FEDERAL HEALTH UPDATE

Jun 4, 2010

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

To subscribe, please visit http://fedhealthinst.org/subscriber.cfm.

Executive and Congressional News

- The House and Senate will be in recess until June 7, 2010.

- **The House passed H.R. 5136, the *National Defense Authorization Act for Fiscal Year 2011*, on May 28, 2010.**

- **On May 27, 2010, the Senate passed H.R. 4899, as amended; the *Supplemental Appropriations Act, 2010*.** Over half of the money in the bill is for domestic programs and disaster relief, rather than ongoing operations in Afghanistan and the Global War on Terror (GWOT).

- **On June 2, 2010, President Obama signed presidential memorandum that requires executive agencies to take immediate action to extend to the same-sex domestic partners of federal employees a number of meaningful benefits, from family assistance services to hardship transfers to relocation expenses.**

  The memorandum also requires agencies that extend any new benefits to employees' opposite-sex spouses to make those benefits available on equal terms to employees' same-sex domestic partners to the extent permitted by law.

  Last year, President Obama issued a presidential memorandum that instructed the Office of Personnel Management and the Secretary of State to extend certain available benefits they had identified to gay and lesbian federal employees and their families under their respective jurisdictions.

  Among those benefits were long-term care insurance and expanded sick leave for civil service employees and medical care abroad, eligibility for employment at posts, cost-of-living adjustments abroad and medical evacuation for domestic partners of foreign service members. In that same Memorandum, he called upon the federal agencies to undertake a comprehensive review and to identify any additional benefits that could be extended to the same-sex domestic partners of Federal employees under existing law.

  For more information, please visit: http://www.whitehouse.gov/the-press-office/statement-president-extension-benefits-same-sex-domestic-partners-federal-employees

Military Health Care News

- **On June 2, 2010, the Department of Defense announced the following assignments:**
  - Maj. Gen. Douglas J. Robb, command surgeon, Headquarters Air Mobility Command, Scott Air Force Base, Ill., to joint staff surgeon, J-4, Pentagon, Washington, D.C.
  - Brig. Gen. Bart O. Iddins, command surgeon, Headquarters Air Force Special Operations Command, Hurlburt Field, Fla., to command surgeon, Headquarters Air Mobility Command, Scott Air Force Base, Ill.

- **On June 2, 2010, the Department of Defense announced selection of the new chairwoman and nine appointees to the Defense Advisory Committee on Women in the Services (DACOWITS).**

  The Defense Advisory Committee on Women in the Services has provided invaluable insight into the issues facing women in the military services. Previously comprised of 15 members, the 2010 charter authorizes a total of 35 committee members to to better address emerging and existing issues concerning our women in uniform.

  The committee, established in 1951 during the Korean War by Secretary of Defense George C. Marshall, is an independent advisory committee that provides the department with advice and recommendations on matters and policies relating to the recruitment and retention, treatment, employment, integration and well-being of highly qualified professional women in the armed forces.

  The initial incoming members are as follows; additional committee members will be appointed as approved:

  - Retired Army Lt. Gen. Claudia J. Kennedy, Hilton Head Island, S.C. (chairwoman)
  - Retired Army Reserve Col. Margarethe Cammermeyer, Langley, Wash.
  - Nancy D. Campbell, Washington, D.C.
  - Retired Air National Guard Brig. Gen. Julia J. Cleckley, Springfield, Va.
  - Ruby DeMesme, Oakton, Va.
  - Retired Marine Corps Sgt. Maj. John L. Estrada, Orlando, Fla.
  - Retired Army Brig. Gen. Maureen K. LeBoeuf, Cary, N.C.
  - Retired Army Command Sgt. Maj. Roberta Santiago, Castro Valley, Calif.
  - Retired Marine Corps Col. Felipe "Phil" Torres, Helotes, Texas

  DACOWITS members include prominent civilian women and men representing a distribution of demography, academia, industry, public service and other professions. Selection is on the basis of experience in the military, or with women's-related workforce issues.

  Members are selected for a three-year term, without compensation, to perform a variety of duties, including visiting military installations each year, conducting a review and evaluation of current research on military women, and developing an annual report with recommendations on these issues to service leadership and the secretary of defense.

  More information about DACOWITS, including the newly-revised charter, can be found at http://dacowits.defense.gov/.

