

## 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 House passed H.R. 5014 on May 12, 2010, to clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage.**
- **First Lady Michelle Obama announced that President Obama has directed the National Security Staff to lead a new 90-day review to develop a coordinated federal government-wide approach to supporting and engaging military families.**

Building on work and expertise by the Departments of Defense, Homeland Security, and Veterans Affairs, the review will involve nearly twenty federal agencies as well as the White House Domestic Policy and National Economic Councils and the Offices of the Vice President, the First Lady, and Dr. Jill Biden.

Specifically, the review will:

- Set strategic military family priorities for the next ten years and identify key military family concerns and challenges.
- Review a cross section of public and private programs to identify the most promising ideas and programs that positively support military families.
- Develop options for departments to integrate military family matters into their strategic and budgetary priorities.
- Examine opportunities for federal policies and programs to stimulate new and support existing state and local efforts achieving military family readiness goals and meeting military family priorities.
- Identify opportunities to leverage the skills and experience of military family members in national and community life.
- Strengthen existing feedback mechanisms for military families to voice their concerns and views on the effectiveness and future direction of relevant federal programs and policies.

The review builds on the Obama administration's efforts to forge an enduring national commitment to support and engage military families.

The First Lady made the announcement during an address to the National Military Family Association's summit — *When Parents Deploy: Understanding the Experiences of Military Children and Spouses*. Mrs. Obama addressed the state of America's military families today, outlined a vision of the nation's supporting them over the long-term, and how, as a country, all segments of society can work together to turn that vision into a reality.

- **On May 11, 2010, First Lady Michelle Obama joined Domestic Policy Council Director Melody Barnes and members of the Childhood Obesity Task Force to unveil the Task Force action plan: [Solving the Problem of Childhood Obesity Within a Generation](#).**

In conjunction with the release of the action plan, Cabinet members and administration officials will hold events across the country to highlight the importance of addressing childhood obesity.

In February, Mrs. Obama launched the [Let's Move!](#) campaign to solve the childhood obesity epidemic within a generation. As part of this effort, President Barack Obama established the Task Force on Childhood Obesity to develop and implement an interagency plan that details a coordinated strategy, identifies key benchmarks, and outlines an action plan to solve the problem of childhood obesity within a generation.

The action plan defines solving the problem of childhood obesity in a generation as returning to a childhood obesity rate of just 5 percent by 2030, which was the rate before childhood obesity first began to rise in the late 1970s. In total, the report presents a series of 70 specific recommendations, many of which can be implemented right away. Summarizing them broadly, they include:

- **Giving children a healthy start on life**, with good prenatal care, support for breastfeeding, adherence to limits on "screen time," and quality child care settings with nutritious food and ample opportunity for young children to be physically active.
- **Empowering parents and caregivers with simpler**, more actionable messages about nutritional choices based on the latest Dietary Guidelines for Americans; improved labels on food and menus that provide clear information to help parents make healthy choices for children; reduced marketing of unhealthy products to children; and improved health care services, including BMI measurement for all children.
- **Providing healthy food in schools**, through improvements in federally supported school lunches and breakfasts; upgrading the nutritional quality of other foods sold in schools; and improving nutrition education and the overall health of the school environment.
- **Improving access to healthy, affordable food** by eliminating "food deserts" in urban and rural America, lowering the relative prices of healthier foods, developing or reformulating food products to be healthier and reducing the incidence of hunger, which has been linked to obesity.
- **Getting children more physically active**, through quality physical education, recess, and other opportunities in and after school; addressing aspects of the "built environment" that make it difficult for children to walk or bike safely in their communities; and improving access to safe parks, playgrounds, and indoor and outdoor recreational facilities.

Federal agencies will implement the recommendations in the report that require federal action. For details about these initiatives, please visit <http://www.whitehouse.gov/the-press-office/childhood-obesity-task-force-unveils-action-plan-solving-problem-childhood-obesity>.

