

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 Jan. 5, 2010, President Barack Obama nominated:**
 - Brigadier General Allison A. Hickey, USAF (Ret.), to be under secretary for benefits, Department of Veterans Affairs; and
 - Steve Muro to be under secretary for memorial affairs, Department of Veterans Affairs.

Brigadier General Allison A. Hickey, USAF (Ret.) currently serves as an executive in Accenture's Human Capital Management practice leading defense and intelligence agencies programs.

In 2007, General Hickey retired from the Air Force after 27 years of service. Prior to her retirement, General Hickey served as the Air Force director for Future Total Force (Total Force Integration), assistant director of Air Force Strategic Planning and chief of Air Force Future Concepts and Transformation.

Steve Muro currently serves as acting under secretary for Memorial Affairs at the Department of Veterans Affairs. Prior to this role, he served as deputy under secretary for Memorial Affairs from 2008 to 2009, and director of the National Cemetery Administration Office of Field Programs from 2003-2008.

Muro served in the U.S. Navy from 1968 to 1972, including two tours of duty in Vietnam. In 2008, he received the Presidential Meritorious Rank Award.

- **On Jan. 04, 2011, the President signed 34 bills into law. Among them were:**
 - H.R. 2751, the "FDA Food Safety Modernization Act," which modernizes the food safety system to better prevent food-borne illness and better respond to outbreaks;
 - H.R. 5116, the "America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education, and Science (America COMPETES) Reauthorization Act of 2010," which reauthorizes various programs intended to strengthen research and education in the United States related to science, technology, engineering, and mathematics;
 - S. 3036, the "National Alzheimer's Project Act," which establishes a National Alzheimer's Project within the Department of Health and Human Services and an advisory council on Alzheimer's research, care, and services; and
 - S. 3874, the "Reduction of Lead in Drinking Water Act," which modifies the Safe Drinking Water Act definition of "lead-free" with regard to pipes, pipe fittings, plumbing fittings, and fixtures.
- **On Jan. 02, 2011, the President signed into law: H.R. 847, the "James Zadroga 9/11 Health and Compensation Act."** This legislation establishes the World Trade Center Health Program and extends and expands eligibility for compensation under the September 11th Victim Compensation Fund of 2001.

- **According to media reports, Dr. Ezekiel Emanuel, a health care adviser in the Office of Management and Budget, departed earlier this week.**

Emanuel served as a special health care advisor to the OMB director for the past two years. He will return to his post as head of the Department of Bioethics at the National Institutes of Health. He had been on loan to the White House for the past two years, and "details from agencies are, by nature, temporary," added the official, who spoke on background. "He has been an invaluable member of the team, offering insight as a physician and researcher."

Military Health Care News

- **A provision of the 2011 National Defense Authorization Act allows TRICARE beneficiaries keep their dependent children insured on their own plans up to age 26.**

While the new program will not formally take effect for several months, the government will pay the bill for any eligible health care costs incurred retroactive to Jan. 1, 2011.

Congress intended the eligibility expansion to mirror a similar provision for private insurers in last year's broader health care reform law. The new provision, however, will not take effect until President Obama signs the authorization bill, and then it will take the military health care program four to five months to design and launch the new benefit.

TRICARE estimated that as many as 750,000 young adults might be eligible for coverage under the new program and that roughly 250,000 will actually sign up.

- **Various media report that military health officials are refusing to pay for a new treatment for traumatic brain injury despite widespread support for the therapy among doctors and lawmakers.**

In an internal 2009 study, the TRICARE Management Agency (TMA) found that cognitive rehabilitation therapy is scientifically unproved and does not warrant coverage as a stand-alone treatment for brain injuries.

The therapy is costly and time-consuming, often requiring one-on-one help for patients to relearn basic life skills involving language, math and memory. It's estimated to cost up to \$50,000 for a four-month program.

TMA says some cognitive rehabilitation therapy, also known as CRT, can be covered for troops when it is wrapped into other forms of treatment, but it cannot be billed as a distinct and defined medical service.

