

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

- **The Senate is in recess until Jan. 24, 2011.**
- **The Bipartisan Policy Center (BPC) launched its *Health Project*, led by former Senate Majority Leaders Tom Daschle and Bill Frist and former Governor Ted Strickland.**

In 2007, former U.S. Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole, and George Mitchell formed the Bipartisan Policy Center (BPC) to develop and promote solutions that can attract the public support and political momentum to achieve real progress.

The BPC will embark on a comprehensive review of the numerous challenges and opportunities confronting states as they deal with delivery, cost and coverage demands in their health systems. Through a series of private and public discussions, the BPC will engage state, federal, business and workforce leaders over the next year.

The *BPC Health Project* initially is focusing on several key areas of concern: insurance exchanges; insurance reforms; and delivery system reforms, including health information technology, the health professional workforce, health care efficiency, and medical malpractice reform. For each issue area, the BPC will identify and share best practices among the states and host roundtable discussions to facilitate a thoughtful, bipartisan dialogue among stakeholders at the state and federal level and in the industry and marketplace.

Senators Daschle and Frist and Governor Strickland will lead the project with guidance from health care experts and project co-directors Sheila Burke and Chris Jennings. The BPC's first health care project culminated in the release of a bipartisan blueprint for health care reform, [Crossing Our Lines](#), by former Senate Majority Leaders Howard Baker, Tom Daschle and Bob Dole in June 2009.

For more information, please visit: <http://www.bipartisanpolicy.org/>

- **On Jan. 19, 2010, the House passed H.R. 2, repealing the so-named "*Job-Killing Health Care Law Act*."** This legislation repeals the health care reform bill, which passed last year. The Senate is not expected to take it up.
- **Congressman Jeff Miller (FL-01), chairman of the House Committee on Veterans Affairs, announced the majority vice-chairman of the full committee and the subcommittee chairs for the 112th Congress.**

The Majority caucus approved the following vice-chairman and subcommittee chairs:

- Vice-Chairman of the Full Committee, Congressman Gus Bilirakis (FL-09)
- Chairwoman of the Subcommittee on Health, Congresswoman Ann Marie Buerkle (NY-25)
- Chairman of the Subcommittee on Oversight and Investigations, Congressman Bill Johnson (OH-06)
- Chairman of the Subcommittee on Disability Assistance and Memorial Affairs, Congressman Jon Runyan (NJ-03)
- Chairman of the Subcommittee on Economic Opportunity, Congressman Marlin Stutzman (IN-03)
- **House Appropriations Chairman Hal Rogers announced the Appropriations subcommittee chairs and members for the 112th Congress. In addition, Rogers also announced that Rep. Jerry Lewis (R-CA), and Rep. Bill Young (R-FL) will be given the title of "Chairman Emeritus" of the Appropriations Committee.**

Defense Subcommittee:

- Bill Young (R-FL), Chairman
- Jerry Lewis (R-CA)
- Rodney Frelinghuysen (R-NJ)
- Jack Kingston (R-GA)
- Kay Granger (R-TX)
- Ander Crenshaw (R-FL)
- Ken Calvert (R-CA)
- Jo Bonner (R-AL)
- Tom Cole (R-OK)

Labor, Health and Human Services Subcommittee:

- Denny Rehberg (R-MT), Chairman
- Jerry Lewis (R-CA)
- Rodney Alexander (R-LA)
- Jack Kingston (R-GA)
- Kay Granger (R-TX)
- Mike Simpson (R-ID)
- Jeff Flake (R-AZ)
- Cynthia Lummis (R-WY)

Military Construction and Veterans Affairs Subcommittee:

- John Culberson (R-TX), Chairman
- Bill Young, (R-FL)
- John Carter (R-TX)

- Jeff Flake (R-AZ)
- Steve Austria (R-OH)
- Kevin Yoder (R-KS)
- Alan Nunnelee (R-MS)

Military Health Care News

- **The Department of Defense (DoD) announced introduction of the premium-based TRICARE Young Adult Program (TYAP), which extends medical coverage to eligible military family members to the age of 26.**

Expected to be in place later this spring, TYAP implements the National Defense Authorization Act (NDAA) of fiscal 2011. Premium costs for TYAP are not yet final, but the NDAA specifies rates must cover the full cost of the program.

