

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

- The Senate and House are in recess until April 12, 2010.
- **On March 20, 2010, House Committee on Veterans Affairs Ranking Member Steve Buyer and House Armed Services Committee Ranking Member Buck McKeon introduced legislation and offered an amendment in an effort to ensure that veterans, service members, military retirees, and their families, are protected from adverse consequences in the national health care bill.**

The bill, H.R.4894, amends the *Patient Protection and Affordable Care Act* to ensure appropriate treatment of Department of Veterans Affairs and Department of Defense health programs.

For more information, please visit: <http://republicans.veterans.house.gov/news/PRArticle.aspx?NewsID=1910>.

- **On April 7, 2010, President Barack Obama announced his intent to appoint the following individuals to the Presidential Commission for the Study of Bioethical Issues:**

Lonnie Ali, Anita L. Allen, Barbara Atkinson, Nita A. Farahany, Alexander G. Garza, Christine Grady, Member, Stephen L. Hauser, Raju Kucheralapati, Nelson Michael and Daniel Sulmasy.

The Commission for the Study of Bioethical Issues will advise the President on bioethical issues that may emerge from advances in biomedicine and related areas of science and technology. It will work with the goal of identifying and promoting policies and practices that ensure scientific research, health care delivery and technological innovation are conducted in an ethically responsible manner. These candidates will join the current chair, Amy Gutmann, and vice-chair, James Wagner, as members on the Commission.

To read the biographies of the new members, please visit: <http://www.whitehouse.gov/the-press-office/president-obama-announces-more-key-administration-posts-4-7-10>

- **The Hill reports that Linda Douglass, President Barack Obama's spokeswoman for the health care overhaul and a former journalist, is leaving the White House staff.**

"After nearly two years of work that has been exhilarating and grueling in equal measure, I am going to step off the treadmill for awhile and rediscover the experience of dining with my husband on a regular basis," Douglass said. "It has been a privilege to be part of the health care team, and I will be cheering with pride from the sidelines as this historic law takes effect."

The announcement of Douglass's departure comes while Obama is in Prague signing a new START treaty.

Military Health Care News

- **The Military Health System made an announcement on the new Medicare reimbursement rates:**

"On March 3, Congress passed emergency legislation delaying the 21.2 percent reduction in Medicare reimbursement rates until April 1. Congress adjourned before April 1 without further delaying the reduction and Medicare has suspended claims processing pending Congress' return from adjournment.

"Currently, TRICARE is continuing to process claims without applying the reimbursement reduction. When Medicare declares new reimbursement rates, TRICARE will take 30 to 60 days to change business systems to align, as required by law, with the new Medicare rates."

- **TRICARE Management Activity announced that Navy Rear Adm. (lower half) Elizabeth S. Niemyer has been nominated for promotion to rear admiral (upper half).**

Niemyer is the regional director of the TRICARE Regional Office-West in San Diego, Calif. She oversees the TRICARE managed care support contract that supports the military treatment facilities and helps administer the TRICARE benefit plan in 21 states. More than 2.7 million TRICARE beneficiaries live in TRICARE's West Region.

Throughout her distinguished 29-year naval career, Niemyer held numerous clinical nursing and nursing leadership positions at National Naval Medical Center (NNMC) Bethesda, Md., the Naval Medical Clinic Quantico, Va., and Naval Hospital Camp Pendleton, Calif. She served as the risk manager at the Naval Hospital, Okinawa, Japan, and as the department head for staff education and training at Naval Hospital Camp Pendleton. Niemyer has also held several executive positions including NNMC director for managed care, commanding officer of Naval Hospital Rota, Spain, executive director of the TRICARE Area Office-Europe and at the Bureau of Medicine and Surgery as the assistant deputy chief of staff for operations.

Niemyer, a native of Annapolis, Md., received her nursing degree from the University of Maryland. She was commissioned a lieutenant in the Navy Nurse Corps in 1981. Prior to joining the Navy, she worked as a medical surgical nurse and a public health nurse in Virginia. She has earned masters' degrees in human resource management from Chapman University, and in education from San Diego State University.

- **Naval Medical Center San Diego (NMCSD) celebrated the grand opening of its new Multidisciplinary Spine Center (MDSC) with a ribbon-cutting ceremony April 2.**

The creation of the MDSC marks a significant collaborative effort between the departments of Orthopedics, Physical Therapy, Interventional Radiology, Anesthesia Pain Management and Primary Care Sports Medicine services at NMCSD. Through the combined efforts of these departments, patients receive comprehensive diagnosis and treatment for spinal disorders in one clinic visit. Patients can be seen by an orthopedic spine surgeon and a physical therapist, as well as receive diagnostic and therapeutic treatments by interventional radiology and pain management specialists on the same day. The goal is to more effectively manage patients' care with a wide variety of spinal ailments in a more seamless manner.

