

FEDERAL HEALTH UPDATE

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

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Executive and Congressional News

- **On Sept. 15, 2010, the House Committee on Veterans' Affairs approved six bills that would improve benefits and services to veterans provided by the Department of Veterans Affairs (VA).**
 - H.R. 6132 – the *Veterans Benefits and Economic Welfare Improvement Act of 2010* would establish a transition program for new veterans not eligible for other employment aid programs and who had a military occupational specialty of limited transferability to the civilian job market. The bill includes provisions to improve the disability claim system by extending the 120-day limit for the filing of an appeal to the Court of Veterans Appeals after a final decision of the Board of Veterans' Appeals upon a showing of good cause for such time as justice may require. The bill would also increase the pension amount for Medal of Honor recipients; establish an award program that will permit the VA to recognize businesses for their contributions to veteran's employment; and protect veterans from losing their non-service connected pension benefits because they received payments to cover expenses incurred after an accident, theft, loss, or casualty loss.
 - H.R. 3685 – *Promotion of the VetSuccess Internet Web site* would require the Secretary of Veterans Affairs to include on the home page of the Department of Veterans Affairs Web site a hyperlink to the VetSuccess Web site.
 - H.R. 5360, as amended – the *Housing, Employment, and Living Programs for Veterans Act of 2010* improves vocational rehabilitation, internship, work-study, and on-the-job training programs offered by VA. The bill provides support for programs and facilities that provide services for homeless women veterans and their families. The bill also improves specially adapted housing assistance.
 - H.R. 5630 – *Qualification for Vocational Rehabilitation Counselors and Employment Coordinators* would provide qualifications for vocational rehabilitation counselors and vocational rehabilitation employment coordinators employed by the Department of Veterans Affairs.
 - H.R. 3787, as amended – *Veteran Status for Certain Reserve Components* would recognize the service in the reserve components of certain persons by honoring them with status as veterans under law.
 - H.R. 5993, as amended – *SAVINGS Act of 2010* would ensure that beneficiaries of Servicemembers' Group Life Insurance receive financial counseling and disclosure information regarding life insurance payments.

The bills will next be considered by the U.S. House of Representatives.

- **On Sept. 15, 2010, the House Veterans Affairs Committee held a hearing to review how the VA characterizes personality disorder discharges.** It also examined what health care options and benefits are available to these veterans from the VA, and what progress DoD has made in implementing June 2008 policy guidelines that would authorize such separations only if the service member is diagnosed by a psychiatrist or PhD level psychologist of the personality disorder. Paul Sullivan, executive director, Veterans for Common Sense; Debra A. Draper, Ph.D., M.S.H.A., director, Health Care, U.S. Government Accountability Office; Lernes J. Hebert, acting director of Officer/Enlisted Personnel Management, U.S. Department of Defense were among those who testified.

Military Health Care News

- **Military Spouse magazine released its fourth annual list recognizing the most successful companies in hiring and recruiting from the talent pool of 1.1 million spouses of military troops – 93 percent of whom are women.**

With 1,686 military spouses in its ranks, USAA offers special programs to support the unique circumstances military spouses face, earning the company its second consecutive year at the top of the list. Military spouses working at USAA are provided access to a Work Life Referral counselor to help find alternative child care options during deployments. USAA also sponsors intranet sites specifically designed to support deploying employees and spouses with financial, legal and benefits-related information and guidance.

Between 15 and 20 percent of the 1,800 employees with TriWest Healthcare Alliance are military spouses, earning it the No. 2 position on this year's list.

TriWest runs an internal operation called "We Care," which, among other things, offers flexible scheduling during deployment and provides free phone cards to the employees whose spouses are deployed, as well as care packages for the deployed service member.

Top companies were selected from a pool of approximately 2,500 which earned a minimum of \$1 billion in annual revenues. Companies were evaluated on their efforts to recruit military spouses, results in recruiting them and policies affecting them.

Rounding out the top 10 [employer rankings](#) after USAA and TriWest Healthcare Alliance – in order of rank – were T-Mobile, Army & Air Force Exchange Service, CSC, Adecco, RE/MAX International, The Home Depot, Health Net Inc. and Kelly Services, Inc.

