

FEDERAL HEALTH UPDATE

Feb 11, 2011

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

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Executive and Congressional News

- **President Obama has nominated Army Gen. Martin E. Dempsey for appointment to the rank of general and assignment as chief of staff, U.S. Army, Washington, D.C.** Dempsey is currently serving as the commanding general, U.S. Army Training and Doctrine Command, Fort Monroe, Va.

- **Command Sgt. Maj. Raymond F. Chandler III will become the sergeant major of the Army March 1.**

Chandler is currently the commandant of the U. S. Army Sergeants Major Academy. He will succeed Kenneth Preston, who has served since January 2004. In June 2009, Chandler became the first enlisted commandant of the U. S. Army Sergeants Major Academy.

In his new position, Chandler will serve as the Army chief of staff's personal adviser on matters affecting the enlisted force. The role involves extensive travel and focuses on soldier training, noncommissioned officer development and the well-being of families.

The sergeant major of the Army recommends quality-of-life improvements to Army leadership and often sits on councils that make decisions affecting enlisted soldiers and their families. He also routinely testifies before Congress on these issues.

Preston leaves the position as the longest serving SMA after being selected by previous Army Chief of Staff Gen. Peter Schoomaker.

- **On Feb. 4, 2011, Rep. Bill Pascrell, Jr., Sens. Robert Menendez, Tom Harkin and Michael B. Enzi sent a letter urging Department of Health and Human Services Secretary Kathleen Sebelius to implement provisions of the Concussion Treatment and Care Tools (ConTACT) Act.**

The four lawmakers requested the Secretary to begin developing national guidelines for the management of sports-related concussions and to help facilitate states developing their own protocols according to those guidelines. These provisions were included in the ConTACT ACT, which passed the U.S. House of Representatives on Sept. 30 with Rep. Pascrell as its primary sponsor. Senator Menendez was the primary sponsor of the legislation in the U.S. Senate.

To read the full text of the letter, please visit: [letter](#).

- **This week, Senator Jim Webb (D-Va.) and Senator Jon Kyl (R-Ariz.) announced they would not seek reelection in 2012.**

Senator Webb, in his first term, is assigned to the Senate Committee on Armed Services, where he serves as chairman of the Personnel Subcommittee and on the Senate Veterans' Affairs Committee.

Senator Kyl is a three-term senator and the Senate's Republican Whip. He is the Ranking Member of the Senate Judiciary Committee's Subcommittee on Technology, Terrorism and Homeland Security and Finance Committee.

Military Health Care News

- **TRICARE published a Request For Information (RFI) to determine industry interest and capabilities in providing a Web-based electronic health record system (EHR) for its military health system.**

The [announcement](#), in the Feb. 9 Federal Business Opportunities, requests potential vendors to describe the certification of their online EHRs, their data model for storing clinical data, if vendors' code is "open source," and features for clinical decision support, immunization and personal health records.

Vendors should also explain the extent of their interoperability with the nationwide health information network, national reference laboratories and electronic prescribing, to exchange records with federal and private providers.

TRICARE also asks interested vendors to assess the value or applicability of Web-based EHRs within the military health system, the Veterans Affairs Department health system, and in a joint collaboration between VA and the military health system.

Responses to the request for information are due Feb. 18.

- **General Dynamics Information Technology and McKesson Provider Technologies announced its intent to join forces and try to win the Department of Defense (DoD) contract for a new electronic health records system.**

McKesson Provider Technologies, which sells inpatient and ambulatory EHRs in the non-military market, is a major health information technology vendor and a division of San Francisco-based McKesson Corp. Fairfax, Va.-based General Dynamics Information Technology is a unit of giant contractor General Dynamics. The I.T. unit presently supports the Medical Communications for Combat Casualty Care, an EHR for deployed forces.

The partnership will combine General Dynamics' maintenance expertise for optimal deployment in DoD facilities with McKesson's EHR capabilities to develop a comprehensive, consolidated solution for DoD healthcare providers.