Some doctors criticized TMA's analysis, saying it reflects underlying concerns about health care spending.

In a statement, TMA officials denied that cost played any role in the decision: "TRICARE decides whether or not to cover a treatment based on the demonstrated safety and efficacy of that treatment."

In 2008, dozens of lawmakers from Capitol Hill sent a letter to Defense Secretary Robert Gates urging TRICARE to include coverage for CRT. Lawmakers also formed a Congressional Brain Injury Task Force, which supported the therapy as well. "Study after study has shown the efficacy of cognitive rehabilitative therapy in improving the health and functionality of TBI patients," the task force wrote in a letter in October 2009.

Also in 2009, a conference of military doctors recommended that the Defense Department consider "cognitive rehabilitation as a separate reimbursable rehabilitation technique for the traumatic brain injured with persistent cognitive deficits."

The formal policy on coverage of CRT remains under review, a TMA official said.

The military has asked the National Academy of Sciences' Institute of Medicine to study the effectiveness of CRT in TBI cases and identify specific treatments that may have enough scientific evidence to warrant coverage by TRICARE. Officials say that review will be completed by the end of 2011.

Veterans Health Care News

- **Sustaining a mild traumatic brain injury during combat is not associated with long-term negative psychosocial symptoms, unless combined with posttraumatic stress disorder, according to a study published Jan. 3 in the [Archives of General Psychiatry](#).**

Researchers at the Minneapolis Veterans Affairs Health Care System and the University of Minnesota Medical School analyzed survey results from 953 U.S. National Guard soldiers serving in Iraq both one month before returning home and one year later. After the investigators controlled for PTSD symptoms at the time of the second survey, no differences were found between soldiers who reported a mild traumatic brain injury and those who had not sustained a brain injury in terms of depression, problematic drinking, social functioning and quality of life.

The researchers also found that there were no differences on post-deployment psychosocial outcomes between soldiers with co-morbid mild traumatic brain injury and PTSD, and those with only PTSD. Soldiers with PTSD-only also reported higher levels of depression, lower social functioning, and lower quality of life than did soldiers with mild traumatic brain injury alone, according to the study. The study does not address the impact of repeated concussions or of moderate to severe traumatic brain injury.

The findings are consistent with previous research in the civilian population, which showed that a history of concussion does not result in negative health effects beyond a few weeks. For clinicians, one of the take home messages of the study is that if a veteran reports post-concussive symptoms months or a year after the event, it is important to thoroughly assess for PTSD, since PTSD could be driving those symptoms.

The study also revealed a significant increase in reports of concussion/mild traumatic brain injury in the second survey given to the soldiers. The rate of self-reported concussion/mild traumatic brain injury sustained in Iraq was 9.2 percent at one month before returning home, but jumped to 22 percent a year later. The difference could be attributable to recall bias, poor reliability of the survey instrument, or other factors such as a reluctance to report health problems while serving in combat. More research is needed to figure out why the reports of injury increased.

- **MVisum Inc. has been awarded a \$721,000 grant from the Department of Veterans Affairs (VA) to adapt its secure communications technology for health-care workers to better serve military veterans.**

The grant, awarded through the Veterans Affairs Innovation Initiative, was designed to fund proposals for improving the quality of the services provided by the VA, making them more accessible and reducing their cost.

MVisum's technology allows doctors to use their smart phones to obtain, review and respond to data about a patient, such as electrocardiograms or lab tests, and communicate with the people actually working on the patient. The information is transmitted via secure servers that comply with the Health Insurance Portability and Accountability Act.

MVisum will use the money to deploy its technology in the Veterans Affairs Medical Center in Washington, D.C., in the hope of proving its effectiveness so it can be adopted throughout the VA.

The company was incorporated in 2007. In March 2009, it moved into the Rutgers-Camden Technology Campus, a business incubator for technology companies in Camden, N.J., run by Rutgers University.