- **According to the *Marine Times*, military data show a steep rise in prescriptions for anti-psychotics, anti-convulsants and antidepressants not just among active-duty troops, but also kids.**

Among TRICARE beneficiaries ages 18 to 34, mostly first-term and midcareer troops and spouses, such prescriptions rose 42 percent from 2005 to 2009.

Over the same period, the number of prescriptions for those same powerful medications rose 18 percent among dependent children and 24 percent for beneficiaries ages 45 to 64, mostly senior leaders or retirees and their spouses.

All the increases outpace overall growth in the TRICARE population over the same period.

At a recent conference in Washington, D.C., the issue was discussed among military health officials who worry about overprescribing, as well as the practice of mixing multiple medications in potentially dangerous "cocktails."

Veterans Health Care News

- **The Department of Veterans Affairs (VA) announced its findings from its review of the account administered by Prudential that includes Service members' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) program.**

The VA conducted this review to ensure beneficiaries are protected, being treated fairly, and accorded the utmost care and respect. In addition, the VA wants to ensure that benefits are delivered in a transparent way that clearly outlines all available options.

VA will continue to provide a full explanation of terms up-front, increase clarity of options and more actively promote current financial counseling to assist in decision making. These efforts will further enhance the transparency that will continue to ensure confidence in this important program.

The department will provide better clarity of payment options by using new documents that ask the beneficiary to choose one payment option, including a lump sum check, or a lump sum Alliance Account (retained asset account) that allows beneficiaries the option to immediately write a check for the entire payment or any lesser amount. VA will also continue to offer the option for payment in 36 monthly installments.

VA worked with beneficiaries, regulators and subject matter experts to determine appropriate improvements to provide beneficiaries all benefits due under current life insurance programs to include Alliance Accounts in a secure and timely manner.

VA is also taking the following actions:

- All SGLI/VGLI related information, including frequently asked questions, website information and handbooks will be modified to clearly and completely explain all aspects of the Alliance Account and all options available to the beneficiary.

- VA will require Prudential to conduct a follow up contact with beneficiaries whose accounts remains open after six months to confirm the beneficiary understands the terms of the account.
- VA will clearly designate the source of correspondence by removing the SGLI seal from all checks, forms, and correspondence and replacing it to show that it is from Prudential, with the subtitle of "Office of Servicemembers' Group Life Insurance".
- VA will identify additional opportunities to encourage beneficiaries to use the free financial counseling service.
- VA will, in coordination with the Department of Defense (DoD), improve support to Casualty Assistant Officers and Transition Assistance Program (TAP) Personnel by helping to prepare additional training materials and instruction.

SGLI provides group life insurance for the Uniformed Services, such as service members on active duty, ready reservists, and members of the National Guard, among others. More information on the SGLI/VGLI program is also available at <http://www.insurance.va.gov/sglisite/sgli/sgli.htm>.

- **Humana Veterans Healthcare Services announced that the Honorable Gordon H. Mansfield, former deputy secretary of the Department of Veterans Affairs (VA), and Scott F. Denniston, former VA director of Small Business Programs and the Center for Veterans Enterprise, accepted appointments to the company's Advisory Board.**

The Humana Veterans Advisory Board was formed to provide guidance and insight to the company regarding the changing needs of Veterans in health care and disability benefits.

Deputy Secretary Mansfield, an Army captain medically retired for combat wounds suffered in Vietnam, received his undergraduate degree from Villanova University and a law degree from the University of Miami. As Deputy Secretary, Mansfield served as the department's Chief Operating Officer. In 2007, he served as Acting Secretary of Veterans Affairs. His combat decorations include the Bronze Star, two Purple Hearts, the Combat Infantryman's Badge and the Presidential Unit Citation.

Denniston received his Bachelor of Arts in Economics from Waynesburg College and a Masters of Science in Government from Southern Illinois University. He is an Army veteran. He is now president and chief executive officer of The Scott Group of Virginia, LLC, a strategic business development firm providing services to small businesses in the federal marketplace. Denniston has received numerous awards and honors for his leadership advocacy on behalf of veteran small business owners.

