

## FEDERAL HEALTH UPDATE

Aug 5, 2011

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

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**Federal Health Update will not be published on Aug. 12 and 26, 2011**

### Executive and Congressional News

- **The Senate and House are in recess from Aug. 8 to Sept. 5, 2011.**

- **On Aug. 3, 2011, President Barack Obama has nominated Ashton B. Carter to serve as the next deputy secretary of defense.**

Ashton B. Carter is currently the under secretary of defense for acquisition, technology and logistics. Prior to assuming this position in 2009, he was chair of the International and Global Affairs faculty at Harvard's Kennedy School of Government and co-director of the Preventive Defense Project. From 1993 to 1996, he served as assistant secretary of defense for international security policy.

Dr. Carter holds a bachelor's degree from Yale University and a doctorate from Oxford University, where he was a Rhodes Scholar.

### Military Health Care News

- **Secretary of Defense Leon E. Panetta announced that the President has nominated Navy Rear Adm. Matthew L. Nathan for appointment to the rank of vice admiral, and to be the next chief of the Bureau of Medicine and Surgery and surgeon general, Washington, DC.** Nathan is currently serving as commander, Navy Medicine Capital Area/Commander, National Naval Medical Center in Bethesda, Md.

- **The Army needs 130 substance-abuse counselor positions filled as soon as possible — or at least by Oct. 1, 2011.**

The Army Substance Abuse Program is short of providers who can help return to duty substance-impaired soldiers who have the potential for continued military service. The Army needs about ten additional providers each at the following locations: Fort Hood, Texas; Fort Bragg, N.C.; Fort Jackson, Miss.; and Fort Leonard Wood, Mo. The service also needs providers overseas in places such as Grafenwoehr, Germany, and Camp Humphreys, Korea.

On Aug. 1, the Army began accepting applications — as part of an expedited hiring process — to bring new counselors on board. Providers will earn anywhere from \$50,000 to \$93,000 a year, depending on their location. The Army also has authorized recruiting bonuses, relocation incentives and even student loan payback to attract qualified substance-abuse counselors.

Army is especially looking for providers with independent licenses — meaning they can work alone — coupled with substance-abuse certification. Those without a substance-abuse certification must obtain one within a year.

Those interested in applying can visit <http://medcell.army.mil/spotlight.asp?id=20> for more information.

- **Brig. Gen. William B. Gamble has been assigned to be the next deputy director, TRICARE Management Activity, Office of the Assistant Secretary of Defense for Health Affairs, Falls Church, Va.** Gamble is currently commanding general of Dwight David Eisenhower Army Medical Center and deputy commanding general of Southern Regional Medical Command Readiness in Fort Gordon, Ga.

- **The Departments of Defense (DoD) and Veterans Affairs (VA) achieved a milestone June 24, when the number of shared patients for whom the departments exchange computable outpatient pharmacy and medication allergy data reached 1 million patients.**

In 2006, VA and DoD began sharing computable pharmacy data through an interface between the Clinical Data Repository of AHLTA and the VA's Health Data Repository. This initiative, called CHDR, integrates the outpatient pharmacy and medication allergy data for shared patients, allowing DoD providers to see an integrated view of medications from DoD military treatment facilities and retail pharmacy network, VA facilities, and DoD and VA mail order pharmacies.

Initially, identifying these shared patients was done through a manual process to place an Active Dual Consumer "flag" on patients who had received health care from both departments in the past 36 months. In 2008, DoD implemented a process to automatically identify patients in both systems and set the ADC flag on approximately 100 patients each day.

The automated system was improved in 2010 with the release of CHDR 2.0, and by July 2010 was applying the flag to approximately 3,600 patients per day who were receiving health care from both systems. The departments initially set a goal of identifying 850,000 ADCs by September 2011, but surpassed that in May and hit the 1 million mark on June 24.

### Veterans Health Care News

- **Drugs widely prescribed to treat severe post-traumatic stress symptoms for veterans are no more effective than placebos and come with serious side effects, including weight gain and fatigue, according to researchers.**

The surprising finding, from the largest study of its kind in veterans, challenges current treatment standards so directly that it could alter practice soon, some experts said.

