

FEDERAL HEALTH UPDATE

August 24, 2007

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

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Federal Health Update will not be published on Aug. 31, 2007

Congressional Schedule

- Congress is in recess until Sept. 4, 2007.

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Military Health Care News

- The Office of the Assistant Secretary of Defense for Health Affairs published an interim final rule in the [Federal Register](#). This interim final rule revises requirements and procedures for TRICARE Reserve Select and restructures eligibility to include all Selected Reservists, except for those individuals either enrolled or eligible to enroll in a health benefit plan under Chapter 89 of Title 5, United States Code. Changes include eliminating the three-tiered system, expanded survivor coverage, continuously open enrollment and streamlining coverage. Monthly premiums are \$81 for the service member and \$253 for member and family coverage. The rule is effective Oct. 1, 2007.

- According to *American Forces Press Service*, Stephen Maguire was appointed to be the director of the Soldier and Family Support Center at Walter Reed Medical Center, formerly known as the Medical Family Assistance Center. In this role, Maguire will lead the support center staff to coordinate resources and act as a point of contact for patients and their families.

Permanently blinded and severely wounded by a booby trap in Vietnam in 1969, Maguire spent more than 17 months being treated at Walter Reed Army. Now Maguire has returned to help wounded warriors and their families obtain assistance that wasn't available when he was hospitalized here.

Services the Support Center provides include helping with mortgage and rent payments, home insurance, car and car insurance payments, storage fees, airfare, car repairs, child care, utility bills and telephone bills.

The Walter Reed Society helps provide assistance to families with everyday needs that fall between the cracks. The Soldier and Family Support Center acts as a conduit for getting assistance from the Walter Reed Society and other organizations to the service members and their families.

The Soldier and Family Support Center is staffed with about 20 people who help wounded warriors and their families with everyday needs that the military doesn't meet. <http://www.defenselink.mil/news/newsarticle.aspx?id=47155>

- On Aug. 16, 2007, [Forbes.com](http://www.forbes.com) reported that ninety-nine U.S. soldiers killed themselves last year, the highest rate of suicide in the Army in 26 years. In 1991, there were 102 suicides reported.

The information obtained through the *Army Suicide Event Report*, which tracks suicide attempts and completions and the factors involved, showed that in 2006 there were 99 suicides within the Army, 30 of which occurred in Iraq or Afghanistan. This is an increase from 87 suicides in 2005 and 67 in 2004. Iraq was the most frequent deployment location for U.S. soldiers who either attempted suicide or committed suicide. Investigations are still pending on two other deaths, and if they are confirmed as suicides, the number for last year would be 101 instead of 99.

In a half million-person Army, last year's suicide toll translates to a rate of 17.3 per 100,000, the highest in the past 26 years, officials report. The rate has fluctuated over those years, with the low being 9.1 per 100,000 in 2001.

Preliminary numbers for the first half of 2007 indicate the number of suicides could decline across the service but increase among troops serving in the wars, according to Army officials.

The increases for 2006 came as Army officials worked to set up new programs and strengthen old ones for providing mental health care to a force strained by the longer-than-expected conflict in Iraq and the global counterterrorism war entering its sixth year.

In a flurry of studies in recent months, officials found that system that might have been adequate for a peacetime military has been overwhelmed by troops coming home from the wars. Some troop surveys in Iraq have shown that 20 percent of Army soldiers have signs and symptoms of post-traumatic stress, which can cause flashbacks of traumatic combat experiences and other severe reactions. About 35 percent of

soldiers are seeking some kind of mental health treatment a year after returning home under a program that screens returning troops for physical and mental health, officials have said.

The Army has sent medical teams annually to the battlefield in Iraq to survey troops, health care providers and chaplains about health, morale and other issues. It has revised training programs, bolstered suicide prevention, is adding some 25 percent more psychiatrists and other mental health professionals to its staff and is in the midst of an extensive program to teach all soldiers how to recognize mental health problems in themselves and their comrades — and encourage them to seek help.

