

FEDERAL HEALTH UPDATE

July 13, 2007

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

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Congressional Schedule

- On July 9, 2007, the House Veterans Affairs Committee held a field hearing in New Orleans to examine the viability of

building a VA hospital in downtown New Orleans.

According to the *Times-Picayune*, New Orleans Mayor Ray Nagin and representatives from Tulane and Louisiana State universities argued that the new veterans hospital should be built in downtown New Orleans to take advantage of the nearby medical schools and bioscience research facilities. But several members of the House Committee on Veterans Affairs, as well as some of the veterans who testified, questioned the wisdom of building back in an area that suffered several feet of flooding during Katrina.

The committee members expressed concern over the possible delay in completing the hospital if it were to remain in New Orleans. The VA estimates that rebuilding in downtown New Orleans could take up to five years. A few members suggested alternate sites in their districts.

Henry Cook, the national vice commander of the Military Order of the Purple Heart, reminded the panel that the hospital proposal should be first and foremost for the benefit of veterans. "This is not about jobs. It is not about downtown. It is not about Tulane, LSU or public hospitals. It is about veterans."

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Military Health Care News

- In his July 6, message, Assistant Secretary of Defense for Health Affairs Dr. S. Ward Casscells encouraged organizations that may be involved in a health crisis to join the new Health Crisis Contact Group. The Health Crisis Contact Group is an informal consortium of domestic and global organizations whose mission is to respond to any health crisis worldwide.

In response to the growing demand for reconstruction and global health diplomacy, the group held its inaugural meeting on June 22, 2007, hosted by the U.S. Department of Health and Human Services (HHS) in Washington D.C. The meeting was attended by representatives from the Department of Defense, HHS, Department of State, U.S. Agency for International Development, the World Health Organization, the Pan American Health Organization, the World Bank, Project Hope, the International Medical Corps, the Uniformed Services University of the Health Sciences as well as many others.

Past experience has shown that lack of coordination and understanding between U.S. Government agencies, international organizations and nongovernmental organizations have hampered humanitarian assistance and disaster relief efforts. The Health Crisis Contact Group hopes to foster relationships and dialogue to ensure coordination and understanding in future events.

- In the current U.S. Medicine Institute for Health Studies Spotlight section, Dr. S. Ward Casscells, assistant secretary of defense for health affairs addresses the challenges of meeting patient expectations and incorporating patient suggestions into the healthcare system to improve it. Dr. Casscells describes the efforts of the Military Health System to collaborate with the Institute for Family-Centered Care (IFCC) to learn how to better use input from patients and family members to make improvements that put patients at the center of the healthcare universe. The IFCC core concepts include treating patients and families with dignity and respect; sharing information; including patients and families in decision-making; and collaborating with patients and families on policy and program development.

Dr. Casscells uses Walter Reed Army Medical Center Clinical Breast Care Project (CBCP) as an example of successfully carrying out these concepts. To read more, please visit www.usminstitute.org

- The Department of Defense assigned Rear Adm. (lower half) Richard R. Jeffries to be commander, Navy Medicine Capital Area/commander, Navy Medical Center, Bethesda, Md. Jeffries is currently serving as medical officer to the Marine Corps, Washington, D.C.

- The Department of Defense assigned Rear Adm. (lower half) (selectee) William M. Roberts to be a medical officer to the Marine Corps, Washington, D.C. Roberts is currently serving as deputy director, medical resources, plans and policy, N931B, Office of the Chief of Naval Operations, Washington, D.C.

- The Department of Defense announced that President Bush has nominated Navy Rear Adm. (Selectee) Adam M. Robinson Jr. to be appointed to the grade of vice admiral and assigned to be chief of the Bureau of Medicine and Surgery and Surgeon General, Washington, D.C. Robinson is currently serving as commander, Navy Medicine Capital Area/commander, National

Naval Medical Center, Bethesda, Md.