The Patient Protection and Affordable Care Act of 2010 required civilian health plans to offer coverage to adult children until age 26. TRICARE previously met or exceeded key tenets of national health reform, including restrictions on annual limits, lifetime maximums, "high user" cancellations, or denial of coverage for pre-existing conditions — but did not include this expanded coverage for adult children. Dependent eligibility for TRICARE previously ended at age 21 or age 23 for full-time college students. The fiscal 2011 NDAA now gives the DoD the authority to offer similar benefits to young adults under TRICARE.

Beginning later this spring, qualified, unmarried dependents up to age 26 will be able to purchase TRICARE coverage on a month-to-month basis — as long as they are not eligible for their own employer-sponsored health coverage.

Initially, the benefit offered will be a premium-based TRICARE standard benefit. Eligible family members who receive health care between now and the date the program is fully implemented may want to purchase TYAP retroactively and should save their receipts. Premiums will have to be paid back to Jan. 1, 2011, in order to obtain reimbursement.

Adults who are no longer eligible for TRICARE, but need health insurance coverage, may wish to explore the Continued Health Care Benefit Program (CHCBP). CHCBP is a premium-based program offering temporary transitional health coverage for 18-36 months. Coverage must be purchased within 60 days of loss of TRICARE eligibility.

For more information on TYAP and CHCBP visit <http://www.tricare.mil/>.

- **The TRICARE health insurance program is rolling out its new patient-centered "medical home" concept to an increasing number of its beneficiaries.**

The TRICARE Management Activity began introducing the concept last year. Already, 655,000 of its 9.5 million beneficiaries are enrolled in the medical home concept. The goal is to increase that number to 2 million by the end of 2011. Within the next several years, the hope is to see as many as 3 million beneficiaries in enrolled in the concept.

The Air Force was the first service to begin introducing the concept through its Family Health Initiative. The Navy followed with its Medical Home Port. The Army followed with its Army Home for Health program, which focused initially on wounded warriors but now has expanded.

In addition, 750 TRICARE network providers are now certified as medical homes.

In some cases, participation is voluntary, with facilities offering beneficiaries the option to join as medical home teams are set up. In other cases, entire sites have transformed into medical homes, with all of their beneficiaries assigned to medical care teams.

Patients are assigned to a medical home team that typically consists of a doctor, a physician's assistant, a nurse and medical technicians. Together, they partner with the patient to support a comprehensive health care plan

This improves the patient experience by fixing what many beneficiaries call a shortcoming of TRICARE as well as many other health-care programs: never seeing the same health-care provider twice. Under the medical home concept, every member of the provider team has access to the beneficiary's medical records, and works collaboratively with the rest of the team to provide the best care possible

When patients visit a hospital or clinic or call in with a question or concern, they see or talk to a member of that team — not another health-care provider who steps in because the patient's provider is unavailable. And if the patient needs to be referred to a specialist, the team makes the referral and tracks the results.

- **Stringent mental health screening before deployment appeared to reduce the rate of psychiatric and behavioral problems among U.S. Army soldiers in Iraq by 78 percent, according to a new study has found.**

Among other things, suicidal thoughts and actions fell by half, according to the results of the study, which were released online Tuesday in advance of publication in an upcoming print issue of the [American Journal of Psychiatry](#).

Army Major Christopher Warner and colleagues studied more than 20,000 soldiers in six infantry brigades — three that received screening through a mental health program before deployment and three that didn't. Soldiers were on duty in Iraq during the 2007-2008 surge, and researchers tracked them for six months at the start of their deployment.

The screening process includes the completion of a behavioral health form that triggers mental health evaluations if they're deemed necessary. Soldiers found to be psychotic or have bipolar disorder aren't deployed.

