

## 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 House passed H.R. 3, the No Taxpayer Funding for Abortion Act.** This legislation prohibits the expenditure of funds authorized or appropriated by federal law or funds in any trust fund to which funds are authorized or appropriated by federal law (federal funds) for any abortion. It also prohibits federal funds from being used for any health benefits coverage that includes coverage of abortion.

### Military Health Care News

- **Secretary of Defense Robert M. Gates announced that the President has nominated Army Maj. Gen. Patricia D. Horoho, who has been selected for the rank of lieutenant general, for assignment as commanding general, U.S. Army Medical Command/the surgeon general, U.S. Army, Washington, D.C.**
- **On May 3, 2011, TRICARE Management Activity (TMA) published a news release promoting the TRICARE Young Adult (TYA), a new program offering TRICARE Standard coverage to qualified uniformed services dependents under age 26.**

The new program will replace the Continued Health Care Benefit Plan (CHCBP) for eligible dependents who are under age 26. CHCBP is a separate program that offers temporary transitional health coverage for 18-36 months after all TRICARE eligibility ends. In fact, dependents who qualify for TYA are no longer eligible for CHCBP as of May 1, 2011.

TMA noted that TYA Standard may be less expensive for eligible dependents. TYA has a monthly premium of \$186, much less than CHCBP's premium of \$988 per quarter. To purchase TYA a beneficiary must be under 26, unmarried and not eligible for their own employer-sponsored health care coverage.

Beneficiaries can get complete information about TYA and application forms at [www.tricare.mil/tya](http://www.tricare.mil/tya).

- **Following the recent tornados the Department of Defense (DoD) has approved a waiver of primary care manager (PCM) referral requirements in the South Region for the Tuscaloosa, Ala. area.**

The waiver of PCM referrals started April 27, 2011 and will end at midnight on June 15, 2011.

In the aftermath of the storms many TRICARE beneficiaries who need urgent medical care may not be able to access their PCM. The waiver of PCM referral requirements allows TRICARE beneficiaries in specific affected ZIP codes around the Tuscaloosa area to seek health care from TRICARE-authorized providers without a referral from their PCM.

The PCM referral waiver is necessary to prevent these beneficiaries from incurring point-of-service charges.

The specific ZIP codes in the affected area covered by this waiver can be found on the TRICARE website at [www.tricare.mil/disasterinfo/tornado.aspx](http://www.tricare.mil/disasterinfo/tornado.aspx).

Additionally, the TRICARE Management Activity has worked closely with retail pharmacies and its pharmacy contractor, Express Scripts, Inc., to ensure TRICARE beneficiaries in the Tuscaloosa area have access to their prescription benefits. For assistance, beneficiaries may call the TRICARE Pharmacy Operations Center at 1-866-275-4732.

Beneficiaries in the South Region seeking more information about their TRICARE benefits may call Humana Military at 1-800-444-5445 or visit TRICARE's website, [www.tricare.mil](http://www.tricare.mil).

- **According to the Army Times, the Defense Department (DoD) would link future TRICARE fee increases to a medical care cost index that has increased by an average of 6.4 percent a year over the past 25 years, but rose just 3.1 percent last year.**

George Taylor Jr., DoD's acting principal deputy assistant secretary for health affairs, addressed representatives of military associations during a conference call on April 27.

The National Health Expenditure index, produced by the Centers for Medicare and Medicaid Services, would be used beginning in 2013 to determine annual enrollment fee increases in TRICARE Prime for working-age military retirees and their families, under a pending Pentagon plan that requires congressional approval.

The idea of linking TRICARE fees to annual increases in average health care costs is not new. Pentagon officials had announced in January that they planned to do this, but until now had not indicated what medical cost index they would use.

The Centers for Medicare and Medicaid Services are part of the Department of Health and Human Services, and are responsible mainly for maintaining standards for the two federal health programs.

The NHE index increased by an average of 4.6 percent a year over the past five years, and is expected to rise by 4.1 percent a year over the next five years, which would be less than the 6.2 percent increase DoD officials have warned retirees to expect.

However, a fact sheet on the NHE index provided to associations includes an estimate for a 6.1 percent increase through 2019. The Centers for Medicare and Medicaid Services website has different projections for health costs, estimating an average annual increase of 6.3 percent, and describes this as higher

than previous estimates because of new costs related to national health care reform.