- **The Department of Defense announces that the Uniform Formulary Beneficiary Advisory Panel will meet on June 24, 2010, in Washington D.C.**

  The panel will review and comment on recommendations made to the director, TRICARE Management Activity, by the Pharmacy and Therapeutics Committee regarding the Uniform Formulary. The therapeutic classes scheduled to be reviewed include Alpha Blockers for Benign Prostatic Hyperplasia and Antilipidemics. The panel will also review designated newly approved drugs and drugs recommended for non-formulary placement due to non-compliance with Fiscal Year 2008, National Defense Authorization Act, Section 703. http://edocket.access.gpo.gov/2010/2010-12867.htm

Veterans Health Care News

- **U.S. Secretary of Veterans Affairs Eric K. Shinseki announced the selection of 26 winning ideas in the Veterans Health Administration / Office of Information and Technology (VHA/OIT) Innovation Competition.**

  This is the most recent effort under the VA Innovation Initiative, a department-wide program that brings the most promising innovations to VA's most important challenges by involving employees and the private sector in the creation of visionary solutions in service to veterans.

  An employee competition launched in February 2010, the VHA/OIT Innovation Competition solicited health care IT solutions that move VA forward in its

transformation to a provider of 21st-century services for U.S. veterans.

The 26 VHA/OIT Innovation Competition winners represent 23 different VA medical centers, program offices, or regional health care entities from 17 states. The chosen innovations will receive funding and support for prototype development and implementation.

The VHA/OIT Innovation Competition attracted broad participation, yielding over 6,500 ideas from department employees. After a Web-based community voting method narrowed the submissions to a smaller group of finalists, a panel of federal and private sector health care and IT leaders reviewed the top proposals and selected the winners.

The panel consisted of 24 department employee and other distinguished participants, including Dr. Harvey Fineberg, president of the Institute of Medicine; Dr. Robert Kolodner, health IT consultant; Dr. Mehret Mandefro, White House fellow; Dr. Stephen Ondra, VA's senior policy advisor for health affairs; Peter Levin, VA's chief technology officer; Craig Newmark, founder of craigslist; and, Todd Park, chief technology officer for the Department of Health and Human Services.

The VHA/OIT Innovation Competition follows the department's Veterans Benefits Administration (VBA) Innovation Competition, which was launched in August 2009 by President Obama in support of his mission to make government more effective, innovative, and open. Both VA innovation competitions are part of the VA Innovation Initiative.

VA Innovation Initiative (VAi2) is a department-wide program that brings the most promising innovations to VA's most important challenges by involving employees and the private sector in the creation of visionary solutions in service to Veterans. VAi2 identifies, funds, tests and deploys new efforts that significantly improve the access, quality, performance and cost of VA services.

For more information about the winning ideas, please visit: http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1901

- **According to a new study, an estimated 25 percent to 56 percent of combat veterans who use VA services reported "some" to "extreme" difficulty in social functioning, productivity, community involvement and self-care domains.**

The study, *Reintegration Problems and Treatment Interests Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care*, looked at the prevalence and types of community reintegration problems among Iraq and Afghanistan combat veterans who receive U.S. Department of Veterans Affairs (VA) medical care; identify interests in interventions or information to promote readjustment to community life; and explore associations between probable post traumatic stress disorder (PTSD) and reintegration problems and treatment interests. A summary of the study was published in *Psychiatric Services Online*.

Researchers affiliated with the Center for Chronic Disease Outcomes Research, Veterans Affairs Medical Center in Minneapolis and the University of Minnesota found at least one-third of veterans surveyed reported divorce, dangerous driving, increased substance use, and increased anger control problems since deployment. Almost all (96%) expressed interest in services to help readjust to civilian life. The most commonly preferred ways to receive reintegration services or information were at a VA facility, through the mail and over the Internet. The study found that an estimated 41 percent screened positive for PTSD, and probable PTSD was associated with reporting more readjustment difficulties and expressing interest in more types of services, including traditional mental health services.

Researchers concluded that Iraq-Afghanistan combat veterans who already receive VA medical care reported multiple current reintegration problems and wanted services and information to help them readjust to community life. These concerns were particularly prevalent among those with probable PTSD.

Health Care News

- **According to a new report by *U.S. News & World Report* on the best children's hospitals in the U.S., out of all of the roughly 5,000 U.S. hospitals, only about 1 in 30 has deep expertise in caring for children with serious problems.**

The report showcases the medical centers that see kids every day who have cancer, cystic fibrosis, defective hearts and countless other life-threatening or rare conditions beyond the capabilities of most hospitals, even those with sizable pediatric departments.

