

FEDERAL HEALTH UPDATE

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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

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Executive and Congressional News

- **On March 23, 2010, President Obama signed into law H.R. 3590, the Patient Protection and Affordable Care Act.** The House passed the health care reform legislation on March 21, 2010.
- **The House passed H.R. 4872, the Health Care and Education Affordability Reconciliation Act of 2010, on March 21, 2010.** This bill makes changes to the Patient Protection and Affordable Care Act.
- **On March 24, 2010, the Senate passed H.R. 4872, the Health Care and Education Affordability Reconciliation Act of 2010.** During the debate, Senate Republicans identified two minor parliamentary violations of reconciliation rules in the final piece of the health-care package, forcing the Senate to make small changes to the reconciliation bill and send it back to the House for final passage.
- **On March 22, 2010, the House passed H R 4667, the Veterans Compensation Cost-of-Living Adjustment Act of 2010.** Effective Dec.1, 2010, this legislation increases the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

- **President Obama signed an executive order to ensure enforcement and implementation of abortion restrictions in H.R. 3590, the Patient Protection and Affordable Care Act.**

In the executive order, President Obama directs the director of the OMB and the secretary of HHS to develop, within 180 days of the date of the order, a model set of segregation guidelines for state health insurance commissioners to use when determining whether exchange plans are complying with the Act's segregation requirements, established in section 1303 of the Act, for enrollees receiving federal financial assistance. The guidelines also must offer technical information that states should follow to conduct independent regular audits of insurance companies that participate in the health insurance exchanges.

In addition, President Obama directed the secretary of HHS to ensure that program administrators and recipients of federal funds are aware of and comply with the limitations on abortion services imposed on Community Health Centers (CHC) by existing law. Such actions should include, but are not limited to, updating Grant Policy Statements that accompany CHC grants and issuing new interpretive rules.

To read the executive order in its entirety, please visit: <http://www.whitehouse.gov/the-press-office/executive-order-patient-protection-and-affordable-care-acts-consistency-with-longst>

- **The Senate Armed Services Personnel Subcommittee held a hearing on March 24, 2010, to consider the Defense Health Program (DHP) and the Administration's proposed FY11 Defense budget.**

During the hearing, Senator Benjamin L. Cardin, (D-MD) testified about rising rates of psychiatric drug use among service members and called on top military health officials to provide detailed data relating how many troops are on anti-depressants and other mind-altering drugs. Dr. Charles L. Rice, who is performing the duties of the assistant secretary of defense for health affairs and acting director, TRICARE Management Activity (TMA), Rear Adm. Christine S. Hunter, USN, deputy director, TMA, and the service surgeons generals also testified.

- **On March 25, 2010, Rep. Martin Heinrich (D-NM) introduced H.R. 4923, the TRICARE Dependent Coverage Extension Act, a bill that would increase the maximum age to 26 at which troops and military retirees are allowed to provide health coverage to their dependent children.**

Rep. Heinrich introduced this legislation following the enactment of the Patient Protection and Affordable Care Act. Under the new system, individuals with private health insurance will now be able to provide coverage to their dependent children up to age 26.

TRICARE, the health insurance program for military service members, retirees, and the families of both, is under the control of the U.S. Department of Defense and governed by a different section of the United States code. The current maximum age of coverage for children under TRICARE is 23. H.R. 4923 would amend Title 10 to change the maximum age of coverage for children from 23 to 26.

Military Health Care News

- **The Millennium Cohort Study, which was launched in 2001 to help address health outcomes related to service members' deployments, will soon be increasing its enrollment to more than 200,000 participants.**

The next survey cycle, which begins this year, will add 50,000 new cohort members plus 10,000 spouses of service members to the study.

The cohort study originally enrolled a three-panel sample of about 152,000 military personnel representing all of the services, including active duty and Reserve/Guard members. Participants agreed to provide important and secure information about their deployment exposures and health conditions throughout their service time and beyond, for up to 21 years. The study oversampled for Reserve/National Guard members, women, and those who had deployed to Southwest Asia, Kosovo and Bosnia (1998 and 2000) in order to ensure sufficient power to detect differences in smaller subgroups.

More than half of the original cohort participants have deployed in support of OEF/OIF in the last nine years since the research began in the summer of 2001. The study established pre-deployment baseline health measures and is examining the impact of deployment exposures on health outcomes, including subjective measures of physical and mental health and objective measures of diseases, mortality, and vaccinations.

