

# FEDERAL HEALTH UPDATE

January 19, 2007

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

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

**Sponsored by**



**Additional sponsorship by**



*"This is the second consecutive year there was a drop in the number of cancer deaths in the United States. And the drop this year was the steepest ever recorded." –President Bush participating in a roundtable on Advances in Cancer Prevention at the National Institutes of Health on Jan. 17, 2007.*

## **Congressional Schedule**

- On Jan. 12, 2007, President Bush signed into law H.R. 1245, the "Gynecologic Cancer Education and Awareness Act of 2005 or Johanna's Law," which authorizes appropriations through Fiscal Year 2009 for a national campaign to raise awareness among women and healthcare providers regarding gynecologic cancers; and H.R. 4997, the "Physicians for Underserved Areas Act," which reauthorizes for two years foreign residence waiver authority under the J-1 visa program for foreign doctors to work in medically underserved areas of the United States.
- On Jan. 15, 2007, the President signed into law: H.R. 6164, the "National Institutes of Health Reform Act of 2006," which authorizes appropriations for the National Institutes of Health (NIH) through FY 2009; authorizes the restructuring of offices within NIH's Institutes and Centers under certain conditions; creates a "Common Fund" to promote trans-NIH research; and redistributes funds for the State Children's Health

Insurance Program(SCHIP) that were unspent in FY 2004 and FY 2005 to alleviate anticipated SCHIP funding shortages.

- The House passed H.R. 4, the “Medicare Prescription Drug Price Negotiation Act,” on Jan. 12, 2007. This legislation would require the Secretary of Health and Human Services to negotiate lower covered part D drug prices on behalf of Medicare beneficiaries. It repeals a restriction included in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (H.R. 1) referred to as the "Government Non-Interference Clause," that prevented the federal government from intervening and attempting to negotiate drug prices to ensure that various drug companies establish drug prices through competition in a free and open market.

- The House and Senate Appropriations Committees will have common subcommittee structures, a move that the incoming Appropriations chairmen hope will help to complete action on each of the government funding on time for the first time since 1994. That was also the last time each of the appropriations bills was approved by Congress and signed into law by the start of the federal fiscal year. Currently, the House and Senate Appropriations Committees have a different number of subcommittees -- 10 in the House, 12 in the Senate -- with different jurisdictions. That disjointed approach has resulted in delays in completing action on appropriations bills. The House and Senate Appropriations Committees will each have 12 subcommittees, including a new Financial Services and General Government panel. That new subcommittee will have jurisdiction over federal organizations such as the Treasury Department, the federal Judiciary, the Federal Deposit Insurance Corporation, and other related agencies. The federal budget for the District of Columbia also will be part of this new subcommittee’s jurisdiction. Other subcommittees are:

- Agriculture, Rural Development, Food and Drug Administration, and Related Agencies;
- Defense;
- Energy and Water Development;
- Homeland Security;
- Interior, Environment, and Related Agencies;
- Labor, Health and Human Services, Education, and Related Agencies;
- Legislative Branch;
- Military Construction, Veterans Administration, and Related Agencies;
- Commerce, Justice, Science, and Related Agencies;
- State, Foreign Operations, and Related Programs;
- and Transportation, Housing and Urban Development, and Related Agencies

[http://appropriations.house.gov/pr\\_070104.shtml](http://appropriations.house.gov/pr_070104.shtml)

- The Senate Judiciary Committee held a hearing, "*Paying Off Generics to Prevent Competition with Brand Name Drugs: Should it Be Prohibited?*" on Jan. 17, 2007. The purpose of the hearing is to examine the harmful effects of brand-name drug companies to be able to pay off generic companies not to produce generic medicines, which results limits consumer choices and keeps consumer prices artificially high. The Committee will evaluate whether it act to remove impediments that prevent competition and the marketplace from working as they should, to benefit consumers. Honorable Jon Leibowitz, commissioner

of the Federal Trade Commission and Mr. Billy Tauzin, CEO of PhRMA were among those that testified.

