

## 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 May 5, 2010, President Obama signed into law H.R. 1963, the Caregives and Veterans Omnibus Health Services Act.** This legislation expands access to health care for veterans and provides a monthly stipend and health care for caregivers of American soldiers severely injured in Afghanistan or Iraq.
- **The Senate Veterans Affairs Committee held an oversight hearing On May 5, 2010, on the state of care for troops and veterans suffering from traumatic brain injury.** Air Force Col. (Dr.) Michael Jaffee, director of the Defense and Veterans Brain Injury Center, and Dr. Lucille Beck, chief consultant with VA's Office of Rehabilitation Services, testified on progress in brain injury diagnosis and treatment since Congress passed a 2007 law for the departments to work together to enhance treatment.

## Military Health Care News

- **On May 5, 2010, TRICARE Management Activity (TMA) announced its intent to enter into a contract with Health Net Federal Services, LLC, Rancho Cordova, Calif., as the TRICARE Managed Care Support (MCS) contractor for the TRICARE North Region.**

The total potential contract value, including the base period and five one-year option periods for health care delivery, is estimated at approximately \$17 billion. Health Net is the current contractor for the TRICARE North Region.

A contract for the North Region, awarded to Aetna Government Health Plans, Hartford, Conn., has been terminated as of May 5, 2010, for the convenience of the government. The termination is consistent with a Government Accountability Office (GAO) sustainment of a formal protest filed by Health Net immediately following the July 2009 award to Aetna. The award to Aetna Government Health Plans was one of three regional support contracts awarded in July 2009.

Transition to the three new regional contracts in the United States, known as "T-3," was initially slated for completion April 1, 2010. Protests filed with TMA and the GAO put transition activities on hold in all three regions. In late October and early November of 2009, the GAO sustained the protests by Health Net and the current South Region contractor, Humana Military Healthcare Services, and recommended reevaluation of proposals for both the North and South regions.

Consistent with GAO recommendations, TMA is also issuing an amended Request for Proposals (RFP) for the TRICARE South Region. UnitedHealth Military & Veterans Services was awarded the T-3 contract in July 2009. The original bidders will have the opportunity to respond.

An agency-level protest regarding the West Region award to TriWest Healthcare Alliance Corp. is still pending.

The current contract extensions are in place through March 31, 2011.

TMA administers the health care plan for more than 9.6 million members of the uniformed services, retirees and their families worldwide. Regional support contractors provide health, medical and administrative support services while ensuring beneficiary satisfaction at the highest level possible through the delivery of outstanding health care.

For additional information and updates on the T-3 contracts, please visit: [www.tricare.mil/t3contracts](http://www.tricare.mil/t3contracts).

- **On May 3, 2010, TRICARE Management Activity (TMA) announced it will host its first-ever career fair.**

Positions will be available at many locations across the United States and overseas.

TMA manages TRICARE, the Department of Defense's health care benefit for active duty and retired service members, their families and other beneficiaries entitled to military benefits.

The TMA Career Fair is a free event aimed at increasing awareness about career opportunities within TMA and promoting them to U.S. citizens who want to play a vital role in serving members of the uniformed services, retirees and their families. Veterans, professionals seeking federal careers and students seeking internships are welcome.

TMA hopes to attract more than 250 professionals to the career fair in areas including:

- Health care (nurses, physicians and licensed clinical social workers)
- Program analyst (administrative management and a wide range of other areas)
- Program and project management
- Financial management (budget analyst, accountant, business planning)
- Acquisitions (procurement planning, solicitation development and contract administration)
- Information technology (information assurance and information security)
- Internships (various administrative health system duties)

The career fair will be held on May 21, 2010, from 9 a.m. to 5 p.m., at The Westin Tyson Corner, Falls Church, Va. TMA is asking attendees to first register online at [www.tricare.mil/careerfair](http://www.tricare.mil/careerfair) by May 19, 2010. On the day of the fair, attendees should bring a copy of their resume, DD-214s, transcripts, two forms of identification (one must be government issued), licenses and any other professional certifications with them.