- **The *Washington Post* reports that a company has filed a protest over the ground rules of the Department of Veterans Affairs' (VA) \$12 billion, five-year technology and telecommunications program.**

Vetpreneur, a service-disabled, veteran-owned small business based in Herndon, filed the protest late last month with the Government Accountability Office, according to Ralph White, managing associate general counsel at the GAO. The company is protesting the competition's ground rules, contending that existing statutes require that a greater proportion of the contract winners be veteran-owned small businesses, he said.

The program, known as Transformation Twenty-One Total Technology, or T4, is slated to award up to 15 prime contracts, at least four of which will go to small businesses owned by veterans who incurred disabilities in the line of duty and three more of which will go to other veteran-owned small businesses. The broad program will include work as wide-ranging as supporting facilities and cybersecurity. The protest argues that selecting seven veteran-owned businesses for T4 is not sufficient.

The protest, which the GAO is set to decide on by Dec. 8, restricts the VA from making any awards in the program until it is settled.

The Department of Veterans Affairs said it is preparing a response that it will submit to the GAO.

Health Care News

- **The U.S. Census Bureau announced that, the number of people without health insurance coverage rose from 46.3 million in 2008 to 50.7 million in 2009, while the percentage increased from 15.4 percent to 16.7 percent over the same period.**

This among the findings contained in the report [Income, Poverty, and Health Insurance Coverage in the United States: 2009](#). The following results for the nation were compiled from information collected in the 2010 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC):

- The number of people with health insurance decreased from 255.1 million in 2008 to 253.6 million in 2009. Since 1987, the first year that comparable health insurance data were collected, this is the first year that the number of people with health insurance has decreased.
- Between 2008 and 2009, the number of people covered by private health insurance decreased from 201.0 million to 194.5 million, while the number covered by government health insurance climbed from 87.4 million to 93.2 million. The number covered by employment-based health insurance declined from 176.3 million to 169.7 million. The number with Medicaid coverage increased from 42.6 million to 47.8 million.
- Comparable health insurance data were first collected in 1987. The percentage of people covered by private insurance (63.9 percent) is the lowest since that year, as is the percentage of people covered by employment-based insurance (55.8 percent). In contrast, the percentage of people covered by government health insurance programs (30.6 percent) is the highest since 1987, as is the percentage covered by Medicaid (15.7 percent).
- In 2009, 10.0 percent (7.5 million) of children under 18 were without health insurance. Neither estimate is significantly different from the corresponding 2008 estimate.
- The uninsured rate for children in poverty (15.1 percent) was greater than the rate for all children.
- In 2009, the uninsured rates decreased as household income increased: from 26.6 percent for those in households with annual incomes less than \$25,000 to 9.1 percent in households with incomes of \$75,000 or more.
- The uninsured rate and number of uninsured in 2009 were not statistically different from 2008 for Asians while increasing for all other race groups and for Hispanics. See Table C [\[PDF\]](#).
- The proportion of the foreign-born population without health insurance in 2009 was nearly two-and-a-half times that of the native-born population. The uninsured rate was not statistically different for naturalized citizens but rose for noncitizens and the native-born.
- The Northeast had the lowest uninsured rate in 2009. Between 2008 and 2009, the uninsured rates and number of uninsured increased in all four regions.

The Census Bureau's statistical experts, with assistance from the Bureau of Labor Statistics and in consultation with the Office of Management and Budget, the Economics and Statistics Administration and other appropriate agencies and outside experts, are now developing a Supplemental Poverty Measure.

- **On Sept. 15, 2010, the American Medical Association (AMA), the Centers for Disease Control and Prevention (CDC), the March of Dimes and seven other groups sent a [letter](#) to health care professionals urging them to counsel pregnant patients to get a seasonal flu shot.**

The 2010 seasonal flu shot provides protection against the pandemic H1N1 influenza virus as well as two other flu viruses that are expected to be circulating this winter.

The letter notes that pregnant women represent only one percent of the U.S. population but account for five percent of all deaths during the swine flu pandemic. Severe illness also was documented in women after delivery. Immunization during pregnancy also provides protection to the newborn infant until he or she is old enough to receive a flu shot.

