

FEDERAL HEALTH UPDATE

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

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Executive and Congressional News

- **On Sept. 21, the House rejected a resolution to fund the government through Nov. 18.**

Republican leaders were unable to overcome opposition from Democrats who wanted more disaster relief and conservatives who wanted to cut more deeply. President Obama must sign a continuing resolution by Sept. 30 or risk a government shutdown.

- **On Sept. 21, 2011, the House passed H.R.2883, the *Child and Family Services Improvement and Innovation Act*.**
- **The House passed H.R. 2646, the *Veterans Health Care Facilities Capital Improvement Act of 2011*, on Sept. 20, 2011.**

This legislation authorizes certain Department of Veterans Affairs major medical facility projects and leases, extends certain expiring provisions of law, and modifies certain authorities of the Secretary of Veterans Affairs.

Military Health Care News

- **The Army released suicide data for the month of August.**

Among active-duty soldiers, there were 19 potential suicides: three have been confirmed as suicides and 16 remain under investigation. For July 2011, the Army reported 22 potential suicides among active-duty soldiers. Since the release of that report, five cases have been confirmed as suicide, and 17 cases remain under investigation.

During August 2011, among reserve component soldiers who were not on active duty, there were nine potential suicides: none have been confirmed as suicide and nine remain under investigation. For July 2011, the Army reported 10 potential suicides among not-on-active-duty soldiers. Since the release of that report, one case has been added for a total of 11 cases. Three cases have been confirmed as suicide and eight cases remain under investigation.

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

- **The Military Health System announced that the Medical Education and Training Campus (METC) has reached full operational capacity, co-locating virtually all enlisted medical training to Fort Sam Houston in San Antonio, Texas.**

METC has become the largest medical technical education center in the world, after co-locating five major medical learning institutions at Fort Sam Houston, constructing 11 new buildings, renovating six Army Medical Department Center & School (AMEDD C&S) facilities to support METC students, and spending over \$1 billion on equipment, furnishings and construction.

More than 24,000 students are projected to graduate each year, with an average daily student load of 8,000. By service, the student breakdown includes approximately 45 percent Army, 31 percent Navy and 24 percent Air Force. METC also employs an operating staff and faculty of more than 1,400.

- **President Obama proposed a \$200 annual fee for TRICARE-for-Life beneficiaries beginning Oct. 1, 2012, as part of the *President's Plan for Economic Growth and Deficit Reduction*.**
- **The fees are expected to save \$6.7 billion over 10 years for the military health system budget. The plan also includes savings of \$15.1 billion in mandatory funds and \$5.5 billion in discretionary funds over 10 years by restructuring co-payments for TRICARE pharmacy benefits.**

To bring the TRICARE plan more in line with private and other federal plans, the President's proposed plan would eliminate co-pays for generic mail-order drugs, while shifting retail co-pays from a dollar amount to a percentage co-pay. The change would apply to military families and retirees, but not active duty service members.

The plan also would create a commission to "modernize" military benefits through a process based on that of the 2005 Base Realignment and Closure Commission. Under the proposal, the Defense Department would make a proposal to the commission, which can alter the proposal before sending it to the President. The President may not alter the proposals, but would decide whether or not to send it to Congress. The Congress would have to approve or disapprove without modifications.

- **Fort Sam Houston officials will open a new inpatient and administrative tower at the San Antonio Military Medical Center on Oct. 7.**

Construction on the new addition to the hospital began in early 2009. Department of Defense officials added 102 beds on seven levels. The expansion project also added 760,000 square feet of space to the San Antonio Military Medical Center.

The new building includes an expanded Level 1 trauma center, additional outpatient clinics, two intensive care units, a behavioral health inpatient unit, 95 inpatient rooms, 15 operating rooms, a bone marrow transplant unit and hematology/oncology clinic, and a U.S. Army Institute for Surgical Research Burn Center expansion.

