservative House "Blue Dog" Democrats ultimately forced them to pull the bill and reschedule floor debate until next week. The Senate Appropriations Committee is scheduled to mark-up its supplemental sending bill on May 15th.

The White House is threatening to veto any version of the legislation that goes beyond the President's spending request.

#### Judge Says CMS Likely Violated Medicaid Moratorium

Federal District Court Judge James Robertson May 7 stated he was inclined to rule that the CMS had violated the 2007 "Medicaid moratorium" preventing promulgation of the Medicaid final rule on cost limits and units of government (the "IGT Rule"). Judge Robertson made his remarks during a summary judgment hearing on the lawsuit filed March 11 by the AAMC and others challenging CMS's authority to finalize the IGT Rule on the same day the President enacted the moratorium. The judge also indicated he was inclined to rule that the regulation does not violate federal law. Judge Robertson's findings are not official until he issues a written opinion, which is expected by May 23 and may differ from his May 7 remarks.

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#### AAMC Testifies before IOM Committee on Resident Duty Hours

Debra Weinstein, M.D., Vice President for Graduate Medical Education, Partners Health Care Systems, testified May 8 on behalf the AAMC at IOM committee hearing concerning optimizing resident duty hours. This hearing is one in a series in an effort to evaluate the current evidence on resident schedules and patient safety and develop strategies to improve overall safety and quality health care.

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#### House, Senate Delay Action on War Funding Bill

Both the House and Senate postponed planned actions on a supplemental spending bill to fund the war in Iraq and Afghanistan, due to process objections from members of both parties. A May 7 press release from the Appropriations Committee states the supplemental will include a provision to

further delay "seven Medicaid rules issued by the Bush Administration," including the GME and IGT rules. According to a May 7 press release issued by Senator Tom Harkin (D-Iowa), the Senate supplemental will include an additional \$400 million for NIH in FY 2008.

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### Oversight Committee Considers Impact of Medicaid Regulations on Emergency Surge Capacity

The House Committee on Oversight and Government Reform held a two-day hearing to explore the potential impact that the Medicaid IGT final rule, Medicaid GME proposed rule, and Medicaid outpatient proposed rule might have on hospital emergency surge capacity. In preparation for the hearing, committee majority staff conducted a March 25, seven-city survey of 34 Level I trauma centers, finding that "none of the hospitals surveyed ... had sufficient emergency care capacity to respond to an attack," and "that the level of emergency care ... is likely to be further compromised by [the] three new Medicaid regulations."

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### House Panel Debates Stem Cell Research

The House Energy and Commerce Subcommittee on Health May 8 held a hearing to discuss embryonic and other forms of stem cell research. NIH Director Elias Zerhouni, M.D., testified that stem cell research is currently the most important area in medical research and agreed with many Democratic members of the subcommittee that all areas of stem cell research, including embryonic, should be explored.

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### Former HHS Secretaries Discuss Health Care Reform before Senate Panel

Former HHS Secretaries Donna Shalala, Ph.D., and Tommy Thompson, J.D., testified May 6 before the Senate Finance Committee in the first hearing of a series designed to engage Congress in a national health care reform debate. Shalala, currently president of the University of Miami, and Thompson, currently president of Logistics Health, Inc., agreed the problem with the U.S. health care system lies neither with the caregivers nor with the quality and technology of the care itself, but with rising costs.

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### On the Hill

Two new Members joined the Louisiana delegation as Rep. Steve Scalise (R) and

Rep. Don Cazayoux (D) were sworn in to the House of Representatives this week. The lawmakers were the victors in May 3 special elections to succeed former Reps. Bobby Jindal (R) and Richard Baker (R), respectively.