Ten percent to 20 percent of those who see heavy combat develop lasting symptoms of post-traumatic stress disorder, and about a fifth of those who get treatment receive a prescription for a so-called antipsychotic medication, according to government numbers.

The new study, published in [The Journal of the American Medical Association](#), focused on one medication, Risperdal. But experts said that its results most likely extend to the entire class, including drugs like Seroquel, Geodon and Abilify.

The use of such drugs has grown sharply over the past decade, as thousands of returning soldiers and Marines have found that their post-traumatic stress symptoms do not respond to antidepressants, the only drugs backed by scientific evidence for the disorder. Doctors have turned to antipsychotics, which strongly affect mood, to augment treatment, based almost entirely on their experience with them and how they expect them to work.

To test those assumptions, a team of researchers affiliated with the Veterans Affairs medical system had 123 veterans with the disorder begin a regimen that added Risperdal to their treatment. Some of the patients served in Vietnam, others in Iraq or Afghanistan; all had tried courses of antidepressant treatment and found little relief.

After six months of treatment, these veterans were doing no better than a similar group of 124 veterans who were given a placebo. About 5 percent in both groups recovered, and 10 percent to 20 percent reported at least some improvement, based on standardized measures.

The findings come at a time when the departments of Defense and Veterans Affairs are straining to provide treatment to returning service members who are not only concerned about the stigma of mental illness but are also often skeptical of the value of treatment. Surveys have found that only about half of those thought to need treatment actually seek it out.

Studies suggest that talk therapy, alone or in combination with antidepressants, can accelerate the relief of common symptoms, such as nightmares and reclusive behavior. These psychotherapies tend to include relaxation skills; incrementally increased exposure to stress triggers; and challenging some inaccurate assumptions that fuel anxiety.

- **The News Tribune reports that more than a thousand Iraq and Afghanistan veterans with post-traumatic stress disorder would be given lifetime disability retirement benefits under the terms of a settlement reached between the government and the veterans.**

Attorneys for the veterans, the Justice Department and the military jointly filed a motion on July 28 that spelled out the terms. The settlement must be approved by a judge to be final.

It also affects another thousand veterans who already had lifetime retirement benefits, but would receive a higher disability rating from the military. All of the veterans affected by the settlement would potentially receive new monthly disability compensation.

The settlement stems from a 2008 class action lawsuit filed in the U.S. Court of Federal Claims in Washington by veterans unable to serve, at least in part, because of the anxiety disorder who said they were illegally denied benefits.

The law requires the military to give a disability rating of at least 50 percent to troops discharged for PTSD, but each of the plaintiffs received a disability less than that, said Bart Stichman, co-executive director of the National Veterans Legal Services Program, a nonprofit organization that represented the veterans.

As part of the lawsuit, the military in January 2010 said it would expeditiously review the cases. But attorneys for the veterans grew concerned about the pace in which the cases have been reviewed by military boards. One of the boards reviewing the cases was moving so slowly, it was likely to take seven years for all the cases to be reviewed. That led to settlement talks.

Each of the veterans in the suit was released from the military between Dec. 17, 2002, and Oct. 14, 2008.

- **CACI International Inc. announced that it has been awarded one of 15 prime contracts to support the Department of Veterans Affairs (VA) Transformation Twenty-One Total Technology (T4) program.**

The five-year, indefinite delivery/indefinite quantity contract has a ceiling value of \$12 billion. This new contract will help establish a more efficient healthcare delivery system by developing services needed to integrate systems, networks, software and other IT products that may cover the entire life-cycle of a system. These services will include program management, strategic planning, systems and software engineering, cyber-security, operation and maintenance, and IT facility support.

## Health Care News

- **The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response awarded grants totaling \$400,000 to five cities.**

The grants fund planning and exercises to incorporate U.S. Postal Service employee volunteers into community plans to deliver medication after an anthrax bioterrorism attack.