The cohort study includes survey questions about alcohol use, smoking, sleep, exercise, complementary and alternative medicine use, supplement use, occupation, vaccinations, deployment exposures, mental and physical health, and behavioral health.

The new study will include additional questions to assess reproductive outcomes, resiliency, and injuries and is linked to military trauma registries and the DoD Birth and Infant Health Registry.

According to DoD officials, the key to answering veteran and public health concerns is to understand baseline health, and to follow that forward while differentiating between deployment and other military occupational exposures in order to quantify any health impact from military service.

For more information, please go to: www.millenniumcohort.org.

- **On March 23, 2010, Defense Secretary Robert E. Gates announced:**

John T. Hastings was appointed to the Senior Executive Service and assigned as deputy assistant secretary of defense for reserve affairs (resources), Office of the Secretary of Defense, (Reserve Affairs), Office of the Under Secretary of Defense (Personnel and Readiness), Washington, D.C.

Hastings previously served as principal director and director for program and budget (supervisory program analyst) with the Office of the Deputy Assistant Secretary of Defense, (Reserve Affairs), Office of the Under Secretary of Defense (Personnel and Readiness), Washington, D.C.

- **On March 21, 2010, Defense Secretary Robert M. Gates released a statement in an effort to dispel fears of service members and their families that the health care reform bill would negatively affect their health care:**

"As Secretary of Defense, the health and well-being of America's men and women in uniform is my highest priority.

"Our troops and their families can be re-assured that the health care reform legislation being passed by the Congress will not negatively impact the TRICARE medical insurance program, as it already meets the bill's quality and minimum benefit standards....

"The President and I are committed to seeing that our troops, retirees and their families will continue to receive the best quality health care."

Included in the final House negotiations was the addition of a provision that confirms that participation in DoD health care programs would qualify as "minimal essential coverage." This includes TRICARE and other DoD health care programs.

- **Dr. Charles L. Rice, who is performing the duties of assistant secretary of defense for health affairs, posted a message to beneficiaries regarding the new health care reform legislation on the ASD(HA) blog:**

"On Sunday evening, the House of Representatives passed a major piece of health care reform legislation. With President Obama's March 23, 2010, signature, this bill has become law.

"For the Department of Defense, and specifically for our 9.6 million TRICARE beneficiaries, this law will not affect the TRICARE benefit. Eligibility, covered benefits, copayments and all other features of our TRICARE program remain in place.

"Our military and civilian leadership in the Department, the Congress, and the White House are steadfast in their commitment to ensuring the health care of our service members, their families, and those who have retired from service to their country. As President Obama said in his remarks Tuesday, this new law is about reform. And while reform brings change, the new law does not change Defense Secretary Gates' and President Obama's commitment to seeing that our service members, retirees and their families continue to receive the best quality health care."

- **On March 23, 2010, TRICARE Management Activity announced that a recent enhancement to the Computer/Electronic Accommodations Program (CAP) allows service members to keep their assistive technologies when they leave active duty.**

Service members who leave the military and return to work for the federal government can receive the CAP tools they need in their new workplace.

Since 2004, the Computer/Electronic Accommodations Program (CAP) has filled more than 15,200 requests by wounded service members for assistive technologies. CAP provides wounded veterans with the tools necessary to access computer and telecommunications environments.

Working closely with rehabilitation personnel at military treatment facilities, CAP makes sure service members get information about and exposure to assistive technologies early in their rehabilitation process. Knowing what types of tools exist can have a profound impact on the recovery process, with service members seeing themselves able to work or learn in an electronic environment despite their injuries.

CAP assesses a service member's needs by considering the individual, the functional limitations they experience, and the job or task to be performed. For some service members their "job" may be keeping medical and therapy appointments, working in a temporary duty assignment or preparing to continue on active duty. They can also be getting ready to separate from active duty and continue their education or work in the private sector or as a federal civilian employee.

For more information, please visit www.tricare.mil/cap/WSM.

- **On March 23, 2010, TRICARE Management Activity announced that the TRICARE Assistance Program has been extended through March 20, 2011.**

This demonstration program lets beneficiaries use the Internet and a Web cam to speak "face-to-face" with mental health counselors 24 hours a day, seven days a week, from the privacy of their homes or wherever else they may feel comfortable.

Eligible beneficiaries can use the TRICARE Assistance Program (TRIAP) counseling services an unlimited number of times, and no referral or prior authorization is needed to use TRIAP.