## Military Health Care News

- **On May 13, 2010, TRICARE Management Activity (TMA) announced that it has awarded a contract to Health Net Federal Services, LLC, Rancho Cordova, Calif., as the managed care support (MCS) contractor for the TRICARE North Region. The announcement follows the May 5 announcement of TMA's intent to award.**

The total potential contract value, including a 10-month transition period and five one-year option periods for health care delivery, plus a transition-out period, is \$17,218,484,626. Health Net is the current contractor for the TRICARE North Region.

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 Government Accountability Office (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 Region.

TMA also issued an amended Request for Proposals (RFP) for the TRICARE South Region on May 5, 2010. In keeping with GAO recommendations, TMA is requesting only new information and proposal updates related to the offered network discounts. The original bidders will all have the opportunity to respond.

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

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

- **TRICARE Management Activity (TMA) highlighted its hospice care benefit in a news release on May 12, 2010.**

Hospice is a zero-deductible benefit and it gives TRICARE beneficiaries access to personal care and home health aide assistance. It initially provides two 90-day periods of care, followed by an unlimited number of 60-day periods. Each period requires prior authorization from the regional health care contractor.

Not all care is covered by the hospice benefit. Individual hospices may charge for some items, such as outpatient medications or inpatient respite care. Charges for medical care not related to the terminal illness fall under the beneficiary's basic TRICARE benefit. Other items not covered include room and board

for hospice care received at home; room and board related to custodial care; and any treatments to cure the terminal illness.

Hospice benefits can be initiated by a patient, his or her family or the patient's primary care manager (PCM). Before hospice can begin, four requirements must be met. First, the patient's eligibility information must be current. The patient also needs to obtain a referral for hospice from his or her PCM and obtain prior authorization from the regional health care contractor. Finally, a certification of terminal illness must be obtained.

There are four levels of hospice care to meet the varying needs of each patient: routine home care, continuous home care, inpatient respite care, and general hospice. If necessary, patients can switch between the four levels of care.

For more information about the hospice benefit, visit [www.tricare.mil](http://www.tricare.mil), contact TRICARE For Life, the regional managed care support contractor or TRICARE Area Office.

- **On May 11, 2010, the Military Health System (MHS) requested nominations for its second "Building Stronger Female Physician Leaders in the MHS" award, which will be announced at the MHS Conference in January 2011.**

Nominees should be those female physicians who have made significant contributions to the practice of medicine and/or who have served as exemplary role models for other female physicians. The award will be given at the MHS Conference in January 2011.

The deadline for award submission to chief human capital office is Oct. 30, 2010. The services will collect all nominations and vet them through their chains before they are forwarded to the award point-of-contact. The services will set their own internal suspense but awards will not be accepted after midnight on Oct. 30, 2010. Then, a panel made up of a senior female physician leader for each service, an OSD/HA representative and prior winners will meet in November, screen packages and select the winners.

There will be two main categories of award winners: one junior (03-05) winner from each service and one overall MHS-wide senior (06) winner. The criteria and nomination forms can be found at the [MHS Office of Human Capital Web site](http://www.mhs.gov/officeofhumancapital).

- **The Defense Department created inTransition, a new program that ensures continuity of behavioral health care for service members as they move between health care systems or providers.**

inTransition is open to service members in all branches who are currently receiving mental health treatment and are transitioning station or status, such as those going through a permanent change of station or those going from Military Health System care to Veterans Affairs (VA) behavioral health care. Service members find inTransition appealing because it is voluntary, confidential and simple. In fact, the entire inTransition process happens over the phone.

Although family members cannot directly enroll their service members in the program, they can contact inTransition to gain the information they need to encourage their loved ones to use the program.

Once enrolled, the transitioning service member is assigned a personal transition support coach, whose primary goal is to support the service member during the transition and help him or her connect with a new behavioral health provider at transition's end.

The program's transition support coaches are licensed, master's- or doctoral-level mental health clinicians who understand military culture and will respect the service member's privacy. They work with the service member through one-on-one, weekly coaching sessions by telephone — providing information, support services and community resources that empower the service member to continue behavioral health care engagement. Transition support coaches can also deliver coaching on life skills, behavioral health care treatment options, crisis intervention and family-related issues.

The inTransition program uses a tailored approach to address each service member's unique circumstance and mental health care needs.