The Army also has been working to stem the stigma associated with getting therapy for mental problems, after officials found that troops are avoiding counseling out of fear it could harm their careers. <http://www.forbes.com/feeds/ap/2007/08/16/ap4026007.html>

- Wilson Health Information, a healthcare consumer insight firm, named TRICARE the highest rated health insurance plan in overall member satisfaction for the fifth consecutive year in the newly released [2007 WilsonRx\(R\) Health Insurance Satisfaction Survey](#).

Kaiser Permanente regained the number one Health Maintenance Organization (HMO) position; CareFirst BC/BS is the top Preferred Provider Organization (PPO) and the Blue Cross Blue Shield Association plans, as a group, rate number one in both Point of Service (POS) and Major Medical plans.

The 2007 survey, the largest of its kind, was mailed to more than 67,000 households in January and contains responses from 33,531 household consumers throughout the Continental United States. Results are available for sale as national, regional, CMSA, state and more than 100 health plan specific market reports and promotional licenses.

In the 37 markets evaluated, first time winners included Intermountain Healthcare (IHC) in Utah, UPMC Health plan in Pittsburgh, Group Health Cooperative in Seattle, CareFirst BC/BS in Washington, DC, and Virginia, Tufts Health Plan in Boston and Health Alliance Plan (HAP) in Detroit. Multiple market winners include: Humana, Kaiser Permanente, UnitedHealthCare, Aetna and BC/BS plans. http://www.wilsonrx.com/press_releases/pr_2007_08_15.htm

- According to *Military Update*, more than 168,000 TRICARE Prime enrollees — those in managed-care networks set up more than 40 miles from a military base or a base closure site — could lose access to those networks and therefore pay higher out-of-pocket costs under new TRICARE support contracts to take effect in 2009.

A proposed change to the next generation of contracts, floated by TRICARE in a draft bid proposal, would encourage contractors to make more cost-competitive bids by dismantling provider networks that aren't near military treatment facilities or Base Realignment and Closure (BRAC) sites.

Cutting the number of Prime Service Areas, or PSAs, would save the government money, but it would hit thousands of beneficiaries in the wallet. Retirees, their spouses and survivors living more than 40 miles from base would lose access both to TRICARE Prime and also to TRICARE Extra, the military's preferred provider option. They would have to shift to TRICARE Standard, which for beneficiaries is the most costly

of TRICARE's three options. The number of doctors willing to accept TRICARE patients also could tighten in areas where PSAs no longer would exist.

The draft RFP was released to obtain comments from the industry. The comment period ended July 19 and a final RFP is expected to be issued soon.

<http://www.estripes.com/article.asp?section=104&article=55721&archive=true>

- In a story about the upcoming procurement of the next round of TRICARE's managed care support contracts, *CNN* reported that a number of companies have taken action to position themselves to bid.

Aetna Inc. (AET), one of the nation's largest managed-care companies, has formed an advisory committee composed of former military physicians and officials and a military-family advocate to guide the company as it considers a potential bid for the Defense Department's TRICARE health plan.

More than 9.1 million military-service members, retirees and families are eligible for coverage under TRICARE, which delivers care primarily through military facilities, augmented by a civilian network of providers and hospitals.

Health Net Federal Services (HNFS), the contractor that currently serves the TRICARE North Region, appointed former Under Secretary of Defense Charles Cragin to its TRICARE advisory committee.

TRICARE late this summer expects to issue a final request for proposals for new contracts to provide health-care services in the three TRICARE regions. The new contracts would become effective in September 2009.

HNFS currently serves the North region, Humana Military Healthcare Services covers the South and the TriWest Healthcare Alliance manages care for beneficiaries in the West. TRICARE awarded the three contracts, valued at \$6.4 billion in total, four years ago, and the companies took responsibility for services during 2004. http://money.cnn.com/news/newsfeeds/articles/djf500/200708211623DOWJONESDJONLINE000509_FORTUNE5.htm

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Veterans Health Care News

- On Aug. 16, 2007, the Department of Veterans Affairs (VA) announced it will modernize the Canandaigua VA Medical Center in New York. The enhancements include new construction and renovation, the opening of a national suicide prevention hot line center and the facility's designation as a "Mental Health Center of Excellence."

The VA plans to build a new single-floor 120-bed nursing home and a new 50-bed residential rehabilitation facility and renovate an outpatient building to meet the current and anticipated needs of Finger Lakes area veterans.

