

# FEDERAL HEALTH UPDATE

October 6, 2006

*Produced by Kate Connelly Theroux in collaboration with the U.S. Medicine Institute for Health Studies*

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*“We are building something better, more aligned and more focused on today’s environment. [Navy Medicine] Manpower, Personnel, Training and Education is clearly the next step in aligning and focusing our resources.” --Navy Capt. Robert Quinones, Navy Medicine Manpower, Personnel, Training and Education Commander commenting on the transformation of the Naval Medical Education and Training Command.*

## **Congressional Schedule**

- On Sept.30, 2006, the House passed S. 2562, the Veterans’ Compensation Cost-of-Living Adjustment Act of 2006. S. 2562 will provide, effective December 1, 2006, a cost-of-living adjustment to the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation paid to certain spouses and dependent children of service-disabled veterans.
- On Sept. 30, 2006, Congress passed H.R.5122, the John Warner Defense Authorization Act of FY 2007, which authorizes appropriations for fiscal year 2007 for military activities of the Department of Defense,

for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

- On Sept. 29, 2006, the President signed into law: S. 418, the Military Personnel Financial Services Protection Act, which is intended to protect military service members from "predatory sales practices for financial products and the sale of inappropriate financial products" on U.S. military installations located in this country and overseas.
- President Bush signed into law: H.R. 5631, the Department of Defense Appropriations Act, 2007 on Sept. 29, 2006. The Act appropriates the funds needed to fight the war on terror, advance other United States interests around the world, and support our Armed Forces.
- The House and Senate are in recess until Nov. 9, 2006

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## **Military Health Care News**

- On Oct. 2, 2006, the National Community Pharmacists Association (NCPA) released a statement supporting the National Defense Authorization Act for Fiscal Year 2007 (NDAA FY07), which was passed by Congress on Sept. 29. The NDAA FY07 contained provisions that will allow TRICARE patients to continue to be able to go to their local community pharmacy to get their prescription medications at the same price as those filled through the mail-order program. In addition, Congress agreed that discount prices, now being provided by drug manufacturers only to TRICARE patients at military treatment facilities and through mail order, should be available to retail pharmacy under existing law. <http://releases.usnewswire.com/GetRelease.asp?id=73612>
- On Oct. 4, 2006, TRICARE Management Activity (TMA) announced that 97 percent TRICARE mail order pharmacy users surveyed indicated overall satisfaction with the service. In addition, TMA said that more than 36,000 beneficiaries have started using the mail order program since February of this year. Beneficiaries may save as much as 66 percent of the cost of using retail pharmacies on medications for conditions such as diabetes, high blood pressure or asthma. Beneficiaries receive up to a 90-day supply of most medications for the same amount they would pay for a 30-day supply at a retail pharmacy. Plus, they don't have to leave home or wait in line, and pharmacists check mail order prescriptions against the beneficiary's medication history to guard against harmful drug interactions. <http://www.tricare.osd.mil/pressroom/news.aspx?fid=232>

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## **Veterans Health Care News**

- On Sept. 29, 2006, the Department of Veterans Affairs (VA) announced the award of a \$3.8 million grant to the state of New Jersey to expand the Brig. Gen. William C. Doyle Veterans Memorial Cemetery in North Hanover Township. The grant will cover the cost to develop approximately seven acres, which will result in an additional 1,556 single- and 3,392 double-crypt gravesites. Also included will be improvements to roads and landscaping. The Doyle Cemetery has received more than \$20 million in VA grants for development, expansion and improvements since its dedication in 1986.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1182>

- The Honorable R. James Nicholson, Secretary of Veterans Affairs and other officials broke ground for a new state-of-the-art VA health care facility in San Juan, Puerto Rico on Oct. 2. When completed, the structure on the southern end of the grounds of the San Juan VA Medical Center, part of the VA Caribbean Healthcare System, will encompass seismic and structural corrections, provide veterans with more privacy, and feature new electronic equipment. The 225,585-square-foot facility should be completed in three years and will house 314 beds. It will be a stand-alone structure, complete with state-of-the-art building systems, fire protection and life safety devices, 100 percent emergency power, energy efficient heating, ventilation and air conditioning and lighting systems.