- **TRICARE West Region beneficiaries can assist military families and help save the environment with a simple click of a mouse.**

From Feb. 4 through March 31, 2011, when a TRICARE beneficiary chooses to "Go Green" and opts-in for paperless statements, TriWest will contribute \$5 to a military support organization. The beneficiary may choose to direct TriWest's contribution to Armed Services YMCA (ASYMCA), Operation Homefront, Tragedy Assistance Program for Survivors (TAPS) or the USO.

Each of the eligible military charities supports active duty service members, veterans, military families or survivors in different ways.

- Operation Homefront— Provides emergency and morale assistance for Service members, the families they leave behind, and for wounded warriors when they return home, and has filled the needs of more than 267,000 military families since 2002.
- Armed Services YMCA (ASYMCA)—Delivers quality social, educational and recreational programs and services to active duty military and family members. Its programs include children's waiting rooms at various military hospitals and Operation Hero.
- Tragedy Assistance Program for Survivors (TAPS)—Offers hope, healing, comfort and care to families grieving after the death of a Service member through programs such as Survivor Seminars and Good Grief Camps.
- USO—Entertains and provides educational programs to Service members and their families.

By registering at www.triwest.com/GoGreen, TRICARE West Region beneficiaries can opt-in to receive paperless TRICARE communications, such as referral and authorization letters, claims and explanation of benefits statements.

Since launching the program, TriWest has avoided printing and mailing out tens of thousands of sheets of paper. For more information, please visit www.triwest.com/GoGreen or www.facebook.com/TriWest.

- **Humana Military Healthcare Services announces the launch of the mobile Humana Military website for mobile phones and tablets.**

Some of the traditional website's most popular, easy-to-use features such as the provider locator and TRICARE eligibility check are now available through iPhone™, Android™, Blackberry™ devices, and tablet operating systems, as well as other phones with internet capabilities. Humana Military also provides an Interactive Voice Response (IVR) telephone system, which allows text messaging to an internet enabled phone on topics such as TRICARE Prime enrollment payments and a link to the TRICARE provider locator.

To access the Humana Military mobile web site from your phone or tablet, please visit www.humana-military.com.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) is launching the first of a series of new and enhanced services supporting family caregivers of seriously ill and injured veterans.**

In May 2010, President Obama signed the *Caregivers and Veterans Omnibus Health Services Act of 2010*, authorizing VA to establish a wide range of new services to support certain caregivers of eligible Post 9/11 Veterans.

In addition to the new benefits and services for eligible veterans who were disabled in the line of duty since Sept. 11, 2001 (Post 9/11 veterans), VA will also begin providing enhanced benefits and services to caregivers of veterans of all eras who are already enrolled in VA care, including:

- Access to VA's toll-free Caregiver Support Line: 1-855-260-3274,
- Expanded education and training on caring for Veterans at home,
- Other support services such as counseling and support groups and referral services; and
- An enhanced website for caregivers.

Some of the new benefits of the Caregivers and Veterans Omnibus Health Services Act are restricted by law to the caregivers of the most seriously ill and injured Post 9/11 veterans. Those additional benefits include:

- A monthly stipend,
- Health care coverage,
- Travel expenses, including lodging and per diem while accompanying veterans undergoing care,
- Respite care; and
- Mental health services and counseling.

While some of these enhanced benefits are available now, many of the other significant newly-enacted benefits will require the issuance of regulations. These additional benefits include monthly stipends, pay for travel costs, medical coverage, training, counseling and respite care designed to prevent institutionalization of veterans whenever possible.

The law requires detailed regulations for determining eligibility, designating and approving caregivers, and providing stipends and health care coverage to primary family caregivers. The complex process required to implement these regulations will provide veterans, caregivers and the general public the opportunity to provide comments before those regulations are finalized.

Each VA medical center has designated caregiver support coordinators who will assist eligible veterans and caregivers in understanding and applying for the new benefits. VA also has a Caregiver Support Web page, www.caregiver.va.gov, which will provide general information once final regulations are published.