- The Department of Defense (DoD) Task Force on The Future of Military Health Care held a hearing on July 12, 2007, to examine the disease management programs for each of the services, as well as the Military Health System. Representatives from the Army, Navy and Air Force described the measures taken to improve the health and well being of soldiers, sailors, Marines and airmen. The representatives also described the results the challenges they face implementing DM programs. Dr. Jack Smith, acting deputy assistant secretary of defense for clinical and program policy, chief medical officer for TRICARE Management Activity, outlined the clinical guidelines and best practices are among the tools used to maintain population health and wellness. Chair person Dr. Gail Wilensky ended the hearing suggesting that the Services standardize DM measures and suggested that diabetes would be a logical place to begin a system-wide DM program, since it seems to affect all of the services similarly.

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Veterans Health Care News

- The Department of Veterans Affairs announced that it intends to negotiate and make a sole source award to Link2Health Solutions, of New York, N.Y. to provide a Suicide Prevention Hotline and related services. On July 2, VA [announced](#) it was implementing a national hotline to ensure veterans with mental health crises have immediate access to trained coordinators.

The hot line, which is scheduled to begin operations by Aug. 31, 2007, will be based at the Canandaigua VA Medical Center in New York state. Staffed by mental health professionals, it will operate seven days a week, 24 hours a day. The toll-free hotline will be available to veterans nationwide via the Department of Health and Human Services' 1-800-273-TALK call number. Link2Health Solutions has the exclusive license to utilize this call number. The contract period is a base year with an option for 4 additional years. <http://www.fbo.gov/spg/VA/VAAOAS/VADC/VA%2D101%2D07%2DRQ%2D0439/SynopsisP.html>

- On July 6, 2007, Secretary of Veterans Affairs Jim Nicholson joined Governor Arnold Schwarzenegger in a ground-breaking ceremony for a new California state veterans home on the campus of the Department of Veterans Affairs (VA) Greater Los

Angeles Healthcare System in West Los Angeles.

VA's \$113.5 million grant to construct the facility is the largest federal grant ever given for a state veterans home. It will ensure that California veterans have comfortable housing in a caring community.

VA transferred ownership of more than 13 acres on its West Los Angeles campus to the state to build the home. The Greater Los Angeles Ventura County Veterans Home, as it will be known, will have 396 beds providing multiple levels of care for aged and disabled veterans. The home is scheduled to be completed by early 2010. To be eligible for admission, veterans must be California residents, honorably discharged from the U.S. military, disabled or at least 62 years of age.

VA and the state recently broke ground on two other new state veterans home satellite sites in Lancaster and Ventura counties. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1353>

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Health Care News

- In the first study of its kind, pharmacy benefit manager Express Scripts' researchers have established a link between encouraging the use of more generic drugs and the co-pay differential between generics and brand drugs. Plans with a generic vs. brand co-payment differential of \$21 or more used generic drugs at a rate 5.2 percentage points higher than plans with a \$0 to \$5 differential. "The findings in this study show that getting plan design right pays off, given that a one percent increase in generic use results in an estimated 1.6 percent decrease in total drug plan costs," according to Emily Cox, Ph.D., senior director of research at Express Scripts.

Cox and coauthor Doug Mager also found that compared to plans with the lowest differential between generic and brand co-payments, plans with \$11 to \$15 and \$16 to \$20 differentials used generic drugs at rates that were 1.9 and 2.9 percentage points higher, respectively. The study appears in the June 2007 issue of [*The American Journal of Managed Care*](#). The prescription benefit plan co-pay structure also influences use of lower-cost generics. Plan sponsors with co-payments tiered at three levels – generic, formulary brand, non-formulary brand -- had generic fill rates of one to two percentage points higher compared to flat dollar 2-tier or coinsurance.

Additionally, implementation of programs that encourage use of a lower cost (usually generic) first – i.e. step therapy -- was found to significantly increase the likelihood of generic use.

http://home.businesswire.com/portal/site/google/index.jsp?ndmViewId=news_view&newsId=20070712005634&newsLang=en

- The Centers for Medicare and Medicaid Services (CMS) announced its revised clinical trial policy national coverage determination (NCD) which addresses Medicare coverage when beneficiaries participate in clinical research trials.

CMS published its proposed Clinical Trial Policy Decision Memorandum on April 10, 2007. Based on the public comments received regarding the proposed decision, CMS became aware of differing views regarding the existing and proposed clinical trial policy. Based on these comments, CMS has modified its proposed Clinical Trial Policy NCD.