- **The Department of Defense has launched Healthy Choices for Life campaign, which includes a weight management component and a series of nutritional articles designed to help parents with the information to prevent, rather than to treat, obesity.**

The series includes "Nutrition for Healthy Babies and Mothers," "Solid Choices When Choosing Solid Foods" and "Fighting Adult Obesity Begins With Preventing Childhood Obesity." Available at [www.tricare.mil/mediacenter](http://www.tricare.mil/mediacenter), each article in the series examines a stage of a child's development, explains the best food choices, how food contributes to growth and why it's of continuing importance.

Information about the ongoing TRICARE campaign to raise awareness of childhood obesity and encourage children to eat right and exercise is available at [www.tricare.mil/getfit](http://www.tricare.mil/getfit). The Web site contains something for users of all ages, including articles, video messages from the surgeon general, links, games and widgets.

- **United Concordia, administrator of the TRICARE Dental Program (TDP), provided educational dental health materials to children and teachers in state-side Department of Defense (DoD) elementary schools as part of the company's outreach initiatives during April's Month of the Military Child.**

United Concordia sent oral health flip books and DVDs as teaching aids to all teachers who expressed interest in presenting an oral health lesson in their classrooms. The materials focused on proper brushing and flossing techniques, as well as the importance of maintaining a healthy mouth and eating nutritious foods. In addition, United Concordia provided each child with a dental health activity book, list of recommended dental readings and a toothbrush and floss to help keep their smiles healthy.

United Concordia sent more than 800,000 items to children and educational professionals at 35 DoD schools.

- **The Defense Department's Centers of Excellence for Psychological Health and Traumatic Brain Injury have begun a pilot program that uses multi-sensory virtual reality to treat soldiers with post-traumatic stress disorder.**

The program enables doctors to choose a scenario, customized around a soldier's personal experience. Brig. Gen. Larry K. Sittler, director of the program,

The program enables doctors to choose a scenario, customized around a soldier's personal experience. Brig. Gen. Loree K. Sutton, director of the program, said she is very hopeful about the use of virtual reality but notes that no one approach will reach out and touch everyone.

The virtual reality program was designed to simulate exposure therapy, which involves the individual (with the guidance of a doctor) confronting the anxiety issues, instead of avoidance. The program can be customized, down to details such as IED attacks, convoys and environment.

Research has shown that individuals who have a high level of emotional engagement respond best to treatment. To increase emotional engagement, virtual reality enables service members to confront these issues, which activates the memory and, potentially, treats PTSD.

## Veterans Health Care News

- **The Department of Veterans Affairs has updated its online Form 10-10EZ, "Application for Health Benefits."**

This revised online application provides enhanced navigation features that make it easier and faster for veterans to apply for their health care benefits. This new version also allows veterans to save a copy of the completed form for their personal records.

The most significant enhancement allows veterans to save their application to their local desktop and return to the application at any time without having to start over. Previously, veterans had to complete the form in a single session.

This updated online form, along with the revised VA Form 10-10EZ, reduces the collection of information from veterans by eliminating some questions.

In addition, there are minor changes to simplify the wording of questions and provide clarity in the instructions. Further enhancements to the online application are expected to be delivered in increments throughout 2010.

Veterans may complete or download the 10-10EZ form at the VA health eligibility Web site at <https://www.1010ez.med.va.gov/sec/vha/1010ez>.

- **The children of military personnel who died in the line of duty since Sept. 11, 2001, can apply for an educational scholarship similar to the new Post-9/11 GI Bill. Benefits are retroactive to Aug. 1, 2009.**

The scholarship, which is administered by the Department of Veterans Affairs, is named after Marine Gunnery Sergeant John David Fry, 28, a Texas native who died in Iraq in 2006 while disarming an explosive. He was survived by three young children.