No TRICARE increases will take effect unless Congress goes along, and it remains unclear if lawmakers will support the proposal. The Pentagon proposal is contained in its fiscal 2012 budget request. The House Armed Services Committee is expected to make initial decisions about the 2012 defense budget next week. The Senate Armed Services Committee may not tackle the issue until June.

For fiscal 2012, DoD is asking to increase TRICARE Prime enrollment fees by \$30 for individuals and \$60 for families, a 13 percent hike from current fees. In 2013 and beyond, DoD would link increases to the rise in the health cost index.

- **As part of Consumer Report's drugstore survey, TRICARE's pharmacy benefit manager, Express Scripts, was ranked number one by consumers.**

The survey asked more than 18,000 Consumer Reports' readers about their experiences with 10 of the nation's largest Pharmacy Benefit Managers (PBM).

Readers ranked TRICARE, Prescription Solutions, Prime Therapeutics LLC, Medco and Express Scripts (commercial business) as the top five PBMs.

PBMs are third-party administrators of prescription drug programs. They are primarily responsible for processing and paying prescription drug claims. They also are responsible for developing and maintaining the formulary, contracting with pharmacies, and negotiating discounts and rebates with drug manufacturers.

Today, more than 210 million Americans nationwide receive drug benefits administered by PBMs. Fortune 500 employers, and public purchasers (Medicare Part D, the Federal Employees Health Benefits Program) — provide prescription drug benefits to the vast majority of American workers and retirees.

## Veterans Health Care News

- **The Department of Veterans Affairs (VA) is awarding a contract for construction design to correct seismic deficiencies in the nursing tower and Community Living Center at the Puget Sound Health Care System in Seattle, Wash.**

The \$1.1 million contract was awarded to Stantec Architecture of San Francisco. The nursing tower and Community Living Center serve as the inpatient wards in the main hospital.

Last year, VA spent more than \$2.2 billion in Washington on behalf of the state's 637,000 Veterans. VA operates major medical centers in Lakewood and Seattle, plus outpatient clinics and Vet Centers across the state and a national cemetery.

- **Researchers at the Stanford University School of Medicine and the Veterans Affairs Palo Alto Health Care System have launched an imaging study to identify changes that occur in the brains of people with post-traumatic stress disorder during psychotherapy.**

The results of the trial could give researchers a greater understanding of how the therapy works and could lead to the design of new treatments.

PTSD is an anxiety disorder that can have devastating effects on daily life and function. The disorder affects 6.8 percent of Americans and is triggered by a traumatic event, such as military combat, physical assault, rape or the death of a child. Rates of PTSD are higher in certain populations, such as combat troops, where they exceed 30 percent. In general, women are twice as likely to develop PTSD as men.

According to a 2007 Institute of Medicine report, the only treatment for PTSD that has been shown to be somewhat effective is exposure-based psychotherapy — a specialized type of therapy that isn't widely available. (There is inadequate evidence for the utility of medications.)

All participants in Stanford/VA study will receive a form of this treatment, which involves the patient's recounting and mastering the distress associated with his or her memory of the trauma. While many patients find this helpful, a 2005 study in the American Journal of Psychiatry showed that it was ineffective for 44 percent of patients. What's more, there are no biological markers for predicting who is likely to respond.

At the end of the study, the researchers will be able to compare the brain patterns associated with psychotherapy with those associated with TMS at different sites in the brain. This process could allow them to identify which regions of the brain a future study might target with TMS as a possible remedy for PTSD.

The five-year study needs 64 participants with symptoms of PTSD. Participants must be over the age of 18 and can be civilians, veterans or in active military duty; a previous diagnosis of PTSD is not necessary, as study staff will do their own diagnoses. People with bipolar disorder, a psychotic disorder such as schizophrenia or active substance abuse are not eligible for the trial, nor are those for whom MRI is not recommended (because of embedded shrapnel or electronic equipment).

Those interested in participating or obtaining more information about the trial should call (650) 725-9510 or e-mail [stanfordpsychiatry@gmail.com](mailto:stanfordpsychiatry@gmail.com). Additional information can also be found at <http://etkinlab.stanford.edu/participate.html>.