In this revised policy, CMS may determine that an item or service is only reasonable and necessary in a clinical trial — an option that CMS has previously defined as Coverage with Evidence Development.

In addition to the final decision on the current reconsideration of the clinical trial policy, CMS is also announcing that it plans to reopen the Clinical Trial Policy NCD and post a new proposed decision memorandum for a 30 day public comment period. The proposed decision memorandum will build upon the extensive public comments already received. The decision became effective on July 9, 2007. Details of the full coverage policy are available at the CMS coverage Web site at

<https://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=186>

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a toolkit to help Native communities protect their children from the harm caused by drinking alcohol during pregnancy. [*The American Indian/Alaska Native/Native Hawaiian Resource Kit*](#) is designed to help mothers-to-be and their friends, relatives, health professionals, and leaders understand and prevent fetal alcohol spectrum disorders (FASD). FASD describes the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

Each year, at least 40,000 babies are born with an FASD in the United States, and Native communities have some of the highest rates. This new resource will support prevention and treatment efforts in American Indian, Alaska Native and Native Hawaiian communities. The kit, which was developed and reviewed by representatives from Native communities and FASD

experts, includes the following:

- Current data and statistics on FASD
- Fact sheets and brochures for women, men, youth and communities on how to prevent FASD and how to find help
- Strategies for FASD education and prevention
- Posters that can be copied and shared
- *FASD--The Basics*, a slide presentation for people with no prior knowledge of or experience with FASD
- A CD with an electronic version of the entire resource kit

<http://www.samhsa.gov/newsroom/advisories/070625fas2203.aspx>

- The U.S. Food and Drug Administration (FDA) approved Exelon Patch, the first skin patch for the treatment of mild to moderate Alzheimer's disease. In addition, the Exelon Patch is approved to treat mild to moderate Parkinson's disease dementia. Exelon, manufactured by Novartis, isn't a new drug. It's already available in capsules to treat mild to moderate Alzheimer's disease and mild to moderate dementia associated with Parkinson's disease.

In July 2006, researchers reported that putting Exelon in a patch form might simplify the drug's use (especially for people who have trouble swallowing pills) and reduce nausea and vomiting associated with Exelon's class of drugs. According to Novartis, the Exelon Patch "greatly reduces" the drug's gastrointestinal side effects. The FDA approved Exelon Patch based on results from an international study that included nearly 1,200 patients with mild to moderate Alzheimer's disease.

The patch is applied once daily to the back, chest, or upper arm. It maintains steady blood levels of the drug throughout the day. <http://www.webmd.com/alzheimers/news/20070709/fda-oks-1st-alzheimers-skin-patch>

- The National Institutes of Health (NIH) launched a new Web-based resource called NIH Pipeline to Partnerships (P2P), aimed at furthering the development of NIH's licensed technologies and technologies funded through the NIH Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs.

This new P2P initiative, developed jointly between the NIH Office of Technology Transfer (OTT) and the NIH SBIR and STTR Program Office, provides a virtual space where NIH licensees and NIH SBIR/STTR awardees can showcase their technologies and product development for an audience of potential strategic partners, investors, and licensees. NIH is continually developing ways to help new biomedical technologies succeed and foster their development and entry into the marketplace.

Health-related products that grew out of this process include Velcade® (bortezomib), a treatment for multiple myeloma, and Synagis® (palivizumab), a treatment to help prevent Respiratory Syncytial Virus (RSV) infection in babies and young children.

A pipeline of technologies available for partnering is now available on the [OTT Web site](#) as an index searchable by category of technology and stage of development. Once a technology of interest is identified, the interested party is directed to the licensee/awardee developing the technology. All submissions to the site by the licensees and grantees will be voluntary. Although NIH will approve all postings, NIH will not be involved directly in the partnering activities.

By providing this resource, NIH is advancing its mission to further the development of its own licensed technologies or those for which it has provided SBIR/STTR funding. This Web site provides a new avenue by which NIH can facilitate more rapid development of products for the benefit of public health. <http://www.nih.gov/news/pr/jul2007/od-11.htm>

- The *Washington Post* reports that SRA International of Fairfax won a \$68.6 million contract from the Health and Human Services Department to manage two data banks that collect information on medical and dental malpractice, improper payments and licensing issues. Under the 54-month contract from the department's Health Resources and Services Administration, SRA will provide software development, systems engineering, operations services, testing and security services for the National Practitioner Data Bank and the Health-Care Integrity and Protection Data Bank.