[Back to Top](#)

## **Military Health Care News**

- On Jan. 17, 2007, TRICARE Management Activity (TMA) announced that six medications were approved to be placed on the non-formulary (or third tier). The medication classes reviewed included attention deficit hyperactivity drugs, narcolepsy drugs, older sedative hypnotic agents, monophasic oral contraceptive drugs, antiemetic drugs, topical antifungal. Medications on the third tier (non-formulary) require a \$22 co-payment in the retail and mail-order pharmacy programs and are not available at military treatment facility (MTF) pharmacies unless medical necessity has been established and the prescription is written by an MTF provider. To view the chart of affected medications, please visit [UF Formulary Changes](#).
- The Department of Defense (DoD) announced results of its [2005 Survey of Health Related Behaviors among Active Duty Military Personnel](#). The findings show notable decreases in the use of cigarettes and illegal drugs since initiation of the surveys in 1980 and progress towards meeting selected Healthy People 2010 objectives. The 2005 survey revealed rates of heavy drinking remain elevated especially among our young people, use of smokeless tobacco has increased, and even though most military personnel engage in moderate or vigorous exercise, more service members meet criteria for being overweight. For the first time the survey evaluated behaviors related to mental well being, work stress and family stress associated with deployment to Iraq, Afghanistan and other theaters. The findings indicate the majority of our U.S. Armed Forces, although under heavy work stress during the current wartime environment, use positive coping mechanisms to deal with stress.

This is the ninth survey in the series of anonymous surveys asking active duty service members about various lifestyle and health-related behaviors. In addition to substance use, the survey also assesses national health status goals from the Department of Health and Human Services' Healthy People 2010 objectives, nutrition and weight management measures, mental well-being of the force, and deployment issues. More than 16,000 service members, randomly selected to represent men and women in all pay grades of the active force throughout the world, completed the survey.

DoD continually monitors the general health of our members, their modifiable lifestyle behaviors and the effects of combat and operational-related stressors through the DoD level programs such as: Defense Lifestyle Assessment Program (DLAP), Deployment Health Programs, and Healthy Choices for Life Initiatives. Each service also has comprehensive programs in place to help returning service members and their families deal with their overall physical and mental health, especially with deployment experiences. <http://www.defenselink.mil/Releases/Release.aspx?ReleaseID=10395>

- In 2006, the Centers for Medicare and Medicaid Services (CMS) started automatically enrolling (sometimes in error) some TRICARE beneficiaries in a Medicare Part D prescription drug plan. According

to federal law, the TRICARE pharmacy benefit is considered a secondary payer to a Medicare Part D prescription drug plan. Therefore, TRICARE has established payment rules with their claims processor to ensure compliance with federal law. In response to the many beneficiary questions received, TRICARE Management Activity (TMA), the Defense Manpower Data Center (DMDC), and CMS have jointly developed a customer-focused process for beneficiaries to resolve Medicare Part D and TRICARE coverage issues, and obtain their prescriptions quickly.

If a TRICARE beneficiary is denied prescription coverage due to Medicare Part D enrollment, and believes that he or she is not enrolled in Medicare Part D, or have disenrolled from Medicare Part D, the beneficiary should contact Express Scripts at 1-866-363-8779. The Express Scripts customer service representative will ask for the beneficiary's permission to access Medicare Part D coverage information from CMS and determine whether the beneficiary is currently in a Part D plan. If CMS records show no Part D coverage, DMDC will update the beneficiary's Defense Enrollment Eligibility Reporting System (DEERS) information in one business day. Additionally, a representative from DMDC will contact the beneficiary to confirm the record correction. If Express Scripts discovers that CMS shows the beneficiary having Medicare Part D coverage, they will advise the beneficiary how to obtain confirmation of disenrollment or cancellation from Medicare Part D, and how to forward the disenrollment or cancellation information to DMDC to update the beneficiary's DEERS record. Once DMDC receives this documentation, a customer service representative will update the DEERS records and telephone the beneficiary to confirm the correction.