Many women fear getting the vaccine because they think it might harm the fetus. But the organizations note that the vaccine had been given to millions of pregnant women over the last decade and had not been shown to harm either the women or their infants. Contracting influenza during a pregnancy, in contrast, can cause severe harm to both the mother and infant. Changes in the immune system, heart and lungs during pregnancy make pregnant women more prone to severe illness from influenza.

The vaccine can be given safely to women in any trimester or to postpartum women who are breastfeeding. Pregnant women should be given an injectable flu shot and not the nasal-spray vaccine because its safety in pregnant women had not been studied, the organizations said. Additional information for pregnant women is available [here](#).

- **The World Health Organization announced that fewer women die each year from complications during pregnancy and childbirth than previously estimated, but efforts to sharply cut maternal mortality by 2015 are still off track.**

A new WHO report found that 358,000 women died during pregnancy or childbirth in 2008, mostly in poor countries of sub-Saharan Africa and South Asia.

As recently as April the Partnership for Maternal, Newborn and Child Health, a global alliance hosted by the World Health Organization, had estimated that maternal deaths worldwide could still be as high as 500,000.

The latest figure shows a drop of about one third compared with 546,000 deaths in 1990, the global body said.

About 57 percent of maternal deaths occur in sub-Saharan Africa and 30 percent in South Asia. Five percent of maternal deaths happen in rich countries, WHO said.

Women in developing countries are 36 times more likely to die from a pregnancy-related cause during their lifetime than their counterparts in developed countries.

WHO warned in its report that improvements to maternal health are too slow to meet the global body's goal of cutting deaths during pregnancy and childbirth by

three quarters between 1990 and 2015.

- **On Sept. 10, 2010, Health and Human Services Secretary Kathleen Sebelius and Department of Defense Secretary Robert M. Gates announced the founding membership of the executive committee and public and private sector co-chairs of the National Action Alliance for Suicide Prevention.**

In the United States, suicide claims over 34,000 lives annually, the equivalent of 94 suicides per day; one suicide every 15 minutes. In the past year, 8.4 million adults aged 18 or older (3.7 percent of the adult population) had thought seriously about committing suicide, 2.3 million (1.0 percent) had made a suicide plan, and 1.1 million (0.5 percent) had attempted suicide.

Fortunately suicide has been declining in two of the groups that have been the focus of attention for the past decade: people in their early teens and older adult males. National concern continues to mount, though, as we witness rises in suicide among other groups, such as members of the military, working aged adults, and young American Indians and Alaska Natives. Working-aged Americans die by suicide in the highest numbers and at the highest rates, and we have high rates of non-fatal suicide attempts in other groups, especially young Latinas and Lesbian, Gay, Bi-Sexual and Transgender (LGBT) youths.

Leading the Action Alliance as private sector co-chair is former United States Senator Gordon H. Smith, currently president and CEO of the National Association of Broadcasters in Washington, DC. Representing the public sector as a co-chair is Secretary of the Army, John McHugh.

The National Action Alliance for Suicide Prevention provides an operating structure to catalyze planning, implementation and accountability for updating and advancing the National Strategy for Suicide Prevention. Out of this alliance will grow advancements for practitioners, policymakers, service providers, communities, families, agencies and other partners that play a vital role in reducing the burden of suicide in America.

Creating the Action Alliance was a key recommendation of the National Strategy for Suicide Prevention (2001). The Action Alliance will build on noteworthy achievements reached thus far in national suicide prevention. These achievements include: Federal and state legislation that has advanced suicide prevention planning and programming; programs to improve detection of suicide risk and access to care; the establishment of the national Suicide Prevention Resource Center, a national Best Practices Registry for Suicide Prevention, the Suicide Prevention Lifeline (1-800-273-TALK); and development of the National Violent Death Reporting System.

As the Action Alliance moves forward its focus will include:

- Updating and advancing the National Strategy for Suicide Prevention
- Development of effective public awareness and social marketing campaigns, including targeted messages for specific segments of the population that can change attitudes and norms and reduce suicidal behaviors
- Advancing suicide prevention among high-risk groups.

The work of the Action Alliance will be guided by an executive committee drawn from public and private sector leaders who can bring the needed experience, expertise and/or resources needed to advance the National Strategy for Suicide Prevention. Success of the Action Alliance will be measured in the near term by changes in policies and practices and in the longer-term by fewer attempted and completed suicides; the Action Alliance will suggest course corrections as necessary.