VA estimates nearly 1,500 children will receive benefits under the Fry scholarship program in 2010. Recipients generally have 15 years to use their benefits, beginning on their 18th birthdays.

Eligible children attending institutions of higher learning may receive payments to cover their tuition and fees up to the highest amounts charged to public, in-state students at undergraduate institutions in each state. A monthly housing allowance and stipend for books and supplies are also paid under the program.

VA will begin paying benefits under the Fry scholarships on Aug. 1, 2010. Eligible participants may receive benefits retroactively to Aug. 1, 2009, the same day the Post-9/11 GI Bill took effect.

Eligible children may be married. Recipients are entitled to 36 months of benefits at the 100 percent level.

When dependents also serve in the military, the reserves or are veterans in their own right, eligible for education benefits under the Montgomery GI Bill for Active Duty, the Montgomery GI Bill for Selected Reserves or the Reserve Educational Assistance Program (REAP), then they would relinquish their eligibility under those programs to receive benefits under a Fry scholarship.

VA begins accepting applications for the Fry scholarship on May 1, 2010. For more information or assistance applying, call toll-free 1-888-GIBILL-1 (1-888-442-4551), or visit the VA GI Bill Web site at [www.gibill.va.gov](http://www.gibill.va.gov).

- **The Industry Advisory Council (IAC) released a report it provided to the Department of Veterans Affairs with recommendations on how to modernize VistA (VA Health Information Systems and Technology Architecture).**

VistA is an integrated health information system that supports the eight million veterans served by the VA's 153 Medical Centers and 768 VA Outpatient Clinics. VistA is recognized as the premier electronic health information system in the nation.

Developed over the past 32 years, VistA is a legacy system that must be updated and modernized if it is to continue to meet the needs of America's veterans. The Honorable Roger Baker, VA's Assistant Secretary for Information and Technology, asked the American Council for Technology-Industry Advisory Council (ACT-IAC) for recommendations on how to modernize VistA.

Key recommendations of the 100-page report are:

- VA should commit to and announce as a matter of strategic policy a plan to move to an open source, open standards model for the reengineering of the next generation of VistA.
- VA should contract with one or more Federally Funded Research and Development Corporations (FFRDCs) to:
  - Provide a detailed set of technical recommendations for the development of a VistA 2.0 Open Source Ecosystem;
  - Assemble a fully functioning application development environment for use in the VistA 2.0 Open Source Ecosystem;
  - Develop one or more demonstration applications using the Open Source Ecosystem and the application development environment; and
  - Provide an appropriate Concept of Operations which includes a business model, charter, bylaws, operating principles and organizational blueprint for an independent, not-for-profit Open Source Foundation to manage, operate and maintain the VistA 2.0 Ecosystem.

The current VistA should be placed on an aggressive program of stabilization with limited tactical upgrades and enhancements driven by patient safety and other mandated requirements.

The objective is to provide an environment within which VA employees, large prime contractors, healthcare professionals, innovative small companies, healthcare software vendors, and entrepreneurs can all contribute to improving "the best care anywhere" being provided by VA today.

The report is available at <http://www.actgov.org/vistareport>

- **The Department of Veterans Affairs (VA) announced measures to ensure that all inpatient surgeries are performed under the safest possible conditions at facilities with the resources to support them.**

VA is the first hospital system to conduct a comprehensive review to determine what level of inpatient surgeries may be performed in each of its 112 surgery programs.

After an expert work group's review of surgical standards, VA conducted on-site studies of each of its hospitals between June 2009 and March 2010. As a result, VA has assigned each of its medical centers an inpatient "surgical complexity" level — complex, intermediate or standard.

Based on appropriate criteria developed by 16 surgical advisory boards including 80 experts, VA has authorized 66 hospitals to conduct "complex" inpatient surgeries; 33 hospitals to conduct "intermediate" inpatient surgeries; and 13 to conduct "standard" inpatient surgeries.