To view current Medicare Part D enrollment status on the Medicare Web site, beneficiaries may go to [www.medicare.gov](http://www.medicare.gov), select the Medicare Prescription Drug Plan Finder option, "Check Current Enrollment" option, then select View Your Current Plan" and follow the instructions.  
<http://www.tricare.mil/pressroom/news.aspx?fid=261>

- The Department of Defense (DoD) announced Air Force Col. Douglas J. Robb has been nominated for appointment to the grade of brigadier general while serving as command surgeon, U.S. Central Command, MacDill Air Force Base, Fla.

[Back to Top](#)

## **Veterans Health Care News**

- The Department of Veterans Affairs (VA) recently approved the expansion of health care services and a new facility for veterans in Lewiston, Idaho and the surrounding areas. Currently, The VA operates a community-based outpatient clinic (CBOC) in 750 square feet of rented space in Lewiston two days a month. The expanded space will be open five days a month and accommodate a primary care team, a primary mental health provider and support staff. Mental health services would include post-traumatic stress disorder (PTSD) and substance abuse group clinics. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1273>
- The 21st National Disabled Veterans Winter Sports Clinic will be held for about 350 disabled veterans in

Snowmass Village, Colo. from April 1-6. The annual winter clinic is a rehabilitation program open to all U.S. military veterans with spinal cord injuries or disease, visual impairments, certain neurological conditions, orthopedic amputations or other disabilities, who receive care at any Department of Veterans Affairs (VA) health care facility. During the six-day program, veterans will learn adaptive Alpine and Nordic skiing and be introduced to a variety of other adaptive activities and sports, such as rock climbing, scuba diving, snowmobiling and sled hockey. The U.S. Secret Service will also teach a course on self-defense for people with disabilities. In addition, the clinic will offer a training and development program designed for top-level skiers. The program has been made possible through an agreement with the United States Olympic Committee and is used to identify potential Paralympic athletes.

Jointly sponsored by VA and the Disabled American Veterans (DAV), the clinic is hosted each year by the Grand Junction (Colo.) VA Medical Center and VA's Rocky Mountain Network. VA is a recognized leader in rehabilitation, with recreational therapy programs at each of its 155 hospitals. DAV, which has co-sponsored the event since 1991, is a nonprofit, congressionally chartered veterans' service organization, with a membership of more than one million wartime disabled veterans.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1274>

- The Department of Veterans Affairs (VA) announced that all VA health care facilities have begun an aggressive campaign to replace old veteran ID cards (VIC) with the new VIC for all enrolled veterans. The new VIC does not include sensitive information (social security number and date of birth) on the front of the card. The new card reduces veterans' vulnerability to identity theft and demonstrates VA's commitment to securing the confidential personal information of all enrolled veterans.

Additionally, in recognition of the sacrifices made by former Prisoners of War (POW), Purple Heart (PH) Medal recipients and veterans with service-connected (SC) disabilities, "POW, PH and/or SC" indicators will be printed on the card for veterans with those verified eligibilities. The addition of these eligibility identifiers to the card will enhance identification of former POWs, Purple Heart Medal recipients and service-connected veterans when applying for special benefits.

<http://www.va.gov/healtheligibility/application/VIC.asp>

- The Task Force on the Future of Military Healthcare, mandated by Congress, held its first meeting on Jan. 16, 2007, during which its 14 members were briefed on the issues confronting the Defense Department's health care system. During the meeting, Under Secretary Defense for Personnel and Readiness, (Dr.) David S.C. Chu, testified that saving money through increased efficiencies and better business practices alone will not sustain the health care benefit. He called again for increasing TRICARE enrollment fees and deductibles for retirees under age 65, a proposal that was defeated by Congress last year. The fourteen-member task force is assigned to assess and recommend new methods for sustaining the military health care services provided to members of the Armed Forces, retirees, and their families to ensure the availability and affordability of military medicine over the long term. Dr. William Winkenwerder, Jr., assistant secretary of Defense for Health Affairs, also testified. The next meeting is scheduled for Feb. 6, 2007.