The TRIAP demonstration program is available in the United States to active duty service members, those eligible for the Transitional Assistance Management Program (TAMP) and members enrolled in TRICARE Reserve Select. It is also available to spouses of any age and other eligible family members 18 years of age or older.

TRIAP provides supportive counseling or advice when beneficiaries are dealing with personal problems affecting their work performance, health or wellbeing. Services include assessments, short-term counseling and, if the TRIAP counselor determines more specialized care is necessary, a referral to a more comprehensive level of care.

For more information about TRIAP or to link to the regional health care contractors' TRIAP sites, go to www.tricare.mil/TRIAP.

- **The Washington Business Journal reports that the United States Institute of Peace is getting a chunk of the Navy Bureau of Medicine and Surgery campus in 2012.**

As construction of its 154,000-square-foot facility overlooking the Lincoln Memorial enters the final stretch, the institute is already planning to expand into two historic Navy Bureau buildings.

The publicly funded nonprofit will get the two buildings at 2300 E St. NW after the Navy surgeon general and his staff move out by 2011 under a late 2005 Base Realignment and Closure decision. The Institute expects to take occupancy of the two buildings on the high-profile site between the Kennedy Center and the State Department in 2012.

The naval operations will relocate to a new facility in the region with the surgeons general of the Air Force and Army. The surgeons general are still looking for the location.

The Navy surgeon general was told to move from the campus to a new location with the surgeons general of the Army and Air Force under the 2005 BRAC orders. The Defense Department later reversed its decision, only to change its mind again years later, ordering the consolidation.

The peace institute says it will use the two historic buildings on the southern end for its Academy for International Conflict Management and Peace.

Founded in 1984, the United States Institute of Peace is an independent, nonpartisan, national institution established and funded by Congress. Its goals are to help prevent and resolve violent international conflicts; promote post-conflict stability and development; and increase conflict management capacity, tools, and intellectual capital worldwide.

Veterans Health Care News

- **On March 22, 2010, Dr. Raul Perea-Henze was sworn in as the assistant secretary for policy and planning for the Department of Veterans Affairs (VA).**

VA's Office of Policy and Planning develops policy and conducts strategic planning for VA. It coordinates efforts involving transformation, innovation and strategic management and also leads the department's efforts on VA/DoD collaboration. It also serves as VA's focal point for data and analysis, conducting program evaluations and surveys of veterans, and managing the availability of official data.

Perea-Henze's nearly 25 years of experience in strategy and planning have included serving as a senior executive at Merck and Co. and at Pfizer. He was deputy assistant secretary for administration at the Commerce Department, a White House fellow and the chief of staff for the undersecretary for international trade at the Commerce Department.

He also served as a management consultant, a senior official in New York City government and an adjunct professor of health policy at New York University.

Perea-Henze graduated from the University of Chihuahua School of Medicine in Mexico. At Yale University, he earned a master's degree in public health with a concentration in health policy and management.

- **Secretary of Veterans Affairs Eric K. Shinseki has announced the award of a \$3.3 million contract by the Department of Veterans Affairs (VA) for pre-construction services for VA's new medical center in New Orleans.**

This is the first of several contracts to provide a new state-of-the-art VA medical center consisting of an inpatient hospital, outpatient clinic, diagnostic and treatment facility, rehabilitation facility, administrative space and research laboratories.

The contract also calls for a 2,000-car parking garage, energy plant, utilities, road and lighting. The new VA medical center will be located on Canal Street in the mid-city section of New Orleans.

- **On March 21, 2010, Secretary of Veterans Affairs Eric Shinseki released a statement in an effort to dispel fears of service members and veterans**

that the health care reform bill would negatively affect their health care:

"As Secretary of Veterans Affairs, I accepted the solemn responsibility to uphold our sacred trust with our nation's Veterans. Fears that Veterans health care and TRICARE will be undermined by the health reform legislation are unfounded.... The President and I stand firm in our commitment to those who serve and have served in our armed forces. We pledge to continue to provide the men and women in uniform and our veterans the high quality health care they have earned.

"President Obama has strongly supported veterans and their needs, specifically health care needs, on every major issue for these past 14 months – advance appropriations, new GI Bill implementation, new Agent Orange presumptions for three additional diseases, new Gulf War Illness presumptions for nine additional diseases, and a 16 percent budget increase in 2010 for the Department of Veterans Affairs, that is the largest in over 30 years, and which has been followed by a 2011 VA budget request that increases that record budget by an additional 7.6 percent.