The new facilities will be designed to preserve the historic core of the campus by renovating buildings in

one of the historic courtyards to retain the ambiance of the 171-acre campus. VA will also explore partnerships with the private sector to generate revenue and complementary services for veterans by leasing under-used buildings and land at Canandaigua.

The VA also announced that Canandaigua is being designed as a “VA Mental Health Center of Excellence,” working in collaboration with the department of psychiatry at the University of Rochester. In this capacity, the facility will oversee a broad range of efforts -- locally, regionally and nationally -- to improve mental health care for veterans.

As a Center of Excellence, the facility will focus on suicide prevention, post-traumatic stress disorder and other mental health issues.

Finally, VA has officially opened its National Suicide Prevention Hot Line at Canandaigua, which will provide round-the-clock national assistance for veterans. The hot line is staffed by mental health professionals at Canandaigua taking toll-free calls from veterans across the country. The number is 1-800-273-TALK (8255). Veterans in need of assistance are connected with on-call professionals, and then referred for follow-up treatment at their local VA facility.

The program is a collaboration between VA and the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1369>

- The Department of Veterans Affairs (VA) will build a new health care center in Harlingen, Texas, to improve care to veterans in South Texas and eliminate the approximately 95 percent of trips required by veterans to VA medical facilities in San Antonio. The new VA health care center will be on the campus of the University of Texas in Harlingen.

The plans call for increasing the current VA health facility space in Harlingen from 11,700 square feet to nearly 160,000 square feet by 2010. The expansion will begin immediately, with space tripling VA’s current space in Harlingen from 11,700 square feet to nearly 35,000 square feet by December 2007, and then to nearly 56,000 square feet by December 2008.

When the facility is completed, it will provide a full range of expanded services in collaboration with the University of Texas Regional Academic Health Center, including:

- Specialty and diagnostic services, such as pharmacy, digital x-rays, CT scans, MRIs and other services; and
- Outpatient surgeries, such as cataract removals, diagnostic colonoscopies and prostate biopsies, supported by outpatient operating rooms.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1370>

- After several congressional hearings and town halls to determine the location of the VA medical center that was destroyed in Hurricane Katrina, the Department of Veterans Affairs (VA) announced it had

selected a downtown site for reconstruction of a VA Medical Center in New Orleans.

The preferred site is located on 34 acres of land bounded by South Rocheblave Street to the north, South Galvez Street to the south, Tulane Avenue to the west, and Canal Street to the east. VA continues to evaluate collaboration with other local health care providers for shared services based on physical, financial and programmatic viability, including support for overall health care redesign.

The downtown site must now undergo a mandatory environmental assessment, along with another site under consideration located 4.5 miles away in Jefferson Parish. At the conclusion of the review, a final decision on the site and acquisition of the land will be concluded.

This year, VA expects to spend more than \$1.2 billion in Louisiana for the state's 350,000 veterans. VA operates major medical centers in Alexandria and Shreveport, eight community-based outpatient clinics, Vet Centers in Kenner and Shreveport and a nursing home in Alexandria.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1372>

- The Department of Veterans Affairs (VA) announced that a vaccine for shingles, which VA researchers helped develop, is available to veterans who are patients at VA medical facilities nationwide.

VA physicians will offer the vaccine to patients with appropriate medical conditions, usually those who are 60 years of age or older and have healthy immune systems. A single dose of the vaccine offers protection against shingles, which is scientifically named Herpes Zoster.

VA researchers and patients from across the country participated in studies which led to the vaccine's approval by the Food and Drug Administration. The vaccine is available immediately to those who are recommended for the treatment. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1375>

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Health Care News

- The Centers for Medicare and Medicaid Services (CMS) announced the start of participant recruitment for the Post Acute Care Payment Reform Demonstration (PAC-PRD). Participating providers include acute care hospitals and four post-acute care (PAC) settings—Long Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs).

A key goal of this project is to generate recommendations for improving CMS payment models based on data collected in the demonstration. The goals of payment reform include aligning incentives among the four PAC settings with a particular focus on patient populations seen in more than one PAC setting. Other analyses to be explored include the examination of discharge patterns and the comparison of outcomes between settings. CMS hopes that the information gained through the PAC-PRD will improve its ability to understand and compare the populations served in acute hospitals and each of the four PAC settings and the care that is received.