The typical injuries seen at MDSC include everything from low back pain to fractures of the cervical, thoracic, or lumbar spine. In addition, MDSC treats degenerative conditions of the spine as well as scoliosis and other complex deformities of the entire spine.

MDSC currently has the capability to perform nearly 200 surgeries and accommodate approximately 5,000 outpatient encounters per year. NMCSD has the potential to more than double those numbers with two more spine surgeons joining the team and interaction with the sports medicine physicians at the SMART clinics.

MDSC is made up of a staff surgeon, resident, nurse, 1-2 corpsman and a physical therapist.

Veterans Health Care News

- **The Department of Veterans Affairs has shown that health information technology provides improved quality of health care and substantial cost savings, according to a study in the public health journal *Health Affairs*.**

The study, which covered a 10-year period between 1997 and 2007, found that the use of technology lowered costs while producing improvements in quality,

safety and patient satisfaction. According to the study, VA's health IT investment during the period was \$4 billion, while savings were more than \$7 billion. The authors noted that most of the savings are in areas that also improve quality, safety and patient satisfaction.

More than 86 percent of the savings were due to eliminating duplicate tests and reducing medical errors. The rest of the savings came from lower operating expenses and reduced workload. The authors further noted that these were conservative estimates of net value, based on available literature and published studies.

VA has also begun piloting health record exchanges with the Department of Defense and private-sector providers. These programs are paving the way for the seamless, lifetime exchange of the health care records of veterans, regardless of where they live.

VA has been using health IT systems for more than 20 years to improve medical outcomes and efficiency in delivering care. The systems have grown to support the full range of patient care, including computerized patient records, bar-coded medications, radiological imaging, and laboratory and medication ordering.

The study looked at the success in meeting clinical guidelines through the use of electronic health records and computerized physician alerts. Chronic illnesses, such as diabetes, which affect about 25 percent of VA patients, were a focus of the study. VA patients with diabetes had better glucose testing compliance and control, more controlled cholesterol, and more timely retinal exams compared to Medicare's private-sector benchmark. Retinal damage can be caused by diabetes. VA averaged about 15 percentage points higher than the private sector on preventive care for patients with diabetes.

The study authors are associated with the Center for Information Technology Leadership, a research organization in Charlestown, Mass., which is focused on guiding the health care community in making informed strategic IT investment decisions.

- **Kinetic Muscles, Inc. (KMI), a provider of neuro-rehabilitation technology for stroke and cerebral palsy patients, has received a two-year Phase II Small Business Innovation Research (SBIR) grant to study a new treatment for military veterans returning from war with traumatic brain injury (TBI).**

The announcement follows the promising results of Phase I of study, which combined neuropsychological therapy and digital gaming technology. This led the Department of Defense to fund Phase II, which will validate effectiveness of the therapy system through clinical testing in VA hospitals.

KMI will collaborate with the Department of Defense, Veterans Affairs, Emory University's Division of Neuropsychology in Atlanta, and the University of Advancing Technology in Tempe, Arizona, which is recognized as one of the foremost 'gaming' schools in the United States.

Traumatic brain injury is the most prevalent injury affecting today's soldiers and is also a major health issue for the general population. The Centers for Disease Control and Prevention reports that 1.7 million Americans are affected by TBI each year, and there are 5.3 million people with permanent TBI-related disabilities in the United States.

Clinical studies have shown that video game-based therapies such as those used in KMI's Hand Mentor — which provides an interactive training environment and encourages improved manual dexterity through intense, interactive movement — can help cognitive ability, dexterity, memory, thought processing and reasoning.

Therapeutic interventions that incorporate both state-of-the-art gaming technology and cutting-edge cognitive and motor rehabilitation strategies have the potential to be cost-effective and engaging — particularly for a generation of soldiers who have grown up playing video games.

- **The Social Security Administration (SSA) has announced the renewal of a computer matching program between the SSA and the Department of Veterans Affairs/Veterans Benefits Administration (Match 1309) that was currently scheduled to expire on April 1, 2010.**

The purpose of the matching program is to verify an individual's self-certification of eligibility for prescription drug subsidy assistance under the Social Security Act. The program also will identify those individuals eligible for Medicare Savings Programs and subsidized Medicare prescription drug coverage, which will enable the SSA to implement a Medicare outreach program mandated by Section 1144 of Title XI of the Social Security Act.