Congress established the fee-for-query data banks to protect the general health by providing authorized users with details on actions taken against physicians and dentists, other health-care providers and medical and dental suppliers. Health-care professionals can view information about themselves, and researchers can access statistical data only, but the data banks are not available to the public.

SRA redesigned the original paper-based mainframe data bank into a secure, interactive Web-based system in 1999.

The data bank for national practitioners was established by the Health Care Quality Improvement Act in 1986 to collect and report on medical malpractice payments, adverse actions taken against health care practitioners and to track high-risk medical and dental workers who move from state to state or job to job without disclosing their professional history. The data are available to hospitals, other health-care entities and practitioners, as well as to plaintiffs' attorneys.

http://www.washingtonpost.com/wp-dyn/content/article/2007/07/08/AR2007070800811_pf.html

- On July 12, 2007, the Kaiser Family Foundation launched health08.org, a new Web site that will provide analysis of health policy issues, regular public opinion surveys, and news and video coverage from the campaign trail. Since March, Kaiser's tracking poll on health and the 2008 election has found that health care is a top domestic issue that the public wants presidential candidates to address, trailing only Iraq on the public's overall priority list. Meanwhile, 41 percent of adults are personally worried about health care or insurance costs, topping concerns about paying their rent or mortgage, being a victim of a terrorist attack or a violent crime, losing their job, or losing money in the stock market.

Nationally, 45 million Americans do not have any health coverage. In addition, health insurance premiums are up 87 percent over the last six years--more than four times the growth in wages, according to the Kaiser/HRET Employer Health Benefits Survey. The new Web site will serve as a hub of information about health and the election, including original content produced by Kaiser and easy access to health-related resources from the campaigns, other organizations, and news outlets. Elements of the site include:

- Analysis of health policy issues, summaries of health reform proposals, and basic facts and information about the health system from Kaiser's research staff.
- Regular Kaiser tracking surveys examining the public's views on health issues and perceptions of the presidential candidates on health care, as well as links to the latest polls by other organizations.
- Syntheses of news coverage about health and the campaign, updated frequently.
- Video and podcasts from the campaign trail, including candidate speeches, and health-related highlights from forums and debates.
- Interviews with candidates and other key players in the health reform debate.
- Dedicated pages for the candidates, with easy-to-access links to their health positions and other resources.
- A calendar of events taking place around the country and links to studies and resources from other organizations.

- A weekly email roundup of developments related to health and the election and free syndication of content available to other Web sites. Sign up for the email at <http://www.health08.org/email>.

Health08.org is one of a number of projects the Kaiser Family Foundation will undertake throughout the election season.

- The White House announced the President George Bush has nominated Diane D. Rath, of Texas, to be Assistant Secretary for Family Support, Department of Health and Human Services. First appointed to the Texas Workforce Commission in 1996, and named chair in 1998, Rath has overseen the development of a new workforce delivery system, a decrease in welfare rolls of more than 71 percent, and the transition of more than \$800 million per year to the control of local boards. Under her watch, Texas earned more than \$84 million in incentive awards for successes during the past four years in administering Temporary Assistance for Needy Families (TANF) job placement and the Workforce Investment Act (WIA).
- The Centers for Medicare and Medicaid Services announced that all participating physician groups improved the clinical management of diabetes patients in the first year of the three-year Medicare Physician Group Practice (PGP) Demonstration. This demonstration rewards providers for coordinating and managing the overall health care needs of Medicare patients with chronic conditions.

Under the demonstration, which began April 1, 2005, physician groups continue to be paid on a fee-for-service basis and have the opportunity to share in savings generated from enhancements in care management. All ten of the participating physician groups - Billings Clinic, Everett Clinic, Dartmouth-Hitchcock Clinic, Forsyth Medical Group, Geisinger Clinic, Middlesex Health System, Marshfield Clinic, Park Nicollet Health Services, St. John's Health System, and the University of Michigan Faculty Group Practice - achieved benchmark or target performance on at least seven of the ten diabetes clinical quality measures. Two physician groups -- Forsyth Medical Group and St. John's Health System - met all ten benchmarks.