MVisum employs six and anticipates adding four more in the 12 to 18 months.

- **The Department of Veterans Affairs (VA) issued the 2010 annual VA Facility Quality and Safety Report that reports on VA health care for congressional review.**

This is the third year VA is posting the annual report, which offers veterans the opportunity to see the quality and safety findings specific to their VA medical center.

The Quality and Safety Report, at <http://www1.va.gov/health/HospitalReportCard.asp>, provides a comprehensive snapshot of the quality of care VA provides at each of 153 medical facilities across the nation.

When compared to private sector plans, VA's findings showed higher quality marks for VA health care. VA used industry-standard measures to score the quality of the care it delivers, and the report shows that, overall, VA's scores are better than private sector health plans. In addition to allowing VA to provide the public with an accounting of the quality and safety of its care, the report cards provide an opportunity for VA to make improvements where clinical indicators reflect cause for concern.

Health Care News

- **The study by a British doctor who claimed to find a link between childhood vaccines and autism is an "elaborate fraud," according to a report published by the [British Medical Journal](#).**

The new report accuses Andrew Wakefield of misrepresenting or altering the medical histories of the 12 children he studied. Published in the journal *Lancet*, Wakefield's study, which linked the measles, mumps, and rubella (MMR) vaccine to autism, prompted thousands of parents to skip the shot. Some experts say immunization rates have never fully recovered. Reported U.S. measles cases hit a 12-year peak at 140 in 2008, and the majority of sick children were unvaccinated, according to the federal Centers for Disease Control and Prevention.

The findings were later renounced by 10 of the 13 study authors and retracted by *Lancet*. In the new *BMJ* analysis, British journalist Brian Deer compared the 12 children's diagnoses to their hospital records and found that facts about all 12 had been altered. Wakefield claimed, for example, that the 12 children he studied were normal until they were vaccinated, but in fact, five had previously documented developmental problems. "Who perpetrated this fraud? There is no doubt that it was Wakefield," *BMJ* journal editors wrote in a commentary, adding that the work "was based not on bad science but on a deliberate fraud."

- **The HHS Office of Healthcare Quality (OHQ) announced an awards program to recognize critical care teams and healthcare institutions that achieve excellence and sustained improvement in preventing healthcare-associated infections (HAIs).**

Partnering with OHQ is the Critical Care Societies Collaborative (CCSC), an interdisciplinary and multi-professional collaborative comprised of experts in critical care, pulmonary, and sleep medicine representing more than 150,000 practicing clinicians in the United States. OHQ and CCSC will administer awards at two levels in mid-2011:

The Outstanding Leadership Award will recognize systems of excellence that result in sustained success over at least 25 months in the prevention or elimination of CLABSI and/or VAP, as well as national leadership in sharing and disseminating information.

The Sustained Improvement Award will recognize progress in implementing systems showing sustained and consistent reductions over a period of 18 to 24 months.

Applicants must be a unit, hospital, team, enterprise or healthcare system, of any size and in any geographic location, that provides care for critically ill patients and has at least one team member who belongs to one of the CCSC member organizations (American Association of Critical-Care Nurses, American College of Chest Physicians, American Thoracic Society, and Society of Critical Care Medicine). Applications for the awards are due Jan. 29, 2011.

For more information, please see [application details](#).

- **The National Coordinator for Health Information Technology has issued a final rule to establish a permanent certification program for health information technology applications, particularly electronic health records systems and modules.**

ONC filed the rule, available at <http://healthit.hhs.gov/certification>, on Jan. 3. ONC expects the permanent certification program will begin on Jan. 1, 2012. In the event of a delay, the existing temporary program will continue until the permanent program is ready.

Under the final rule, ONC will select one organization, called the *ONC-Approved Accreditor* or *ONC-AA*, which will accredit entities wishing to become a health IT certification body. The final rule details ONC's competitive process for selecting the *ONC-AA*. The chosen organization will serve a three-year term and can be reselected following another competitive selection process.