Hospitals with a "complex" rating require special infrastructure (facilities, equipment and staff) allowing intricate operations, such as cardiac surgery, craniotomies and total pancreatectomies. Those with an "intermediate" rating may perform surgeries such as colon resections, repairs of abdominal aortic aneurysms and complete joint replacement. Those with a "standard" complexity rating may perform inpatient surgeries requiring limited infrastructure, such as hernia repair, cholecystectomy, urologic procedures and ENT surgeries.

Five facilities that have previously conducted some "intermediate" surgeries will now perform "standard" surgeries in-house and ensure that veterans obtain other procedures nearby from the best qualified providers. These are the surgery programs at VA hospitals in Alexandria, La.; Beckley, W.V.; Fayetteville, N.C.; Illiana at Danville, Ill.; and Spokane, Wash.

VA does not anticipate that any veteran's surgery will need to be rescheduled at these or other facilities because of the planned launch of the Surgical Complexity Initiative on May 11, 2010.

While aimed at ensuring patient safety and high-quality care for all veterans, the initiative will affect only a very small number of surgical procedures. VA provided more than 357,000 inpatient surgeries for veterans during 2009, and based on 2009 figures anticipates that 0.1 percent of "intermediate" or "complex" surgeries (approximately 364) would now be referred to another provider.

VA's surgical review program will be continuous, expand to include standards for outpatient surgery, and provide a key tool for ongoing health system improvement. Each of VA's 21 hospital networks has developed a surgical strategic plan to ensure that Veterans receive needed care while facilities strengthen quality, safety and service.

## Health Care News

- **The Centers for Disease Control and Prevention (CDC) launched a new “hand hygiene in health care settings” Web site.**

In association with the World Health Organization's "Save Lives: Clean Your Hands" annual initiative, CDC has launched "[Hand Hygiene in Healthcare Settings](#)" web site, which provides health care workers and patients with a variety of resources including guidelines for providers, patient empowerment materials, the latest technological advances in hand hygiene adherence measurement, frequently asked questions, and links to promotional and educational tools published by the WHO, universities, and health departments.

For more information, please visit: <http://www.cdc.gov/handhygiene/index.html>.

- **The U.S. Department of Health and Human Services issued regulations establishing the Early Retiree Reinsurance Program in the Affordable Care Act.**

This temporary program will make it easier for employers to provide coverage to early retirees. For details about the program, please visit <http://www.whitehouse.gov/the-press-office/fact-sheet-early-retiree-reinsurance-program>.

The percentage of large firms providing workers with retiree coverage has dropped from 66 percent in 1988 to 31 percent in 2008. The Affordable Care Act includes \$5 billion in financial assistance to employers to help them maintain coverage for early retirees age 55 and older who are not yet eligible for Medicare. The program will end in 2014, when Americans will be able to choose from additional coverage options through health insurance exchanges.

Eligible employers can apply for the program through the Department of Health and Human Services. Applications will be available by the end of June. Both self-funded and insured plans can apply, including plans sponsored by private entities, state and local governments, nonprofits, religious entities, unions, and other employers.

- **The U.S. Food and Drug Administration (FDA) is conducting a safety review of commonly used prostate cancer drugs.**

According to preliminary review suggests an increase in the risk of diabetes and certain cardiovascular diseases in men treated with GnRH agonists

Gonadotropin-Releasing Hormone (GnRH) agonists, a class of medications primarily used to treat men with prostate cancer, have been associated with a small increased risk for diabetes, heart attack, stroke, and sudden death in men treated with one of the medications, according to a preliminary and ongoing analysis of several studies by the U.S. Food and Drug Administration.

Based on initial findings, FDA advises:

- Health care professionals should be aware of these potential risks and carefully weigh the benefits and risks of GnRH agonists when determining a treatment for patients with prostate cancer.
- Patients receiving a GnRH agonist should be monitored for the development of diabetes and cardiovascular disease.
- Cardiovascular risk factors such as smoking and increases in blood pressure, cholesterol, blood sugar and weight should be managed according to current clinical practice.
- Patients should not stop treatment with a GnRH agonist unless instructed to do so by a health care professional.