The \$84 million contract for construction was awarded to Heery International/PMC. In Puerto Rico, the VA Caribbean Healthcare System includes the main hospital in Río Piedras, multi-specialty clinics in Ponce and Mayaguez, and community-based outpatient clinics in Arecibo and Guayama. In the Virgin Islands, VA's Caribbean system operates outpatient clinics in St. Thomas and St. Croix.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1183>

- The VoteVets.org Action Fund released the results of the first-ever poll of 453 American service men and women who served in Iraq and Afghanistan between 2003 and 2004. The poll revealed that many of the respondents reported having emotional and physical health problems, as well as economic hardship when they returned home. One in four veterans has experienced nightmares since returning, including 33 percent of Army and Marines veterans and 36 percent of combat veterans. A fifth of all veterans (21 percent) and a quarter of Army and Marines (26 percent) and ground combat veterans (27 percent) say they have felt more stress now than before they left for war.

Thirty-two percent of National Guard or Reserve veterans polled reported that their families experienced economic hardship; 25 percent feel more stress now than before the war; 32 percent experienced more extreme highs and lows; and 30 percent experienced nightmares. Twenty six percent of all veterans have sought some service from the VA or a VA Hospital. When asked, 79 percent of all veterans agreed that National Guard and Reserve veterans ought to have the same access to TRICARE as active duty men and women, including 80 percent of Army or Marines respondents, 81 percent of combat veterans, and 83 percent of Reservists and National Guard veterans. VoteVets.org Action Fund (501c-4) is an organization, which primarily focuses on nonpartisan education and advocacy on behalf veterans and their families.

<http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/10-04-2006/0004445449&EDATE=>

- The Department of Veterans Affairs (VA) awarded IBM Corp. a two-year contract for approximately \$16 million to reorganize the VA's information technology infrastructure, focusing on achieving more security,

standardization and interoperability. The \$16 million contract lasts through mid-2008 and covers the VA's major business units, including the Veterans Health Administration, Veterans Benefits Administration and the National Cemetery Administration. IBM will help create a more standardized, interoperable and secure IT environment using industry best practices to enable the prompt and seamless delivery of services to veterans. <http://www.fcw.com/article96355-10-05-06-Web>

- The Department of Veterans Affairs (VA) awarded a \$10.3 million contract to LDV, Inc. of Cleveland, to begin infrastructure improvements necessary for construction of a new bed tower in its Cleveland, Ohio, facility, where veterans will receive care for spinal cord injuries and blind rehabilitation, plus a psychiatric nursing home and dementia care. The work is scheduled to be finished by the summer of 2008. The infrastructure improvements covered by the contract include the relocation of emergency generators, relocating cooling towers, rerouting electrical feeds to the hospital and providing utility feeds to the new bed tower.

Last year in Ohio, VA allocated more than \$2.8 billion to provide health care and financial benefits to the state's 1 million veterans. VA operates five major hospitals in Ohio, 27 outpatient clinics, four nursing homes and five Vet Centers. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1184>

- The Veteran's Coalition announced that is starting a two-year commission to look at the need of the Department of Veterans Affairs (VA) VA for the next five to 15 years and consider how the VA needs to change, both in terms of facilities and services. The nine-member panel is non-partisan and privately funded by major Veterans organizations. The effort is headed by Harry N. Walters, a former VA administrator and assistant Army secretary. The other commissioners were chosen for their expertise and not for political reasons. The commission has the full support of VA Secretary J. James Nicholson, who has promised help, and from the House and Senate veterans' affairs committees, who have offered to open doors to analysis already done on veterans programs by congressional researchers at the Government Accountability Office and Congressional Budget Office. The Commissioners are:

- Everett Alvarez Jr., a Vietnam War veteran and former prisoner of war who was deputy VA administrator in the 1980s.
- Raymond Boland, another Vietnam veteran and former head of the Wisconsin state department of veterans affairs and past president of the National Association of State Directors of Veterans' Affairs.
- Chad Colley, former national commander of Disabled American Veterans and a Vietnam veteran who lost both legs and an arm in combat.
- Ronald F. Conley, an Air Force veteran and former American Legion national commander who also is founder and president of the Legion's Homeless Veterans Corporation.
- William M. Diefenderer III, a Vietnam veteran and former deputy director of the White House's Office of Management and Budget.
- Dr. Kenneth W. Kizer, who spent five years as VA undersecretary for health.
- Susan Livingstone, former chief executive officer of the Association of the United States Army and a former Navy undersecretary, Army assistant secretary and VA deputy administrator.
- Bryan E. Sharratt, a former Air Force assistant secretary for reserve affairs who was executive director of the National Committee for Employer Support of the Guard and Reserve.
- JoAnn Webb, a former VA assistant secretary and former staff director for the House Veterans'

Affairs subcommittee on health.

Walters will be a nonvoting member of the commission. The first meeting of the Commission will take place in Washington, D.C. on Nov. 9, just before Veterans Day, and the final report will be released around Memorial Day 2008.

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## Health Care News

- On Sept. 29, 2006, the Centers for Medicare and Medicaid Services (CMS) released cost estimates for the 2007 monthly premiums for the Medicare prescription drug plan. As the new enrollment period approaches (Nov. 15), eligible Medicare beneficiaries who want to change their plan can do so and, according to CMS will find new options with lower costs and more comprehensive coverage available for 2007. The monthly premium beneficiaries will pay in 2007 will average \$24 if they stay in their current plan—about the same as in 2006. Nationally, 83 percent of beneficiaries will have access to plans with premiums lower than they are paying this year, and beneficiaries will also have access to plans with premiums of less than \$20 a month.

In addition, CMS says beneficiaries will have more plan options that offer enhanced coverage, including zero deductibles and coverage in the gap for both generics and preferred brand name drugs. Plans are adding drugs to their formularies. Nationwide the average number of drugs included on a plan formulary will increase by approximately 13 percent, and plans will also use utilization management tools at a lower rate. There are eight new national organizations offering drug plans to beneficiaries, in addition to the nine national organizations that were available in 2006. The list of national plans can be found at

[www.medicare.gov/medicarereform/local-plans-2007.asp](http://www.medicare.gov/medicarereform/local-plans-2007.asp)  
<http://www.hhs.gov/news/press/2006pres/20060929.html>

- According to the *Seattle Intelligencer*, the Supreme Court on Oct. 2 rejected a lawsuit by privacy advocates who say the Bush administration's rules for disclosing medical records are too lax. Ten groups representing 750,000 consumers, medical practitioners and their patients challenged a federal rule that encourages development of an information system for electronic transfer of health data. An initial proposal would have required health-care providers to obtain patients' consent before disclosing health information. That approach prompted complaints from professionals in the health care sector, who said it would significantly impair the industry's ability to provide timely and efficient medical services.

The final rule put in place in 2003 leaves it up to health-care providers whether to seek patients' consent to use or disclose information for routine uses. The rule requires that disclosure must be limited to the "minimum necessary" information to accomplish the intended purpose. It also allows states to have more stringent standards if they wish. In a decision the privacy advocates had sought to reverse, the 3rd U.S. Circuit Court of Appeals said that any privacy violations could not properly be blamed on the government. The federal rule did not "compel" or "command" any privacy violations, said the Philadelphia-based

appeals court. [http://seattlepi.nwsourc.com/national/1154AP\\_Scotus\\_Medical\\_Disclosure.html](http://seattlepi.nwsourc.com/national/1154AP_Scotus_Medical_Disclosure.html)

- National Institutes of Health (NIH) Director Elias A. Zerhouni, MD, announced the launch of a national consortium that will transform how clinical and translational research is conducted, ultimately enabling researchers to provide new treatments more efficiently and quickly to patients. This new consortium, funded through Clinical and Translational Science Awards (CTSAs), begins with 12 academic health centers (AHCs) located throughout the nation. An additional 52 AHCs are receiving planning grants to help them prepare applications to join the consortium. When fully implemented in 2012, about 60 institutions will be linked together to energize the discipline of clinical and translational science.