CMS is attempting to recruit providers to participate in this data collection effort. Participation is

voluntary. The selection of which providers to include in a given market will depend on characteristics, such as patterns of corporate ownership, profit status and size of individual providers, the ability to recruit other providers in the same referral network, and the need to recruit a representative sample.

This demonstration project will give CMS and Medicare-participating providers better information on the case-mix severity of Medicare beneficiaries using their services. The information will be critical in creating recommendations for refining CMS approaches to measuring case mix intensity in PAC populations. CMS hopes to improve PAC payments by adopting techniques that provide greater uniformity in how patients are assessed and quality is measured. [CMS NR 08-21-2007](#)

- The Centers for Medicare and Medicaid Services (CMS) projects that the actual average premium paid by beneficiaries for standard Part D coverage in 2008 will be roughly \$25. This is nearly 40 percent lower than originally projected when the benefit was established in 2003 and also lower than projected earlier this year. CMS attributes this sharp decrease to strong competitive bidding by health and prescription drug plans and beneficiaries' choices.

The estimated actual average premium for 2008 of roughly \$25 for basic coverage is far below the original estimate for 2008 of \$41, and is even below the most recent estimate of \$27 from the 2008 Mid-Session Review. And, while the average expected premium for basic coverage in 2008 is higher than the actual average for 2007 (about \$22), this is due primarily to technical adjustments required by law rather than increased bids.

Approximately 87 percent of beneficiaries enrolled in a stand-alone prescription drug plan (PDP) will have access to Medicare drug plans that cost them the same or less than their coverage in 2007. Thus, the majority of beneficiaries could avoid any premium increase in 2008 by enrolling in a lower-cost stand alone PDP in their region. Moreover, many beneficiaries have access to a Medicare Advantage plan with lower prescription drug premiums.

Under Part D, beneficiaries with low incomes can receive valuable extra assistance with their drug plan premiums and cost-sharing. Nearly 9.5 million beneficiaries are currently receiving extra help through the Part D program. To avoid a premium for these low income beneficiaries and to avoid any gap in coverage, about 1 in 6 of these beneficiaries will be assigned by CMS to a new plan sponsor in their coverage area on a random basis (effective Jan. 1, 2008). These beneficiaries will be able to switch to another plan if they choose. The average value of the Part D benefit, premium subsidy, and cost-sharing subsidy for low-income enrollees is estimated to be about \$3,660 per year in 2008 (\$3,353 in 2007). [CMS NR 8-13-2007](#)

- The Department of Health and Human Services (HHS) launched a \$25 million emergency care grant program on Aug. 10, 2007. HHS will award three grants to hospitals and other health care facilities; the program is focused hospital surge capacity, emergency care system capability, and community and hospital preparedness for public health emergencies.

Emergency care delivery has a direct impact on hospital preparedness. Improvements in emergency care will enhance our nation's ability to respond to public health emergencies. This grant initiative also addresses some of the related emergency care issues highlighted in the June 2006 Institute of Medicine's

Future of Emergency Care Reports.

The program will award grants for projects that will help integrate public and private emergency care system capabilities with public health and other first responder systems through periodic preparedness and response capabilities evaluation via drills and exercises; and integrating public and private sector public health and medical donations and volunteers.

Grants will also be awarded to programs that improve the efficiency, effectiveness and expandability of emergency care systems and overall preparedness and response capabilities in hospitals, other health care facilities (including mental health and long-term care facilities), and trauma care and emergency medical service systems, with respect to public health emergencies.

In addition, HHS will award grants to develop plans for strengthening public health emergency medical management, and the provision of emergency care and treatment capabilities.

Grant applications must be received no later than 5:00 p.m. EDT on Sept. 7, 2007, and may be filed online via the federal grants portal, www.grants.gov.

<http://www.hhs.gov/news/press/2007pres/08/pr20070810a.html>

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is expanding its [National Registry of Evidence-based Programs and Practices \(NREPP\)](#) Web site by providing information from the agency's Model Programs Initiative.