- **The U.S. Department of Veterans Affairs has contracted with F4W, Inc. for its core communication systems.**

The systems will be placed at VA's twelve Emergency Management Strategic Healthcare Group (EMSHG) regional offices nationwide, providing VA with secure, resilient communications in the event of natural disasters and other emergencies.

F4W's communications systems utilize the power and flexibility of the Internet and Voice over IP (VoIP) technology to enable encrypted voice and data connections without the need for additional hardware. The company's systems use any available connection to access the Internet for voice and data connectivity without relying on any single system or communications provider.

Using one of F4W's systems, VA employees will be able to conduct up to twenty simultaneous phone calls over a 3G cellular modem. Every call will be secure, private and have high sound quality. The systems purchased by VA come in an easily transported kit form so that they can be quickly delivered to individual facilities requiring assistance.

Each kit provides voice and data communications across any available network. If normal network infrastructure is unavailable, the kit also contains a broadband satellite system to ensure connectivity beyond the incident site. The kit requires no technical support to set up and needs only 10 to 20 minutes to begin working.

- **The American Legion's National Commander Jimmie L. Foster is urging the organization's members to push for congressional support of a bill that, if enacted, would allow military veterans to use their Medicare benefits at Department of Veterans Affairs (VA) medical facilities.**

The bill, H.R. 814, was introduced earlier this year by Rep. Bob Filner (D-Calif.), ranking minority member of the House Veterans' Affairs Committee.

As the law stands, the VA's Veterans Health Administration (VHA) is prohibited from seeking third-party reimbursements from Medicare for the treatment of non-service connected medical conditions suffered by veterans, even if the appropriate treatment is routinely covered under Medicare. This means that many Medicare-enrolled veterans who wish to be treated at VA medical centers — but have their care covered by Medicare benefits — must seek treatment elsewhere. H.R. 814, called the *Medicare VA Reimbursement Act of 2011*, would lift that prohibition.

Thus far, Congressman Filner's bill has three co-sponsors in the House: Rep. Joe Baca of California, Rep. Shelley Berkley of Nevada and Rep. Madeleine Bordallo of Guam. It was recently referred to the House Veterans Affairs Committee's Subcommittee on Health for consideration.

- **On May 3, 2011, the Department of Veterans Affairs (VA) published the [interim final rule](#) for implementing the Family Caregiver Program of the**

### Caregivers and Veterans Omnibus Health Services Act 2010.

This new rule will provide additional support to eligible post-9/11 veterans who elect to receive their care in a home setting from a primary family caregiver.

Additional services for primary family caregivers of eligible post-9/11 veterans and service members include a stipend, mental health services and access to health care insurance, if they are not already entitled to care or services under a health care plan. Comprehensive Caregiver training and medical support are other key components of this program

Starting May 9, veterans may download a copy of the family caregiver program application (VA CG 10-10) at [www.caregiver.va.gov](http://www.caregiver.va.gov). The application enables the veteran to designate a primary family caregiver and secondary family caregivers if needed. Caregiver support coordinators are stationed at every VA medical center and via phone at 1-877-222-VETS (8387) to assist veterans and their family caregivers with the application process and provide information about other local public, private and non-profit agency support services that are available.

Caregivers for veterans of all eras are eligible for respite care, education and training on what it means to be a caregiver, how to best meet the veteran's care needs, and the importance of self-care when in a care giving role. The full range of VA services already provided to caregivers will continue, and local caregiver support coordinators at each VA medical center are available to assist family caregivers in identifying benefits and services they may be eligible for.

- **The Department of Veterans Affairs (VA) is expanding an unprecedented research program that promises to advance the sophisticated science of genomics.**

The Million Veteran Program (MVP) is a VA effort to consolidate genetic, military exposure, health, and lifestyle information together in one single database.

The database will be used only by authorized researchers with VA, other federal health agencies, and academic institutions within the U.S.-in a secure manner-to conduct health and wellness studies to determine which genetic variations are associated with particular health issues. By identifying gene-health connections, the program could consequentially advance disease screening, diagnosis, and prognosis and point the way toward more effective, personalized therapies.

