

FEDERAL HEALTH UPDATE

Jul 30, 2010

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

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

Sponsored by



Additional sponsorship by

www.fedhealthinst.org**Federal Health Update will not be published on Aug. 13 and 27, 2010**

Executive and Congressional News

- **On July 27, 2010, the U.S. House of Representatives passed H.R. 4899, the Supplemental Appropriations Act, 2010.** The supplemental also includes \$13.38 billion for Vietnam veterans' Agent Orange exposure programs.
- **On July 28, 2010, the House passed H.R. 5822, the Military Construction and Veterans Affairs and Related Agencies Appropriations Act, 2011.**

Military Health Care News

- **The Army released the Health Promotion, Risk Reduction, and Suicide Prevention (HP/RR/SP) Report..**

This candid report, the result of a focused 15-month effort to better understand the increasing rate of suicides in the force, is intended to inform and educate Army leaders on the importance of recognizing and reducing high risk behavior related to suicide and accidental death, and reducing the stigma associated with behavioral health and treatment. This report represents the next phase in the Army's ongoing

The report grew out of a series of visits to six Army installations directed by Chief of Staff Gen. George Casey and led by Vice Chief of Staff Gen. Peter Chiarelli in spring 2009 to look at suicide prevention efforts in the force.

The Army's inward and transparent review is documented in this report. It addresses the full range of issues related to HP/RR/SP, outlines and defines the problem, documents actions taken, and makes recommendations for the way ahead.

Key findings include:

- Gaps in the current HP/RR/SP policies, processes and programs necessary to mitigate high risk behaviors;
- An erosion of adherence to existing Army policies and standards;
- An increase in indicators of high risk behavior including illicit drug use, other crimes and suicide attempts;
- Lapses in surveillance and detection of high risk behavior;
- An increased use of prescription antidepressants, amphetamines and narcotics;
- Degraded accountability of disciplinary, administrative and reporting processes; and
- The continued high rate of suicides, high risk related deaths and other adverse outcomes.

Secretary of the Army John McHugh has directed that leaders at all levels become familiar with the report. It informs leaders throughout the force about the consequences associated with high risk behavior; provides a candid, transparent and balanced review of HP/RR/SP issues; documents the Army's actions to date to improve programs and services; integrates policies, processes and programs for oversight of the force; and recommends solutions to eliminate gaps and unnecessary redundancies.

Programs must be realigned to improve support to the soldier, family and unit. Reporting and data-sharing on high risk behavior among unit commanders, medical and garrison service providers, and law enforcement officials must be synchronized. The report also promotes continued use of the Department of the Army's Health Promotion Council which has aggressively addressed this issue for a year-and-a-half.

Report recommendations represent the next phase of the campaign which has already implemented more than 200 separate initiatives over the last 15 months. For example, the Army tightened enlistment standards; established a Community Health Promotion Council at each installation; improved access and coordination between primary (medical) care and behavioral health providers; worked to stabilize unit leadership after redeployment; expanded behavioral health screening; instituted a confidential alcohol treatment program; aggressively recruited new behavioral health counselors; and created 72 new positions for chaplains, among other things.

Report findings indicate there are no universal solutions to address the complexities of personal, social and behavioral health issues that lead to suicide.

The full report is located at <http://www.army.mil/hprrsp>.

- **According to TRICARE Management Activity news release (TMA), TRICARE beneficiaries living outside of the United States will soon begin receiving letters updating them on the TRICARE Overseas Program Contract that begins Sept. 1, 2010.**

Beneficiaries will receive the letter only if their Defense Enrollment Eligibility Reporting System (DEERS) address is up-to-date.

While the current overseas enrollments in TRICARE Prime, TRICARE Global Remote Overseas and TRICARE Puerto Rico Prime will be maintained under the new contract, the release notes that there is no need for beneficiaries to re-enroll.

In addition to new contract information, the letter will include an updated enrollment card and a TRICARE Overseas Program flyer.

Letters will also be sent to TRICARE Overseas Program Standard users, based on their DEERS address. The letter will inform them on how to access services available to them under the new contract. It will also contain a wallet card with customer service and support contacts.

TMA encourages all TRICARE beneficiaries residing overseas to ensure that their DEERS address is current so they continue to receive important TRICARE information. DEERS addresses can be updated using several methods; DEERS update information is available at www.tricare.mil/DEERS.

For more information about the TRICARE Overseas Program contract, beneficiaries can go to www.tricare.mil/topcontract.

