

## FEDERAL HEALTH UPDATE

Sep 24, 2010

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. 22, 2010, Bob Filner (D-CA), Chairman of the House Committee on Veterans Affairs, and Daniel Akaka (D-HI), Chairman of the Senate Veterans Affairs Committee, conducted a joint hearing to receive an in-depth presentation from The American Legion.**

More than 100 Legionnaires and family members attended the hearing to support the National Commander of The American Legion, Jimmie Foster, as he delivered a comprehensive analysis of the Department of Veterans' Affairs' (VA) capability to serve millions of the country's veterans.

Foster offered testimony on an array of issues affecting veterans, including persistent homelessness, barriers to educational and job attainment, access to healthcare, compensation, and the steadily increasing claims backlog. According to Foster, the VA has made significant progress in the last few years but lawmakers must continue to push for policies that would improve the lives of thousands of veterans.

- On Sept. 23, 2010, the House passed:
  - **H.R. 5710, the National All Schedules Prescription Electronic Reporting Reauthorization Act of 2010.** This bill amends the *National All Schedules Prescription Electronic Reporting Act of 2005* to include fostering the establishment of state-administered controlled substance monitoring systems in order to ensure that appropriate law enforcement, regulatory, and state professional licensing authorities have access to prescription history information to investigate drug diversion and prescribing and dispensing practices of errant prescribers or pharmacists.
  - **H.R. 1745, the Family Health Care Accessibility Act of 2010.** This legislation amends the *Public Health Service Act* to deem volunteer practitioners at health centers as employees of the Public Health Service for purposes of any civil action that may arise due to providing services to patients at such health center.
  - **H.R. 3199, the Emergency Medic Transition Act of 2010.** This bill amends the *Public Health Service Act* to direct the Secretary of Health and Human Services (HHS) to award grants to state entities with jurisdiction over emergency medical personnel to provide for the expedited training and licensing, as emergency medical technicians, of veterans who received training as such a technician while serving in the armed forces.

## Military Health Care News

- **TRICARE Management Activity (TMA) announced that a TRICARE "fourth generation" (T-4) work group is undertaking a year-long project to make recommendations that will shape future TRICARE contracts.**

The T-4 work group, which began its work Sept. 20, 2010, is charged with evaluating options and opportunities for the design of future TRICARE contracts to provide the best possible health care for more than 9.6 million Military Health System beneficiaries from 2015 onward.

Co-hosted by the assistant secretary of defense for health affairs, TMA, and the Industrial College of the Armed Forces at National Defense University (NDU), the T-4 group includes military health system leaders and subject matter experts under the mentorship of Dr. Guy Clifton, Dr. Clifton, a professor of surgery at the Uniformed Services University of the Health Sciences, is author of the book *Flatlined: Resuscitating American Medicine*, and a former Robert Wood Johnson Health Policy Fellow.

During the opening day of the T-4 seminar, prominent military, government and industry experts discussed challenges ranging from rising health care costs; how to engage patients in their own health care; making better use of electronic health information; and how medical staff can improve care through better coordination.

As their work proceeds, the T4 work group will explore historical and future MHS perspectives; transformation studies such as findings of the Task Force on the Future of Military Health Care; and how the TRICARE program operates globally within a framework of legal, acquisition and financial considerations. Over the course of the next year, the work group will participate in seminars and conduct site visits to other health systems, government agencies and professional organizations and businesses to determine best practices.

Key areas for evaluation include:

- Leveraging federal partnerships and national health reform.
- Exploring alternate health care delivery and finance models.
- Addressing adoption of best practices and services for diverse populations, meaningful use of health information technology.
- Shaping the scope of the benefit while making it easier to use.

A report of the group's recommendations for changes and the shape of the T4 contracts will be presented to senior MHS leadership in the summer of 2011.

- **The Department of Defense announced that Paul D. Patrick has been appointed to the Senior Executive Service.**

He will be assigned as deputy assistant secretary of defense for reserve affairs (readiness, training and mobilization), Office of the Secretary of Defense, Reserve Affairs, Office of the Under Secretary of Defense (Personnel and Readiness), Washington, D.C. Patrick previously served as a major general, U.S. Army Reserve, principal advisor to commanding general, U.S. Army Europe.