Continuity of care is essential across all transitions, and psychological wellness is big part of contributing to a healthy, fit force. inTransition helps service members maintain continuity of behavioral health care while they make the transitions that are a part of life in the military.

Providers can enroll transitioning service members in the program, or service members can enroll themselves, 24 hours a day, 7 days a week, 365 days a year by calling any of the following numbers:

- Within the continental United States: 1-800-424-7877, toll free
- Overseas: 1-800-424-4685, toll free / 1-314-387-4700, collect

Providers and service members can also find program information and materials at [www.health.mil/inTransition](http://www.health.mil/inTransition).

- **The Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces held a hearing on May 11, 2010.** During the meeting the task force discussed the New Jersey Veterans helpline, Army Behavioral Health Integrated Data Environment (ABHIDE) database update and established anti-stigma programs. The next meeting is scheduled on July 14, 2010.

## Veterans Health Care News

- **The Department of Veterans Affairs (VA) is awarding two grants worth nearly \$22.4 million to Minnesota for a new 100-bed nursing home and other improvements.**

VA's grants will cover 65 percent of the costs of the two projects. The Department has targeted \$19.2 million for the new nursing home and \$3.2 million to renovate facilities used by the adult day health care program.

Last year, VA spent nearly \$1.7 billion in Minnesota to serve the state's 390,000 Veterans. VA operates major medical centers in Minneapolis and St. Cloud, with outpatient clinics and Vet Centers across the state, plus a national cemetery at Ft. Snelling.

- **The Alaska Veterans Affairs Healthcare System will open the doors to its new clinic in Anchorage. Construction crews spent two years assembling the 183,000-square-foot, \$76 million building.**

The clinic, on North Muldoon Road near Elmendorf Air Force Base's Muldoon gate, features new brain-scanning equipment, additional physical therapy services and more options for counseling.

VA officials say the new and improved building is a thank-you to the troops.

## Health Care News

- **On May 10, 2010, the National Quality Forum (NQF) announced it has formed a new Health Information Technology Advisory Committee (HITAC).**

Members of the new advisory committee represent a wide range of healthcare stakeholders, including consumers, providers, clinicians, purchasers, suppliers, and public and community healthcare.

The NQF Board of Directors approved the creation of HITAC, charging the body with:

- Developing a strategic plan and providing ongoing guidance for NQF's HIT portfolio.
- Offering input on HIT projects, such as maintenance of the Quality Data Set and specification of testing requirements for eMeasures.
- Reviewing electronic specifications for NQF-endorsed® and candidate standards.
- Making recommendations on the endorsement and maintenance of HIT-related consensus standards.

HITAC is a standing committee of the NQF Board of Directors and includes non-voting federal liaisons from the Agency for Healthcare Research and Quality, Centers for Medicare & Medicaid Services, Indian Health Service, the Office of the National Coordinator for HIT, and the Veterans Health Administration. Members of HITAC are eligible to serve three-year terms. To stagger the future appointment cycle, inaugural HITAC members will serve one-, two-, or three-year terms.

To view the full roster of HITAC members, please visit: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=18966>

- **Vaccinating infants against rotavirus, a leading cause of severe diarrhea and dehydration among babies and young children, was associated with a dramatic decline in U.S. hospitalization rates for acute gastroenteritis.**

The findings appear in a study, now available [online](http://www.pediatrics.com), published in the June 1 issue of *The Journal of Infectious Diseases*.

Worldwide, rotavirus infection is estimated to cause more than 500,000 deaths each year. Before a vaccine was introduced, the virus led to an estimated 55,000 to 70,000 hospitalizations in the U.S. annually. A vaccine, RotaTeq, was licensed for use in the U.S. and recommended for routine use in infants in 2006.

In this study, Aaron T. Curns, MPH, and colleagues at the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality examined hospitalization rates for acute gastroenteritis, an inflammation of the gastrointestinal tract during the typical rotavirus season among U.S. children under 5 years of age. They compared these rates over two periods: from 2000 to 2006, before the rotavirus vaccine was introduced; and after, from 2007 to 2008.