- **The Department of Veterans Affairs (VA) has launched a new, toll-free telephone line for the caregivers of veterans.**

The National Caregiver Support Line -- 1-855-260-3274 -- will serve as the primary resource and referral center to assist caregivers, veterans and others seeking caregiver information.

The line unofficially started Feb. 1, and in its first week logged nearly 600 calls, including 134 referrals to local VA caregiver support coordinators and 233 calls from caregivers themselves.

The support line will provide information regarding new caregiver benefits, referrals to local caregiver support coordinators as well as emotional support to those concerned with their ability to provide care to loved ones who are veterans.

The National Caregiver Support Line will be open Monday through Friday, 8 a.m. to 11 p.m., Eastern time; and Saturday, 10:30 a.m. to 6 p.m., Eastern time. Licensed VA social workers and health technicians will staff the support line.

Local caregiver support coordinators are available to assist Veterans and their caregivers to understand and apply for VA's many caregiver benefits. VA also features a Web page, www.caregiver.va.gov, with general information on other caregiver support programs available through VA and the community.

- **Secretary of Veterans Affairs Eric K. Shinseki officially announced the first VA Innovation Initiative (VAi2) awards under the agency's Industry Innovation Competition.**

These four projects will use innovative new technologies in VA facilities to improve the quality of patient care for veterans. They represent the first of nearly two-dozen more awards to be made in the coming months.

- The first award is to mVisum, Inc., based in Camden, N.J., funding a pilot project at the Washington DC VA Medical Center. The project enables health care providers to wirelessly review, share and respond to cardiology data on mobile devices, increasing the ability to respond more quickly to patient needs.
- The second award, made to Agilex Technologies, Inc of Chantilly, Va., funds an alternative pilot project at the same Washington DC VA Medical Center. This pilot intends to explore the ability for extending elements of VA's Electronic Medical Record to electronic devices. The pilot will allow patient search, demographics, laboratory data, medications, allergies, appointments, and problem lists to be displayed. Agilex will also integrate clinic schedules and secure messaging onto the device.
- MedRed, LLC, based in Washington, D.C., was awarded a project that VA will implement at the McGuire VA Medical Center's Polytrauma Clinic in Richmond, Va. The project will field test a software tool that helps healthcare providers to more easily share new and innovative treatment strategies to improve the care of Veterans being treated for traumatic brain injury.
- The fourth award, made to Venture Gain, LLC of Naperville, Ill., funds a project at the George E. Wahlen VA Medical Center in Salt Lake City, Utah. The project will pilot a next generation system of wearable sensors combined with software analytics to predict and prevent complications for patients

diagnosed with heart failure.

VAi2 identifies, funds, and evaluates new ideas from VA employees, academia, and the private sector. The Industry Innovation Competition was the third competition launched by VAi2 and is the first to involve the private sector.

Health Care News

- **HRSA's Office of Rural Health Policy is funding the Telehealth Resource Center Grant Program (TRCGP) to establish Telehealth Resource Centers (TRC).**

The TRCs provide assistance to healthcare organizations, networks and providers to help implement cost-effective telehealth programs serving rural and medically underserved areas and populations. The funding will support three different types of resource centers to include a national resource center, two regional telehealth resource centers, and two telehome care resource centers.

The awards will provide funds for states that are currently not supported under the Telehealth Resource Center Program. These grants will provide support for up to three "regional" telehealth resource centers in Kentucky, West Virginia, Virginia, Ohio, Indiana, Illinois, Michigan, Maine, New Hampshire, Vermont, New Jersey, New York, North Carolina, Pennsylvania, Connecticut, Massachusetts, Rhode Island, Delaware, Maryland and Washington D.C. It is also expected that regional TRC applicants will propose to cover four or more states.