The Web site is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent experts. The registry assists local organizations in identifying interventions that have been scientifically tested and can be readily disseminated to the field. Organizations can search for interventions that fit the needs of their communities.

The registry originated in 1997 in SAMHSA's Center for Substance Abuse Prevention. Procedures under this earlier registry were developed to review, rate and designate programs as model, effective, or promising programs. Based on extensive input from scientific communities, service providers, expert panels and the public, the procedures were revised, resulting in the launch of the new NREPP and its Web site in March 2007.

- Francisco Sy, MD, DrPH, has been named to head the National Center on Minority Health and Health Disparities (NCMHD), National Institutes of Health (NIH), U.S. Department of Health and Human Services (HHS).

Prior to being promoted to his new position, Dr. Sy was serving as the new director of Extramural Activities and Scientific Programs at the National Center on Minority and oversaw several programs at the NCMHD: the Community-Based Participatory Research Initiative, Loan Repayment Programs and Research Endowment Program. In addition, he has represented the NCMHD and the NIH on a number of trans-NIH and HHS workgroups and committees.

Before coming to the NIH, Dr. Sy served as a senior health scientist at the Centers for Disease Control and

Prevention (CDC), Atlanta, where he was the team leader in the Program Evaluation Research Branch in the Division of HIV/AIDS Prevention. In 2003, as a member of the CDC's Severe Acute Respiratory Syndrome (SARS) outbreak investigation team, Dr. Sy led community outreach efforts in Asian-American communities. In 2004, Sy organized the Asian and Pacific Islander employees at the CDC and became the first president of the Association of Asian/Pacific Islander Employees of the CDC and Agency for Toxic Substances and Disease Registry.

Dr. Sy earned his Doctor of Public Health (Dr.P.H.) degree in Immunology and Infectious Diseases from Johns Hopkins University; Master of Science in Tropical Public Health from Harvard University; and Doctor of Medicine degree from the University of the Philippines.

- A group of healthcare organizations involved in the manufacturing, distribution and dispensing of pharmaceutical products announced the creation of Rx Response - a program designed to help support the continued delivery of medicines during a severe public health emergency. The consumer website, RxResponse.org, offers visitors the opportunity to print a convenient [wallet card](#) - in English or Spanish - where they can include a personal list of medications and other relevant medical information in case of emergency.

The Rx Response program includes the pharmaceutical and biotechnology manufacturing industries, as well as distribution companies, community pharmacies and hospitals — all of whom play a role in delivering medicines to patients.

The partnership includes the American Hospital Association, American Red Cross, Biotechnology Industry Organization, Healthcare Distribution Management Association, National Association of Chain Drug Stores, National Community Pharmacists Association and the Pharmaceutical Research and Manufacturers of America. In addition, the American Red Cross and all of the partners worked with the departments of Health and Human Services and Homeland Security to develop this program. The partnership also is working with state emergency agencies to further develop the program to help support the continued delivery of medications to patients whose health may be threatened during a crisis.

In the past, when the pharmaceutical supply chain was disrupted, there was no single forum for suppliers to convene and share information. Now, Rx Response will help support information sharing among partners, community volunteer relief organizations and local, state and federal agencies responding to major disasters by helping to support the continued delivery of critical medicines and, where possible, addressing challenges.

The program will be activated when responding to severe domestic public health emergencies —when existing emergency relief plans and service programs are disrupted — to help assist partner organizations in their individual response activities. For example, a disaster declared by a U.S. governor or the President of the United States, may initiate Rx Response program engagement. Other situations warranting initiation, as determined by Rx Response, may also activate the program. http://www.prweb.com/releases/phrma_rxresponse/200708/prweb547072.htm

- The U.S. Food and Drug Administration proposed a new regulation that sets standards for formulating, testing and labeling over-the-counter (OTC) sunscreen drug products with ultraviolet A (UVA) and

ultraviolet B (UVB) protection.

Sunlight is composed of the visible light that we can see, and ultraviolet (UV) light that we cannot. There are two types of UV light, UVA and UVB. UVA light is responsible for tanning and UVB for sunburn. Both can damage the skin and increase the risk of skin cancer.