As the Department of Health and Human Services adopts new or revised certification criteria in future rules, previously certified Complete and Module EHRs may go through a streamlined "gap certification" and be tested and certified for only the applicable new or revised criteria.

- **The Centers for Medicare & Medicaid Services (CMS) announced improvements to its Physician Directory tool with the launch of the first phase of its Physician Compare website at www.medicare.gov.**

The Physician Compare website, required by the Affordable Care Act of 2010, provides consumers with more information about providers, including data about quality of care, and contains information about physicians enrolled in the Medicare program, including doctors of medicine, osteopathy, optometry, podiatric medicine and chiropractic. The site also contains information about other types of health professionals who routinely care for Medicare beneficiaries, including nurse practitioners, clinical psychologists, registered dietitians, physical therapists, physician assistants and occupational therapists.

The consumer-friendly site will help all patients — whether on Medicare or not — locate health professionals in their communities. The information on the site includes contact and address information for offices, the professional's medical specialty, where the professional completed his or her degree as well as residency or other clinical training, whether the professional speaks a foreign language, and the professional's gender. The tool can also help Medicare beneficiaries identify which physicians participate in the Medicare program.

Physician Compare also shows consumers whether the practice reported certain data to CMS through the Physician Quality Reporting System, formerly known as the Physician Quality Reporting Initiative (PQRI). Currently, the PQRI reporting system is a voluntary reporting program that rewards physicians and other eligible healthcare professionals for reporting data on quality measures related to services furnished to Medicare beneficiaries. These quality measures are based on the best available medical evidence and designed to help professionals improve care for patients. In 2009, more than 200,000 professionals reported data to CMS through the Physician Quality Reporting System.

Officials say later in 2011 CMS plans a second phase of the website which will indicate whether professionals chose to participate in a voluntary effort with the agency to encourage doctors to prescribe medicines electronically.

Future plans for the site include expanding information about the quality of care Medicare beneficiaries receive from physicians and the other healthcare professionals profiled on the site. This will include information on quality of care and patient experience that can help consumers learn more about the care provided by Medicare-participating physicians. Under the Affordable Care Act CMS must develop a plan to implement this expansion by 2013.

CMS is working closely with healthcare stakeholders as it develops its future plans for the Physician Compare website, and will continue to do so through public meetings and forums, as well as through the regular processes to update the Physician Fee Schedule.

- **The Centers for Disease Control and Prevention is seeking public comment as it redesigns its National Hospital Discharge Survey that has been conducted annually since 1965.**

The survey is the principal source of data on inpatient utilization of short-stay, non-federal hospitals and is the principal annual source of nationally representative estimates on the characteristics of discharges, lengths of stay, diagnoses, surgical and non-surgical procedures, and patterns of use of care in hospitals in various regions of the country. It is the benchmark against which special programmatic data sources are measured.

CDC also is seeking a new sample of 500 hospitals to participate in the survey by contributing data on a quarterly basis for three years. The hospitals will electronically submit data from the UB-04 uniform bill.

Data collected from the UB-04 will include patient-level data items such as basic demographic information, personal identifiers, name, address, Social Security number (if available), medical record number (if available), and characteristics of the discharge including admission and discharge dates, diagnoses, and surgical and non-surgical procedures. Facility-level data items include demographic information, clinical capabilities and financial information.

CDC also will collect from a small number of hospitals a subset of data on acute coronary syndrome in a "pretest of a survey supplement" that the National Heart, Lung and Blood Institute will sponsor.

- **The U.S. Food & Drug Administration commissioner Margaret Hamburg named John Taylor acting deputy commissioner for two months to replace the outgoing Dr. Joshua Sharfstein.**

Taylor, currently counselor to the commissioner, will take on the new role Jan. 10. Sharfstein's last day on the job is Jan. 7.

Sharfstein, formerly Baltimore's top public health official, is slated to be named secretary of health and mental hygiene for Maryland by Gov. Martin O'Malley.