- **Naval Hospital Jacksonville, Fla. has opened a new three-story, 62,000 square-foot, addition to its facility.**

Ground was broken for this \$35.8 million project on June 9, 2008, and the opening brings to fruition more than a decade of planning, contract bids and hard work.

The new addition includes six new operating rooms, new physical therapy/occupation therapy (PT/OT) space with an aquatic treadmill pool and fully-equipped kitchen and bedroom facilities for recuperating patients to practice life skills that they would need in their homes.

- **On July 27, 2010, Secretary of Defense Robert M. Gates announced that retired Air Force Lt. Gen. George P. Taylor has been appointed to the Senior Executive Service.** Taylor and is assigned as deputy assistant secretary of defense (force health protection & readiness), Office of the Assistant Secretary of Defense (Health Affairs), Washington, D.C. Taylor previously served as U.S. Air Force surgeon general, U.S. Air Force.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) has approved \$2.8 million to fund three new research projects that focus on testing or developing new treatments for illnesses affecting veterans who served in the Gulf War 1990-1991**

Treatments for illnesses affecting veterans who served in the Gulf War, 1990-1991.

The research incorporates recommendations of the department's Gulf War Veterans' Illnesses Task Force.

About 697,000 men and women served in operations Desert Shield and Desert Storm from August 1990 to June 1991 during the Gulf War. In the years since they returned, nearly a quarter of these veterans have experienced chronic symptoms such as fatigue, weakness, gastrointestinal problems, cognitive dysfunction, sleep disturbances, persistent headaches, skin rashes, respiratory conditions and mood changes. The symptoms are known collectively as "Gulf War Veterans' illnesses."

A recent report by the Institute of Medicine's Committee on Gulf War and Health, "Health Effects of Serving in the Gulf War," noted that chronic multi-symptom illnesses affect an estimated 250,000 Gulf War Veterans. Given the findings, VA is embarking on a national Gulf War veterans' illness research program to identify and adopt the most effective treatments for veterans.

The first \$700,000 will be available Oct. 1, 2010, the beginning of fiscal year 2011.

The studies are expected to take between two to five years to complete, and include:

- A five-year study to evaluate the impact of resistance exercise training (RET) in treating chronic musculoskeletal pain and associated symptoms in Gulf War veterans.
- A four-year study on an animal model of Gulf War illnesses to assess the effectiveness of therapies to enhance mood and memory.
- A two-year pilot study that will include randomized, controlled, eight-week trials of an intervention known as "mindfulness-based stress reduction," compared with usual care.

The IOM report noted that the illnesses seen in Gulf War veterans cannot be ascribed to any psychiatric disorder and likely result from genetic and environmental factors, although the data are not strong enough to draw conclusions about specific causes.

- **The Veterans Affairs (VA) Department issued a directive this week clarifying its current policy that says veterans can be denied pain medication if they use illegal drugs.**

Patients treated at VA hospitals and clinics will be able to use medical marijuana in the 14 states where it's legal, according to new federal guidelines.

The new guidance does not authorize VA doctors to begin prescribing medical marijuana, which is considered an illegal drug under federal law. But it will now make clear that in the 14 states where state and federal law are in conflict, VA clinics generally will allow the use of medical marijuana for veterans already taking it under other clinicians.

Dr. Robert A. Petzel, the VA's undersecretary for health, sent a letter to veterans for Medical Marijuana Access this month that spells out the department's policy. The guidelines will be distributed to the VA's 900 care facilities around the country in the next week.

Petzel makes clear that a VA doctor could reserve the right to modify a veteran's treatment plan if there were risks of a bad interaction with other drugs.

According to the National Conference of State Legislatures, there are 14 states and the District of Columbia with medical marijuana laws. They are: Alaska, California, Colorado, Hawaii, Maine, Maryland, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont and Washington. New Jersey also recently passed a medical marijuana law, which is scheduled to be implemented next January.

- **According to Nexgov.com, the Veterans Affairs Department's massive new information technology procurement will provide nearly \$1 billion in contracts annually for veteran-owned small businesses during the next five years.**

The department on Monday released a long-anticipated [request for proposals](#) for its Transformation Twenty-One Total Technology program, or T4. The \$12 billion IT contract is expected to give veteran-owned firms a chance to compete with larger companies for business.

The T4 procurement, which replaces VA's Global Information Technology Support Services contract, will provide a variety of hardware and IT services, including program management and strategy planning, systems and software engineering, enterprise networks, cybersecurity, operations and maintenance, and IT facilities. The RFP was scheduled for release in June, but was delayed for a variety of reasons.