Launched in January at a single VA medical center, MVP is expanding to achieve the goal of national participation by veterans receiving VA care over the next 5 to 7 years. Among those participating are VA Secretary Eric K. Shinseki, Deputy Secretary W. Scott Gould, and Chief of Staff John R. Gingrich.

The program has been developed in close coordination with the VA Genomic Medicine Program Advisory Committee-comprised of private and public health, scientific, legal experts in the field of genetics and veteran representatives, which advises the Secretary of Veterans Affairs, and partners such as Veterans Service Organizations, the Department of Defense, and the National Institutes of Health.

By enabling researchers to analyze and compare the DNA and other genetic materials of a population of veterans potentially a million-strong, MVP represents a powerful tool in genetics research.

For more information about MVP, visit [www.research.va.gov/MVP](http://www.research.va.gov/MVP).

- **The Department of Veterans Affairs (VA) and Department of the Army are working together to provide simulation-based training for medical staff to enhance the quality of patient care at VA medical facilities across the United States.**

The \$5 million agreement utilizes the expertise of the Army's Program Executive Office for Simulation, Training and Instrumentation (PEO STRI) to provide support and services for simulation equipment and supplies acquisition in support of VA's Simulation Learning, Education and Research Network (SimLEARN) program.

The SimLEARN program was established by VA to develop national simulation-based clinical training throughout its more than 150 medical centers. As the Army's acquisition agency for simulation and training devices, PEO STRI has unique expertise in the area of acquisition services for medical instruction and related program management services. PEO STRI has established equipment and technology requirements to support its nationally recognized simulation-based medical training programs.

### Health Care News

- **The U.S. Food and Drug Administration approved Tradjenta (linagliptin) tablets to improve blood glucose control in adults with Type-2 diabetes.**

Type-2 diabetes is the most common form of the disease, affecting between 90 percent and 95 percent of the 24 million people in the United States with diabetes. Tradjenta increases the level of hormones that stimulate the release of insulin after a meal by blocking the enzyme dipeptidyl peptidase-4 or DPP-4, which leads to better blood glucose control.

Tradjenta was demonstrated to be safe and effective in eight double-blind, placebo-controlled clinical studies involving about 3,800 patients with Type-2 diabetes. The studies showed improvement in blood glucose control compared with placebo. Tradjenta has not been studied in combination with insulin, and should not be used to treat people with Type-1 diabetes or in those who have increased ketones in their blood or urine (diabetic ketoacidosis).

Tradjenta will be dispensed with an FDA-approved Patient Package Insert that explains the drug's uses and risks.

- **The U.S. Food and Drug Administration released its final guidance to firms that manufacture, market, or distribute over-the-counter (OTC) liquid drug products packaged with cups, droppers, syringes and spoons to measure and dispense the doses of medication.**

The guidance, titled [Dosage Delivery Devices for Orally Ingested OTC Liquid Drug Products](#), describes how easy-to-use dosage delivery devices and devices that minimize the risk of unintentional overdose can be provided for OTC medicines such as liquid pain relievers, cold medicine, cough syrups, and digestion aids.

The FDA issued the guidance because of ongoing concerns about the potential accidental drug overdoses that can result from the use of dosage delivery devices with markings that are confusing, unclear or inconsistent with the labeled dosage directions.

The FDA recommends that anyone with questions about dosage delivery devices or how to measure liquid OTC medicines contact a physician, pharmacist, or other health care professional.

- **The U.S. Food and Drug Administration announced two new regulations that will help ensure the safety and security of foods in the United States.**

The rules are the first to be issued by the FDA under the new authorities granted the agency by the FDA Food Safety Modernization Act (FSMA), signed into law by President Obama in January. Both rules will take effect July 3, 2011.

The first rule strengthens FDA's ability to prevent potentially unsafe food from entering commerce. It allows the FDA to administratively detain food the agency believes has been produced under insanitary or unsafe conditions. Previously, the FDA's ability to detain food products applied only when the agency had credible evidence that a food product presented was contaminated or mislabeled in a way that presented a threat of serious adverse health consequences or death to humans or animals.

Beginning July, the FDA will be able to detain food products that it has reason to believe are adulterated or misbranded for up to 30 days, if needed, to ensure they are kept out of the marketplace. The products will be kept out of the marketplace while the agency determines whether an enforcement action such as seizure or federal injunction against distribution of the product in commerce, is necessary.