Hospitalization rates for gastroenteritis were 16 percent lower in 2007 and 45 percent lower in 2008 compared with rates before the vaccine was introduced. During 2008, infants aged 0-2 months had a 28 percent reduction, while those 6-23 months of age had a 50 percent reduction. Rates among children aged 3-5 months and 24-59 months declined between 42 percent and 45 percent. The researchers estimated that approximately 55,000 acute gastroenteritis hospitalizations were prevented during the 2008 rotavirus season because of vaccination. Hospitalization rates during this season were substantially diminished, with rates one-half to two-thirds lower at peak activity compared to previous seasons.

The researchers noted that the observed declines in hospitalizations exceeded their estimates and also occurred among age groups that were too young or too old to receive the vaccine, suggesting that these children may have been protected by the "herd immunity" caused by their peers being vaccinated.

- **The Commission on U.S. Federal Leadership in Health and Medicine: Charting Future Directions is releasing a report emphasizing a comprehensive spectrum of actions to build a 21st century system that will make America the healthiest nation in the world.**

The report, *A 21st Century Roadmap for Advancing America's Health: The Path from Peril to Progress*, proposes a prescription of actions to modernize the U.S. health care system, focusing on four key areas:

- Re-engineering America's health care system.
- Advancing public health and prevention in the United States.
- Promoting global health and health diplomacy.
- Strengthening U.S. medical and public health research.

Another key component of transformation is building a health information technology infrastructure. According to the report, widespread health IT implementation could improve the efficiency of the U.S. health care system by:

- Improving the availability of information for clinical decisionmaking.
- Collecting performance data.
- Creating safeguards to prevent medical errors.

The report recommended that policymakers and health industry leaders address issues related to:

- Health IT interoperability.
- Patient privacy.
- The need for a clearinghouse of health information.

Public health and prevention are also essential elements of health care reform, with more than 75 percent of health care costs in the U.S. resulting from chronic diseases that are linked to preventable factors, yet only 3 to 5 percent of the nation's health budget is spent on prevention.

The report endorses the establishment of a Federal Prevention and Wellness Fund in the health care bill (recommended in the Commission's first report) to support innovative community health programs. It also proposes launching national health education campaigns to promote healthy lifestyles, creating an interactive online health hub for best practices and health information, extending the Congressional Budget Office timeframe to 20 years for scoring cost savings of prevention, and establishing mechanisms to coordinate Federal programs to ensure that public health and prevention are cornerstones in the implementation of health care reform legislation.

The Commission recommends that the President issue a "Call to Action for a Healthier U.S." and an annual State of the Nation's Health address, with a yearly report describing the health status of the nation including progress on implementation of health reform.

In addition, the Commission recommends creating a 21st century U.S. Strategy for Global Development and Health Assistance, developing a federal interagency collaborative framework, harnessing health diplomacy as a tool of "smart power" and working multilaterally with international institutions to advance science, medicine and public health in the developing world.

Lastly, investing in U.S. funding for biomedical and public health research and the training of new scientists in health and medicine, are essential to strengthening and securing America's future. Investing in research is the foundation for all health and medical interventions, serves as a cornerstone of health care reform efforts and is an engine of job creation as well economic and societal progress. Yet, in recent years, funding for research has been declining. The Commission underscores the urgent need for sustained, predictable funding streams for research, science education beginning in elementary school, and a range of incentives and mechanisms to attract young people to research careers.

To read the report, please visit: [http://www.thepresidency.org/storage/documents/Health\\_Report.pdf](http://www.thepresidency.org/storage/documents/Health_Report.pdf).

- **The U.S. Food and Drug Administration launched a program designed to educate health care providers about their role in ensuring that prescription drug advertising and promotion is truthful, and not misleading.**

The Bad Ad Program is an FDA-sponsored educational outreach effort administered by the agency's Division of Drug Marketing, Advertising, and Communications (DDMAC), in the FDA's Center for Drug Evaluation and Research.

The Bad Ad Program will help health care providers recognize misleading prescription drug promotion and provide them with an easy way to report this activity to the agency.