[Back to Top](#)

## Health Care News

- The Jan. 17, 2007 report by HHS' Agency for Healthcare Research and Quality (AHRQ), "*Efficacy and Comparative Effectiveness of Off-Label Use of Atypical Antipsychotics*," found that some newer antipsychotic medications approved to treat schizophrenia and bipolar disorder are being prescribed off-label to treat depression, dementia, and other psychiatric disorders without strong evidence of their effectiveness. This report is from [AHRQ's Effective Health Care program](#), the first federal effort to compare alternative treatments for significant health conditions and make the findings public. The program is intended to help patients, doctors, nurses and others choose the most effective treatments.

The federally-funded comparative effectiveness review of these drugs—called atypical antipsychotics—identified the medications' potential for serious side effects while pointing to an "urgent need" for more research into new treatments for the growing population of dementia patients who display severe agitation. Overall, researchers found that much of the scientific evidence for off-label use of antipsychotics was of insufficient quality because studies were too small or lacked scientific rigor.

According to the study, off-label prescribing is a common but relatively understudied practice in health care. A 2001 AHRQ-funded study concluded that about 21 percent of prescribed drug use was for conditions not indicated on the label. Cardiac medications and anticonvulsants were the drugs most commonly used off label. Most off-label use occurs without scientific support.

<http://www.ahrq.gov/news/press/pr2007/antipsypr.htm>

- The Department of Health and Human Services (HHS) awarded contracts totaling \$132.5 million to three vaccine makers for the advanced development of H5N1 influenza vaccines using an immune system booster called an adjuvant. An adjuvant is a substance that may be added to a vaccine to increase the body's immune response to the vaccine's active ingredient, called antigen.

The Department has awarded five-year contracts to GlaxoSmithKline for \$63.3 million and to Novartis Vaccines and Diagnostics, Inc. for \$54.8 million. In addition, HHS is funding IOMAI Corporation for \$14.4 million for 15 months to complete Phase 1 clinical trials of their candidate vaccine. IOMAI may receive an additional \$114 million in funding upon successful completion of the Phase 1 trials. Under the contracts each company will build up its capacity to produce within six months after the onset of an influenza pandemic either 150 million doses of an adjuvant-based pandemic influenza vaccine or enough adjuvant for 150 million doses of a pandemic influenza vaccine. And share its proprietary adjuvant for U.S. Government-sponsored, independent evaluation with influenza vaccines from other manufacturers.

<http://www.hhs.gov/news/press/2007pres/20070117a.html>

- The Indian Health Service (IHS) dedicated a new addition to the Lawton Indian Hospital in Lawton, Oklahoma on Jan. 17, 2007. The new 36,770-square-foot building expansion which cost \$11 million, has a state-of-the-art energy-efficient design, and includes 36 examination rooms and six treatment rooms. These additional rooms provide increased outpatient service work space for Family Medicine, Pediatrics, Women's Clinic, Internal Medicine, Surgery, and Pharmacy. With the expansion, the hospital



can consolidate all clinical and administrative services into one building. Incorporated into this expansion project are system upgrades and new equipment including a new computed tomography unit. New information technology equipment needed to implement the IHS electronic health record system and telemedicine technology capabilities are also part of the addition. Planning for the renovation and expansion of the facility was based on a growing local user population. <http://www.ihs.gov>

- The Association for the Accreditation of Human Research Protection Programs (AAHRPP) has awarded full accreditation to the Department of Veterans Affairs, New Jersey Health Care System; Pennsylvania State University; Biomedical Research Alliance of New York; and ethica Clinical Research, Inc. in Canada. Accreditation is valid for three years. Qualified accreditation has been awarded to the Department of Veterans Affairs Black Hills Health Care Center in South Dakota and the University of North Dakota, Grand Forks. The AAMC is a founding member of AAHRPP. <http://www.aahrpp.org/www.aspx?PageID=216>

- A coalition of the nation's most prominent technology companies and leading healthcare organizations announced today a national initiative to provide free electronic prescribing for every physician in America. The National ePrescribing Patient Safety Initiative<sup>SM</sup> (NEPSISM) is the first nationwide effort to improve patient safety by offering a solution to the medication errors that harm millions of people each year.