This year's rankings show the 30 top children's centers in 10 specialties: cancer, diabetes and endocrinology, gastroenterology (digestive disorders), heart and heart surgery, kidney, neonatology, neurology and neurosurgery, orthopedics, pulmonology (respiratory problems), and urology. In all, 62 different hospitals are ranked in at least one specialty.

The rankings relied on two surveys—a reputational survey sent to pediatric specialists and a data survey sent to a handpicked set of hospitals. For the physician survey, 150 physicians in each specialty were asked to name up to five hospitals they consider best for children with serious or difficult problems in their specialty. Responses were totaled for three years in cancer, gastroenterology, heart and heart surgery, neurology, neonatology, and pulmonology and for two years in diabetes and endocrinology, kidney, orthopedics and urology, which were added last year.

For the hospital survey, researchers selected the likeliest go-to centers for advanced care: freestanding children's hospitals and large, multispecialty pediatric departments of major medical centers that function almost as if they were a hospital within a hospital, with their own staff, OR, and and other facilities. 170 such centers, as well as several others that were previously ranked or were recommended by trusted sources, were asked to complete a 75-page online survey to provide data on their quality of care. Of the 170 hospitals contacted, 96 provided information.

A small number of hospitals—eight this year—ranked in all 10 specialties and make up the 2010-11 Best Children's Hospitals Honor Roll. They are in alphabetical order.

- Children's Hospital Boston
- Children's Hospital Los Angeles
- Children's Hospital of Philadelphia
- Children's Hospital of Pittsburgh of UPMC
- Cincinnati Children's Hospital Medical Center
- New York-Presbyterian Morgan Stanley-Komansky Children's Hospital
- St. Louis Children's Hospital-Washington University
- Texas Children's Hospital, Houston

For more information, please visit: http://health.usnews.com/best-hospitals/pediatric-rankings?s_cid=related-links:TOP

- **HHS Secretary Kathleen Sebelius and Institute of Medicine President Harvey Fineberg launched a national initiative to share a wealth of new community health data that will drive innovation and lead to the creation of new applications and tools to improve the health of Americans.**

To help citizens, clinicians and local leaders use data to improve health and value of health care, the Community Health Data Initiative (CHDI) is turning to Web application developers, mobile phone applications, social media and other cutting-edge information technologies to "put our public health data to work."

The initiative was announced at a Community Health Data Forum on June 2 at the National Academy of Sciences' Institute of Medicine (IOM). Federal and community leaders were joined by developers and technology pioneers who demonstrated 16 innovative applications that make use of publicly available health data.

At the heart of the initiative, increasing amounts of federally generated community health data will be made publicly available, in easily accessible and useful formats. Secretary Sebelius announced that by the end of 2010, a new HHS Health Indicators Warehouse will be deployed online, providing currently available and new HHS data on national, state, regional, and county health performance – on indicators such as rates of smoking, obesity, diabetes, access to healthy food, utilization of health care services, etc. – in an easy-to-use "one stop data shop." The warehouse will also include information on proven ways to improve performance on particular indicators. Users will be able to explore all of this data on the Warehouse Web site, download any and all of it for free, and integrate it easily into their own Web sites and applications.

The goal is to expand the array of applications being built using HHS' data, as well as data supplied by other sources so that community leaders, consumers, employers, providers and others can choose among independently developed applications to help in health assessment, planning and action. The CHDI does not endorse particular applications, but rather enables their independent development through easier access to expanded, free data. Communities, professionals and consumers can then choose the applications they find most useful.

To learn more about the Community Health Data Initiative, please visit www.hhs.gov/open.

- **The U.S. Food and Drug Administration approved Prolia, an injectable treatment for postmenopausal women with osteoporosis who are at high risk for fractures.**

Osteoporosis is a disease in which the bones become weak and are more likely to break. According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, 80 percent of the people in the United States with osteoporosis are women. One out of every two women over age 50 will break a bone in their lifetime due to osteoporosis.

People with osteoporosis at high risk for fracture include those that have had an osteoporotic fracture, or have multiple risk factors for fracture; or those who have failed or are intolerant to other available osteoporosis therapy. Prolia works to decrease the destruction of bone and increase bone mass and strength. An injection of Prolia is recommended once every six months.

The safety and efficacy of Prolia in the treatment of postmenopausal osteoporosis was demonstrated in a three-year, randomized, double-blind, placebo-controlled trial of 7,808 postmenopausal women ages 60 to 91 years. In the study, Prolia reduced the incidence of vertebral, non-vertebral, and hip fractures in postmenopausal women with osteoporosis.