The Louisville-Jefferson County Metro Government in Kentucky, the Boston Public Health Commission, the Philadelphia Department of Public Health, and the San Diego Health and Human Services Agency will receive \$50,000 grants each for initial planning and exercises. The Minnesota Department of Health, which completed National Postal Model planning and initial exercises earlier this year, will receive a \$200,000 grant to conduct a full-scale exercise simulating an anthrax attack in the metropolitan area.

In the event of an anthrax attack, all those potentially exposed to anthrax would need to receive an initial supply of antibiotics within 48 hours. USPS letter carriers are being recruited in these cities to voluntarily deliver antibiotics quickly to homes after an anthrax attack. Under the National Postal Model, USPS volunteers would pick up the antibiotic packages at an established location and, protected by law enforcement officers, deliver the antibiotics to homes in predetermined ZIP codes.

This method augments existing dispensing plans, which ask residents and visitors to go to a special medication dispensing site, known as a point of dispensing, to receive an initial supply of antibiotics to treat anthrax. With home delivery of the antibiotics, fewer people would need to travel to a point of dispensing and line up to receive an initial supply of drugs, thereby getting medication to people faster.

Plans developed and exercised under these grants will tailor the National Postal Model for local use. These plans can be examples for health departments across the country that would want to implement the [National Postal Model](#).

The U.S. Food and Drug Administration authorized distribution of antibiotics prior to an attack for USPS volunteers, so that the volunteers can deliver medications to the rest of the community. To further assist communities in tailoring the National Postal Model for local use, ASPR is developing an online screening tool for medical screening of USPS volunteers. The screening is necessary to be sure the volunteers can take the medication.

In December 2009, President Obama issued an executive order requiring federal agencies to plan and prepare for the timely provision of medical countermeasures in the event of a biological attack, through a rapid response coordinated with state, local, territorial, and tribal governments. As a result, HHS, the U.S. Department of Homeland Security, and USPS developed the National Postal Model with participation by the National Association of Letter Carriers and the National Rural Letter Carriers Association.

- **National Institutes of Health announced the appointment of Mahendra S. Rao, M.D., Ph.D. as the director for the new NIH Intramural Center for**

### Regenerative Medicine (NIH-CRM).

The NIH-CRM is an initiative to create a world-class center of excellence in stem cell technology on the NIH campus, including induced pluripotent stem cells (iPSC), which can have applications in many systems and organs of the body. This is an initiative of the NIH Common Fund and will be administered by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).

A major goal for the center is to build upon existing NIH investments in stem cell research to advance translational studies and ultimately cell-based therapies in the NIH Clinical Center. The center will also serve as a resource for the scientific community, providing stem cells, as well as the supporting protocols and standard operating procedures used to derive, culture, and differentiate them into different cell types.

In addition to his NIH-CRM director position, Dr. Rao will hold a joint research appointment in NIAMS and the National Institute of Neurological Disorders and Stroke (NINDS).

Dr. Rao is internationally renowned for his research involving human embryonic stem cells (hESCs) and other somatic stem cells. He has worked in the stem cell field for more than 20 years, with stints in academia, government and regulatory affairs and industry.

He received his M.D. from Bombay University in India and his Ph.D. in developmental neurobiology from the California Institute of Technology, Pasadena. Following postdoctoral training at Case Western Reserve University, Cleveland, he established his research laboratory in neural development at the University of Utah, Salt Lake City.

- **While Medicare and Medicaid were exempted from budget cuts in the initial debt agreement reached by the U.S. House and Senate this week, they could be up for cuts later this year, according to *Modern Medicine* and other media reports.**

The debt deal that Congress passed calls for spending cuts of around \$1 trillion over 10 years. The initial agreement exempts Medicare, Medicaid, and Social Security from budget cuts.