The program will be rolled out in three phases. In Phase 1, DDMAC will engage health care providers at specifically selected medical conventions and partner with specific medical societies to distribute educational materials. Phases 2 and 3 will expand the FDA's collaborative efforts and update the educational materials developed for Phase 1.

The FDA's traditional regulatory activities for monitoring prescription drug promotion primarily rely on review of promotional pieces submitted to the agency by sponsoring drug companies, industry complaints, and field surveillance at large medical conventions. Although these efforts are effective, the agency has limited ability to monitor promotional activities that occur in private.

Health care professionals are encouraged to report a potential violation in drug promotion by sending an email to [badad@fda.gov](mailto:badad@fda.gov) calling 877-RX-DDMAC. Reports can be submitted anonymously; however, the FDA encourages providers to include contact information so that DDMAC officials can follow-up, if necessary.

- **The HHS Office on Disability has awarded a two-year \$6 million contract to develop a center focused on disability care and services research.**

The contract, awarded to Mathematica Policy Research, calls for the creation of a center to conduct comparative-effectiveness research on systems of care for people with disabilities, according to a news release. Once established, the center will collect and evaluate data, and conduct and disseminate the findings of research aimed at helping patients, providers, policymakers and caregivers make appropriate healthcare decisions.

Funding for the Center of Excellence in Research on Disability Services, Care Coordination and Integration will come through the American Recovery and Reinvestment Act of 2009.

## Reserve/Guard

- As of May 11, 2010, the total number of Guard and Reserve currently on active duty has **increased** by 491 to 132,011. The totals for each service are Army National Guard and Army Reserve 99,843; Navy Reserve, 6,459; Air National Guard and Air Force Reserve, 18,108; Marine Corps Reserve, 6,767; and the Coast Guard Reserve, 834. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The Institute of Medicine (IOM) published "Evaluation of Biomarkers and Surrogate Endpoints in Chronic Disease," on May 12, 2010.** In this report, the IOM recommends that the FDA adopt a consistent scientific framework for biomarker evaluation in order to achieve a rigorous and transparent process.
- **The Congressional Budget Office (CBO) published "Discretionary Spending in the Final Health Care Legislation," on May 11, 2010.** This report provides additional information about the potential effects of H.R. 3590, the Patient Protection and Affordable Care Act. It updates and expands upon the analysis of potential discretionary spending under PPACA that CBO issued on March 15, 2010. [http://www.cbo.gov/ftpdocs/114xx/doc11490/LewisLTr\\_HR3590.pdf](http://www.cbo.gov/ftpdocs/114xx/doc11490/LewisLTr_HR3590.pdf)

## Legislation

- **H.R. 5268** (introduced May 11, 2010): To provide assistance to improve maternal and newborn health in developing countries and for other purposes was referred to the House Committee on Foreign Affairs. Sponsor: Representative Lois Capps [CA-23]
- **S. 3330** (introduced May 7, 2010): A bill to amend title 38, United States Code, to make certain improvements in the administration of medical facilities of the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Robert P. Casey, Jr. [PA]

- **S.3341** (introduced May 11, 2010): A bill 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 Committee on Homeland Security and Governmental Affairs.  
Sponsor: Senator Benjamin L. Cardin [MD]
- **S.3352** (introduced May 12, 2010): A bill to amend title 38, United States Code, to exempt reimbursements of expenses related to accident, theft, loss, or casualty loss from determinations of annual income with respect to pensions for veterans and surviving spouses and children of veterans, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Jon Tester [MT]
- **S.3355** (introduced May 12, 2010): A bill to provide for an Internet Web site for information on benefits, resource, services, and opportunities for veterans and their families and caregivers, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Amy Klobuchar [MN]

#### Hill Hearings

- 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 15th Annual International Meeting of the American Telemedicine Association will be held **May 16-18, 2010**, in San Antonio, Texas. <http://medtechig.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/ncihc2010.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://hpv2010.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/>
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept. 23, 2010**, in Washington D.C. [www.hjf.org/symposium](http://www.hjf.org/symposium)
- The 6th Annual World Healthcare Innovation and Technology Congress (*WHIT v.6.0*) will be held **Nov. 8-10, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10010/>

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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