## Research and Funding Opportunities

### Notices

Extension of Several NRSA Training (T), NRSA Fellowship (F), and Career Development (K) Funding Opportunity Announcements  
(NOT-OD-08-069)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-069.html>

Findings of Scientific Misconduct  
(NOT-OD-08-070)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-070.html>

NIH Implements New Procedures to Protect NIH Application Data Sent to Peer Reviewers on Compact Disks  
(NOT-OD-08-071)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-071.html>

Amendment: PAR-08-130 International Research in Infectious Disease including AIDS (IRIDA) Program (R01)  
(NOT-AI-08-050)

National Institute of Allergy and Infectious Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-08-050.html>

Changes in the Letter of Intent and Application Receipt Dates for RFA-AR-08-002  
(NOT-AR-08-002)

National Institute of Arthritis and Musculoskeletal and Skin Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-AR-08-002.html>

Change in Scientific Contact for PA-07-176 and PA-06-405, Studies of Energy Balance and Cancer in Humans (R01 and R21, respectively)  
(NOT-CA-08-020)

National Cancer Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-08-020.html>

Notice of Intent to Publish a Request for Applications for Research Centers to participate in the Criminal Justice Drug Abuse Treatment Studies 2 (U01)  
(NOT-DA-08-017)

National Institute on Drug Abuse

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-08-017.html>

Quantitation of Drugs of Abuse and Related Substances in Biological Specimens

(NOT-DA-08-029)  
National Institute on Drug Abuse  
<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-08-029.html>

Change in Scientific Contact for PA-08-107, PA-08-108, and PA-08-109  
Prevention Research with HIV Positive Individuals (R01, R03, and R21,  
respectively)  
(NOT-NR-08-002)  
National Institute of Nursing Research  
<http://grants.nih.gov/grants/guide/notice-files/NOT-NR-08-002.html>

Notice of Intent to Publish a Request for Applications: Renewal of the National  
Technology Centers for Networks and Pathways Program  
(NOT-RM-08-016)  
National Institutes of Health  
<http://grants.nih.gov/grants/guide/notice-files/NOT-RM-08-016.html>

Clarification, Institutional Clinical and Translational Science Award (U54), RFA-  
RM-08-002  
(NOT-RM-08-017)  
National Center for Research Resources  
<http://grants.nih.gov/grants/guide/notice-files/NOT-RM-08-017.html>

Change in Application Receipt Date to RFA-RM-08-001  
(NOT-RM-08-018)  
National Institutes of Health  
<http://grants.nih.gov/grants/guide/notice-files/NOT-RM-08-018.html>

Changes in the NCRR Biomedical Technology Research Resources (P41)  
Program  
(NOT-RR-08-006)  
National Center for Research Resources  
<http://grants.nih.gov/grants/guide/notice-files/NOT-RR-08-006.html>

Notice of NCRR's intent to Change the 2008 and 2009 Application Receipt Dates  
for the "Developing And Improving Institutional Animal Resources (G20)"  
(NOT-RR-08-007)  
National Center for Research Resources  
<http://grants.nih.gov/grants/guide/notice-files/NOT-RR-08-007.html>  
Requests for Applications

SBIR Phase II Bridge Awards to Accelerate the Development of New Cancer  
Therapies and Cancer Imaging Technologies Toward Commercialization (SBIR  
[R44])  
(RFA-CA-08-021)  
National Cancer Institute  
Application Receipt Date(s): September 19, 2008; February 27, 2009  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-08-021.html>



Indo-US Program on Contraception and Reproductive Health Research (CRHR)  
[R01]  
(RFA-HD-08-024)  
Eunice Kennedy Shriver National Institute of Child Health and Human  
Development  
Application Receipt Date(s): August 11, 2008  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-08-024.html>

Developmental Origins of Altered Lung Physiology and Immune Function (R01)  
(RFA-HL-08-009)  
National Heart, Lung, and Blood Institute  
Application Receipt Date(s): October 21, 2008  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-08-009.html>

## Quotes

All our dreams can come true, if we have the courage to pursue them.  
**Walt Disney**

I stand for freedom of expression, doing what you believe in, and going after your  
dreams.  
**Madonna Ciccone**

Dreams are the touchstones of our character.  
**Henry David Thoreau**

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