The legislation creates a bipartisan Congressional committee to recommend an additional \$1.5 trillion in savings. The programs spared from the initial cuts would no longer be exempt, according to guidance from the National Association of Chain Drug Stores (NACDS) and the National Community Pharmacists Association (NCPA). At risk is funding for the Department of Defense's TRICARE program, Medicaid, Medicare Part B, and Medicare Part D.

The compromise package deal reached by Congress this week also developed a "fallback package," to be triggered if the committee does not reach an agreement on additional budget cuts by the Thanksgiving deadline. The fallback package would reduce defense spending by around 8 percent and other spending by 4 percent. The Medicare program would no longer be exempt, but reductions in Medicare would be capped at 2 percent and cuts would be directed at health plans and payments to providers, rather than beneficiaries.

- **The first two contracts for advanced development of drugs to treat gastrointestinal (GI) tract injuries associated with acute radiation syndrome were awarded today by the U.S. Department of Health and Human Services' Biomedical Advanced Research and Development Authority (BARDA).**

The contracts are part of an ongoing effort to develop diagnostic tools and drugs to protect health and save lives in a radiological or nuclear emergency such as a nuclear bomb or improvised nuclear device. When the GI tract is exposed to high levels of radiation it becomes inflamed, and the drugs being studied under these contracts may prevent or decrease that inflammation.

Under a two-year, \$2 million contract, Apogee Biotechnology Corporation will conduct preliminary studies of a drug known as ABC294640 to evaluate the drug's efficacy in reducing gastrointestinal injury caused by radiation exposure. The drug works by inhibiting an enzyme called sphingosine kinase, has anti-inflammatory properties and can be taken orally.

The two-year, \$2.9 million contract with Avaxia Biologics supports preliminary efficacy studies for Avaxia's product, AVX-470. AVX-470 inhibits the effects of a protein called tumor necrosis factor which increases inflammation. AVX-470 was initially developed to treat inflammatory bowel disease such as Crohn's disease or ulcerative colitis.

Both contracts fund studies to show if the drugs are effective when administered 24 or more hours after radiation exposure. The studies are the next step in the drug development process and are needed before proceeding to clinical trials and pivotal efficacy studies.

For more information about BARDA and the advanced research and development of medical countermeasures, visit [www.phe.gov](http://www.phe.gov). Contract opportunities and awards are announced at [www.fbo.gov](http://www.fbo.gov).

- **The Office of the National Coordinator for Health IT (ONC) and the National Cancer Institute Division of Cancer Control and Population Sciences (NCI DCCPS) launched a competition to develop a software application to address challenges faced by consumers, clinicians, or researchers at one or more points on the cancer control continuum.**

The contest, called "[Using Public Data for Cancer Prevention and Control: From Innovation to Impact Developer Challenge](#)," will have two phases:

- At the culmination of Phase I, up to four NCI-selected finalists will each be awarded a \$10,000 prize.
- Phase II will lead to the selection of up to two winners who will each receive a \$20,000 prize to present their apps in an award ceremony during a special symposium at the HICSS conference in Maui, Hawaii, on Jan. 4, 2012.

Entries for Phase I of the competition opened on July 15 and will close on Aug. 26, 2011.

- **The U.S. Department of Health and Human Services (HHS) announced that Medicare average prescription drug premiums will not increase in 2012.**

New data indicates that 17 million people with Medicare have received free preventive services this year while 900,000 Medicare beneficiaries who hit the prescription drug donut hole have received a 50 percent discount on their prescription drugs.

Under the Affordable Care Act, people with Original Medicare can receive recommended preventive benefits and a new annual wellness visit without paying an additional penny out of pocket. In addition, the Affordable Care Act is closing the prescription drug donut hole by providing increasing discounts on covered drugs in the donut hole. In 2011, the number of people with Medicare benefiting from these improvements is growing.

The dollar amount of these out-of-pocket savings on drug costs for Medicare beneficiaries has risen to \$461 million saved through June 2011 — up from \$260 million through May 2011, meaning beneficiaries in the donut hole saved over \$200 million in the month of June alone.