"To give our veterans further assurance that health reform legislation will not affect their health care systems, the Chairmen of five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs."

• **Heritage Health Solutions, Inc. announced that it has appointed an advisory board to its board of directors.**

Comprised of individuals well known in their respective fields, the new advisory board is charged with offering independent advice to Heritage's governing body and providing their expertise and consultation in several areas, including strategic long-term planning.

The new advisory board members include:

- Army Brig. Gen. Michael J. Kussman, M.D. (retired). He retired from the Department of Veterans Affairs in May 2009, having served as the Under Secretary for Health for the Veterans Health Administration since May 7, 2007
- Army Brig. Gen. Richard L. Ursone (retired): director, Department of Defense Healthcare, Deloitte Consulting LLP. Former assistant surgeon general, Office of the Surgeon General, U.S. Army, and chief, Medical Service Corps.

Heritage Health Solutions (Heritage) is a Service-Disabled Veteran-Owned Small Business specializing in integrated healthcare delivery and administrative services, first and emergent fill pharmacy services, and teleradiology/telemedicine for agencies of the federal government including the Department of Veterans Affairs, U.S. Department of Justice, and Department of the Army.

Health Care News

• **The U.S. Department of Health and Human Services (HHS) has awarded of more than \$372 million to 44 communities to support public health efforts to reduce obesity and smoking, increase physical activity and improve nutrition.**

The awards are part of the HHS *Communities Putting Prevention to Work* (CPPW) initiative, a comprehensive prevention and wellness initiative funded under the American Recovery and Reinvestment Act of 2009.

CPPW awards to cities, towns and tribes across the country will provide communities with the resources to create healthy choices for residents, such as increasing availability of healthy foods and beverages, improving access to safe places for physical activity, discouraging tobacco use and encouraging smoke-free environments.

In addition to the public health benefits of the initiative, the competitively awarded grants will also support putting Americans back to work — an essential component of winning plans. Communities will have two years to complete their programs.

Of the 44 communities receiving grants, 23 are receiving funding for obesity prevention; 14 for tobacco cessation; and seven others for both obesity and tobacco cessation efforts. The awards are being distributed among communities of various sizes, with an average grant of \$17.3 million to each large city grantee; an average of \$7.7 million to urban areas; an average award of \$4.7 million to small cities or rural areas, and an average award of \$1.3 million to tribes.

Small city and rural awards will be administered through state departments of health in nine states, providing funds to 16 small and rural communities.

To view a complete listing of grant awardees, visit <http://www.hhs.gov/recovery/programs/cppw/grantees.html>.

• **The National Institute of Standards and Technology (NIST) has released the first of four installments, called Waves, of new test methods and related software for ensuring electronic health records systems comply with meaningful use requirements.**

NIST, part of the Department of Commerce, is partnering with the Healthcare Information Technology Standards Panel and the Office of the National Coordinator for Health Information Technology on the initiative.

The test methods are procedures, data and tools to ensure compliance with the meaningful use technical requirements and standards as proposed in the interim final rule published on Jan. 13, 2010. These methods are subject to revision if changes are made to the interim final rule following the public comment period that ended on March 15.

The first Wave and its associated tools, now available, cover the following meaningful use criteria: Maintain up-to-date problem list, maintain active medication list, record and chart vital signs, smoking status, and computerized provider order entry. Draft test procedures on these criteria are available at http://healthcare.nist.gov/use_testing/under_development.html.

More information is available at <http://healthcare.nist.gov>.

• **The Food and Drug Administration (FDA) is recommending that health care professionals temporarily suspend the use of Rotarix, a vaccine used to prevent rotavirus disease.**

Rotavirus is the leading cause of severe diarrhea and dehydration in young infants worldwide. It is estimated to be responsible for the deaths of more than 500,000 infants around the world each year, primarily in low- and middle-income countries.

FDA's recommendation is a precaution taken while the agency learns more about the situation.

FDA has learned that DNA from porcine circovirus type 1 (PCV1) is present in Rotarix. PCV1 is not known to cause disease in humans. There is no evidence at this time that this finding poses a safety risk. Because available evidence supports the safety of Rotarix, no medical follow-up is needed for patients who have been vaccinated with Rotarix.