Prolia is manufactured by Amgen Manufacturing Limited, a subsidiary of Thousand Oaks, Calif.-based Amgen Inc.

- **The National Institutes of Health (NIH) announced a new initiative to monitor the impact of federal science investments on employment, knowledge generation and health outcomes**.

The initiative, Science and Technology for America's Reinvestment: Measuring the Effect of Research on Innovation, Competitiveness and Science (STAR METRICS), is a multi-agency venture led by NIH, the National Science Foundation (NSF), and the White House Office of Science and Technology Policy (OSTP).

STAR METRICS will help the federal government document the value of its investments in research and development, to a degree not previously possible. Together, NSF and NIH have committed $1 million for the program's first year.

Data for the program will come from research institutions that volunteer to participate and the federal agencies that fund them. Information will be gathered from the universities in a highly automated way, with minimal or no burden for the scientists and the university administration.

STAR METRICS is based on a highly successful pilot program that includes seven research institutions. Now the program is being extended to more universities, with 60 already having expressed interest in taking part.

There are two-phases to the program. The first phase will use university administrative records to calculate the employment impact of federal science spending through the American Recovery and Reinvestment Act and agencies' existing budgets. The second phase will measure the impact of science investment in four key areas:

Economic growth will be measured through indicators such as patents and business start-ups. Workforce outcomes will be measured by student mobility into the workforce and employment markers. Scientific knowledge will be measured through publications and citations. Social outcomes will be measured by long-term health and environmental impact of funding.

For more information about STAR METRICS, please visit: http://nrc59.nas.edu/star_info2.cfm

- **About 4 in 10 never–married U.S. teenagers aged 15–19 have had sexual intercourse at least once in their lifetime, according to a report released by the Centers for Disease Control and Prevention (CDC).**

The data from the National Survey of Family Growth also indicate the percentage of teens who have had sex has not changed significantly since the last survey was conducted in 2002.

The report, *"Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, National Survey of Family Growth, 2006–08,"* from CDC's National Center for Health Statistics showed that more than 42 percent of never–married teenagers have had sex at least once in their lifetime. The percent of never married older teens (aged 18 and 19) who have had sex is about double that of younger teens (aged 15–17.) Among females aged 15–17 years, about 28 percent said they had ever had sex compared to 60 percent for females aged 18 and 19. For males, 29 percent of those aged 15–17 said they had ever had sex compared to 65 percent for those aged 18 and 19.

The report also found:

- An estimated 26 percent of females and 29 percent of males reported in 2006–08 that they have had two or more sexual partners in their lifetime, no change from 2002.
- Among never–married teens, nearly 8 in 10 females (79 percent) and nearly 9 in 10 males (87 percent) used some form of contraception during their first sexual intercourse. For the most part, teens' use of contraceptives has changed little since 2002, and the condom remained the most commonly used method.
- In 2006–08, 52 percent of never married teen females and 71 percent of never married teen males who had sex in the four weeks before the interview used the condom every time they had sex.
- Less than half of never–married teen males (47 percent) reported they would be "very upset" if they got a partner pregnant, while 58 percent of never–married teen females said they would be very upset if they got pregnant.
- Twenty–two percent of sexually experienced teen girls and 24 percent of sexually experienced teen boys said they would be "a little pleased" or "very pleased" if they were to get pregnant (or get a partner pregnant.)
- Approximately 71 percent of females and 64 percent of males said they "agree" or "strongly agree" that "it is okay for an unmarried female to have a child." The percentage for males has increased sharply since 2002, when 50 percent said they agreed or strongly agreed with this question. The percentage for females has remained the same over that period of time.

The full report is available at http://www.cdc.gov/nchs/.

- **According to the *New York Times*, the research supporting cited by the Obama administration to Congress in its effort to overhaul health care was based on a once obscure research group at Dartmouth College and may not be accurate.**

The Administration used this data to show that wasteful spending does nothing to improve patient. The president's budget director, Peter Orszag displayed maps produced by Dartmouth researchers that appeared to show where the waste in the system could be found.

While the research compiled in the Dartmouth Atlas of Health Care has been widely interpreted as showing the country's best and worst care, the Dartmouth researchers themselves acknowledged in interviews that in fact it mainly shows the varying costs of care in the government's Medicare program. Measures of the quality of care are not part of the formula.

Even Dartmouth's claims about which hospitals and regions are cheapest may be suspect. The principal argument behind Dartmouth's research is that doctors in the upper Midwest offer consistently better and cheaper care than their counterparts in the South and in big cities, and if Southern and urban doctors would be less greedy and act more like ones in Minnesota, the country would be both healthier and wealthier.