At this time, FDA has not made any conclusions about whether GnRH agonists cause an increase in the risk of diabetes and heart disease in patients receiving one of these medications to treat prostate cancer.

Medications in the GnRH class are marketed under the brand names Eligard, Lupron, Synarel, Trelstar, Vantas, Viadur, and Zoladex. There are also several generic products available.

The prostate gland is part of the male reproductive system. Prostate cancer is the second most common type of cancer among men in the United States, behind skin cancer, and usually occurs in older men. This year an estimated 203,415 new cases of prostate cancer will be diagnosed and about 28,372 men will die from the disease, according to the Centers for Disease Control and Prevention.

- **The National Institutes of Health awarded 10 new Centers for Population Health and Health Disparities, designed to better understand and address inequities associated with the two leading causes of death in the United States — cancer and heart disease.**

The program is supported by the NIH's National Cancer Institute (NCI); the National Heart, Lung, and Blood Institute (NHLBI); and the Office of Behavioral and Social Sciences Research (OBSSR). NCI and NHLBI will each contribute \$10 million per year in grant funding over the next five years for \$100 million in total funding, and OBSSR will provide support for annual meetings.

The 10 centers will support trans-disciplinary collaborations among biological, medical, behavioral, social, and public health scientists. In addition, each center will each play a major role in training a new generation of trans-disciplinary researchers in collaborative team science. The goals are to increase the rigor and impact of science that addresses the many factors associated with health disparities.

To view the entire list of awardees, please visit: <http://www.nih.gov/news/health/may2010/nci-03.htm>.

- **The Centers for Medicare & Medicaid Services (CMS) announced that it is sharing more than \$15 million in savings with 166 home health agencies (HHAs) based on their performance during the first year of the Medicare Home Health Pay for Performance (HHP4P) demonstration.**

The two-year demonstration, which began in January 2008 and ended in December 2009, was undertaken to show the impact of financial incentives on the quality of care provided to home health patients in traditional fee-for-service Medicare and their overall Medicare costs. Savings in the program are being shared with agencies that either maintained high levels of quality or made significant improvements in quality of care.

This demonstration is part of CMS' value-based purchasing initiative to improve the quality and efficiency of care furnished to Medicare beneficiaries.

All Medicare-certified home health agencies in seven states representing four U.S. census regions were invited to participate in the demonstration. The Northeast region included HHAs in Connecticut and Massachusetts, the South included HHAs in Alabama, Georgia, and Tennessee, and the Midwest and West regions included HHAs in Illinois and California, respectively.

HHAs that volunteered were randomly assigned to either an intervention or control group. Performance was measured using seven home health quality measures that are computed from the Outcome-Based Quality Improvement (OBQI) data set and are currently publicly reported on the Home Health Compare Web site.

Medicare savings for the demonstration were determined by comparing total Medicare costs for beneficiaries receiving care from the intervention group's HHAs with the costs for beneficiaries served by the control groups HHAs in the same region. These costs include Medicare payments for home health care, inpatient hospital care, nursing home and rehabilitation facility care, outpatient care, physician care, durable medical equipment (DME), and hospice care.

If no savings were generated in a region, no incentive payments were made in that region. Results for calendar year 2008, the first year of the demonstration, indicated an aggregate Medicare savings of \$15.4 million for three of the four regions; the Midwest region did not achieve any savings.

Year-one incentive payments are being made to 59 percent of the HHAs in the intervention group based on their performance and improvement on the seven various quality measures. In addition to the number of quality measures for which they qualify for an incentive payment, the amount of the incentive paid to an individual HHA is also based on the total number of Medicare patient days associated with that HHA. CMS will calculate savings and determine which HHAs are eligible for incentive payments for the second year of the demonstration, calendar year 2009, later this year. In addition, the demonstration is still being evaluated, with results expected later in 2010.