T4 is a huge initiative that allows VA to issue task orders without going through the General Services Administration or other contract vehicles for each project. The department's responsibilities in areas like health care and benefits administration likely contributed to the decision to launch a single integrated technology contract like T4.

Health Care News

- **The U.S. Census Bureau released 2007 estimates of health insurance coverage for each of the nation's roughly 3,140 counties.**

[Small Area Health Insurance Estimates \(SAHIE\)](#) are currently the only source for estimates of health insurance coverage status for every county in the nation. SAHIE are based on models combining data from a variety of sources, including the Annual Social and Economic Supplement of the Current Population Survey, 2000 Census, the Census Bureau's Population Estimates Program, the County Business Patterns data set, and administrative records, such as aggregated federal tax returns and Medicaid participation records.

SAHIE provide information on health insurance coverage by age, sex, race, Hispanic origin and income categories at the state level and by age, sex and income categories at the county level. They therefore enable local planners to determine, for instance, the counties in which low-income children are most likely to lack health insurance coverage. The data pertain to those under age 65.

In September, the Census Bureau will release health insurance coverage estimates from the 2009 American Community Survey (ACS). These single-year estimates will be available for counties and other geographic areas with total populations of 65,000 or more. The health insurance question was added to the 2008 ACS to permit the U.S. Department of Health and Human Services to more accurately understand state and local health insurance needs. Eventually the ACS will have health insurance coverage data for smaller areas from three-year and five-year estimates.

- **The U.S. Food and Drug Administration approved the first generic version of Lovenox (enoxaparin sodium injection), an anti-coagulant drug used for multiple indications including prevention of deep vein thrombosis (DVT), a potentially deadly blood clotting condition.**

Approved for use in 1993, Lovenox is made from heparin, a blood-thinning drug whose active ingredient is a naturally-derived complex mixture of sugar molecules.

For a generic drug to be approved by the FDA, the manufacturer must demonstrate it contains the same active ingredient as the brand-name drug. The process can be more complex for a natural product such as enoxaparin.

Prior to the approval, the FDA received a citizen petition questioning the approval criteria for generic enoxaparin sodium injection. After carefully reviewing the petition, the agency determined that current scientific evidence, precedent, and FDA's legal authority establish a sound basis for the approval of generic enoxaparin sodium injection. A response to the petition was released by the agency.

Use of enoxaparin can prevent DVT, a blood clot that forms in a vein deep in the body, especially in the lower leg or thigh. Preventing these blood clots can prevent a pulmonary embolism, which is a sudden, potentially fatal, blockage in a lung artery that can occur if the blood clot breaks free and travels through the bloodstream to the lungs.

According to the National Heart, Lung, and Blood Institute, at least 100,000 cases of pulmonary embolism occur each year in the United States. It is the third most common cause of death among hospitalized patients. This medicine is also used to prevent blood clots in patients confined to bed and also for patients experiencing chest pain and heart attacks.

- **The Federal Communications Commission (FCC) and Food and Drug Administration (FDA) announced a partnership dedicated to promoting wireless-enabled telehealth devices, which the agencies said could improve health quality and reduce medical costs.**

Wireless medical devices include remote monitoring systems and sensors that send text messages to a physician about changes in a patient's health status.

FDA Commissioner Margaret Hamburg and FCC Chair Julius Genachowski signed a [joint statement of principles](#) and a [memorandum of understanding](#) at the start of a two-day conference showcasing wireless medical devices.

According to the statement, health care providers, patients and other stakeholders "should have clear regulatory pathways, processes and standards to bring broadband and wireless-enabled medical devices to market."

The statement added that the two agencies should:

- Ensure the safety of wireless medical devices;
- Promote investment in wireless telehealth technology; and
- Streamline regulatory processes by clarifying each agency's scope of authority over wireless medical technology.

FCC and FDA's new partnership will play a role in the implementation of FCC's [National Broadband Plan](#), which was released in March. The plan describes

various ways that wireless technology can improve health care quality.

- **The Department of Health and Human Services (HHS) announced availability of up to \$1 million in grants per state to help states begin work to establish health insurance Exchanges and published a request for comment calling for public input as HHS develops standards for the Exchanges.**

Starting in 2014, health insurance Exchanges – new, competitive, consumer-centered health insurance marketplaces – will put greater control and greater choice in the hands of individuals and small businesses. The Exchanges will make purchasing health insurance easier by providing eligible consumers and businesses with “one-stop-shopping” where they can compare and purchase health insurance coverage. The Affordable Care Act authorized grants to the states to help them design and establish Exchanges in time for millions of Americans to choose their coverage for 2014.