Preventable medication errors injure at least 1.5 million Americans and claim more than 7,000 lives each year, according to a July 2006 study by the Institute of Medicine (IOM) of the National Academy of Sciences. In an effort to reduce these errors, the IOM has called on all of the nation's physicians to adopt electronic prescribing by 2010.

The challenge, according to the eHealth Initiative, is that less than 1 in 5 of the nation's practicing physicians currently process prescriptions electronically. Studies indicate that most physicians have been reluctant to adopt electronic prescribing largely because of the cost of the systems, and a perception that the technology requires too much time to learn and install.

NEPSI will help address those barriers by providing physicians simple, safe and secure electronic prescribing at no cost. NEPSI is led by Allscripts the leading provider of clinical software, information and connectivity solutions that physicians use to improve healthcare, and by national sponsor Dell Computers, Inc. the world's leading computer company. Other technology companies sponsoring NEPSI are Cisco Systems Corp., Fujitsu Computers of America, Inc., Google, Inc. – the coalition's Search Sponsor – Microsoft, Corp., Sprint Nextel Corp., SureScripts, Inc. and Wolters Kluwer Health, Inc. [http://insurancenewsnet.com/article.asp?n=1&neID=200701161680.2\\_0f5b00e9a8eb2089](http://insurancenewsnet.com/article.asp?n=1&neID=200701161680.2_0f5b00e9a8eb2089)

[Back to Top](#)

## Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 1,203 from the last report to 91,555. The totals for each service are Army National Guard and Army Reserve, 75,138; Navy Reserve, 5,007; Air National Guard and Air Force Reserve, 5,504; Marine Corps Reserve, 5,548; and the

Coast Guard Reserve, 358. [www.defenselink.mil](http://www.defenselink.mil)

[Back to Top](#)

## Reports/Policies

- The Institute of Medicine (IOM) released “*Joint U.S.-Mexico Workshop on Preventing Obesity in Children and Youth of Mexican Origin*,” on Jan 12, 2007.  
<http://www.iom.edu/CMS/3788/30678/39810.aspx>
- The GAO issued “*Hospital Accreditation: Joint Commission on Accreditation of Healthcare Organizations' Relationship with Its Affiliate*,” (GAO-07-79) on Dec. 15, 2006, and released it Jan. 16, 2007. This report describes the organizational relationship between the Joint Commission on Accreditation of Healthcare Organizations and the Joint Commission Resources, Inc. (JCR); and the significant steps they have taken to prevent the improper sharing of information, obtained through their accreditation and consulting activities, respectively, since JCR was established. GAO reviewed pertinent documents, including conflict-of-interest policies and information about the organizations' financial relationship, and interviewed staff and board members from both organizations, JCR clients, and CMS officials. <http://www.gao.gov/new.items/d0779.pdf>

[Back to Top](#)

## Legislation

- **H.R.446** (introduced Jan. 12, 2007): To enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Veterans' Affairs, 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 Gus M. Bilirakis [FL-9]
- **H.R.447:** (introduced Jan. 12, 2007): To amend title 38, United States Code, to provide that World War II merchant mariners who were awarded the Mariners Medal shall be provided eligibility for Department of Veterans Affairs' health care on the same basis as veterans who have been awarded the Purple Heart was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Jeff Fortenberry [NE-1]
- **H.R.463** (introduced Jan. 12, 2007): To amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as "Priority 8") was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Steven R. Rothman [NJ-9]



- **H.R.470** (introduced Jan. 12, 2007): To amend titles XVIII and XIX of the Social Security Act to provide for continuity of Medicare prescription drug coverage for full-benefit dual eligible individuals, for Medicare prescription drug coverage of benzodiazepines and off-label uses of certain prescription drugs and biological products, for optional Medicaid coverage of Medicare prescription drug cost-sharing for full-benefit dual eligible individuals, and for authorization to the Secretary of Health and Human Services to waive certain determinations denying Medicare prescription drug coverage 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 Heather Wilson [NM-1]