The program matches electronic files containing compensation and pension payment data from the VA's system of records (SOR) identified as "Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA" with the SSA's Medicare database. The program will become effective either 40 days after notice of the program is sent to Congress and the Office of Management and Budget, or March 24, 2010, whichever is later. It will be in effect for 18 months, but can be extended for an additional 12 months.

The full text of the notice was published in the Feb. 22, 2010, issue of the [Federal Register](#).

Health Care News

- **U.S. Department of Health and Human Services awarded than \$267 million to [28 non-profit organizations](#) to establish Health Information Technology Regional Extension Centers (RECs).**

This investment, funded by the American Recovery and Reinvestment Act of 2009, will help grow the emerging health information technology (health IT) industry, which is expected to support tens of thousands of jobs ranging from nurses and pharmacy techs to IT technicians and trainers.

RECs enable health care practitioners to reach out to a local resource for technical assistance, guidance, and information on best practices. RECs are designed to address unique community requirements and to support and accelerate provider efforts to become meaningful users of electronic health records.

This round of awards, bringing the total number of REC's to 60, will provide nationwide outreach and technical support services to at least 100,000 primary care providers and hospitals within two years. The primary care provider is usually the first medical practitioner contacted by a patient. Studies have also found that primary care providers are at the forefront of practicing preventative medicine, a key to improving population health and reducing overall health costs. More than \$375 million had been awarded earlier to RECs under this program.

Additionally, all REC awardees — those just announced and the 32 announced on Feb. 12, 2010 — now have an opportunity to apply for a two-year expansion supplemental award. The supplemental awards would ensure that health IT support services are available to over 2,000 of the nation's critical access hospitals and rural hospitals, both defined as having 50 beds or less. Approximately \$25 million is available through this supplemental expansion program.

Today's awards are part of the \$2 billion effort by the American Recovery and Reinvestment Act of 2009 to achieve widespread meaningful use of health IT and provide use of an electronic health record by every person by the year 2014.

To view a complete listing of REC grant recipients and additional information about the Health Information Technology Regional Extension Centers, see <http://HealthIT.hhs.gov/programs/REC/>.

- **The more obese a woman is when she becomes pregnant, the greater the likelihood that she will give birth to an infant with a congenital heart defect, according to a study conducted by researchers at the National Institutes of Health and the New York state Department of Health.**

The researchers found that, on average, obesity increases a woman's chance of having a baby with a heart defect by around 15 percent. The risk increases with rising obesity. Moderately obese women are 11 percent more likely to have a child with a heart defect, and morbidly obese women are 33 percent more likely.

Congenital heart defects are the most common type of birth defect, affecting 8 in every 1,000 newborns. These defects consist of a number of problems in the structure of the heart and range from minor to life threatening. Previous studies have shown that maternal obesity during pregnancy is associated with complications for mothers and infants. Obesity increases the risk for pregnancy-induced hypertension, preeclampsia (a serious form of hypertension during pregnancy), gestational diabetes and cesarean delivery. Infants born to women who were obese during pregnancy are themselves at increased risk for overweight and type II diabetes later in life. Previous research by NICHD scientists and others has also shown an association between maternal obesity and birth defects, such as neural tube defects — serious malformations of the spinal column. In the United States, 1 in 5 women are obese at the beginning of pregnancy.

On average, women who were overweight but not obese had no increased risk.

The study examined records of infants after they had been born, and for this reason it cannot conclusively prove that obese women who lose weight before they conceive will reduce their infants' risks of heart defects. For conclusive proof, a study would need to enroll obese women who were not yet pregnant, follow those who succeed in losing weight before conceiving, and then determining the frequency of heart defects among the children subsequently born to them. However, until such a study can be conducted, the researchers believe it is reasonable to assume that attaining a healthy weight before conception will reduce the risk for heart defects.

The findings were published online in the [American Journal of Clinical Nutrition](#).

- **The National Human Genome Research Institute (NHGRI) has named Lawrence C. Brody, Ph.D., as the new chief of its Genome Technology Branch (GTB).**

GTB is the largest of seven branches in the NHGRI Division of Intramural Research. The branch is recognized for developing innovative methods and

approaches to advance our understanding about the structure and function of genomes.

There are about 100 staff at GTB who engage in a wide range of genomic studies, including large-scale genome sequencing, disease gene identification, bioinformatics and developmental genomics. The branch also focuses on developing and improving computational methods for analyzing the complex datasets being generated by whole-genome studies. Together, they are actively studying the genetic contributions to common conditions, such as type 2 diabetes, cancers and neural tube defects, as well as to rare disorders, such as hereditary deafness, progeria and peripheral neuropathies.