This first round of Exchange grants will give states resources to conduct the research and planning needed to build a better health insurance marketplace and determine how their Exchanges will be operated and governed.

Each state has the option to establish and operate its own Exchange or partner with another state or states to operate a regional Exchange. If a state decides not to create an Exchange for its residents, HHS will help establish one on their behalf. Grant applications are available at <http://www.healthcare.gov/center/grants> and are due by Sept. 1, 2010.

HHS also issued a request for comment asking states, consumer advocates, employers, insurers, and other interested stakeholders to provide input as HHS develops the rules and standards Exchanges should be required to meet. Comments are due by Oct. 4, 2010. Read the complete request for comment at <http://www.healthcare.gov/center/regulations>.

- **A team of NIH-funded researchers has successfully regenerated rabbit joints using a cutting edge process to form the joint inside the body, or in vivo.**

Regenerative in vivo procedures are performed by stimulating previously irreparable organs or tissues to heal themselves. In this study, bioscaffolds, or three-dimensional structures made of biocompatible and biodegradable materials in the shape of the tissue, were infused with a protein to promote growth of the rabbit joint.

The experiment demonstrated the feasibility of an approach to growing dissimilar tissues, such as cartilage and bone, derived entirely from the host's own cells. Results of the study are in the July 29 issue of *The Lancet*.

Regeneration activity relied on the host's supply of cells to the joint, local tissue response and functional stimulation to recreate the entire surface of the joint cartilage together with the bone. The approach sidesteps problems encountered in transplantation of cells grown ex vivo, such as immunological rejection, pathogen transmission and potential formation of tumors.

Future work could replace arthritic joints in pre-clinical animal models and ultimately in arthritis patients who need total joint replacement.

Osteoarthritis is the world's leading cause of chronic disabilities. The disease involves structural breakdown of cartilage and bone, and affects approximately 80 million people in the United States.

- **More than 100 food safety reports were submitted by industry to the U.S. Food and Drug Administration's new electronic portal in its first months of operation.**

Mandated by Congress, the Reportable Food Registry (the Registry) is a new electronic portal system that requires manufacturers, processors, packers and distributors to immediately report to the government safety problems with food and animal feed, including pet food, that are likely to result in serious health consequences.

A report summarizing the Registry's first seven months of operation (September 2009 - March 2010) finds that it logged 125 primary reports – initial reports about a safety concern with a food or animal feed (including food ingredients) – and 1,638 subsequent reports from suppliers or recipients of a food or feed for which a primary report had been submitted, from both domestic and foreign sources. These reports help FDA and the food industry locate hazardous foods in the supply chain and prevent them from reaching consumers.

Two notable reports first identified through the Registry prompted the following:

- A February 2010 recall of hydrolyzed vegetable protein (HVP), without any report of illness. More than 1,000 industry reports specifically for products containing HVP, resulted in the removal of 177 products from commerce.
- A November 2009 recall of products containing sulfites but not labeled as such. More than 100 reports regarding the inadvertent use of an ingredient containing sulfites in two nationally distributed prepared side dishes that were not labeled as containing sulfites resulted in their removal without any reports of illness.

Among the 125 primary reports, *Salmonella* accounted for 37 percent of hazards, undeclared allergens or intolerances accounted for 35 percent, and *Listeria monocytogenes* accounted for 13 percent. Among the 11 different commodity categories involved were: 14 animal feed or pet food, 12 seafood, 11 spices and seasonings, and 10 dairy products. Because the Registry has been operational for only a short period, it is too early to draw inferences concerning patterns of food and feed adulteration.

Under legislation enacted in 2007 that created the Registry, industry must report foods or feeds that present a reasonable probability of serious adverse health consequences or death to humans or animals to the FDA within 24 hours.

Reserve/Guard

- As of July 27, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 13,858 to 103,019. The totals for each service are Army National Guard and Army Reserve 75,298; Navy Reserve, 6,466; Air National Guard and Air Force Reserve, 15,701; Marine Corps Reserve, 4,767; and the Coast Guard Reserve, 787. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine published “Extending the Spectrum of Precompetitive Collaboration in Oncology Research,” on July 22, 2010.** This report examines the benefits and challenges of precompetitive collaboration for research and development for new oncology drugs. <http://www.iom.edu/Reports/2010/Extending-the-Spectrum-of-Precompetitive-Collaboration-in-Oncology-Research.aspx>
- **The GAO published “Department of Veterans Affairs: Long-standing Weaknesses in Miscellaneous Obligation and Financial Reporting Controls,” (GAO-10-939T) on July 28, 2010.** The report focused on Veteran Health Administration's (VHA) miscellaneous obligation control deficiencies and Department of Veterans Affairs (VA) financial reporting control deficiencies and VA plans to correct them. <http://www.gao.gov/new.items/d10939t.pdf>