The CTSA institutions are expected to develop better designs for clinical trials; produce enriched environments to educate and develop the next generation of researchers; design new and improved clinical research informatics tools; expand outreach efforts to minority and medically underserved communities; assemble interdisciplinary teams that cover the complete spectrum of research; and forge new partnerships with private and public health care organizations. Funding for the CTSA initiative comes from redirecting existing clinical and translational programs, including Roadmap funds. Total first year funding for the awards announced today will be approximately \$100 million. When fully implemented in 2012, the initiative is expected to provide a total of \$500 million annually to 60 academic health centers. The following institutions will receive the first set of awards for nearly a five-year period:

- Columbia University Health Sciences (New York, N.Y.)
- Duke University (Durham N.C.)
- Mayo Clinic College of Medicine (Rochester, Minn.)
- Oregon Health & Science University (Portland, Ore.)
- Rockefeller University (New York, N.Y.)
- University of California, Davis (Davis, Calif.)
- University of California, San Francisco (San Francisco, Calif.)
- University of Pennsylvania (Philadelphia, Pa.)
- University of Pittsburgh (Pittsburgh, Pa.)
- University of Rochester (Rochester, N.Y.)
- University of Texas Health Science Center at Houston (Houston, Texas)
- Yale University (New Haven, Conn.)

For complete project descriptions, please visit

[http://www.ncrr.nih.gov/osptemp/ncrrprog/roadmap/CTSA\\_9-2006X.asp](http://www.ncrr.nih.gov/osptemp/ncrrprog/roadmap/CTSA_9-2006X.asp)

- Dr. Richard Carmona, the former U.S. surgeon general, has joined Canyon Ranch as CEO of its health division and president of the nonprofit Canyon Ranch Institute. The institute will study the application of public health research to the delivery of health care. Carmona also accepted an appointment as the first distinguished professor of public health at the Mel and Enid Zuckerman College of Public Health at the University of Arizona. He'll spend 10 percent of his time there working on public health issues.

<http://www.tucsoncitizen.com/daily/local/28201.php>

## Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 6,979 from the last report to 100,811. The totals for each service are Army National Guard and Army Reserve, 79,787; Navy Reserve, 6,100; Air National Guard and Air Force Reserve, 7,359; Marine Corps Reserve, 7,300; and the Coast Guard Reserve, 265.

[www.defenselink.mil](http://www.defenselink.mil)

## Contracts/Procurements

- The Centers for Medicare and Medicaid Services (CMS) is seeking applications for a Medicare hospital gain-sharing demonstration—an agreement between a hospital and physicians to share in the benefits of reducing health care costs. Six hospitals and their participating physicians will be selected for pilot projects ("DRA 5007"), which will focus on the short-term impacts of these types of agreements; two of the hospitals must be rural. The demonstration project will involve arrangements between a hospital and physician under which the hospital provides for remuneration (gain-sharing payments) to the physicians and practitioners that represent solely a share of the savings incurred directly as a result of collaborative efforts between the hospital and the physician to improve overall quality and efficiency.

Each project will also provide measures to monitor quality and efficiency in the participating project hospital. This three-year project is to begin Jan. 1, 2007, and end on Dec. 31, 2009. Applications are due Nov. 17. [Medicare Demonstration Projects Web site](#)

- The General Services Administration, Federal Acquisition Service intends to solicit as a 100 percent Service-Disabled Veteran-Owned Small Business Set Aside, installation, configuration and system support services for the TRICARE Theater Medical Information Program (TMIP) transition of its data and workstations from their current location at the Deployment Health Support Directorate (DHSD) in Falls Church Virginia to the Defense Information Systems Agency (DISA) in San Antonio Texas. This requirement includes task management; transition planning for data, systems and hardware; technical design and integration for the helpdesk support, installation and configuration of the existing systems (TMDS-Theater Medical Data Store, JMEWS-Joint Medical Workstation, and JPTA-Joint Patient Tracking Application); the creation, maintenance, and publication of procedures for transitioning data via current and future interfaces; the development of a fully redundant COOP site; documentation; demonstration; testing; and Tier I and Tier II helpdesk support.