In addition, this funding will support one National Resource Center to provide legal and regulatory assistance to all of the Regional Resource Centers as well as help HRSA-funded grantees, rural and underserved communities. Three hundred thousand is available to fund one National Telehealth Resource Center annually for a period of up to three years.

The program will provide funding for FY 2011-2013. Approximately \$975,000 is expected to be available annually to fund three grantees under the Regional TRCGP and applicants many apply for up to \$325,000 per year.

- **The Association for Professionals in Infection Control and Epidemiology (APIC) has strengthened its earlier position on this issue by recommending mandatory influenza immunization as a condition of employment within healthcare facilities.**

In citing its stronger position, APIC acknowledged that the current policy of voluntary vaccination has not been effective and that healthcare personnel have not achieved acceptable vaccination rates.

The recommendations are published in APIC's newly-released position paper, "[Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated](#)." These recommendations apply to acute care hospitals, long-term care and other facilities that employ healthcare personnel (HCP).

Influenza, a highly contagious disease that can be spread before symptoms appear, results in an estimated 150,000 hospital admissions and 24,000 deaths annually. The most efficient way to decrease transmission of the illness to or from high-risk persons, such as hospitalized patients, is through vaccination of HCP. Mandatory vaccination programs have proven to be the single most effective strategy to increase HCP influenza vaccination rates.

The APIC paper states that this requirement should be part of a comprehensive strategy incorporating all of the recommendations of the Centers for Disease Control and Prevention's (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) for influenza vaccination of HCP.

- **Department of Health and Human Services Secretary Kathleen Sebelius announced a \$750 million investment in prevention and public health .**

Funded through the Prevention and Public Health Fund, this money will help prevent tobacco use, obesity, heart disease, stroke, and cancer; increase immunizations; and empower individuals and communities with tools and resources for local prevention and health initiatives.

The Prevention and Public Health Fund is designed to expand and sustain the necessary capacity to prevent disease, detect it early, manage conditions before they become severe. It also provides states and communities the resources they need to promote healthy living. In fiscal year 2010, \$500 million was distributed to states and communities to boost prevention and public health efforts, improve health, enhance health care quality, and foster the next generation of primary health professionals.

The new funds are dedicated to expanding on four critical priorities:

- Community Prevention (\$298 million): To help promote health and wellness in local communities, including efforts to prevent and reduce tobacco use; improve nutrition and increase physical activity to prevent obesity; and coordinate and focus efforts to prevent chronic diseases like diabetes, heart disease, and cancer.
- Clinical Prevention (\$182 million): To improve access to preventive care, including increasing awareness of the new prevention benefits provided under the new health care law. They will also help increase availability and use of immunizations, and help integrate behavioral health services into primary care settings.
- Public Health Infrastructure (\$137 million): To help state and local health departments meet 21st century challenges, including investments in information technology and training for the public health workforce to enable detection and response to infectious disease outbreaks and other health threats.
- Research and Tracking (\$133 million): To collect data to monitor the impact of the Affordable Care Act on the health of Americans and identify and disseminate evidence-based recommendations on important public health challenges.

For more information about the FY2011 Prevention and Public Health Fund investments, visit <http://www.HealthCare.gov/news/factsheets/prevention02092011b.html>.

- **A new proposed regulation announced by the Department of Health and Human Services (HHS) would ensure students enrolled in health insurance coverage through their college or university benefit from critical consumer protections created by the Affordable Care Act.**

Approximately 1,500-2,000 institutions of higher education across the country offer some type of health coverage for students. However, the benefits covered by these plans, as well as how they are regulated vary widely.

The proposed regulation would ensure students enrolled in these plans benefit from important consumer protections created by the Affordable Care Act by clarifying that these plans will be defined as "individual health insurance coverage." Under the proposed rules, some of the new health insurance protections include:

- No Lifetime Limits on Coverage: Insurance companies would no longer be able to impose lifetime dollar limits on the amount they spend on health benefits in student health plans.
- No Arbitrary Rescissions of Insurance Coverage: Insurance companies can no longer drop coverage when student health plan enrollees get sick because of an unintentional mistake on an application.
- No Pre-Existing Condition Exclusions for Students Under Age 19: Insurance companies cannot deny or exclude coverage for students under age 19 because of a pre-existing condition.