Reserve/Guard

- As of Jan. 4, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 733 to 91,349. The totals for each service are Army National Guard and Army Reserve 71,003; Navy Reserve, 5,707; Air National Guard and Air Force Reserve, 8,819; Marine Corps Reserve, 5,051; and the Coast Guard Reserve, 769. www.defenselink.mil

Reports/Policies

- No reporters were published this week.

Legislation

- **H.R.2** (introduced Jan. 5, 2011): To repeal the job-killing health care law and health care-related provisions in 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 Education and the Workforce, Ways and Means, the Judiciary, Natural Resources, Rules, House Administration, and Appropriations.
Sponsor: Representative Eric Cantor [VA-7]
- **H.R.21** (introduced Jan. 5, 2011): To amend the Internal Revenue Code of 1986 to repeal the mandate that individuals purchase health insurance was referred to the House Committee on Ways and Means.

- Sponsor: Representative Garrett Garrett [NJ-5]
- **H.R.26** (introduced Jan. 5, 2011): To direct the Secretary of Defense to adopt a program of professional and confidential screenings to detect mental health injuries acquired during deployment in support of a contingency operation and ultimately to reduce the incidence of suicide among veterans was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs.
Sponsor: Representative Jackie Speier [CA-12]
 - **H.R.38** (introduced Jan. 5, 2011): To rescind funds appropriated to the Health Insurance Reform Implementation Fund under the Health Care and Education Reconciliation Act of 2010 was referred to the House Committee on Energy and Commerce.
Sponsor: Representative John Fleming [LA-4]
 - **H.R.42** (introduced Jan. 5, 2011): To provide for a credit for certain health care benefits in determining the minimum wage was referred to the House Committee on Education and the Workforce.
Sponsor: Representative Darrell E. Issa [CA-49]
 - **H.R.79** (introduced Jan. 5, 2011): To amend title 38, United States Code, to provide certain abused dependents of veterans with health care was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Sheila Jackson Lee [TX-18]
 - **H.R.92** (introduced Jan. 5, 2011): To amend title XVIII of the Social Security Act to provide payments under the Medicare Program to licensed health care practitioners for unscheduled telephone consultation services in the case that such payments are determined to be cost and quality effective 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 Judy Biggert [IL-13]
 - **H.R.99** (introduced Jan. 5, 2011): To amend the Internal Revenue Code of 1986 to reduce taxes by providing an alternative determination of income tax liability for individuals, repealing the estate and gift taxes, reducing corporate income tax rates, reducing the maximum tax for individuals on capital gains and dividends to 10 percent, indexing the basis of assets for purposes of determining capital gain or loss, creating tax-free accounts for retirement savings, lifetime savings, and life skills, repealing the adjusted gross income threshold in the medical care deduction for individuals under age 65 who have no employer health coverage, and for other purposes was referred to the House Committee on Ways and Means.
Sponsor: Representative David Dreier [CA-26]
 - **H.R.103** (introduced Jan. 5, 2011): To amend the Social Security Act to improve choices available to Medicare eligible seniors by permitting them to elect (instead of regular Medicare benefits) to receive a voucher for a health savings account, for premiums for a high deductible health insurance plan, or both and by suspending Medicare late enrollment penalties between ages 65 and 70 was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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 Marsha Blackburn [TN-7]
 - **H.R.105** (introduced Jan. 5, 2011): To repeal the Patient Protection and Affordable Care Act and related health-care provisions and to enact in its place incentives to encourage health insurance coverage, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Budget, Education and the Workforce, Natural Resources, House Administration, Ways and Means, the Judiciary, Rules, Appropriations and Oversight and Government Reform.
Sponsor: Representative Dan Burton [IN-5]
 - **H.R.111** (introduced Jan. 5, 2011): To require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce, 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 Rosa L. DeLauro [CT-3]