The second rule requires anyone importing food into the United States to inform the FDA if any country has refused entry to the same product, including food for animals. This new requirement will provide the agency with more information about foods that are being imported, which improves the FDA's ability to target foods that may pose a significant risk to public health. This new reporting requirement will be administered through the FDA's prior notice system for incoming shipments of imported food established under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

- **The number of people diagnosed with asthma in the United States grew by 4.3 million between 2001 and 2009, according to a new [Vital Signs report released by the Centers for Disease Control and Prevention](#).**

In 2009, nearly 1 in 12 Americans were diagnosed with asthma. In addition to increased diagnoses, asthma costs grew from about \$53 billion in 2002 to about \$56 billion in 2007, about a six percent increase. The explanation for the growth in asthma rates is unknown.

Asthma diagnoses increased among all demographic groups between 2001 and 2009, though a higher percentage of children reported having asthma than adults (9.6 percent compared to 7.7 percent in 2009). Diagnoses were especially high among boys (11.3 percent). The greatest rise in asthma rates was among black children (almost a 50 percent increase) from 2001 through 2009. Seventeen percent of non-Hispanic black children had asthma in 2009, the highest rate among racial/ethnic groups.

Annual asthma costs in the United States were \$3,300 per person with asthma from 2002 to 2007 in medical expenses. About 2 in 5 uninsured and 1 in 9 insured people with asthma could not afford their prescription medication.

## Reserve/Guard

- As of May 3, 2011, the total number of Guard and Reserve currently on active duty has **increased** by 702 to 91,767. The totals for each service are Army National Guard and Army Reserve 69,701; Navy Reserve, 5,540; Air National Guard and Air Force Reserve, 9,804; Marine Corps Reserve, 5,965, and the Coast Guard Reserve, 757. [www.defenseink.mil](http://www.defenseink.mil)

## Reports/Policies

- **The GAO published "Military and Veterans Disability System: Worldwide Deployment of Integrated System Warrants Careful Monitoring," (GAO-11-633T) on May 4, 2011.** The report summarizes the results of DoD and VA's evaluation of their pilot of the IDES, including updated data as of March 2011 from IDES monthly reports, where possible; challenges in implementing the piloted system to date; and DoD and VA's plans to expand the piloted system and whether those plans adequately address potential challenges. <http://www.gao.gov/new.items/d11633t.pdf>
- **The GAO published "VA Health Care: Weaknesses in Policies and Oversight Governing Medical Equipment Pose Risks to Veterans' Safety," (GAO-11-591T) on May 3, 2011.** The report examines issues related to veterans' safety, including selected reprocessing requirements established in VA policies, based on their relevance to patient safety incidents and VA's oversight of VAMCs' compliance with these selected requirements. <http://www.gao.gov/new.items/d11591t.pdf>
- **The GAO published "VA Health Care: Weaknesses in Policies and Oversight Governing Medical Supplies and Equipment Pose Risks to Veterans' Safety," (GAO-11-391) on May 3, 2011.** The report evaluates purchasing, tracking and reprocessing requirements in VA policies; and VA's oversight of VAMCs' compliance with these requirements. <http://www.gao.gov/new.items/d11391.pdf>
- **The GAO published "VA Health Care: Need for More Transparency in New Resource Allocation Process and for Written Policies on Monitoring Resources," (GAO-11-426) on April 29, 2011.** In this report, GAO describes VA's new process for networks to use in determining allocations to medical centers; and how VA centrally monitors these resources. <http://www.gao.gov/new.items/d11426.pdf>