Dr. Brody has headed GTB's Molecular Pathogenesis Section, investigating genetic variants that lead to changes in normal metabolic pathways to cause cancer and birth defects. He has made key discoveries regarding the genetics of breast cancer and neural tube defects. Dr. Brody also serves as chief scientific officer of the Center for Inherited Disease Research, an NHGRI-affiliated facility operated by Johns Hopkins University in Baltimore, Md. The center provides genotyping and statistical genetics services for investigators seeking to identify genes that contribute to human disease.

Dr. Brody completed his undergraduate degree in biology at Pennsylvania State University. He received a Ph.D. in human genetics from Johns Hopkins University, followed by consecutive postdoctoral fellowships at Johns Hopkins University and then the University of Michigan Medical Center, Ann Arbor.

- **The Centers for Medicare & Medicaid Services (CMS) published its final regulation established to protect seniors and people with disabilities enrolled in Medicare Advantage and Medicare prescription drug plans from discriminatory cost sharing. The new regulation will also allow beneficiaries to better compare plans in 2011.**

With more than 110 comments received from consumer groups, health care industry professionals and providers, CMS' final regulation eliminates duplication among drug and health plans. CMS is requiring Medicare Advantage and prescription drug plan sponsors to have meaningful differences between their product offerings of a Medicare Advantage organization or prescription drug plan sponsor with regard to premiums, beneficiary out-of-pocket costs, plan types, and formulary offerings. The final rule is consistent with cost-sharing protections made in the health reform bill by limiting cost sharing for three Medicare services to no higher than the fee-for-service amount. CMS also intends to conduct further rule making to add additional cost-sharing services for future plan years.

In addition, CMS yesterday announced the capitation rates for Medicare Advantage plans in 2011 will be the same amounts they were in 2010, as required by the Health Care and Education Reconciliation Act of 2010. The 2011 Rate Announcement was accompanied by the final 2011 Call Letter for Medicare Advantage (Part C) and Medicare prescription drug (Part D) plans.

Fact sheet with additional details are can be found at http://www.cms.gov/apps/media/fact_sheets.asp

The regulation is available at <http://www.federalregister.gov/inspection.aspx#special>

- **Four of every 10 people with sickle cell disease had to return to the hospital within 30 days of a previous hospitalization or go to the emergency department for treatment of pain, according to a new study funded in part by HHS' Agency for Healthcare Research and Quality (AHRQ).**

The study, "Acute Care Utilization and Rehospitalization for Sickle Cell Disease," conducted by researchers at the Medical College of Wisconsin and the Children's Research Institute at Children's Hospital of Wisconsin, both in Milwaukee, and AHRQ, is published in the April 7 issue of *JAMA*. It is the largest study of its kind to measure this data.

Sickle cell disease, an inherited blood disorder, most commonly causes acute, severe, recurrent painful episodes due to occlusion of blood vessels by sickle-shaped red blood cells. People with sickle cell disease are also at increased risk for stroke and chronic problems, such as kidney and lung disease. The disease affects millions of people worldwide, including an estimated 70,000 to 100,000 persons in the United States. African Americans are disproportionately affected.

When the researchers analyzed acute care use by age groups, they found that 18- to 30-year-old patients had the highest rate of rehospitalizations within 30 days (41 percent). They also were more likely to go to the emergency department for treatment of pain and then be released (20 percent within 30 days). In general, they had approximately three and a half hospital visits per year—either a rehospitalization or an emergency department visit—regardless of their insurance. This rate is markedly higher than the two visits per year for children 10 to 17 years old with sickle cell disease.

Regardless of age, the patients with Medicaid or other types of public insurance used acute care for sickle cell-related reasons more than privately insured and uninsured patients. Publicly insured 18- to 30-year-old patients had the highest rate — nearly five encounters per year compared with all other age groups with any other insurance, private or public.

The researchers also examined the data for the percentage of sickle cell disease patients who had to go back to the hospital or visit the emergency department within 14 days of being discharged. They found that two-thirds of the patients rehospitalized within 30 days were actually readmitted within 14 days of their previous hospital discharge.

- **The U.S. Food and Drug Administration approved TachoSil, the first absorbable fibrin sealant patch for use in cardiovascular surgery to prevent mild and moderate bleeding from small blood vessels, when standard surgical techniques are ineffective or impractical.**

TachoSil is a ready-to-use surgical patch composed of a dry collagen sponge made from horse tendons, and coated with fibrinogen and thrombin. At the site of a wound, the two proteins, through a series of chemical reactions, produce fibrin, a stringy, white, insoluble protein that allows a clot to form.