The proposed regulation creates a consumer-friendly rating system for UVA products designed to help consumers identify the level of UVA protection offered by a product. The FDA proposal provides a ratings system for UVA sunscreen products on a scale of one to four stars. One star would represent low UVA protection, two stars would represent medium protection, three stars would represent high protection, and four stars would represent the highest UVA protection available in an OTC sunscreen product. If a sunscreen product does not provide at least a low level (one star) of protection, FDA is proposing to require that the product bear a "no UVA protection" marking on the front label near the SPF value.

Ratings would be derived from two tests the FDA proposes to assess the effectiveness of sunscreens in providing protection against UVA light. The first test measures a product's ability to reduce the amount of UVA radiation that passes through it. The second test measures a product's ability to prevent tanning. This test is nearly identical to the SPF test used to determine the effectiveness of UVB sunscreen products.

In addition, a "**Warnings**" statement in the "**Drug Facts**" box will be required of all sunscreen product manufacturers. The warning will say: "UV exposure from the sun increases the risk of skin cancer, premature skin aging, and other skin damage. It is important to decrease UV exposure by limiting time in the sun, wearing protective clothing, and using a sunscreen." The warning is intended to increase awareness that sunscreens are only one part of a sun protection program.

The proposed rule revises the existing SPF (UVB) testing procedures; allows new combinations of active ingredients; and asks for [comments](#) until November 26, 2007 on the issue of nanoparticles.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01687.html>

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 55 from the last report to 96,363. The totals for each service are Army National Guard and Army Reserve, 78,172; Navy Reserve, 5,608; Air National Guard and Air Force Reserve, 6,366; Marine Corps Reserve, 5,910; and the Coast Guard Reserve, 307. www.defenselink.mil

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Reports/Policies

- On Aug. 10, 2007, the Assistant Secretary of Defense for Health Affairs published "Department of Defense Pre-pandemic Influenza Vaccine Policy." This memorandum provides guidance for the use of pre-pandemic influenza vaccines to the Chairman of Joint Chiefs of Staff, the Office of the Secretary of

Defense, all elected federal employees, the military Services and their civilian counterparts and all those associated with the Military Health System. <http://www.ha.osd.mil/policies/2007/07-014.pdf>

- The Institute of Medicine (IOM) published “*Improving the Presumptive Disability Decision-Making Process for Veterans*,” on Aug. 9, 2007. The report examined the current process of how presumptive disability decisions are made for veterans who have health conditions attributed to military service. The committee who conducted the study concluded that the presumptive disability decision-making process should be based on evidence about military exposures and veterans’ health and if a specific health condition for a specified group of veterans was at least as likely as not to have been caused by their military service. The Committee proposed a framework for the future that will be based on findings about the health of veterans that come from tracking of exposures during military service, as well as tracking of health status at entry into, during, at separation from and after military service.

<http://www.iom.edu/CMS/26761/34756/45306.aspx>

- The Institute of Medicine (IOM) published “*Understanding the Benefits and Risks of Pharmaceuticals: Workshop Summary*,” on Aug. 14, 2007. The report is a summary of a workshop conducted by the Forum on Drug Discovery, Development, and Translation. The goals of the workshop were to gain a better understanding of the current system used to evaluate benefit and risk and to identify opportunities for improvement. During the workshop, the participants focused on pre-market assessment, during which clinical trial data are used to assess benefit and risk; communication of that information to prescribing physicians and their patients; healthcare decisions made by prescribing physicians and their patients; and the accumulation and assessment of benefit–risk information gained from post-marketing experience.

<http://www.iom.edu/CMS/3740/24155/45058.aspx>

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Legislation

- No legislation was introduced this week.

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Hill Hearings

- 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

- 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 First AHRQ Annual Meeting “Improving Health Care Quality,” will be held **Sept. 26-28, 2007**, in Bethesda, Md. <http://www.blsmmeetings.net/2007ahrqannual/index.cfm>
- 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.vindicomed.com/meetings/idc/ny/default.htm>
- The 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. <http://www.aamc.org/meetings/annual/2007/start.htm>
- 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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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. To subscribe, please visit <http://usminstitute.org/subscriber.cfm>. To unsubscribe, please send an email to update@usminstitute.org with UNSUBSCRIBE as the subject.