There are two licensed vaccines for rotavirus in the United States: RotaTeq and Rotarix. For children who have received one dose of Rotarix, CDC advises that clinicians can complete the series with RotaTeq for the next two doses.

For additional information, please visit: [Update on Rotarix Vaccine](#).

• **The Drug Enforcement Administration in the Department of Justice has published an interim final rule to permit electronic prescriptions for controlled substances.**

Controlled substances are drugs that have the potential for abuse or dependence, including opiates, stimulants, depressants, hallucinogens and anabolic steroids. These drugs account for up to 20 percent of all prescriptions, according to various studies, which has forced providers that have adopted electronic prescribing to still maintain paper processes.

The rule will permit pharmacies to receive, dispense and archive electronic prescriptions for controlled substances. The regulations, according to DEA, are an addition to, not a replacement for, existing rules governing controlled substances.

The rule is available in the [Federal Register](#).

• **The Centers of Medicare and Medicaid (CMS) announced it will provide Utah, Wyoming, Nevada, North Carolina, Colorado and Mississippi with federal matching funds for state planning activities necessary to implement the electronic health record (EHR) incentive program established by the American Recovery and Reinvestment Act of 2009 (Recovery Act).**

For more information, please visit http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage.

Reserve/Guard

- As of March 23, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 457 to 138,166. The totals for each service are Army National Guard and Army Reserve 108,456; Navy Reserve, 6,153; Air National Guard and Air Force Reserve, 15,895; Marine Corps Reserve, 6,453; and the Coast Guard Reserve, 752. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "Promoting Cardiovascular Health in the Developing World: A Critical Challenge to Achieve Global Health," on March 22, 2010.** In this report, the IOM recommends that the NHLBI, development agencies, nongovernmental organizations, and governments work toward creating environments that promote heart healthy lifestyle choices and help reduce the risk of chronic diseases, and building public health infrastructure and health systems with the capacity to implement programs that will effectively detect and reduce risk and manage CVD. <http://www.iom.edu/Reports/2010/Promoting-Cardiovascular-Health-in-the-Developing-World-A-Critical-Challenge-to-Achieve-Global-Health.aspx>
- **The Institute of Medicine (IOM) published "Regionalizing Emergency Care. Workshop Summary," on March 22, 2010.** This report is a follow-up to the 2006 IOM recommendations to implement a regionalized emergency care system to improve cooperation and overcome these challenges, assessing the nation's progress toward regionalizing emergency care. <http://www.iom.edu/Reports/2010/Regionalizing-Emergency-Care-Workshop-Summary.aspx>
- **The GAO published "Food and Drug Administration: Opportunities Exist to Better Address Management Challenges," (GAO-10-279) on March 23, 2010.** In this report, GAO examined the extent to which (1) FDA's Strategic Action Plan contains strategies to address its management challenges, and the progress FDA has reported in addressing those challenges; (2) FDA's annual performance measures are results-oriented; (3) FDA has aligned its activities and resources to support its strategic goals; and (4) FDA managers report using performance information in decision making and applying key practices to encourage that use. <http://www.gao.gov/new.items/d10279.pdf>