The researchers found that soldiers in screened brigades were less likely to need duty restrictions and evacuations by air for mental health reasons. "It's vitally important to know whether mental health screening works, for both military functioning and the welfare of individual soldiers, and this is the first time the program's been assessed systematically," Warner said.

- **Secretary of Defense Robert M. Gates announced that Mary Justis has been appointed to the Senior Executive Service and is assigned as chief, health plan integration, TRICARE Management Activity, Falls Church, Va.** Justis previously served as branch chief, Centers for Medicare and Medicaid Services, Atlanta.
- **The General Services Administration (GSA) terminated a contract with HP Enterprise Services, which was expected to restructure of the Defense Department's major electronic health record system, NextGov reports.**

On May 26, 2010, GSA awarded HP Enterprise Services a contract to make improvements to the Armed Forces Health Longitudinal Technology Application (AHLTA) and to its underlying Composite Health Care System. A task order on the company's GSA Alliant umbrella information technology contract scheduled work on improving electronic health records for the military to run through this May, but it was halted on Dec. 20, according to a MHS spokesperson.

He declined to provide reasons for ending HP's role in the project, known as the AHLTA and CHCS Critical Fixes and Support contract, which industry sources valued at \$22 million. The MHS spokesperson said, "We cannot discuss details beyond this as we are in contract termination negotiations."

- **The Army released suicide data for the month of December and for 2010.**

In December, among active-duty soldiers, there were 12 potential suicides: one has been confirmed as suicide, and 11 remain under investigation. To compare and update, in November, the Army reported 11 potential suicides among active-duty soldiers. Since the release of that report, one has been confirmed as a suicide, and 10 remain under investigation.

For 2010, there were 156 potential active-duty suicides of which 125 have been confirmed as suicides, and 31 remain under investigation.

During December, among reserve component soldiers who were not on active duty, there were 16 potential suicides: none have been confirmed as suicide, and 16 remain under investigation. To compare and update, in November among that same group, there were eight total suicides. Of those, two were confirmed as suicides and six are pending determination of the manner of death.

For 2010, there were 145 potential not on active duty suicides of which 106 have been confirmed as suicide, and 39 remain under investigation.

In total, there were 69 more suicides in 2010 than in 2009. There was a slight decline in the number of suicides among the active duty component, however, that was offset by a significant increase in the number of suicides among soldiers not serving on active duty. In fact, the number of suicides in the Army National Guard doubled.

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants are available 24 hours a day, 7 days a week, 365 days a year and can be contacted at 1-800-273-TALK (8255) or by visiting their website at <http://www.suicidepreventionlifeline.org>.

- **The Department of Defense (DoD) launched of an interactive simulation designed to help those dealing with post-traumatic stress disorder (PTSD).**

The National Center for Telehealth and Technology (T2) developed the 'Virtual PTSD Experience' to help combat veterans and their families and friends to anonymously enter a virtual world and learn about PTSD causes, symptoms and resources.

The Virtual PTSD Experience was designed to be used in the privacy of homes. Visitors are anonymous, which reduces the perceived stigma of asking for help with PTSD.

The T2 Virtual PTSD Experience can be visited at <http://www.t2health.org/vwproj/>.

Located at Joint Base Lewis-McChord, Wash., T2 is a component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

Veterans Health Care News

- **The U.S. Department of Veterans Affairs is reorganizing the way it provides health care in central and western Massachusetts to improve access and eliminate long trips.**

The VA New England Healthcare System announced that outpatient clinics in Fitchburg and Worcester will realign with Northampton VA Medical Center. Those clinics are currently aligned with Bedford VA Medical Center and Boston VA Healthcare System respectively.

The new alignment is scheduled to take effect in October 2011. Veterans who want to keep their specialty providers at more distant sites will be allowed to do so.