Additional background about this demonstration can be found at: <http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1189406>

#### Reserve/Guard

- As of May 4, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 956 to 131,520. The totals for each service are Army National Guard and Army Reserve 99,882; Navy Reserve, 6,162; Air National Guard and Air Force Reserve, 17,942; Marine Corps Reserve, 6,701; and the Coast Guard Reserve, 833. [www.defenselink.mil](http://www.defenselink.mil)

#### Reports/Policies

- **The GAO published “VA Health Care: Status of VA's Approach in Conducting the National Vietnam Veterans Longitudinal Study (NVVLS),” (GAO-10-578R) on May 5, 2010.** In this report, GAO examined the recent progress VA has made in conducting the NVVLS and the challenges VA faces in its plans to conduct the NVVLS <http://www.gao.gov/new.items/d10578r.pdf>
- **The GAO published “Veterans' Disability Benefits: Expanded Oversight Would Improve Training for Experienced Claims Processors,” (GAO-10-445) on April 30, 2010.** In this report, GAO examines how appropriate is the training provided to experienced disability claims processors, and how adequate is the Veterans Benefits Administration's (VBA) monitoring and assessment of this training. <http://www.gao.gov/new.items/d10445.pdf>

- **The Institute of Medicine (IOM) published "CNS Clinical Trials: Suicidality and Data Collection," on May 4, 2010.** The report looks at FDA's new policy on requiring all clinical trials for drugs that affect the central nervous system—including psychiatric drugs—are assessed for whether that drug might cause suicidal ideation or behavior and how to analyze best whether suicidal thoughts predict actual suicidal behavior in the near future. <http://www.iom.edu/Reports/2010/CNS-Clinical-Trials-Suicidality-and-Data-Collection.aspx>

## Legislation

- **H.R.5200** (introduced May 4, 2010): To amend title 5, United States Code, to extend eligibility for coverage under the Federal Employees Health Benefits Program with respect to certain adult dependents of Federal employees and annuitants, in conformance with amendments made by the Patient Protection and Affordable Care Act was referred to the House Committee on Oversight and Government Reform.  
Sponsor: Representative Chris Van Hollen [MD-8]
- **H.R.5203** (introduced May 4, 2010): To direct the Secretary of Defense to establish a center of excellence for the study of tinnitus, and for other purposes was referred to the House Committee on Armed Services.  
Sponsor: Representative Tom Cole [OK-4]
- **H.R.5206** (introduced May 4, 2010): To amend title 38, United States Code, to increase the maximum age for children eligible for medical care under the CHAMPVA program was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Harry Teague [NM-2]
- **H.R.5215** (introduced May 5, 2010): To amend the Internal Revenue Code of 1986 to repeal the \$2,500 limitation on health flexible spending arrangements was referred to the House Committee on Ways and Means.  
Sponsor: Representative Todd W. Akin [MO-2]
- **H.R.5224** (introduced May 5, 2010): To direct the Secretary of Defense to conduct a comprehensive review of the health care services available for female members of the Armed Forces was referred to the House Committee on Armed Services.  
Sponsor: Representative Niki Tsongas [MA-5]
- **H.R.5225** (introduced May 5, 2010): To direct the Secretary of Defense and the Secretary of Veterans Affairs to jointly develop and implement an electronic personnel file system, and to jointly conduct a study on improving the access of veterans to files related to military service and veterans benefits, and for other purposes was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.  
Sponsor: Representative Niki Tsongas [MA-5]
- **H.R.5226** (introduced May 5, 2010): To require the Secretary of Veterans Affairs and the Appalachian Regional Commission to carry out a program of outreach for veterans who reside in Appalachia, and for other purposes was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Transportation and Infrastructure, 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 Charles A. Wilson [OH-6]
- **S.3298** (introduced May 4, 2010): A bill to establish a pilot program to reduce the increasing prevalence of overweight/obesity among 0-5 year-olds in child care settings was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Mark Udall [CO]
- **S.3314** (introduced May 5, 2010): A bill to require the Secretary of Veterans Affairs and the Appalachian Regional Commission to carry out a program of outreach for veterans who reside in Appalachia, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Sherrod Brown [OH]
- **S.3315** (introduced May 5, 2010): A bill to amend title XVIII of the Social Security Act to protect Medicare beneficiaries' access to home health services under the Medicare program was referred to the Committee on Finance.  
Sponsor: Senator Susan M. Collins [ME]