The period of performance will consist of a base period with two subsequent twelve-month option periods. The solicitation will be posted to the Federal Business Opportunities on or about Oct. 10, 2006. <http://www.fbo.gov/spg/GSA/FTS/ASD3TS/R3073216/SynopsisP.html>

- The U.S. Department of Interior, National Business Center (NBC), GovWorks intends to issue Mumps AudioFax, Inc., an award to add one additional option year to the current contract for the deployment and maintenance of an Automated Phone-In Refill and Appointment Reminder System. The existing five-year contract provides for standardization of systems across the Military Health System by implementing a common framework for U.S. Department of Defense (DoD) Military Treatment Facility (MTF) pharmacies to process Web and phone medication refill requests and to remind patients of scheduled appointments. The AudioCARE Automated Phone-In Refill and Appointment Reminder System is an integrated, proprietary hardware and software solution. The intent of the pre-solicitation notice is to allow interested parties the opportunity to submit capability statements that could lead to a competitive bidding process. No solicitation document exists.

Any firm that believes it is capable of fulfilling this contract is invited to submit written notification with sufficient supporting evidence to the Contracting Officer Alan Adrian, 381 Elden Street MS-2500, Herndon, VA 20170-4817 by 4:00 p.m. on Oct. 20, 2006. Responses received will be evaluated; however, a determination by the Government not to compete the proposed procurement based upon responses to this notice is solely within the discretion of the Government. If no responses are received, GovWorks will proceed with the sole source contract.

<http://www.fbo.gov/spg/DOI/OS/GovWorks/1435%2D04%2D04%2DCT%2D32865/SynopsisR.html>

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## Reports/Policies

- The GAO issued "*Information Security: The Centers for Medicare & Medicaid Services Needs to Improve Controls over Key Communication Network*," (GAO-06-750) on Aug. 30, 2006 and released it on Oct. 3, 2006. In the report, the GAO assessed the effectiveness of information security controls over the communication network used by CMS by conducting a technical assessment of the information security controls that are currently in place. The GAO concluded that there were numerous vulnerabilities within CMS' system. In addition, the GAO determined that CMS did not always ensure that its security policies and standards were implemented effectively. As a result, sensitive, personally identifiable medical data traversing the network is vulnerable to unauthorized disclosure and these weaknesses could lead to disruptions in CMS services.

<http://www.gao.gov/new.items/d06750.pdf>

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## Legislation

- **H.RES.1061** (introduced Sept. 29, 2006): Requesting the Department of Health and Human Services to outline the Federal Government's responsibilities, taking into account the responsibilities and actions of the



State and local governments, to support a program for medically monitoring and treating all individuals who were exposed to the toxins of Ground Zero on 9/11 was referred to the House Committee on Energy and Commerce. .

Sponsor: Representative Vito Fossella [NY-13]

- **H.RES.1073** (introduced Sept. 29, 2006): Recognizing that the occurrence of prostate cancer in African American men has reached epidemic proportions and urging Federal agencies to address that health crisis by designating funds for education, awareness outreach, and research specifically focused on how that disease affects African American men was referred to the House Committee on Energy and Commerce. Sponsor: Representative Gregory W. Meeks [NY-6]

- **H.J.RES.99** (introduced Sept. 29, 2006): Proposing an amendment to the Constitution of the United States regarding healthcare was referred to the House Committee on the Judiciary. Sponsor: Representative Betty McCollum [MN-4]

- **H.R.6255** (introduced Sept. 29, 2006): To amend title 38, United States Code, to expand eligibility for the basic educational assistance program of the Department of Veterans Affairs was referred to House committee. Status: Referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, 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 Timothy V. Johnson [IL-15]

- **H.R.6257** (introduced Sept. 29, 2006): To amend the Public Health Service Act to provide for the licensing of comparable biological products, and for other purposes was Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and 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 Henry A. Waxman. [CA-30]

- **H.R.6261** (introduced Sept. 29, 2006): To provide for the protection of public health and the environment from mercury contamination associated with the shipment of elemental mercury or with mercury-bearing solid waste, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Gil Gutknecht [MN-1]