But the real difference in costs between, say, Houston and Bismarck, N.D., may result less from how doctors work than from how patients live. Houstonians may simply be sicker and poorer than their Bismarck counterparts. Also, nurses in Houston tend to be paid more than those in North Dakota because the cost of living is higher in Houston. Neither patients' health nor differences in prices are fully considered by the Dartmouth Atlas.

The Dartmouth researchers have also done separate studies of how Medicare spending affects patient care regionally. A 2003 study found that patients who lived in places most expensive for the Medicare program received no better care than those who lived in cheaper areas.

Because some regions spent nearly a third more than other regions without any apparent benefit, the Dartmouth team concluded that at least one dollar in three was wasted by Medicare. When applied generally to the nation's health care system, it meant about $700 billion could be saved.

The mistaken belief that the Dartmouth research proves that cheaper care is better care is widespread. Now a growing number of health policy researchers are finding that overhauling the nation's health care system will be far harder and more painful than the Dartmouth work has long suggested. Cuts, if not made carefully, could cost lives.

A main focus of the Dartmouth Atlas is comparing spending among the nation's hospitals. To do that, Dartmouth researchers use data on how much hospitals have billed Medicare for patients with a chronic illness who were in their last six months or two years of life.

But the atlas's hospital rankings do not take into account care that prolongs or improves lives. If one hospital spends a lot on five patients and manages to keep four of them alive, while another spends less on each but all five die, the hospital that saved patients could rank lower because Dartmouth compares only costs before death.

While a few studies by other researchers have shown that more spending leads to worse health, some others have suggested the opposite — that more expensive hospitals might offer better care. But many have shown no link, either way, between spending and quality.

In interviews, Dartmouth researchers Dr. Fisher and Mr. Skinner acknowledged that there was no proven link between greater spending and worse health outcomes. And Dr. Fisher acknowledged the apparent inconsistency between his statements in interviews with The New York Times and those made elsewhere, saying that he was sometimes less careful in discussing his team's research than he should be.

Researchers who have examined the Dartmouth Atlas numbers have found other flaws that can distort hospital rankings. Doctors at Cedars-Sinai in Los Angeles, for instance, found that Dartmouth had failed to distinguish two different types of intensive care units the hospital runs. Dartmouth also might have over-counted the number of specialists examining each patient. This may have negatively affected the hospital's rankings within the Dartmouth study.

over-counted the number of specialists examining each patient. This may have negatively affected the hospital's rankings within the Dartmouth study.

- **On June 3, 2010, Health and Human Services (HHS) Secretary Kathleen Sebelius announced $83.9 million in grants to help networks of health centers adopt electronic health records (EHR) and other health information technology (HIT) systems.**

  The funds are part of the $2 billion allotted to HHS' Health Resources and Services Administration (HRSA) under the American Recovery and Reinvestment Act of 2009 to expand health care services to low-income and uninsured individuals through its health center program.

  Forty-five grants will support new and enhanced EHR implementation projects as well as HIT innovation projects. Funds will allow grantees to use EHR technology to improve health care quality, efficiency, and patient safety. Eligible professionals practicing within health centers who are able to demonstrate meaningful use of certified EHR technology may be eligible for incentive payments provided under Medicaid and Medicare.

  Health Center Controlled Networks (HCCNs) improve the operational effectiveness and clinical quality in health centers by providing management, financial, technology and clinical support services. The networks, comprised of at least three collaborating organizations, are community-based groups that support HRSA-funded health centers that provide primary health care to nearly 19 million patients – a number expected to double over the next five years as health reform is implemented.

  To view a list of the grants awarded, please visit: http://www.hhs.gov/news/press/2010pres/06/20100603a.html

- **HHS Secretary Kathleen Sebelius announced the availability of $60 million in Affordable Care Act grants to states and communities to help individuals and their caregivers better understand and navigate their health and long-term care options.**

  Using this funding, the Centers for Medicare & Medicaid Services (CMS) and Administration on Aging (AoA) will work collaboratively to award funds for an integrated approach that focuses on the unique needs of seniors, disabled Americans and their caregivers as they seek health care and long-term care.

  The purpose of this new grant program is to create streamlined, coordinated statewide systems of information, counseling and access that will help people find consumer-friendly answers they seek to meet their health and long-term care needs. AoA and CMS will administer the funding through separate announcements, but will coordinate implementation and monitoring through a single process.