The Affordable Care Act allows HHS to take steps to preserve market stability while ensuring student health plans remain affordable until all Americans have new coverage options through the state-based Exchanges that will be established in 2014. Under the proposed rule, student health insurance plans would be allowed to have annual dollar limits on essential health benefits of no less than \$100,000 for policy years beginning before Sept. 23, 2012. Student health plans with policy years beginning after that date must fully comply with the Affordable Care Act's annual limit restrictions.

The proposed rules would also require insurance companies to clearly tell students enrolled in student health plans whether or not their plan meets the new

requirements laid out under the Affordable Care Act—bringing transparency to this marketplace and enabling students to understand the value and quality of the coverage they have.

To find the new proposed rule, visit www.ofr.gov/inspection.aspx. For a fact sheet on the new proposed rule, visit www.HealthCare.gov/news/factsheets/students02092011a.html.

- **Strokes increase sharply rise among children and younger adults, according to new study by Centers for Disease Control and Prevention (CDC).**

The study examined hospitalization data for the period from 1994 to 2007 from the Nationwide Inpatient Sample, identifying patients with a primary diagnosis of ischemic stroke. Ischemic stroke, which occurs when a blood clot or clogged artery blocks the blood supply to the brain, is more common than hemorrhagic stroke, the result of a ruptured blood vessel.

The increases and decreases in stroke rates varied by gender and age group:

- Among males aged 15 to 34, the rate surged by nearly 51 percent. Among females in that age group, it increased 17 percent. Strokes soared 31 percent in boys aged 5 to 14 and 36 percent in girls of the same age.
- Men between 35 and 44 years old had a 47 percent increase in stroke incidence. For women in that age range, stroke incidence rose 36 percent.
- For older adults, the news was better. Stroke rates declined 12 percent in men 45 to 64 years old and 13 percent in women in that age range. The rates went down even further for 65-plus men and women: 25 percent in men and 28 percent in women.

Reserve/Guard

- As of Feb. 8, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 407 to 90,496. The totals for each service are Army National Guard and Army Reserve 69,087; Navy Reserve, 5,755; Air National Guard and Air Force Reserve, 9,962; Marine Corps Reserve, 4,916, and the Coast Guard Reserve, 776. www.defenselink.mil

Reports/Policies

- **The GAO published "Military Personnel: DoD Addressing Challenges in Iraq and Afghanistan but Opportunities Exist to Enhance the Planning Process for Army Medical Personnel Requirements," (GAO-11-163) on Feb. 10, 2011.** In this report, GAO recommends that DoD clarify the level of routine medical care that deployed DoD civilian employees can expect in theater and the Army update its doctrine and the organizational design of split medical units. <http://www.gao.gov/new.items/d11163.pdf>
- **The GAO published "Medicare Advantage: Comparison of Plan Bids to Fee-for-Service Spending by Plan and Market Characteristics," (GAO-11-247R) on Feb. 4, 2011.** In this report, GAO assessed: how MA plan bids compare to FFS spending in their service areas overall and by plan type, FFS spending level, and payment benchmarks; the association between the level of MAO market concentration and plan bids relative to FFS spending in their service areas; and how the components of MA plan bids compare by plan and market characteristics. <http://www.gao.gov/new.items/d11247r.pdf>