- **The Department of Veterans Affairs (VA) has enhanced and streamlined its online Form 10-10EZ, "Application for Health Benefits."**

This revised online application now features a chat function which will allow veterans to receive live assistance while they are filling out the form. Additional enhancements to the process include simplification of questions relating to military service in Southeast Asia during the Gulf conflict and in the Vietnam conflict. Several additional minor enhancements make the application easier and faster for veterans to complete.

The 10-10EZ application is divided into six different sets of information, including personal information, insurance information, employment, military service, and a financial assessment. Since November 2000, nearly 400,000 veterans have already used the online 10-10EZ to start receiving health care benefits from VA.

Future enhancements to the online application will include a 10-10 EZR Health Benefits Renewal Form for veterans to update their personal information and a special 10-10EZ designed specifically for demobilizing military service members.

Veterans may complete or download the 10-10EZ form at the VA health eligibility Web site at www.1010ez.med.va.gov/sec/vha/1010ez.

- **The Department of Veterans Affairs (VA) is creating a new office to develop personal, patient-centered models of care for veterans who receive health care services.**

The new VA Office of Patient Centered Care and Cultural Transformation began operations on Jan. 17 and is based in Arlington, Va.

The office's director, Dr. Tracy Williams Gaudet, comes to VA from Duke University Medical Center, where she has served as the executive director of Duke Integrated Medicine since 2001. Dr. Gaudet received her Bachelor of Arts and medical degrees from Duke University.

The VA Office of Patient Centered Care and Cultural Transformation will have four regional implementation teams at select VA medical centers across the country: Birmingham, Ala; East Orange, N.J.; Dallas; and Los Angeles.

Each VA medical center was selected for excellence already demonstrated in producing cultures of patient-centered care based on established criteria. These regional teams, comprised of patient-centered care consultants, will be responsible for facilitating the culture change for patient-centered care at all VA facilities.

Health Care News

- **The National Institute on Minority Health and Health Disparities (NIMHD) announced the appointment of William G. Coleman, Jr., Ph.D., as the NIMHD's first permanent scientific director and the first African-American scientific director in the history of the NIH Intramural Research Program.**

One of 23 scientific directors at NIH, Dr. Coleman has had a long career as a scientist in the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Intramural Research Program and has held a number of positions within NIDDK including research microbiologist, staff fellow and senior investigator. Dr. Coleman's research spans the realms of basic research and health disparities. His recent research emphasis has been on *H pylori* pathogenesis.

As scientific director, Dr. Coleman will direct the overall portfolio of trans-disciplinary research conducted by the NIMHD through its newly established Health Disparities Intramural Research Program. The goals of the intramural program are to:

- Conduct state-of-the-art research focusing on the linkage between biological and non-biological determinants of health in health disparity populations
- Create training and mentorship opportunities to increase the number of intramural researchers focusing on health disparities research including those from health disparity populations
- Contribute to a pool of early stage and experienced investigators that would enhance the diversity of the NIH Intramural Research Program in terms of scientists and research disciplines
- Utilize its successful Centers of Excellence and Community Based Participatory Research Program models to expand health disparities intramural research into urban and rural health disparities communities in order to respond to urgent public health needs, examine high-risk/high impact research opportunities, and establish collaborations for long-term complex research effort.

Prior to joining NIH, Dr. Coleman served as a lecturer at Purdue University, West Lafayette, Ind., and biology teacher in Atlanta. He brings more than 45 years of experience to NIMHD. Dr. Coleman received his doctorate from Purdue University. He holds a master's degree from Atlanta University and a bachelor's degree from Talladega College in Talladega, Ala.

- **Health and Human Services Secretary Kathleen Sebelius released a new analysis showing that, without the Affordable Care Act, up to 129 million non-elderly Americans who have some type of pre-existing health condition would be at risk of losing health insurance when they need it most, or be denied coverage altogether.**

Under provisions in the Affordable Care Act to be implemented by 2014, Americans living with pre-existing conditions such as heart disease, high blood pressure, arthritis or cancer are free from discrimination and can get the health coverage they need. In addition, insurance cannot be cancelled or capped when a family member gets sick.