## Legislation

- **H.R.1666** (introduced May 2, 2011): the *Breaking Barriers to Oral Health Act of 2011* was referred to the House Committee on Energy and Commerce. Sponsor: Representative Michael K. Simpson [ID-2]
- **H.R.1718** (introduced May 2, 2011): To provide that service of the members of the organization known as the United States Cadet Nurse Corps during World War II constituted active military service for purposes of laws administered by the Secretary of Veterans Affairs was referred to the Committee on Veterans Affairs, and in addition to the Committee on Armed Services, 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 Nita M. Lowey [NY-18]
- **H.RES.236** (introduced May 2, 2011): Providing for consideration of the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, and providing for consideration of the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction was agreed to by recorded vote. Sponsor: Representative Tom Reed [NY-29]
- **S.865** (introduced May 2, 2011): Financial and Economic Literacy Improvement Act of 2011 was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Patty Murray [WA]
- **S.873** (introduced May 2, 2011): A bill to amend title 38, United States Code, to provide benefits for children with spina bifida of veterans exposed to herbicides while serving in the Armed Forces during the Vietnam era outside Vietnam, and for other purposes was referred to the Committee on Veterans Affairs. Sponsor: Senator Daniel K. Akaka [HI]
- **S.874** (introduced May 2, 2011): A bill to amend title 38, United States Code, to modify the provision of compensation and pension to surviving spouses of veterans in the months of the deaths of the veterans, to improve housing loan benefits for veterans, and for other purposes was referred to the Committee on Veterans Affairs. Sponsor: Senator Daniel K. Akaka [HI]
- **S.877** (introduced May 4, 2011): A bill to prevent taxpayer-funded elective abortions by applying the longstanding policy of the Hyde amendment to the new health care law was referred to the Committee on Finance. Sponsor: Senator Orrin G. Hatch [UT]

## Hill Hearings

- The Senate Appropriations Subcommittee on the Department of Defense will hold a hearing on **May 11, 2011**, to examine proposed budget estimates for fiscal year 2012 for the Guard and Reserve.
- The Senate Appropriations Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies will hold a hearing on **May 11, 2011**, to examine proposed budget estimates for fiscal year 2012 for the National Institutes of Health.
- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **May 11, 2011**, to resume hearings to examine the Active, Guard, Reserve, and civilian personnel programs in review of the Defense Authorization Request for fiscal year 2012 and the Future Years Defense Program.
- The Senate Veterans Affairs will hold a hearing **May 18, 2011**, to examine seamless transition, focusing on improving Veterans Affairs and Department of Defense collaboration.
- The House Veterans Affairs Committee will hold a legislative hearing on **June 2, 2011**, to examine pending legislation.

## Meetings / Conferences

- Weight of the Nation™ Conference: Moving Forward, Reversing the Trend will be held on **May 7-9, 2012**, in Washington, D.C. [www.weightofthenation.org](http://www.weightofthenation.org)
- The 8th Annual Nutrition & Health Conference will be held on **May 9-11, 2011**, in San Francisco, Calif. <http://www.nutritionandhealthconf.org/>
- The American Psychiatric Association 164th Annual Meeting will be held on **May 14-18, 2011**, in Honolulu, Hawaii. <http://www.psych.org/annualmeeting>
- The Military Healthcare Convention and Conference will be held on **June 13-16, 2011**, in San Antonio, Texas. <http://www.militaryhealthcareconvention.com/Event.aspx?id=407392>
- The Electronic Health Records Summit will be held on **June 21-23, 2011**, in Chicago, Ill. [www.electronichealthrecordssummit.com](http://www.electronichealthrecordssummit.com)
- ISID-Neglected Tropical Diseases Meeting (ISID-NTD) will be held on **July 8-10, 2011**, in Boston, Mass. <http://ntd.isid.org/>
- The 9th annual BioDefense Vaccines & Therapeutics Conference will be held on **July 20-22, 2011**, in Washington D.C. <http://www.infocastinc.com/index.php/conference/biodef11>
- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point will be held on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- 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/](http://www.isid.org/15th_ICID/)
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- The American Public Health Association Annual Meeting & Exposition will be held on **Oct. 29-Nov. 2, 2011**, in Washington D.C. <http://www.apha.org/meetings/>
- The CDC's 2011 Symposium on Identification, Screening and Surveillance of HCV Infections in the Era of Improved Therapy for Hepatitis C will be held on **Dec. 1-2, 2011**, in Atlanta Ga. <http://www.cdc.gov/hepatitis/hcvsymposium2011/>
- mHealth Summit will be held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- The International Conference on Emerging Infectious Diseases 2012 (ICEID) will be held on **March 11-14, 2012**, in Atlanta, Ga. <http://www.cdc.gov/eid/content/16/11/e1.htm>

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 [katheroux@fedhealthinst.org](mailto:katheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.

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