With the addition of this tower, the military medical center becomes the largest inpatient hospital in the entire Department of Defense. The hospital is staffed by both [Brooke Army Medical Center](#) and the U.S. Air Force's 59th Medical Wing.

- **The Army Surgeon General's Office released its report on dismounted complex blast injuries, which more than twice as many service members have suffered annually since the 2009 troop surge in Afghanistan.**

The study found that the injury pattern known as DCBI is typically caused by a mine or roadside-bomb explosion, affects troops on foot patrol, and involves traumatic amputation of one leg, at least a severe injury to the other leg, and wounds to any or all of the pelvis, abdomen and genitals.

Army Surgeon General Lt. Gen. Eric Schoemaker charted a task force in 2011 to study the injury pattern. The group included experts from the Army, Marine Corps and Veterans Affairs Department, who examined the causes, prevention, protection, treatment and long-term care options for service members suffering these severe injuries.

The report details the number of surviving service member amputees from January 2010 to March 2011. Of 194 amputations, 78 resulted from DCBI and 116 from other causes. By service, 53 Marines, 23 soldiers and two sailors suffered dismounted complex blast injuries resulting in amputation.

The report noted that while severe injuries nearly doubled from 2009 to 2010, military medicine is saving more lives than ever because: personal protective equipment and armored combat vehicles have decreased the number of head, torso and serious burn injuries; battlefield medics focus first on controlling bleeding with tourniquets; helicopter evacuation times are shorter; there are highly trained medical professionals aboard those helicopters; and medical surgeons have improved surgical resuscitation.

The task force identified 92 recommendations to improve quality of care to service members suffering lower body blast injuries and their families.

Some best practices have already been implemented: paramedic training for flight medics, to improve the level of care available during medevac, and early use of blood products, possibly even on the battlefield. Other recommendations focus on point-of-injury and long-term pain management, and on a multidisciplinary approach to long-term care.

Military medical teams use a multidisciplinary approach to complex blast injuries, incorporating surgeons, therapists, prosthetics and behavioral medicine experts to give patients the best possible long-term outcome.

Veterans Health Care News

- **A new study by researchers from the Department of Veterans Affairs (VA) showed computers that scan doctors' notes can reduce dangerous complications after surgery.**

The study relied upon a Google-like technology called "natural language processing." It examined the complete text in medical records — especially doctors' notes — to pick up clues for possible post-surgery complications.

Looking at the records of about 3,000 VA patients between 1999 and 2006, the technology was able to dramatically increase the automated detection of complications such as acute renal failure, deep vein thrombosis, sepsis and pneumonia after surgery.

The study was reported in the Aug. 24 edition of the prestigious [Journal of the American Medical Association](#).

- **The Partnership for Public Service has awarded two Veterans Affairs (VA) executives, along with seven other public servants, Service to America Medals.**

W. Todd Grams, VA chief financial officer and executive in charge of management, received the Management Excellence Medal for his success in improving financial management, resulting in redirection of funds to improve services to veterans. He led a team that created VA's first department-wide capital planning program and established an integrated governance structure for business functions, including procurement, personnel and information technology. Under Grams' guidance, VA eliminated long-standing material weaknesses in financial management and reduced the risk of fraud and abuse in its \$14 billion purchasing program.

For nearly 30 years, Alfonso Batres, Ph.D., has worked with VA's community-based readjustment counseling "Vet Centers," starting in the field offices and heading the national program since 1994. Under his leadership, the Centers have increased from about 200 six years ago to 300 today to meet the needs of hundreds of thousands of combat veterans and their families. He launched 50 mobile centers, four of which were used after the mass shooting at Fort Hood, Texas, in 2009 to provide counseling to 8,000 active duty military and family members.

Batres also developed family bereavement services for those who lost loved ones on active duty, provided family therapists at each center, and set up a national call-in service for combat veterans or family members to talk to another combat veteran about readjustment issues.