One of the unique features of this demonstration is that physician groups have the flexibility to redesign care processes for patients with chronic illness and complex health care needs, as well as invest in care management initiatives. This helps Medicare beneficiaries maintain their health and avoid further illness and admissions to the hospital at no additional cost and with no reductions in benefits.

These physician groups have redesigned care to improve clinical quality and to create more efficient and effective delivery systems. Performance in year one is based on measures developed from evidence-based guidelines for care of patients with diabetes mellitus. The measures include: HbA1c testing and control; blood pressure control; lipid testing and LDL cholesterol control; urine protein testing; eye and foot exams; and influenza and pneumonia vaccination. Additional evidence-based measures addressing congestive heart failure, coronary artery disease, hypertension and cancer screening have been added in performance years two and three.

Physician groups are measured on performance using all health care spending for patients assigned to the group in relation to a comparison population of Medicare patients from their local market area. A total of 223,893 Medicare patients were assigned to the ten physician groups in performance year 1 which ended March 2006.

Physician groups have transformed care by making lab results for diabetic patients available to physicians prior to patient encounters, preparing patients in advance for foot exams, educating patients about the importance of self-care techniques and their disease, and following-up with them in between visits. In addition, they focused on patients with chronic illness and complex health care needs through new care management initiatives including high-risk case management, home-based monitoring, post-discharge care transitions, and palliative care services.

The PGP Demonstration has fostered a nation-wide learning collaborative for the groups who voluntarily participated in this demonstration as a result of their leadership in their communities and profession. CMS is working with the groups to identify successful health care redesign and care management models developed under the demonstration that can be spread across the health care system. [CMS NR 07-12-2007](#)

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **decreased** by 1,023 from the last report to 93,060. The totals for each service are Army National Guard and Army Reserve, 76,321; Navy Reserve, 5,007; Air National Guard and Air Force Reserve, 5,530; Marine Corps Reserve, 5,901; and the Coast Guard Reserve, 301. www.defenselink.mil

Contracts/Procurements

- National Institutes of Health (NIH) issued a Request For Information seeking comments regarding NIH's support of the biomedical and behavioral research, including peer review, with the goal of examining the current system to optimize its efficiency and effectiveness. The NIH is especially interested in creative suggestions, even if they involve radical changes to the current approach.

NIH recognizes that the biomedical and behavioral science enterprise has grown increasingly complex, in part, related to the remarkable advances in science. Continued analysis of the entire system employed by NIH to support biomedical and behavioral research is required to ensure that NIH will continue to meet the needs of the biomedical and behavioral research community and the public-at-large.

NIH has formed a Working Group of the Advisory Committee to the NIH Director to gather information from the external community and explore possible enhancements to all aspects of the system used by NIH to support biomedical and behavioral science, including the two-tiered review process. The Working Group is requesting information on how NIH can best meet the challenges of supporting science in the 21st century in the face of an increased load on the peer review system resulting from a steady rise in applications and the increased complexity of biomedical and behavioral science. Ultimately, NIH wants to ensure that the most meritorious science is supported while minimizing bureaucratic burden on applicants and the NIH itself.

The efforts of this Working Group will complement ongoing [Center for Scientific Review](#) (CSR) activities designed to streamline and improve the efficiency of the current peer review system, including shortening the review cycle and the length of applications, as well as enhancing the use of electronic reviews. Responses will be accepted until Aug. 17, 2007 through the [Grants and Contracts](#) Web site and e-mail address PeerReviewRFI@mail.nih.gov.