The analysis found that:

- Anywhere from 50 to 129 million (19 to 50 percent) of Americans under age 65 have some type of pre-existing condition.
- Older Americans between ages 55 and 64 are at particular risk; 48 to 86 percent of people in that age bracket live with a pre-existing condition.
- 15 to 30 percent of people under age 65 in perfectly good health today are likely to develop a pre-existing condition over the next eight years.
- Up to one in five Americans under age 65 with a pre-existing condition – 25 million individuals – is uninsured.

Prior to the Affordable Care Act, in the vast majority of states, insurance companies in the individual market could deny coverage, charge higher premiums and/or limit benefits based on pre-existing conditions. Surveys have found that 36 percent of Americans who tried to purchase health insurance directly from an insurance company in the individual insurance market encountered challenges purchasing health insurance for these reasons.

Many uninsured Americans with pre-existing conditions have already enrolled in the temporary high-risk pool program called the Pre-existing Condition Insurance Plan (PCIP), which provides private insurance to those locked out of the insurance market because of a pre-existing condition. The PCIP program serves as a bridge until 2014, when insurance companies can no longer deny or limit coverage or charge higher premiums because of a pre-existing condition. There is a Pre-existing Condition Insurance Plan available in every state, and more information can be found at www.HealthCare.gov or by calling 1-866-717-5826.

The report can be found at www.HealthCare.gov/center/reports/preexisting.html.

- **The U.S. Food and Drug Administration unveiled a plan containing 25 actions it intends to implement during 2011 to improve the most common path to market for medical devices.**

Key actions include:

- Streamlining the "de novo" review process for certain innovative, lower-risk medical devices.
- Clarifying when clinical data should be submitted in a premarket submission, guidance that will increase the efficiency and transparency of the review process.
- Establishing a new Center Science Council of senior FDA experts to assure timely and consistent science-based decision making.

The goal is to develop a smarter medical device program that supports innovation, keeps jobs in the U.S., and brings important, safe and effective technologies to patients quickly. In September 2009, CDRH set up two internal working groups to address concerns relating to the premarket notification process — industry argued that the current process was unpredictable, inconsistent and opaque. At the same time, CDRH also asked the independent, nonprofit Institute of Medicine to study the program. That review is still underway.

The two working groups issued 55 recommendations in August 2010. After reviewing public comment, CDRH now intends to take 25 actions to improve the review process in 2011, including new guidance and enhanced staff training. CDRH also is giving the Institute of Medicine an opportunity to provide feedback on seven recommendations before making a final decision and is planning for a public meeting in April to seek additional feedback on two other recommendations.

- **The U.S. Trade and Development Agency (USTDA), the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Commerce (Commerce) joined with China's Ministries of Health (MoH) and Commerce (MOFCOM) to announce their support for the establishment of a new public-private partnership in the healthcare sector.**

Initially, twelve U.S. companies and six supporting organizations will participate in this partnership, alongside the supporting U.S. and Chinese government agencies. The partnership will be organized around U.S. healthcare industry strengths and government capabilities in order to foster long-term cooperation with China in the areas of research, training, regulation and the adoption of an environment that will increase accessibility to healthcare services in China.

Participating U.S. companies initially include 3M, Abbott, Chindex, Cisco, General Electric, IBM, Intel, Johnson & Johnson, Medtronic, Microsoft, Motorola, and Pfizer. Supporting organizations include AdvaMed, the Alliance for Healthcare Competitiveness, the American Chamber of Commerce in China, the American Chamber of Commerce in Shanghai, PhRMA and the U.S.-China Business Council.

Through programs supported by the initiative, Chinese participants will gain greater access to U.S. private sector expertise and ingenuity and better awareness of new technologies and results-oriented regulatory processes. Initially, these goals will be advanced through a USTDA-funded *Healthcare Professional Personnel Exchange Program* that will include a series of visits by Chinese healthcare officials to the United States to share best practices and witness new and innovative technologies that will be important to long-term healthcare delivery.