 - **H.R.118** (introduced Jan. 5, 2011): To amend the Patient Protection and Affordable Care Act to permit a State to elect not to establish an American Health Benefit Exchange was referred to the House Committee on Energy and Commerce.
Sponsor: Representative John Fleming [LA-4]
 - **H.R.119** (introduced Jan. 5, 2011): To prohibit the hiring of additional employees by the Internal Revenue Service to implement, administer, or enforce health insurance reform was referred to the House Committee on Ways and Means.
Sponsor: Representative John Fleming [LA-4]
 - **H.R.127** (introduced Jan. 5, 2011): To deauthorize 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 the Workforce, the Judiciary, Natural Resources, and House Administration.
Sponsor: Representative Tom Graves [GA-9]
 - **H.R.128** (introduced Jan. 5, 2011): To direct the Secretary of Labor to revise regulations concerning the recording and reporting of occupational injuries and illnesses under the Occupational Safety and Health Act of 1970 was referred to the House Committee on Education and the Workforce.
Sponsor: Representative Gene Green [TX-29]
 - **H.R.141** (introduced Jan. 5, 2011): To repeal 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 the Workforce, the Judiciary, Natural Resources, House Administration, Rules, and Appropriations.
Sponsor: Representative Steve King [IA-5]
 - **H.R.145** (introduced Jan. 5, 2011): To repeal the Patient Protection and Affordable Care Act (Public Law 111-148) and related health-care provisions was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, the Judiciary, Natural Resources, House Administration, Rules, and Appropriations.
Sponsor: Representative Connie Mack [FL-14]
 - **H.R.151** (introduced Jan. 5, 2011): To provide greater health care freedom for seniors was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.
Sponsor: Representative Ron Paul [TX-14]
 - **H.R.154** (introduced Jan. 5, 2011): To prohibit the use of funds for implementation or enforcement of any Federal mandate to purchase health insurance was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Ted Poe [TX-2]
 - **H.R.165** (introduced Jan. 5, 2011): To authorize the Secretary of Health and Human Services to make grants to nonprofit tax-exempt organizations for the purchase of ultrasound equipment to provide free examinations to pregnant women needing such services, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Cliff Stearns [FL-6]
 - **H.R.171** (introduced Jan. 5, 2011): To amend the Internal Revenue Code of 1986 to allow a deduction for amounts paid for health insurance and prescription drug costs of individuals was referred to the House Committee on Ways and Means.
Sponsor: Representative Cliff Stearns [FL-6]
 - **H.R.179** (introduced Jan. 5, 2011): To amend title 10, United States Code, to eliminate the requirement that certain former members of the reserve components of the Armed Forces be at least 60 years of age in order to be eligible to receive health care benefits was referred to the House Committee on Armed Services.
Sponsor: Representative Joe Wilson [SC-2]
 - **H.R.191** (introduced Jan. 5, 2011): To amend the Patient Protection and Affordable Care Act to establish a public health insurance option was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Lynn C. Woolsey [CA-6].
 - **H.RES.9** (introduced Jan. 5, 2011): Instructing certain committees to report legislation replacing the job-killing health care law was referred to the House Committee on Rules.
Sponsor: Representative David Dreier [CA-26]

Hill Hearings

- There are no hearings scheduled.

Meetings / Conferences

- The 2011 Military Health System (MHS) Conference will be held on **Jan. 24-27, 2011**, in Washington D.C. www.health.mil
- The 3rd Annual Health 3.0 Conference: The Next Online Generation will be held on **Jan. 25-27, 2011**, Orlando, Fla. www.worldrpg.com/health3point0
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- AHP's 2011 National Policy Forum will be held on **March 8-9, 2011**, in Washington D.C. <http://www.ahp.org/>
- The 28th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference will be held **March 19-23, 2011**, in Atlanta, Georgia. <http://www.cdc.gov/brfss/about.htm>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>

- The Military Health Management 2011 Conference will be held on **April 1, 2011**. www.MilitaryHealthManagement.com
- 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/>
- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. http://www.isid.org/15th_ICID/

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

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