A summary of the results obtained from the responses to this RFI will be available to the public on the NIH Peer Review Web site <http://enhancing-peer-review.nih.gov>. For detailed information, visit <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-074.html>

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Reports/Policies

- The GAO issued “*Personal Information: Data Breaches Are Frequent, but Evidence of Resulting Identity Theft Is Limited; However, the Full Extent Is Unknown,*” (GAO-07-737) on June 4, and released the report on July 5, 2007..GAO was asked to examine the incidence and circumstances of breaches of sensitive personal information; the extent to which such breaches have resulted in identity theft; and the potential benefits, costs, and challenges associated with breach notification requirements. <http://www.gao.gov/new.items/d07737.pdf>

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Legislation

- **S.1754** (introduced July 9, 2007): A bill to amend the Public Health Service Act to provide for a workplace wellness education campaign and an evaluation of employer-based wellness programs, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Tom Harkin [IA]
- **S.1757** (introduced July 10, 2007): A bill to amend title 38, United States Code, to extend or make permanent certain authorities for veterans' benefits and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Daniel K. Akaka [HI]
- **S.1758** (introduced July 10, 2007): A bill to amend the Public Health Service Act to help individuals with functional impairments and their families pay for services and supports that they need to maximize their functionality and independence and have choices about community participation, education, and employment, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Edward M. Kennedy [MA]

- **S.1760** (introduced July 9, 2007): A bill to amend the Public Health Service Act with respect to the Healthy Start Initiative referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Sherrod Brown [OH]

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Hill Hearings

- The Senate Finance Committee will hold a hearing on **July 18, 2007**, to hear testimony on the nomination of Kerry Weems to be CMS administrator Testimony is also scheduled on the nomination of Tevi David Troy to be deputy secretary at HHS.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **July 19, 2007**, to examine issues regarding Vet Centers.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **July 25, 2007**, to examine Department of Veterans Affairs health care funding.
- The Veterans Affairs committees for the Senate and House will hold a joint hearing on **Sept. 20, 2007**, to hear the American Legion's legislative presentation.

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Meetings / Conferences

- Cancer Health Disparities Summit 2007: Catalyzing Trans-Disciplinary Regional Partnerships To Eliminate Cancer Health

Disparities will held **July 16-18, 2007**, in Bethesda, Md. <http://cancermeetings.org/CHDSummit07/>

- The Society of Ghana Women's Medical and Dental Practitioners, the 27th International MWIA Congress is scheduled for **July 31 to Aug. 4, 2007** in Accra, Ghana. www.mwiainghana.org
- The 21st Annual Madigan Army Medical Center Otolaryngology Seminar - "About Face: Updates in Facial Plastic & Reconstructive Surgery" will be held on Aug. 3-4, 2007, in Tacoma, Wash. www.hjf.org/events
- The Force Health Protection Conference will be held **Aug. 4 – 10, 2007**, in Louisville, Ky. <http://chppm-www.apgea.army.mil/fhp/>
- 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.usacc.org/ATACCC/index.htm>
- The 13th Annual San Antonio Trauma Conference will be held on **Aug. 20-22, 2007**, in San Antonio, Texas. www.hjf.org/events
- The Defense and Veterans Brain Injury Center will hold a conference on Traumatic Brain Injury: Training for Military Health Care Providers on **Sept. 9-20, 2007**, in College Park, Md. www.hjf.org/events
- The 44th Annual Meeting of the Association of Reproductive Health Professionals (ARHP) will hold the *Reproductive Health 2007 Conference* on **Sept. 26-29, 2007**, in Minneapolis, Minn. www.arhp.org/rh2007/
- The American Academy of Family Physicians (AAFP) will host a meeting for family physicians on **Oct. 3-6, 2007**, in Chicago, Ill. www.aafp.org/online/en/home/cme/aafpcourses/conferences.html

- The 14th Annual Meeting of the ACP Navy Chapter will be held on **Oct. 4-6, 2007**, in Portsmouth, Va. www.hjf.org/events
- The 20th Annual Infectious Diseases in Children Symposium will be held on **Oct. 20-21, 2007**, in New York City, N.Y. <http://www.vindicomeded.com/meetings/idc/ny/default.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.
- The 27th AMEDD Neurology Meeting will be held on **Nov. 14-16, 2007**, in Washington, D.C. www.hjf.org/events
- The 2007 meeting of the Army and Air Force Chapters of the ACP will be held on **Nov. 14-18, 2007**, in San Antonio, Texas. www.hjf.org/events
- The 13th International Congress on Infectious Diseases will be held **June 19-22, 2008**, in Kuala Lumpur, Malaysia. http://www.isid.org/13th_icid/

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