Winners of the awards, referred to as the "Sammies," are nominated by colleagues and selected by a committee of nearly 20 leaders in government, academia, the private sector, news media and philanthropy. The Partnership for Public Service, which has sponsored these awards for 10 years, received more than 400 nominations for medal consideration this year.

The Partnership works to revitalize the federal government by inspiring new generations to enter public service and transforming the way government works. Visit www.ourpublicservice.org for more information.

- **The Veterans Affairs Gulf Coast Veterans Health Care System in Biloxi was among hospitals recognized by The Joint Commission as top performers on key quality measures for 2010.**

The Mississippi hospital was recognized by the commission for its efforts to improve care for veterans who had pneumonia in 2010. Veterans from the Pensacola area often travel to Biloxi for major medical treatment.

Though all VA medical centers are accredited by the commission, the list recognizes medical centers that are top performers in using evidence-based care processes closely linked to positive patient outcomes.

In all, there were 405 facilities recognized on the [list](#).

- **The U.S. Department of Veterans Affairs announced it has stopped using Roche's Avastin to treat a sight-robbing eye disease as it looks into reports of increased risk of infection.**

Roche's Lucentis is specifically approved to treat wet age-related macular degeneration — the leading cause of blindness in the elderly. But its multibillion-dollar a year cancer drug Avastin, which works in a similar manner, is increasingly being used off-label to treat the disease because it costs a fraction of Lucentis when cut into the small doses needed for the eye disease.

"The Department of Veterans Affairs (VA) has ceased ophthalmologic use of Avastin pending the results of an ongoing investigation and will advise its physicians to consider alternate therapies," the VA said in a statement.

Lucentis costs about \$2,000 for a dose, while the cancer drug costs about \$50 when used for macular degeneration, leading many ophthalmologists to go with the dose splitting option. While companies may promote drugs only for approved uses, doctors are free to prescribe them as they see fit, leading to unapproved, or off-label, use of many medicines.

Both Lucentis and Regeneron's Eylea have demonstrated an ability to improve the sight of patients, not just slow progression of the disease.

Once the investigation is complete, VA says it will reassess how Avastin and similar therapies may be made available for ophthalmologic use and will issue further guidance.

Health Care News

- **The Department of Health and Human Services (HHS) announced Affordable Care Act grant awards of \$109 million to 28 states and the District of Columbia to help fight unreasonable premium increases and protect consumers.**

HHS also released a new [report](#) entitled *Rate Review Works* detailing how previous rate review grants are fighting premium hikes and helping make the health insurance marketplace more transparent.

As of Sept. 1, 2011, the Affordable Care Act requires health insurers seeking to increase their rates by 10 percent or more in the individual and small group market to submit their request to experts to determine whether the rates are unreasonable. The Affordable Care Act also requires insurance companies to publicly justify unreasonable premium rate increases. These provisions will bring greater transparency, accountability, and, in many cases, lower costs for families and small business owners who struggle to afford coverage.

The Affordable Care Act provides states with \$250 million in Health Insurance Rate Review Grants, \$48 million of which has previously been awarded to 42 States, the District of Columbia and five territories.

The previous grants also contributed to nine states passing legislation to strengthen their ability to review and prevent excessive premium increases.

A summary of how each state will use the new resources, as well as information about significant state achievements can be found in this [report](#).

For the full *Rate Review Works* report, please visit: <http://www.healthcare.gov/law/resources/reports/rate-review09202011a.pdf>.

- **On Sept. 19, 2011, the United States government and the World Health Organization (WHO) signed a memorandum of understanding (MOU) to help developing nations strengthen their capabilities to support the International Health Regulations (IHR).**

The IHR (2005) is an international agreement that requires WHO Member States to prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

The U.S. government and the WHO share a commitment to strengthen cooperation in the area of global health security to ensure that the international community effectively manages public health risks. Improving the ability of all nations to detect, report and respond to infectious diseases quickly and accurately lies at the heart of the global community's ability to address all infectious disease threats, as reflected in the IHR.