Over time, the partnership will enhance cooperation in areas such as rural healthcare, emergency response, personnel training, medical information technology, and management systems, while also exploring ways to support other fields such as integrative and traditional Chinese medicine.

Reserve/Guard

- As of Jan. 18, 2011, the total number of Guard and Reserve currently on active duty has **increased** by 365 to 92,205. The totals for each service are Army National Guard and Army Reserve 71,696; Navy Reserve, 5,639; Air National Guard and Air Force Reserve, 9,128; Marine Corps Reserve, 4,971, and the Coast Guard Reserve, 771. www.defenseink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "Perspectives on Biomarker and Surrogate Endpoint Evaluation - Workshop Summary," on Jan. 18, 2011.** The report studied study the evaluation process for biomarkers, focusing on biomarkers and surrogate endpoints in chronic disease.

Legislation

- **H.R.299** (introduced Jan. 18, 2011): To repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, repeal the 7.5 percent threshold on the deduction for medical expenses, provide for increased funding for high-risk pools, allow acquiring health insurance across State lines, and allow for the creation of association health plans was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, Appropriations, the Judiciary, Natural Resources, House Administration, and Rules. Sponsor: Representative Paul C. Broun [GA-10] (introduced 1/18/2011)
- **H.R.314** (introduced Jan. 18, 2011): The *Medical Liability Procedural Reform Act of 2011* was referred to the House Committee on the Judiciary. Sponsor: Representative Mac Thornberry [TX-13]
- **H.R.315** (introduced Jan. 18, 2011): The *Health Care Paperwork Reduction and Fraud Prevention Act* was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. Sponsor: Representative Mac Thornberry [TX-13]
- **H.R.329** (introduced Jan. 19, 2011): The *Chiropractic Care Available to All Veterans Act* was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Bob Filner [CA-51]
- **H.R.303** (introduced Jan. 18, 2011): The *Retired Pay Restoration Act* was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs.

- Sponsor: Representative Gus M. Bilirakis [FL-9]
- **H.R.332** (introduced Jan. 19, 2011): To amend title 10, United States Code, to require the Department of Defense and all other defense-related agencies of the United States to fully comply with federal and state environmental laws, including certain laws relating to public health and worker safety, that are designed to protect the environment and the health and safety of the public, particularly those persons most vulnerable to the hazards incident to military operations and installations, such as children, members of the Armed Forces, civilian employees and persons living in the vicinity of military operations and installations was referred to the Committee on Armed Services, and in addition to the Committees on Energy and Commerce, Transportation and Infrastructure, Natural Resources, and Education and the Workforce.
Sponsor: Representative Bob Filner [CA-51]
 - **H.R.333** (introduced Jan. 19, 2011): To amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans' disability compensation, to eliminate the phase-in period for concurrent receipt, to extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service, and for other purposes was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs.
Sponsor: Representative Sanford D. Bishop, Jr. [GA-2]
 - **H.R.342** (introduced Jan. 19, 2011): To amend titles XIX and XVIII of the Social Security Act, as amended by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, with respect to payment of disproportionate share hospitals (DSH) under the Medicare and Medicaid programs was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.
Sponsor: Representative Eddie Bernice Johnson [TX-30]
 - **H.R.346** (introduced Jan. 19, 2011): To amend the Public Health Service Act to provide for cooperative governing of individual health insurance coverage offered in interstate commerce was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Stevan Pearce [NM-2]

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.worldrg.com/health3point0
- The 4th WEDI 5010, ICD-10 Forum will be held on **Jan. 25-27, 2011**, in St. Petersburg, Fla. www.wedi.org
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- The CHIME/HIMSS CIO Forum will be held on **Feb. 20, 2011**, in Orlando, Fla. www.cio-chime.org
- HIMSS 11 Annual Conference & Exhibition will be held on **Feb. 20-24, 2011**, in Orlando, Fla. www.himss.org
- AHIP's 2011 National Policy Forum will be held on **March 8-9, 2011**, in Washington D.C. <http://www.ahip.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