The TachoSil patch is biodegradable and breaks down inside the body within four to six months. TachoSil is not intended for use within blood vessels.

The plasma used to manufacture TachoSil is collected from U.S. donors who have been screened and tested for diseases transmitted by blood. The fibrinogen and thrombin used in the surgical patch undergo additional manufacturing processes to remove impurities, including bloodborne viruses. The collagen taken from horse tendons undergoes a separate step to remove impurities, including equine viruses.

The effectiveness of TachoSil, manufactured by Nycomed Austria GmbH of Linz, Austria, was evaluated in a study of 119 cardiovascular surgery patients. Nearly three-quarters (74.6 percent) of those who received TachoSil stopped bleeding within three minutes, compared with 33.3 percent in the control group.

- **On April 6, 2010, the U.S. Food and Drug Administration approved the first generic versions of two drugs used for the treatment of hypertension.**

Losartan potassium tablets and losartan potassium and hydrochlorothiazide tablets (a combination drug) are the generic equivalents of Cozaar and Hyzaar tablets, respectively.

Cozaar and Hyzaar tablets are widely used antihypertensive drugs. Both generic losartan products will carry the same safety warnings as their brand counterparts. These warnings include a boxed warning against the use of these products during the second and third trimesters of pregnancy.

Losartan potassium tablets are approved in 25 milligram, 50 mg, and 100 mg strengths, and Losartan potassium and hydrochlorothiazide tablets are approved in 50 mg/12.5 mg, 100mg/12.5 mg, and 100 mg/25 mg strengths. Both products are manufactured by TEVA Pharmaceuticals USA in North Wales, Pa.

In related actions, the FDA also approved applications from several other companies for losartan potassium and hydrochlorothiazide tablets for the 100 mg/12.5 mg strength only. These companies include Mylan Pharmaceuticals Inc., Roxane Laboratories Inc., and Torrent Pharmaceuticals Ltd.

- **HHS Secretary Kathleen Sebelius today announced the appointment of five new regional directors of the U.S. Department of Health and Human Services.**

- Christie Hager, Region I – Boston (CT, ME, MA, NH, RI, VT)
- Jaime R. Torres, Region II – New York City (NY, NJ, NY, PR, VI)
- Joanne Grossi, Region III – Philadelphia (PA, DE, DC, MD, PA, VA, WV)
- Marguerite Salazar, Region VIII – Denver (CO, MT, ND, SD, UT, WY)
- Herb K. Schultz, Region IX – San Francisco (AZ, CA, HI, NV, Guam, PI, AS)

As HHS regional directors, they will serve as key representatives of Secretary Sebelius in working with federal, state, local, and tribal officials on a wide range of health and social service issues.

To read the biographies of the new regional directors, please visit: <http://www.hhs.gov/news/press/2010pres/04/20100406c.html>.

Reserve/Guard

- As of March 30, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,323 to 134,509. The totals for each service are Army National Guard and Army Reserve 104,607; Navy Reserve, 6,465; Air National Guard and Air Force Reserve, 16,302; Marine Corps Reserve, 6,417; and the Coast Guard Reserve, 718. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "The Public Health Emergency Medical Countermeasures Enterprise: Innovative Strategies to Enhance Products from Discovery Through Approval. Workshop Summary," on April 6, 2010.** This report is the summary of the findings from the workshop hosted by the IOM. It addresses challenges facing the PHEMCE, discusses federal policies and procedures affecting the research, development and approval of medical countermeasures; and explored opportunities to improve the process and protect Americans' safety and health. <http://www.iom.edu/Reports/2010/The-Public-Health-Emergency-Medical-Countermeasures-Enterprise.aspx>

Legislation

- No legislation was proposed this week.

Hill Hearings

- 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>.
- The House Veterans Affairs Committee will hold a hearing on **April 15, 2010**, to examine the status of veterans' employment.

Meetings / Conferences

- The 10th Annual World Vaccine Congress will be held on **April 19-22, 2010**, in Washington, D.C. <http://www.terrapinn.com/2010/wvdc/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.rfid.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 7th Annual Nutrition & Health Conference will be held on **May 10-12, 2010**, in Atlanta, Ga. <http://www.nutritionandhealthconf.org/>
- 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 2010 America's Health Insurance Plans (AHIP) Institute's *Embracing Our Common Humanity* will be held on **June 9-11, 2010**, in Las Vegas, Nev. <http://www.ahip.org/links/institute2010/>
- 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>
- National Conference on Health Statistics will be held **Aug. 16-18, 2010**, in Washington, D.C. <http://www.cdc.gov/nchs/events/nchs.htm>

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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