The MOU establishes a framework for collaboration in line with the provisions set forth in the IHR, which provides a construct for coordinating the management of actions in the event of a public health emergency of international concern.

The MOU was signed by Secretary Kathleen Sebelius, Department of Health and Human Services, and Director General Margaret Chan, World Health

The MOU was signed by Secretary Kathleen Sebelius, Department of Health and Human Services, and Director-General Margaret Chan, World Health Organization, and subsequently by Ambassador Betty E. King, United States Permanent Representative to the United Nations in Geneva.

- **The U.S. Health Resources and Service Administration has awarded three \$1 million Regional Telehealth Resource Center grants to organizations charged with launching centers based in Maine, Indiana and Virginia.**

These organizations are also responsible for creating public-private partnerships that will offer guidance and resources to those looking to enter this fast-growing segment of the healthcare network.

In Maine, the non-profit Medical Care Development, Inc., based in Augusta, will use a three-year grant of \$325,000 each year to establish the NorthEast Telehealth Resource Center (NETRC), to promote telehealth in the six New England states and New York. The group will work with the Fletcher Allen Health Care Telemedicine Program at the University of Vermont College of Medicine and the Maine Telemedicine Services Division of the Regional Medical Center in Lubeck, Maine, along the Canadian border.

In Charlottesville, Va., the University of Virginia Center for Telehealth will use its grant to establish the Mid-Atlantic Telehealth Resource Center, which will link urban and rural healthcare providers in the District of Columbia, Virginia, Delaware, Kentucky, Maryland, North Carolina and West Virginia. Officials hope to launch the resource center in October. The UVA's telemedicine network already includes more than 40 subspecialties and 85 locations in Virginia, saving residents an estimated 6.7 million miles of travel for medical care.

In Indiana, the Indiana Rural Health Association will use its grant to launch the Upper Midwest Telehealth Resource Center, a consortium of active telehealth organizations serving providers in Indiana, Illinois, Ohio and Michigan. The IRHA currently works with Indiana University Health on a number of telehealth projects, including a telestroke network serving the state's seven critical access hospitals.

The three new resource centers will join a network consisting of:

- The California Telehealth and eHealth Center, based in Sacramento, Calif.;
- The Pacific Basin Telehealth Resource Center, based at the University of Hawaii in Manoa, serving Hawaii and several Pacific islands;
- The Great Plains Telehealth Resource and Assistance Center, based at the University of Minnesota, serving Minnesota and the Dakotas;
- The South Central Telehealth Resource Center, based at the University of Arkansas, serving Arkansas, Mississippi and Tennessee;
- The Heartland Telehealth Resource Center, based in Kansas City, Mo., serving Kansas, Missouri and Oklahoma;
- The Southwest Telehealth Resource Center, based at the University of Arizona in Tucson, serving southern California, Nevada, southern Utah, Colorado, Arizona and New Mexico;
- The Northwest Regional Telehealth Resource Center, based in Billings, Mont., serving Montana, Alaska, Idaho, Oregon, Washington, Utah and Wyoming;
- The Southeastern Telehealth Resource Center, based in Waycross, Ga., serving Georgia, South Carolina, Florida and other parts of the southeastern United States; and
- The Telehealth Technology Assessment Center (TTAC), based in Anchorage, Alaska, and operated by the Alaska Native Tribal Health Consortium.

Also part of the network is the Center for Telehealth & e-Health Law, based in Washington, D.C.

- **The Centers for Disease Control and Protection (CDC) released draft guidelines on organ transplants, which call for more thorough donor screening and more advanced organ testing to help protect patients from infections transmitted through transplants.**

The draft guidelines focus on infections such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). It recommends adding HBV and HCV to the list of organisms to be screened.