- **The Medical Research and Materiel Command was chosen as the 2010 Research and Development Laboratory of the Year.**

The Department of the Army Research and Development Laboratory of the Year Awards program is an annual event in which Army laboratories are evaluated on technical accomplishment and impact on the Army. The awards program was established in 1975 to honor Army research and development labs that have made outstanding contributions in science and technology, providing the Army's warfighters with the best capabilities in the world. It recognizes labs for their outstanding contributions and their impact on enhancing the capability of Army operational forces worldwide.

USAMRMC competed against five Army labs this year to win the top honor.

The review board is made up of distinguished science and technology experts from academia, industry and government.

The award will be presented Oct. 24, in Arlington, Va.

- **On Sept. 21, 2010, TRICARE published a news release encouraging all pregnant beneficiaries to be vaccinated against seasonal influenza.**

The Centers for Disease Control and Prevention (CDC) recently teamed up with leaders from several health care groups to stress the importance of pregnant women's being vaccinated against the flu this year. CDC data show pregnant women account for only 1 percent of the population but represented 5 percent of H1N1 deaths. Even though there is no H1N1 scare this year, influenza is serious for pregnant women.

This year's influenza vaccine provides protection from three strains of influenza, including the 2009 H1N1 virus. Only one shot is needed for full protection against influenza.

TRICARE covers age-appropriate doses of vaccines recommended by the CDC. Beneficiaries can visit participating TRICARE retail network pharmacies to receive seasonal flu vaccines at no cost. To find a participating pharmacy, go to [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call Express Scripts at 1-877-363-1303.

- **TRICARE's participation in a Medicare pilot project allowing TRICARE For Life (TFL) beneficiaries living in South Carolina to maintain their health records electronically through an electronic personal health record (PHR) will soon be complete.**

The pilot project with My Personal Health Record, South Carolina (MyPHRSC), draws to a close Sept. 30, 2010.

MyPHRSC gives users access to their Medicare information from the past 24 months, including medical conditions, hospitalizations and doctor visits. The tool also allows users to enter their own information such as medications, allergies and notes about the services they have received. CMS ensures strict privacy and security safeguards to protect all user data.

In January 2009, an agreement between Medicare and the Department of Defense (DoD) allowed Medicare-eligible TRICARE beneficiaries in South Carolina to add TFL pharmacy data to their PHR through a secure download from the DoD.

The DoD notified CMS in May it had met DoD's goals for participating in the pilot project. During the pilot project 278 TRICARE for Life beneficiaries participated in MyPHRSC and added their TRICARE pharmacy data to their PHRs.

TRICARE's involvement in this pilot project provided valuable experience in the secure exchange of health information. The DoD is working towards making more personal health data available to TRICARE beneficiaries in the coming years. Beneficiaries currently have access to a secure PHR through TRICARE Online ([www.tricareonline.com](http://www.tricareonline.com)). They may save select personal health data such as medication, allergy and demographic information to a Portable Document Format (PDF) file on their computer.

Although the TFL pharmacy data is no longer available for the Medicare pilot project, eligible Medicare beneficiaries in South Carolina may continue to register for MyPHRSC at [www.myphrsc.com](http://www.myphrsc.com).

## Veterans Health Care News

- **The Department of Veterans Affairs announced a new pilot in the Spokane, Wash., region that will improve the portability of health information for veterans and active-duty service members.**

The [Spokane VA Medical Center](#) and [Fairchild Air Force Base](#), in Spokane, will partner with [Inland Northwest Health Services](#) (INHS), a [health information exchange](#) (HIE), to securely exchange EHR information using the [Nationwide Health Information Network](#) (NHIN) as a next step toward implementation of the historic Virtual Lifetime Electronic Record ([VLER](#)).

The Spokane pilot is slated to run through 2012, allowing physicians and providers to securely access patient information using wired and wireless technologies. The INHS network includes more than 4,000 physicians, 450 clinics and physician offices and 3.5 million EMRs.

VA will invite veterans who already receive health care from VA and from selected hospitals and providers in the Spokane area to sign up for the pilot, with the understanding that their information will not be shared through the program without their authorization.

Led by the U.S. [Department of Health and Human Services](#), the NHIN is the set of standards, specifications and policies that enable the secure exchange of health information over the internet between treating physicians, when authorized by a patient. Clinicians from participating organizations can share authorized patient data electronically, ensuring around-the-clock access to critical health information.