HHS also announced that the cost of the average Medicare prescription drug plan premium in 2012 will be about \$30. The average premium in 2011 is \$30.76. The announcement was based on bids submitted by Part D plans for the 2012 plan year.

The national and regional premium data in today's announcement can be found at: <http://www.cms.gov/MedicareAdvvtqSpecRateStats/RSD/list.asp>.

For state-by-state information on the number of Medicare beneficiaries who have seen lower out-of-pocket costs in the donut hole, please visit [http://www.cms.gov/newmedia/03\\_partd.asp](http://www.cms.gov/newmedia/03_partd.asp).

For state-by-state information on utilization of free preventive services and the annual wellness visit, please visit [http://www.cms.gov/newmedia/02\\_preventive.asp](http://www.cms.gov/newmedia/02_preventive.asp).

### Reserve/Guard

- As of July 26, 2011, the total number of Guard and Reserve currently on active duty has declined by 98 to reach 92,504. The totals for each service are Army National Guard and Army 71,292; Navy Reserve, 4,569; Air National Guard and Air Force Reserve, 9,846; Marine Corps Reserve, 6,062, and the Coast Guard Reserve, 735. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- The GAO published "*Private Health Insurance: State Oversight of Premium Rates and Changes in Response to Federal Rate Review Grants*," (GAO-11-878T) on Aug 2, 2011. In this report, GAO discusses state oversight of health insurance premium rates in 2010 and changes that states that received Department of Health and Human Services (HHS) rate review grants have begun making to enhance their oversight of premium rates.
- The Institute of Medicine (IOM) published "*Occupational Health Nurses and Respiratory Protection: Improving Education and Training - Letter Report*," on Aug. 2, 2011. This report examines existing respiratory protection curricula in occupational health nursing programs and made recommendations to improve the education and training of OHNs. The IOM identified essential content that should be included in education and training programs for OHNs and the best approaches to teaching that content. <http://www.iom.edu/Reports/2011/RespiratoryProtectionNurses.aspx>
- The GAO published "*Medicare Part D Formularies: CMS Conducts Oversight of Mid-Year Changes; Most Mid-Year Changes Were Enhancements*," (GAO-11-366R) on July 29, 2011. This report reviews mid-year formulary changes in the context of CMS's oversight and the potential effect of mid-year changes on beneficiaries.
- The GAO publishes "*Medical Devices and the Public's Health: The FDA 510(k) Clearance Process at 35 Years*," on July 29, 2011. In this report, IOM reviewed the 510(k) process: whether the current 510(k) process protect patients optimally and promote innovation in support of public health and what legislative, regulatory or administrative changes are recommended to achieve the goals of the 510(k) process optimally. <http://www.iom.edu/Reports/2011/Medical-Devices-and-the-Publics-Health-The-FDA-510k-Clearance-Process-at-35-Years.aspx>