  Some specific areas of focus will include assisting individuals who are under-served and hard to reach with information about their Medicare and Medicaid benefits, helping older adults and individuals with disabilities live at home or in settings of their choosing with the right supports, assisting people transition from hospital or nursing home stays back into the community, and strengthening linkages between the medical and social service systems.

  AoA and CMS have provided grants to states for several years to develop person-centered systems of information, counseling and access to make it easier for individuals to learn about and access their health and long-term services and support options. This grant program strengthens and enhances the ability of states to truly integrate the medical and social services care models.

  Funds will be available to states, area agencies on aging (aaa's), State Health Insurance Assistance Programs (SHIPs) and Aging and Disability Resource Centers (ADRCs). Through the grant program, states and local aging and disability programs will receive funds to:

  - Provide outreach and assistance to Medicare beneficiaries on their Medicare benefits including prevention;
  - Use additional funds through a competitive process to provide Options Counseling on health and long-term care through ADRCs;
  - Use additional funds through a competitive process to strengthen the ADRCs role in Money follows the Person program and support state Medicaid agencies as they transition individuals from nursing homes to community-based care; and
  - Coordinate and continue to embed tested Care Transition models that integrate the medical and social service systems to help older individuals and those with disabilities remain in their own homes and communities after a hospital, rehabilitation or skilled nursing facility visit.

  The deadline for applications is: Monday, July 30, 2010. Grants will be awarded in September 2010. For more information about this grant opportunity, please visit http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx or www.grants.gov.

Reserve/Guard

- As of June 1, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 3,303 to 125,758. The totals for each service are Army National Guard and Army Reserve 93,698; Navy Reserve, 6,152; Air National Guard and Air Force Reserve, 18,387; Marine Corps Reserve, 6,685; and the Coast Guard Reserve, 836. www.defenselink.mil

Reports/Policies

- **The GAO published *"VA Health Care: Reporting of Spending and Workload for Mental Health Services Could Be Improved,"* (GAO-10-570) on May 28, 2010.** In this report, GAO examined VA's reporting of mental health spending and workload data for fiscal year 2009 in its fiscal year 2011 congressional budget justification and whether VA reported these data in any other publicly available report. http://www.gao.gov/new.items/d10570.pdf

- **The GAO published *"Medicare Advantage: Relationship between Benefit Package Designs and Plans' Average Beneficiary Health Status,"* (GAO-10-403) on June 1, 2010**. The GAO examined Medicare Advantage (MA) plan benefit packages by average health status of plans' enrolled beneficiaries; distribution and characteristics of MA plans by average beneficiary health status; and CMS's process for ensuring that benefit packages do not discriminate with respect to health status. http://www.gao.gov/new.items/d10403.pdf

- **The Institute of Medicine (IOM) published *"A Summary of the December 2009 Forum on the Future of Nursing: Care in the Community,"* on June 3, 2010.** This report is a summary of the discussion held at a forum on the future of nursing. The forum examined nursing care in the community, focusing on community health, public health, primary care and long-term care. http://www.iom.edu/Reports/2010/A-Summary-of-the-December-2009-Forum-on-the-Future-of-Nursing-Care-in-the-Community.aspx

Legislation

- No legislation was proposed this week.

Hill Hearings

- 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.
- The House Veterans Affairs Committee will hold a hearing on **June 15, 2010,** to examine the state of the Veterans Benefits Administration.
- The Senate Veterans Affairs Committee will hold a hearing on **June 16, 2010**, to examine veterans' claims processing, focusing on if current efforts are working.
- The House Veterans Affairs Committee will hold a hearing on **June 23, 2010,** to examine how to overcome rural health care barriers using innovative wireless health technology solutions.
- The House Veterans Affairs Committee will hold a hearing on **June 24, 2010,** to markup pending legislation.
- The House Veterans Affairs Committee will hold a hearing on **June 30, 2010**, to examine the U.S. Department of Veterans Affairs Office of General Counsel.

Meetings / Conferences

- 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 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.ataccc.org/
- 13th Battlefield Healthcare event: Pre and Post Deployment Combatant Care will be held **Sept. 20-22, 2010**, in San Diego, Calif. http://www.battlefieldhealthcare.com/Event.aspx?id=331874
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept**. **23, 2010**, in Washington D.C. 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. To subscribe, please visit http://fedhealthinst.org/subscriber.cfm. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

Back issues availiable at Federal Health Update Archives.

5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016
(202)271-5814 postmaster@fedhealthinst.org