## Hill Hearings

- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **May 12, 2010**, to examine Reserve component programs in review of the Defense Authorization request for fiscal year 2011 and the future years defense program.
- The House Veterans Affairs Committee will hold a hearing on **May 12, 2010**, to mark-up pending legislation.
- The House Veterans Affairs Committee will hold a hearing on **May 19, 2010**, to assess information security at the U.S. Department of Veterans Affairs.
- The Senate Veterans Affairs Committee will hold a hearing on **May 19, 2010**, to review pending legislation.
- The House Veterans Affairs Committee will hold a joint hearing with Subcommittee on Health on **May 20, 2010**, evaluating military sexual trauma issues.
- The Senate Armed Services Committee will hold closed meetings on **May 26-28, 2010**, to markup the proposed National Defense Authorization Act for fiscal year 2011.
- The House Veterans Affairs Committee will hold a hearing on **May 27, 2010**, to mark-up H.R. 4062, H.R. 4505, draft legislation on outreach, and pending legislation.
- The House Veterans Affairs Committee will hold a hearing on **June 9, 2010**, to examine the U.S. Department of Veterans Affairs Office of Inspector General's open recommendations.
- The House Veterans Affairs Committee will hold a hearing on **June 10, 2010**, to mark-up pending legislation.

## Meetings / 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://medtechq.ning.com/events/15th-annual-international>
- Annual WEDI National Conference will be held on **May 17-20, 2010**, in La Jolla, Calif. [www.wedi.org](http://www.wedi.org)
- The 2009 National Influenza Vaccine Summit will be held on **May 17-19, 2009**, in Scottsdale, Ariz. <http://www.preventinfluenza.org/nivs.asp>
- The 6<sup>th</sup> Annual World Health Care Congress Europe 2010 will be held on **May 19-20, 2010**, in Brussels Belgium. <http://www.worldcongress.com/events/HR10015/index.cfm>
- The Electronic Health Records Summit will be held on **May 24-26, 2010**, in Washington D.C. [www.electronichealthrecordssummit.com](http://www.electronichealthrecordssummit.com)
- The 9th National Conference on Immunization and Health Coalitions will be held on **May 26 - 28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/nchc2010.html>
- The 9<sup>th</sup> Annual Optimizing Hospital Patient Flow Conference will be held on **June 9 -10, 2010**, in Chicago, Ill. [www.worldrg.com/patientflow](http://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](http://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 are scheduled for **July 3-8, 2010**, in Montreal, Canada. <http://hvp2010.org/main/>
- The International Society for Infectious Diseases Neglected Tropical Diseases Meeting will be held on **July 8-10, 2010**, in Boston, Mass. <http://www.isid.org/>
- The CDC 7th International Conference on Emerging Infectious Diseases will be held on **July 11-14, 2010**, in Atlanta, Ga. <http://www.iceid.org/>
- The 8th Annual Health Care Quality Congress (HCQ 2009) will be held on **Aug. 2-4, 2010**, in Boston Mass. <http://www.worldcongress.com/events/HL10025/>
- The 9th International Rotavirus Symposium will be held **Aug. 2-3, 2010**, in Johannesburg, South Africa. <http://www.rotavirus2010.com>
- 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>
- The 2010 Advanced Technology Applications for Combat Casualty Care (ATACCC) Conference will be held **Aug. 16-19, 2010**, in St. Pete Beach, Fla. <https://www.atacc.org/>

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

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