Legislation

- **H.R.4887** (introduced March 19, 2010): To amend the Internal Revenue Code of 1986 to ensure that health coverage provided by the Department of Defense is treated as minimal essential coverage was referred to the Committee on Finance.
Sponsor: Representative Ike Skelton [MO-4].
- **H.R.4894** (introduced March 19, 2010): To amend the Patient Protection and Affordable Care Act to ensure appropriate treatment of Department of Veterans Affairs and Department of Defense health programs was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Steve Buyer [IN-4]
- **H.R.4904** (introduced March 22, 2010): To prohibit the use of funds for implementation or enforcement of any Federal mandate to purchase health insurance was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Ted Poe [TX-2]
- **H.R.4910** (introduced March 22, 2010): To repeal the Patient Protection and Affordable Care Act and enact the Empowering Patients First Act in order to provide incentives to encourage health insurance coverage was referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, Education and Labor, Ways and Means, the Judiciary, Rules, the Budget, Appropriations, House Administration, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Dan Burton [IN-5]
- **H.R.4926** (introduced March 24, 2010): To provide for the coverage of medically necessary food under Federal health programs and private health insurance was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Tammy Baldwin [WI-2]
- **H.R.4933** (introduced March 24, 2010): To establish a strategy to coordinate all health-related United States foreign assistance, to assist developing countries in improving delivery of health services, and to establish an initiative to assist developing countries in strengthening their indigenous health workforces, and for other purposes was referred to the Committee on Foreign Affairs, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Barbara Lee [CA-9]
- **S.3148** (introduced March 22, 2010): A bill to amend the Internal Revenue Code of 1986 to provide for the treatment of Department of Defense health coverage as minimal essential coverage was referred to the Committee on Finance.
Sponsor: Senator Jim Webb [VA]
- **S.3154** (introduced March 23, 2010): A bill to amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Syndrome prevention and services program, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Lisa Murkowski [AK]
- **S.3157** (introduced March 23, 2010): A bill to amend the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to allow time for pensions to fund benefit obligations in light of economic circumstances in the financial markets of 2008, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Robert P. Casey, Jr. [PA]
- **S.3162** (introduced March 24, 2010): A bill to clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage referred to the Committee on Veterans' Affairs.
Sponsor: Senator Daniel K. Akaka [HI]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **March 29, 2010**, at the New Mexico State University Corbett Center Corbett Center Student Union to examine whether the VA is providing essential services and benefits to veterans in New Mexico and across America.
- The House Veterans Affairs Committee will hold a hearing on **April 7, 2010**, to examine whether the VA is serving America's aging veterans.
- The House Veterans Affairs Committee will hold a hearing on **April 15, 2010**, to examine the status of veterans' employment.
- The Department of Defense Task Force on the Prevention of Suicide will hold a meeting on **April 12, 2010**, in Colorado Springs, Colo. <http://edocket.access.gpo.gov/2010/2010-5457.htm>.

Meetings / Conferences

- The Battlefield Healthcare Conference will be held on **March 29-31, 2010**, in Tyson's Corner, Vienna, Va. www.battlefieldhealthcare.com
- The Military Medical Technology Conference will be held on **March 31 – April 2, 2010**, in Tyson's Corner, Vienna, Va. www.militarymedicaltechnology.com
- The 10th Annual World Vaccine Congress will be held on **April 19-22, 2010**, in Washington, D.C. <http://www.terrapinn.com/2010/wvcdc/index.stm>
- The 5th Annual Conference on Amygdala, Stress and PTSD will be held on **April 21, 2010**, in Bethesda Md. <http://www.amygdalaconference.org/>
- The Military Health Management 2010 Conference will be held on **April 26-28, 2010**, in Arlington, Va. www.MilitaryHealthManagement.com
- The 13th Annual Conference on Vaccine Research will be held on **April 26 - 28, 2010**, in Bethesda Md. <http://www.nfid.org/conferences/>
- The 81st Annual Scientific Meeting of the Aerospace Medical Association will be held on **May 9-13, 2010**, in Phoenix, Ariz. <http://www.asma.org/meeting/>
- The 15th Annual International Meeting of the American Telemedicine Association will be held **May 16-18, 2010**, in San Antonio, Texas. <http://medtechiq.ning.com/events/15th-annual-international>
- The Electronic Health Records Summit will be held on **May 24-26, 2010**, in Washington D.C. www.electronichealthrecordssummit.com
- The National Conference on Immunization and Health Coalitions will be held on **May 26-28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/ncihc/registration.html>
- The 9th National Conference on Immunization and Health Coalitions will be held on **May 26 - 28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/ncihc2010.html>
- The 9th Annual Optimizing Hospital Patient Flow Conference will be held on **June 9 -10, 2010**, in Chicago, Ill. www.worldrg.com/patientflow
- The Military Healthcare Convention & Conference will be held on **June 22-25, 2010**, in San Antonio, Texas. www.MilitaryHealthcareConvention.com
- The 24th International Congress and Exhibition on Computer Assisted Radiology will be held on **June 23-26, 2010**, in Geneva Switzerland. <http://www.cars-int.org/>
- The International Papillomavirus Conference & Clinical and Public Health Workshop is scheduled for **July 3-8, 2010**, in Montreal, Canada. <http://hvp2010.org/main/>
- The CDC 7th International Conference on Emerging Infectious Diseases will be held on **July 11-14, 2010**, in Atlanta, Ga. <http://www.iceid.org/>
- 13th Annual Force Health Protection Conference: "Military Preventive Medicine and Public Health" will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz. <http://www.theconferencewebsite.com/conference-info/FHPC-2010>

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 katetheroux@fedhealthinst.org. To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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