Legislation

- **H.RES.1561** (introduced July 27, 2010): Directing the Secretary of Health and Human Services to transmit to the House of Representatives copies of each portion of any document, record, or communication in her possession consisting of or relating to documents prepared by or for the Centers for Medicare & Medicaid Services regarding the Patient Protection and Affordable Care Act, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Michael C. Burgess [TX-26]
- **H.R.5853** (introduced July 26, 2010): the *Fiscal Responsibility and Retirement Security Act* was referred to the Committee on Energy and Commerce, and in addition to the Committee on Rules, 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 W. Boustany, Jr. [LA-7]
- **H.R.5882** (introduced July 27, 2010): To de-authorize appropriation of funds to carry out the *Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010* was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, the Judiciary, Natural Resources, and House Administration, 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 Tom Graves [GA-9]
- **H.R.5889** (introduced July 27, 2010): To amend the *Public Health Service Act* and *title XVIII of the Social Security Act* to increase the number of primary care physicians and medical residents serving health professional shortage areas, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 Don Young [AK]
- **S.3645** (introduced July 26, 2010): A bill to direct the Secretary of Education to establish and administer an awards program recognizing excellence exhibited by public school system employees providing services to students in pre-kindergarten through higher education was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Patv Murrav [WA]

- **S.3647** (introduced July 26, 2010): A bill to amend the *Public Health Service Act* to provide for the participation of particular specialists determined by the Secretary of Health and Human Services to be directly related to the health needs stemming from environmental health hazards that have led to its declaration as a Public Health Emergency to be eligible under the National Health Service Corps in the National Health Service Corps Loan Repayment Program, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jon Tester [MT].
- **S.3653** (introduced July 27, 2010): A bill to remove unelected, unaccountable bureaucrats from seniors' personal health decisions by repealing the Independent Payment Advisory Board was referred to the Committee on Finance.
Sponsor: Senator John Cornyn [TX]
- **S.3658** (introduced July 27, 2010): A bill to provide professional development for elementary school principals in early childhood education and development was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Mark Udall [CO]

Hill Hearings

- The Senate Veterans Affairs Committee will hold a business meeting on **Aug. 5, 2010**, to consider pending calendar business.
- The Senate Veterans Affairs Committee will hold a hearing on **Sept. 22, 2010**, to examine a legislative presentation focusing on the American Legion.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 23, 2010**; examine Veterans' Affairs disability compensation, focusing on presumptive disability decision-making.

Meetings / Conferences

- 2010 National Medical Association Annual Convention & Scientific Assembly will be held on **July 31 – Aug. 4, 2010**, in Orlando, Fla. http://www.nmanet.org/index.php/ConvJspargo/convention_overview
- Association for Healthcare Resource and Materials Management's Annual Conference will be held on **Aug. 1-4, 2010**, in Denver, Colo. http://www.ahrmm.org/ahrmm_app/conference/annualconf10/index.jsp
- 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>
- TRICARE Communications & Customer Service Conference will be held on **Aug. 3-5, 2010**, in New Orleans, La. <http://www.tricare.mil/conferences/ccs2010/Default.aspx>
- 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 Immunotherapeutics & Vaccine Summit will be held on **Aug. 17-19, 2010**, in Cambridge, Mass. <http://www.healthtech.com/imi/overview.aspx>
- 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/>
- AHRA 2010 Annual Meeting and Exposition will be held on **Aug. 22-26, 2010**, in National Harbor, Md. <http://www.ahraonline.org/AM/Template.cfm?Section=AnnualMeetingRegistration>
- 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 5th Annual Obesity Congress will be held on **Sept. 28-30, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10088/>
- The 116th Annual Meeting of AMSUS – "Federal Medicine: A Global Source for Health" will be held **Oct. 31 to Nov. 5, 2010**, in Phoenix, Ariz. www.amsus.org
- 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/>
- The World Health Care Congress 8th Annual Health IT/ Interoperability Summit will be held on **April 4-6, 2011**, in Washington D.C. <http://www.worldcongress.com/events/HR11000/>

If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at katetheroux@fedhealthinst.org. To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

Back issues available at [Federal Health Update Archives](#).