## Legislation

- H.R.2695** (introduced July 29, 2011): The *Trisomy 21 Research Centers of Excellence Act of 2011* was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Cathy McMorris Rodgers [WA-5]
- H.R.2700** (introduced July 29, 2011): The *Global Autism Assistance Act of 2011* was referred to the House Committee on Foreign Affairs  
Sponsor: Representative Christopher H. Smith [NJ-4]
- H.R.2729** (introduced Aug. 1, 2011): The *Health IT Modernization for Underserved Communities Act of 2011* was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Karen Bass [CA-33].
- H.R.2736** (introduced Aug. 1, 2011): The *Access to Medical Treatment Act* was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Dan Burton [IN-5].
- H.R.2746** (introduced Aug. 1, 2011): The *Cancer Drug Coverage Parity Act of 2011* was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Brian Higgins [NY-27]
- H.R.2751** (introduced Aug. 1, 2011): The *Joining Forces for Military Mental Health Act* was referred to the House Committee on Armed Services  
Sponsor: Representative Steve Israel [NY-2]
- H.R.2769** (introduced Aug. 1, 2011): The *Parental Consent Act of 2011* was referred to House committee. Status: Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce.  
Sponsor: Representative Ron Paul [TX-14]
- H.R.2783** (introduced Aug. 1, 2011): The *Medicare Mental Health Inpatient Equity Act of 2011* was referred to the House Committee on Ways and Means  
Sponsor: Representative Paul Tonko [NY-21]
- S.1465** (introduced Aug. 1, 2011): *Joining Forces for Military Mental Health Act* was referred to the Committee on Armed Services.  
Sponsor: Senator Jack Reed [RI]
- S.1467** (introduced Aug. 2, 2011): A bill to amend the Patient Protection and Affordable Care Act to protect rights of conscience with regard to requirements for coverage of specific items and services was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Roy Blunt [MO]
- S.1481** (introduced Aug. 2, 2011): A bill to authorize the Secretary of Health and Human Services to establish a program of grants to newly accredited allopathic and osteopathic medical schools for the purpose of increasing the supply of physicians was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Robert P. Casey, Jr. [PA]
- S.1488** (introduced Aug. 2, 2011): A bill to prohibit the expenditure of Federal funds for abortion, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Robert P. Casey, Jr. [PA]
- S.1489** (introduced Aug. 2, 2011): A bill to prohibit the discrimination and retaliation against individuals and health care entities that refuse to recommend, refer for, provide coverage for, pay for, provide, perform, assist, or participate in abortions was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Robert P. Casey, Jr. [PA]
- S.1490** (introduced Aug. 2, 2011): A bill to amend the Patient Protection and Affordable Care Act to authorize additional funding for the pregnancy assistance fund was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Robert P. Casey, Jr. [PA]
- S.1500** (introduced Aug. 2, 2011): A bill to give Americans access to affordable child-only health insurance coverage was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Lisa Murkowski [AK].
- S.1505** (introduced Aug. 2, 2011): A bill to amend the Public Health Service Act to provide for the participation of particular specialists, determined by the Secretary of Health and Human Services to be directly related to the health needs stemming from environmental health hazards that have led to its declaration as a Public Health Emergency, to be eligible under the National Health Service Corps in the National Health Service Corps Loan Repayment Program, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Jon Tester [MT]

## Hill Hearings

- The House and Senate will hold a joint hearing on **Sept. 21, 2011**, to receive legislative presentation from the American Legion.

## Meetings / Conferences

- The Science of Compassion: Future Directions in End-of-Life and Palliative Care Summit will be held on **Aug. 10-12, 2011**, in Bethesda Md. [www.ninr.nih.gov/scienceofcompassion](http://www.ninr.nih.gov/scienceofcompassion)
- 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/>
- 2011 Congress on Reducing Hospital Readmissions will be held on **Aug. 11-12, 2011**, in Las Vegas, Nev. <http://www.globalmediadynamics.com/upcoming-events/hospital-readmissions/register-for-congress>
- The National Medical Home Summit West will be held on **Sept. 20-22, 2011**, in San Francisco, Calif. <http://www.medicalhomesummit.com/>
- Advances in Neuropsychiatric Treatment Conference will be held on **Sept. 22-23, 2011**, in San Francisco, Calif. <http://www.qtcbio.com/index.php?>

[option=com\\_conference](#)

- The 13th annual World Vaccine Congress will be held **Oct. 10-13, 2011**, in Lyon, France. <http://www.terrapinn.com/2011/world-vaccine-congress-lyon/index.stm>
- American Medical Informatics Association (AMIA) 2011 Annual Symposium will be held on **Oct. 22-26, 2011**, in Washington, DC. <https://www.amia.org/amia2011>
- 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/>
- 17th Annual Maternal and Child Health Epidemiology Conference will be held on **Dec. 14-16, 2011**, in New Orleans, La. <http://www.cdc.gov/reproductivehealth/MCHepi/Conference/AboutConference.htm>
- mHealth Summit will 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>
- 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/)

*If you need further information on any of the items in the Federal Health Update, please contact Kate Connolly Theroux at (703) 447-3257 or by e-mail at [katetheroux@fedhealthinst.org](mailto:katetheroux@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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