This immediate electronic access supports increased accuracy, efficiency and safety and also helps to avoid redundant care and testing.

- **The Department of Veterans Affairs (VA) has been recognized by the Small Business Administration with a rating of "A" on its Small Business Scorecard for its success in contracting with small businesses.**

VA's Office of Small and Disadvantaged Business Utilization (OSDBU) collaborated with other VA acquisition professionals to achieve the high rating. VA led the federal government in procurements with service-disabled veteran-owned small businesses. While the government-wide statutory goal for contract awards in this category was 3 percent of all agency procurements, VA awarded nearly 17 percent of its acquisition dollars to service-disabled veteran-owned small businesses.

Each agency's small business procurement performance was assessed along three quantitative measures — prime contracting, subcontracting and progress achievement. Previous scorecards only addressed prime contracting achievement and did not offer an overall grade. SBA's Small Business Procurement Scorecard reports for all federal agencies can be found on the [SBA.gov](http://SBA.gov) Web page under "Goaling Program."

The Office of Small and Disadvantaged Business Utilization serves as VA's advocate to assist and support the interests of veteran-owned small businesses. A related mission of that office is to provide outreach and liaison support to businesses (large and small) and other members of the private sector concerning acquisition-related issues. In addition, the office is responsible for monitoring VA implementation and execution of the small business procurement programs.

- **The Department of Veterans Affairs is launching a multi-year initiative called Veterans Relationship Management (VRM) designed to improve veterans' access to health care and benefits information.**

The VA hopes the VRM will transform veterans' interactions by allowing VA employees to quickly convey accurate, up-to-date information through call centers and the Internet.

VRM will offer enhanced self-service capabilities, and provide VA employees the best tools to serve veterans, their families and survivors.

By the end of 2010, VRM will deliver improved telephone services to enable veterans to reach a call center agent faster. Recording and review of calls will ensure the quality of services provided to veterans. To help guarantee success, VRM enhancements will be rolled out in six-month increments.

An important component of VRM is the Internet site, which puts the veteran in the driver's seat for information. VA collaborated with the Department of Defense to provide a single sign-on capability for both service members and veterans. Single sign-on will quickly establish an individual's identity and allow that person to complete transactions without having to re-enter information.

## Health Care News

- **U.S. Department of Health and Human Services announced that the Centers for Disease Control and Prevention (CDC) has awarded funding for 94 projects totaling \$42.5 million to state, tribal, local and territorial health departments to improve their ability to provide public health services.**

This funding, made possible through the new Prevention and Public Health Fund, will be distributed through cooperative agreements to 49 states, eight federally recognized tribes, Washington, D.C., nine large local health departments, five territories and three Affiliated Pacific Island jurisdictions to maximize public health efforts.

- This new five-year cooperative agreement program, *Strengthening Public Health Infrastructure for Improved Health Outcomes*, will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including:
  - Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management.
  - Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency.
  - Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators.
  - Disseminating, implementing and evaluating public health's best and most promising practices
  - Building a national network of performance improvement managers that share best practices for improving the public health system.

In response to the CDC's original funding announcement Public Health Systems and Infrastructure projects in July 2010, CDC received more than 140 applications from health departments seeking funds through this cooperative agreement. For more information, please visit <http://www.cdc.gov/osltts>

- **Jeremy M. Berg, Ph.D., director of NIH's National Institute of General Medical Sciences (NIGMS), is the recipient of the 2011 Howard K. Schachman Public Service Award from the American Society for Biochemistry and Molecular Biology (ASBMB).**

The annual award recognizes exemplary dedication to public service in support of biomedical science. The award is named after the eminent scientist who chaired the ASBMB's Public Affairs Advisory Committee from 1989-2000.

Jeremy M. Berg became the NIGMS director in November 2003. He oversees a \$2 billion budget that funds basic research in the areas of cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics and computational biology. The institute supports more than 4,500 research grants — about 10 percent of the grants funded by NIH as a whole — as well as a substantial amount of research training and programs designed to increase the diversity of the biomedical and behavioral research workforce.