- **H.R.6273** (introduced Sept. 29, 2006): To direct the Secretary of Veterans Affairs to provide for enhanced protections against identity theft related to the public filing of separation forms of members of the Armed Forces, and for other purposes was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Dennis A. Cardoza [CA-18]

- **H.R.6275** (introduced Sept. 29, 2006): To improve the health of minority individuals was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce,

the Judiciary, Ways and Means, and Resources, 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 Donna M. Christensen [VI]

- **H.R.6282** (introduced Sept. 29, 2006): To amend title 38, United States Code, to permit Medicare-eligible veterans to receive an out-patient medication benefit, to provide that certain veterans who receive such benefit are not otherwise eligible for medical care and services from the Department of Veterans Affairs, and for other purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Scott Garrett [NJ-5]

- **H.R.6289** (introduced Sept. 29, 2006): To establish a program to provide financial incentives for the establishment of interactive personal health records 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 Patrick J. Kennedy [RI-1]

- **H.R.6290** (introduced Sept. 29, 2006): To direct the Secretary of Health and Human Services, in consultation with the Secretary of Education, to develop a policy for managing the risk of food allergy and anaphylaxis in schools, to establish school-based food allergy management grants, and for other purposes was Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, 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 Nita M. Lowey [NY-18]

- **H.R.6309** (introduced Sept. 29, 2006): To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and title 5, United States Code, to require individual and group health insurance coverage and group health plans and Federal employees' health benefit plans to provide coverage for routine HIV/AIDS screening was Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, Ways and Means, and Government Reform, 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 Maxine Waters [CA-35]

- **S.4016** (introduced Sept. 29, 2006): A bill to amend the Public Health Service Act to provide the licensing of comparable biological products and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
**Sponsor:** Senator Charles E. Schumer [NY]

- **S.4021** (introduced Sept. 29, 2006): A bill to amend title XVIII of the Social Security Act to provide for comprehensive health benefits for the relief of individuals whose health was adversely affected by the 9/11 disaster was referred to the Committee on Finance.

Sponsor: Senator Hillary Rodham Clinton [NY]

- **S.4024** (introduced Sept. 29, 2006): A bill to amend the Public Health Service Act to improve the health and healthcare of racial and ethnic minority and other health disparity populations was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator William H. Frist [TN]

- **S.4029** (introduced Sept. 29, 2006): A bill to increase the number of well-educated nurses and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

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## Hill Hearings

- There are no hearings scheduled.

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## Meetings / Conferences

- The 2006 AUSA Annual Meeting & Exposition will be held Oct. 9 -11, 2006, in Washington D.C.

[www.ausa.org](http://www.ausa.org)

- The Combined Forces Pharmacy Seminar 2006 will be held in Atlanta Ga. on Oct. 23-26, 2006.

[www.cfpsinfo.org](http://www.cfpsinfo.org)

- The American Public Health Association 134th Annual Meeting & Exposition will be held on Nov. 4-8, 2006 in Boston, Mass. <http://apha.org/meetings/>

- The National Institutes of Health Fourth Symposium: Functional Genomics of Critical Illness and Injury will be held Nov. 13-14, 2006, in Bethesda, Md. [www.strategicresults.com/fg4](http://www.strategicresults.com/fg4)

- The AMSUS 112th Annual Meeting: "Health 2015: Actionable Strategies for Caring for Our Warriors, Veterans and Country" will be held Nov 5-10, 2006, in San Antonio, Texas. [www.amsus.org](http://www.amsus.org)

- The State of the MHS - The 2007 Annual TRICARE Conference will be held Jan. 29 to Feb. 1, 2007, in Washington D.C. <http://www.tricare.osd.mil/conferences.cfm>

- The 2007 HIMSS will be held Feb. 25 to March 1, 2007, in New Orleans, La. <http://www.himss07.org/>

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*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 [kate@usminstitute.org](mailto:kate@usminstitute.org). To subscribe, please visit <http://usminstitute.org/subscriber.cfm>. To unsubscribe, please send an email to [update@usminstitute.org](mailto:update@usminstitute.org) with UNSUBSCRIBE as the subject.*