Legislation

- **H.R.524** (introduced Feb. 8, 2011): The *Restoring Consumer-driven Health Care Act of 2011* was referred to the House Committee on Ways and Means. Sponsor: Representative Benjamin Quayle [AZ-3]
- **H.R.525** (introduced Feb. 8, 2011): The *Veterinary Public Health Amendments Act of 2011* was referred to the House Committee on Energy and Commerce. Sponsor: Representative Tammy Baldwin [WI-2]
- **H.R.531** (introduced Feb. 8, 2011): The *Access to Frontline Health Care Act of 2011* was referred to the House Committee on Energy and Commerce. Sponsor: Representative Bruce L. Braley [IA-1]
- **H.R.536** (introduced Feb. 8, 2011): The *Indian Healthcare Improvement Act of 2011* was referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce, Ways and Means, and the Budget. Sponsor: Representative Tom Cole [OK-4]
- **H.R.552** (introduced Feb. 8, 2011): *Community Assistance Act for Persons with Mental Illness* was referred to the Committee on Financial Services, and in addition to the Committee on Energy and Commerce. Sponsor: Representative Eddie Bernice Johnson [TX-30]
- **H.R.556** (introduced Feb. 8, 2011): To repeal certain provisions in the Patient Protection and Affordable Care Act related to patient centered outcomes research and rescind unobligated appropriations related to such provisions and to repeal certain health care-related provisions in the American Recovery and Reinvestment Act of 2009 and rescind unobligated appropriations related to such provisions for purposes of reducing the national debt was referred to the Committee on Energy and Commerce, and in addition to the Committees on Appropriations, Ways and Means, Science, Space, and Technology, and the Budget. Sponsor: Representative Thaddeus G. McCotter [MI-11]
- **H.R.570** (introduced Feb. 9, 2011): To amend the Public Health Service Act to enhance the roles of dentists and allied dental personnel in the Nation's disaster response framework, and for other purposes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Michael C. Burgess [TX-26]
- **H.R.575** (introduced Feb. 9, 2011): To amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Stevan Pearce [NM-2]
- **S.296** (introduced Feb. 7, 2011): The *Preserving Access to Life-Saving Medications Act* was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Amy Klobuchar [MN]
- **S.311** (introduced Feb. 8, 2011): A bill to provide for the coverage of medically necessary food under Federal health programs and private health insurance was referred to the Committee on Finance. Sponsor: Senator John F. Kerry [MA]

Hill Hearings

- The House Armed Services Committee will hold a hearing on **Feb. 16, 2011**, to examine the 2012 budget request for the Department of Defense.
- The House Armed Services Committee will hold a hearing on **Feb. 17, 2011**, to examine the 2012 budget request for the Department of the Air Force.
- The House Veterans Affairs Committee will hold a hearing on **Feb. 17, 2011**, to examine the 2012 budget request for the Department of Veterans Affairs.
- The Senate Armed Services Committee will hold a hearing on **Feb. 17, 2011**, to examine the Defense Authorization request for fiscal year 2012.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 1, 2011**, to hear the legislative presentation from the Disabled American Veterans.
- The Senate Armed Services Committee will hold a hearing on **March 3, 2011**, to examine the Department of the Army in review of the Defense Authorization request for fiscal year 2012.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 8, 2011**, to hear the legislative presentation from the Veterans of Foreign Wars of the United States.

Meetings / Conferences

- 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 3rd annual DoD/VA Suicide Prevention Conference will be **March 14-17, 2011**, in Boston, Mass. <http://www.dcoe.health.mil/training/upcomingconferences.aspx>.

- 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 18-25, 2011**, in Hampton Va. <https://usaphcapps.amedd.army.mil/afphc/>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>
- The 15th Battlefield Healthcare Series: VA/DoD Continuum of Care will be held on **March 21-23, 2011**, in Washington D.C. <http://www.battlefieldhealthcare.com/Event.aspx?id=428934>
- The 2011 National Immunization Conference (NIC) will be held **March 28-31, 2011**, in Washington, DC. <http://www.cdc.gov/vaccines/events/nic>
- The mHealth Networking Conference will be held **March 30-31, 2011**, in Chicago, Ill. www.mobih.org
- 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/>
- The World Vaccine Congress will be held on **April 11-14, 2011**, in Washington, DC. <http://www.terrapinn.com/conference/world-vaccine-congress-washington/>
- 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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