Prior to his appointment as NIGMS director, Dr. Berg directed the Institute for Basic Biomedical Sciences at the Johns Hopkins University School of Medicine in Baltimore, where he also served as professor and director of the Department of Biophysics and Biophysical Chemistry. In addition, he directed the Markey Center for Macromolecular Structure and Function and co-directed the W.M. Keck Center for the Rational Design of Biologically Active Molecules at the university.

Berg will receive the award at an ASBMB Public Affairs Advisory Committee meeting in Arlington, Va., on Sept. 20.

- **State and local health departments have made significant progress toward improving public health emergency preparedness and response capabilities, according to a Centers for Disease Control and Prevention report.**

The report, [Public Health Preparedness: Strengthening the Nation's Emergency Response State by State](#), presents data on a broad range of preparedness and response activities.

- Highlights include:
  - Nearly 90 percent of states and localities demonstrated the ability to activate and rapidly staff their emergency operations centers for drills, exercises, or real incidents, and 96 percent developed after action reports/improvement plans following these activities.
  - Biological laboratory capabilities and capacities were strong in most states and localities. Nearly 90 percent of laboratories in the Laboratory Response Network (LRN) could be reached 24/7, and 94 percent of the labs passed proficiency tests for detecting other biological agents.
  - 72 percent of LRN chemical laboratories demonstrated proficiency in core methods for detecting and measuring exposure to chemical agents (72 percent), and more than half of the labs are proficient in one or more additional methods identified by CDC as important for responding to chemical emergencies.
  - All states and localities could receive and investigate urgent disease reports 24/7, and more than 90 percent of states used rapid methods to communicate with other laboratories for outbreaks, routine updates, and other needs.

Key challenges include:

- Preparing adequately for outbreaks and other public health emergencies that may occur simultaneously. This requires predictable and adequate long-term funding to improve infrastructure, staffing, and staff training in the areas of surveillance, epidemiology, laboratories, communication, and response readiness.
- Quality surveillance and epidemiology can be crucial to initiating, guiding, and evaluating responses to public health emergencies. Gaps exist for measuring preparedness in the areas of surveillance and epidemiology.
- An all-hazards approach to preparedness blends with efforts to promote health and prevention of disease, injury, and disability in communities. Healthy populations are more resilient to new health threats. Building healthier communities also helps provide greater protection to populations who are more vulnerable during emergencies.

CDC released the report during ASTHO's 6th Directors of Public Health Preparedness conference in Newport, Rhode Island.

- **Dr. Francis S. Collins, M.D., Ph.D., director of the National Institutes of Health, announced the release of the Biennial Report of the Director, NIH, for fiscal years 2008 and 2009.**

The report provides an integrated portrait of NIH research activities, making it easy for Congress, advocates and patient groups and the general public to understand the many activities of the agency. This is the second report under the mandate in the NIH Reform Act, which reinvented the NIH Biennial as a consolidated report, replacing many disparate ones. Now on NIH's website, the report will be available in print this fall.

The report contains an assessment of the state of biomedical and behavioral research organized by disease category, investigative approach, and resource. To ensure that the document reflects the work of all 27 institutes and centers, 16 trans-NIH teams gathered, reviewed, and organized information into a standardized format.

A new feature of this second report is linkage to NIH's Research, Condition, and Disease Categorization system. In addition to providing aggregate data on NIH funding in various categories, the online version of the report includes hyperlinks to the catalogs of projects associated with the funding figures.

The report is available through the Research Portfolio Online Reporting Tool (RePORT) Web site at <http://biennialreport.nih.gov>.

- **The Food and Drug Administration (FDA) will allow the diabetes drug, Avandia, to remain on the market, but with new restrictions.**

The agency said it would require that GlaxoSmithKline, which makes Avandia, develop a "restricted access program" for Avandia that would limit use of the drug only to new type-2 diabetes patients who are unable to control their blood sugar levels with other medications and are unable to take a similar medication known as Actos.

Doctors prescribing the drug "will have to attest to and document their patients' eligibility; patients will have to review statements describing the cardiovascular safety concerns associated with this drug and acknowledge they understand the risks."

The FDA also ordered the company to convene an independent group of scientists to review the company's study known as RECORD, which studied the cardiovascular safety of Avandia compared to standard diabetes drugs.

The agency also halted another ongoing study being conducted by the company known as TIDE, which compares Avandia to Actos and to standard diabetes drugs. The company hoped the study would prove Avandia's safety and effectiveness.