- **The Department of Health and Human Services awarded \$16.8 million to support 27 Public Health Training Centers (PHTC) at schools of public health and other public or non-profit institutions across the country.**

The PHTC Program helps improve the public health system by enhancing skills of the current and future public health workforce. Institutions accredited to provide graduate or specialized training in public health are eligible for funding. Most of the funding – \$15.4 million – is made available by the Prevention and Public Health Fund included as part of the Affordable Care Act.

The funded organizations plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.

To see a list of the awards, please visit <http://www.hhs.gov/news/press/2010pres/09/20100913a.html>. For more information on HRSA's health professions programs, visit <http://bhpr.hrsa.gov/>.

- **The U.S. Department of Health and Human Services (HHS) announced \$31 million for awards to ten communities in eight states and one award to a state health department to support public health efforts to reduce obesity and smoking, increase physical activity and improve nutrition.**

The awards funded by the Prevention and Public Health Fund included in the Affordable Care Act are part of the HHS *Communities Putting Prevention to Work* (CPPW) program, a comprehensive prevention and wellness initiative administered by the Centers for Disease Control and Prevention.

These *Communities Putting Prevention to Work* awards will provide communities with the resources to create healthy choices for residents, such as increasing availability of healthy foods and beverages, improving access to safe places for physical activity, discouraging tobacco use, and encouraging smoke-free environments. Of the 11 new awards, ten are dedicated to obesity prevention efforts and one to tobacco cessation.

Currently, seven of ten deaths among Americans each year are caused by chronic diseases such as heart disease, cancer, stroke and diabetes. These same chronic diseases account for more than 75 percent of our nation's health care spending.

HHS also announced \$10 million in additional funding for six communities – all of which were part of the original 44 *Communities Putting Prevention to Work* communities funded by the American Recovery and Reinvestment Act of 2009 (ARRA) - to provide mentoring to less experienced communities based on their previous success in specific policy strategies. Funding for the "Community Mentoring" initiative comes from ARRA.

To view a detailed listing of grant awardees, please visit: <http://www.cdc.gov/chronicdisease/recovery/community-awards.htm>.

Reserve/Guard

- As of Sept. 14, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 816 to 101,209. The totals for each service are Army National Guard and Army Reserve 73,840; Navy Reserve, 6,927; Air National Guard and Air Force Reserve, 15,600; Marine Corps Reserve, 4,051; and the Coast Guard Reserve, 791. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "HIV and Disability: Updating the Social Security Listings," on Sept. 13, 2010.** In this report, the IOM finds that the HIV Infection Listings, which were developed in 1993, no longer adequately reflect medical reality. <http://www.iom.edu/Reports/2010/HIV-and-Disability-Updating-the-Social-Security-Listings.aspx>
- **The GAO published "Defense Health Care: Status of Efforts to Address Lack of Compliance with Personality Disorder Separation Requirements," (GAO-10-1013T) on Sept. 15, 2010.** In the report, the GAO recommended that the Department of Defense direct the military services to develop a system to ensure that personality disorder separations are conducted in accordance with DOD's requirements; and monitor the military services' compliance with DOD's personality disorder separation requirements. <http://www.gao.gov/new.items/d101013t.pdf>
- **The GAO published "Medicare: CMS Has Addressed Some Implementation Problems from Round 1 of the Durable Medical Equipment Competitive Bidding Program for the Round 1 Rebid," (GAO-10-1057T) on Sept. 15, 2010.** In this report, the GAO reported how CMS has or plans to address implementation problems in the ongoing CBP rebid bidding process, particularly the bid submission information provided to suppliers, the electronic bid submission system, and the bid disqualification notification process. For the 2009 report, GAO reviewed data provided by CMS and relevant laws and regulations, and interviewed CMS officials <http://www.gao.gov/new.items/d101057t.pdf>

Legislation

- **H.R.6109** (introduced Sept. 14, 2010): The *Health Data Collection Improvement Act of 2010* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Tammy Baldwin [WI-2]
- **H.R.6110** (introduced Sept. 14, 2010): The *Telehealth Improvement and Expansion Act of 2010* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative G.K. Butterfield [NC-1]
- **H.R.6127** (introduced Sept. 15, 2010): To amend title 38, United States Code, to provide for the continued provision of health care services to certain veterans who were exposed to sodium dichromate while serving as a member of the Armed Forces at or near the water injection plant at Qarmat Ali, Iraq, during Operation Iraqi Freedom.