- **H.R.477** (introduced Jan. 16, 2007): To amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Lois Capps [CA-23]

- **H.R.493** (introduced Jan. 16, 2007): To prohibit discrimination on the basis of genetic information with respect to health insurance and employment was referred to the Committee on Education and Labor, and in addition to the Committees on Energy and Commerce, 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 Louise McIntosh Slaughter [NY-28]

- **H.R.506** (introduced Jan. 17, 2007): To provide for innovation in health care through State initiatives that expand coverage and access was referred to the Committee on Energy and Commerce, and in addition to the Committee on Rules, 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 Tammy Baldwin [WI-2]

- **H.R.536** (introduced Jan. 17, 2007): To amend chapter 89 of title 5, United States Code, and the Employee Retirement Income Security Act of 1974 and the Public Health Service Act to require coverage of hearing aids under the Federal Employees Health Benefits Program and private group and individual insurance was referred to the Committee on Oversight and Government Reform, and in addition to the Committees on Energy and Commerce, and Education and Labor, 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 Stephen F. Lynch [MA-9]

- **H.R.538** (introduced Jan. 17, 2007): To provide for the health care needs of veterans in far South Texas was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Solomon P. Ortiz [TX-27]

- **H.R.542** (introduced Jan. 17, 2007): To require the Department of Veterans Affairs to provide mental health services in languages other than English, as needed, for veterans with limited English proficiency, and for other purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Hilda L. Solis [CA-32]
- **S.290** (introduced Jan. 12, 2007): A bill to amend the Internal Revenue Code of 1986 to provide a tax credit to rural primary health providers was referred to the Committee on Finance.  
Sponsor: Senator Lisa Murkowski [AK]
- **S.321** (introduced Jan. 17, 2007): A bill to establish pilot projects under the Medicare program to provide incentives for home health agencies to utilize home monitoring and communications technologies was referred to the Committee on Finance.  
Sponsor: Senator John Thune [SD]
- **S.322** (introduced Jan. 17, 2007): A bill to establish an Indian youth tele-mental health demonstration project was referred to the Committee on Indian Affairs.  
Sponsor: Senator Byron L. Dorgan [ND]
- **S.325** (introduced Jan. 17, 2007): A bill to provide for innovation in health care through State initiatives that expand coverage and access and improve quality and efficiency in the health care system was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Jeff Bingaman [NM]

[Back to Top](#)

## Hill Hearings

- The Senate Health, Education, Labor, and Pensions Committee and Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies will hold joint hearings on Jan. 19, 2007, to examine stem cell research.
- The House Appropriations Subcommittee on Defense will hold a hearing on Jan. 19, 2007, to examine military medical readiness.

[Back to Top](#)

## Meetings / Conferences

- 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 American College of Medical Quality's Annual Meeting: "Medical Quality 2007" will be held Feb.22-24, 2007 in Miami, Florida. [www.acmq.org/natlconf/index.cfm](http://www.acmq.org/natlconf/index.cfm)
- The American College of Preventive Medicine (ACPM) will hold "Preventive Medicine 2007," on **Feb. 21-25, 2007**, in Miami, Florida.
- The 2007 HIMSS will be held **Feb. 25 to March 1, 2007**, in New Orleans, La. <http://www.himss07.org/>
- The 2007 International Symposium on Antimicrobial Agents and Resistance (ISAAR) will be held on **March 7-9, 2007**, in Singapore. [http://www.isaar.org/sub01\\_invitation.asp](http://www.isaar.org/sub01_invitation.asp)
- The 2007 Advance Technology Applications for Combat Casualty Care (ATACCC) Conference will be held on Aug. 13-15, 2007 in St Petersburg Beach, Fla. <http://www.usaccc.org/ATACCC/index.htm>
- 46th Annual Research in Medical Education (RIME) Conference will be held **Nov. 2-7, 2007**, in conjunction with the AAMC Annual Meeting in Washington, D.C.

[Back to Top](#)

*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.*