Once the world's most popular diabetes drug, Avandia has become the focus of intense debate because of concerns that it increases the risk for heart attacks and strokes. The drug was approved in 1999 and quickly became the world's most popular drug to treat Type 2 diabetes. But in 2007, Cleveland Clinic cardiologist Steven E. Nissen published a study concluding that the drug significantly increased the risk of cardiovascular problems, the leading cause of death among diabetics.

The decision was coordinated with European drug regulators, who announced that they were completely withdrawing the drug's approval.

## Reserve/Guard

- As of Sept. 21, 2010, the total number of Guard and Reserve currently on active duty has **increased** by 816 to 103,875. The totals for each service are Army National Guard and Army Reserve 76,689; Navy Reserve, 6,936; Air National Guard and Air Force Reserve, 15,513; Marine Corps Reserve, 4,028; and the Coast Guard Reserve, 709. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The GAO published "National Institutes of Health: Awarding Process, Awarding Criteria, and Characteristics of Extramural Grants Made with Recovery Act Funding," (GAO-10-848) on Sept. 20, 2010.** This report describes the process and criteria NIH used to award extramural grants using Recovery Act funding, and characteristics of Recovery Act extramural grants and the information made publicly available about these grants <http://www.gao.gov/new.items/d10848.pdf>
- **The GAO published "President's Emergency Plan for AIDS Relief: Efforts to Align Programs with Partner Countries' HIV/AIDS Strategies and Promote Partner Country Ownership," (GAO-10-836) on Sept. 20, 2010.** This report, responding to a legislative directive, examines alignment of PEPFAR programs with partner countries' HIV/AIDS strategies and describes several challenges related to alignment or promotion of country ownership <http://www.gao.gov/new.items/d10836.pdf>

## Legislation

- **H.R. 6163** (introduced Sept. 22, 2010): To require the Secretary of Health and Human Services to approve waivers under the Medicaid Program under title XIX of the Social Security Act that are related to State provider taxes that exempt certain retirement communities was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative John Boozman [AR-3]
- **H.R. 6170** (introduced Sept. 22, 2010): To prohibit the Secretary of Health and Human Services from precluding patients from entering into any contract with their health care providers was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Tom Price [GA-6]
- **H.R. 6171** (introduced Sept. 22, 2010): To prohibit conditioning licensure of a health care provider upon participation in a health plan was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Tom Price [GA-6]
- **H.R. 6176** (introduced Sept. 22, 2010): To amend section 340B of the Public Health Service Act to allow certain covered entities to resell or transfer a covered outpatient drug to an individual with HIV/AIDS in connection with medication regimen adherence services being provided to the individual by a licensed health care professional of the entity was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Theodore E. Deutch [FL-19]
- **S.J. RES. 39** (introduced Sept. 22, 2010): A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule relating to status as a grandfathered health plan under the Patient Protection and Affordable Care Act was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Michael B. Enzi [WY]

- **S.3817** (introduced Sept. 22, 2010): A bill to amend the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, and the Abandoned Infants Assistance Act of 1988 to reauthorize the Acts, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Christopher J. Dodd [CT]

#### Hill Hearings

- The Senate Armed Services Committee will hold a hearing on **Sept. 28, 2010**, to examine the Department of Defense efficiencies initiatives.
- The Senate Committee on Indian Affairs will hold a hearing on **Sept. 28, 2010**, to examine reform in the Indian Health Service's Aberdeen area.
- 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.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Oct. 6, 2010**, to examine Veterans' Affairs Information Technology (IT) program, focusing on looking ahead.

#### Meetings / Conferences

- The AHRQ 2010 Annual Conference - Research to Reform: Achieving Health System Change will be held on **Sept. 26-29, 2010**, Bethesda, Md. <http://meetings.capecorp.com/ahrq/>
- The 5<sup>th</sup> 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.gtcbio.com/conferenceDetails.aspx?id=158>
- The 39<sup>th</sup> World Congress on Military Medicine will be held **Oct. 23-28, 2011**, in Abuja, Nigeria. <http://39wcmmbj2011.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 116<sup>th</sup> 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](http://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 AHP 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 21<sup>st</sup> 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](http://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](mailto:katetheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.

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