Sponsor: Representative Steve Buyer [IN-4]

- **H.R.6130** (introduced Sept. 15, 2010): To amend title XI of the Social Security Act to expand the permissive exclusion from participation in Federal health care programs to individuals and entities affiliated with sanctioned entities 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 Fortney Pete Stark [CA-13].
- **S.3766** (introduced Sept. 13, 2010): The *Stem Cell Research Advancement Act of 2010* was referred to the Committee on Health, Education, Labor, and Pensions
Sponsor: Senator Arlen Specter [PA]
- **S.3775** (introduced Sept. 14, 2010): A bill to improve prostate cancer screening and treatment, particularly in medically underserved communities, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jon Tester [MT]

Hill Hearings

- The Senate and House Veterans Affairs Committees will hold a joint hearing on **Sept. 22, 2010**, to examine the legislative presentation focusing on the American Legion.
- The House Veterans Affairs Committee will hold a hearing on **Sept. 23, 2010**, to examine Veterans Health Administration contracting and procurement practices.
- 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.
- The House Veterans Affairs Committee will hold a legislative hearing on **Sept. 29, 2010**, to examine H.R. 3843, H.R. 4041, H.R. 5428, H.R. 5543.

Meetings / Conferences

- 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>
- *Reproductive Health 2010* will be held **Sept. 22-25, 2010**, in Atlanta Ga. <http://www.arhp.org/professional-education/annual-meetings/rh2010>
- 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 AHRQ 2010 Annual Conference - Research to Reform: Achieving Health System Change will be held on **Sept. 26-29, 2010**, Bethesda, Md. <http://meetings.capconcorp.com/ahrq/>
- The 5th Annual Obesity Congress will be held on **Sept. 28-30, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10088/>
- The 6th Modern Drug Discovery & Development Summit will be held on **Oct. 20-22, 2010**, in San Francisco, Calif. <http://www.qtcbio.com/conferenceDetails.aspx?id=158>
- The 39th World Congress on Military Medicine will be held **Oct. 23-28, 2011**, in Abuja, Nigeria. <http://39wcommabi2011.com/>
- IDGA's Electronic Health Records Summit will be held on **Oct. 27 - 29, 2010**, in Vienna, Va. <http://www.electronichealthrecordssummit.com/Event.aspx?id=338518>
- The annual Shots for Tots conference will be held on **Oct. 28-29, 2010**, in New Orleans. <http://www.shotsfortots.com/html/conference.html>
- 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 138th American Public Health Association Annual Meeting & Exposition will be held on **Nov. 6-10, 2010**, in Denver Colo. <http://www.apha.org/meetings/>
- The 5th Annual World Healthcare Innovation and Technology will be held on **Nov. 7 - 10, 2010**, in Alexandria Va. <http://www.worldcongress.com/events/HL10010/index.cfm?confCode=HL10010>
- 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 AHIP Fall Forum 2009 will be held on **Nov. 8-10, 2010**, in Chicago, Ill. <http://www.ahip.org/links/fallforum2010/>
- AMIA 2009 Annual Symposium will be held on **Nov. 13-17, 2010**, in Washington D.C. <http://symposium2010.amia.org/>
- The 21st Annual National Forum on Quality Improvement in Health Care will be held on **Dec. 5-8, 2010**, in Orlando, Fla. <http://www.ihl.org/IHL/Programs/ConferencesAndSeminars/22ndAnnualNationalForumonQualityImprovementinHealthCare.htm>
- Military Medicine's Next Gen in Training, Treatment, and Technology will be held on **Dec. 6 - 8, 2010**, in San Antonio, Texas. www.BattlefieldHealthCare.com
- The World Influenza Congress will be held **Dec. 7-9, 2010**, in Amsterdam. <http://www.terrapinn.com/2010/flu/conf.stm>
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2010**, in Vienna Austria. <http://imed.isid.org/>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/thpc/>
- 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.

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