From 2007 to 2010, CDC participated in more than 200 investigations of suspected unexpected transmission of HIV, HBV and HCV through transplants. Of those that were confirmed, some led to the death of the transplant recipient. To update standards for safe transplants, CDC led a multidisciplinary group of transplant and infection prevention experts through a systematic review of the best available evidence. The result includes recommendations based on this review.

The full draft guidelines can be found at www.regulations.gov, and CDC encourages review and response during the 60-day comment period. The document is entitled *Draft 2011 Public Health Service (PHS) Guideline for Reducing Transmission of HIV, HBV and HCV through Solid Organ Transplantation*.

The federal register posting can be found at http://www.ofr.gov/OFRUpload/OFRData/2011-24189_PI.pdf.

- **Two scientists proposing to develop vaccines against methamphetamine and nicotine have been selected to receive NIDA's second Avant-Garde Awards for Innovative Medication Development Research.**

The two scientists, Dr. Thomas Kosten, of Baylor College of Medicine, Houston, and Dr. Peter Burkhard, of the University of Connecticut, Storrs, will each receive \$500,000 per year for five years to support their research, according to the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health.

Kosten's group will accelerate the development of a methamphetamine vaccine, which is expected to undergo initial clinical trials within the next five years. At present there is no FDA-approved medication for methamphetamine addiction, so a vaccine could have substantial impact on the treatment of methamphetamine addiction.

Burkhard's lab plans to develop and test a novel type of vaccine that induces a strong immune response against nicotine without the need of chemical enhancers, which could result in a less expensive vaccine with fewer side effects. This nicotine vaccine will be administered intranasally, which will be more convenient and less painful than an injection. The new vaccine is expected to enter initial clinical trials within the next five years.

This research competition is an extension of NIDA's successful Avant-Garde Award for Innovative HIV/AIDS Research, now in its fourth year. For further information about the Avant-Garde Award, please visit <http://drugabuse.gov/avgp.html>.

- **Hospitalizations for alcohol and drug overdoses — alone or in combination — increased dramatically among 18- to 24-year-olds between 1999 and 2008, according to a study by researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA).**

The study examined hospitalization data from the Nationwide Inpatient Sample, a project of the Agency for Healthcare Research and Quality designed to approximate a 20 percent sample of U.S. community hospitals. The findings appear in the September issue of the *Journal of Studies on Alcohol and Drugs*.

Over the 10-year study period, hospitalizations among 18-24-year-olds increased by 25 percent for alcohol overdoses; 56 percent for drug overdoses; and 76 percent for combined alcohol and drug overdoses.

Among the entire population 18 and older, 1.6 million people were hospitalized for overdoses in 2008, at a cost of \$15.5 billion, and half of these hospitalizations involved alcohol overdoses.

The current study also showed an increase of 122 percent in the rate of poisonings from prescription opioid pain medications and related narcotics among 18-24 year olds. An alcohol overdose was present in 1 of 5 poisonings on these medications.

The steep rise in combined alcohol and drug overdoses highlights the significant risk and growing threat to public health of combining alcohol with other substances, including prescription medications. The researchers call for stronger efforts to educate medical practitioners and the general public about the dangers of excessive alcohol consumption alone or in combination with other drugs.

- **The Department of Health and Human Services (HHS) announced \$224 million to help at-risk families voluntarily receive home visits from nurses and social workers to improve maternal and child health, child development, school readiness, economic self-sufficiency and child abuse prevention.**

As part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, these grants are funded by the Affordable Care Act and are awarded to state agencies that applied for the grants in 49 states across the country.

Both the formula and competitive grants awarded will be used by state agencies to support home visiting programs that bring nurses, social workers, or other health care professionals to meet with at-risk families that agree to meet with them in their homes. They work with families to evaluate their circumstances, help parents gain the skills they need to succeed in promoting healthy development in their children, and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn.

Research has shown that home visiting programs can improve outcomes for children and families, including improving maternal and child health, reducing child maltreatment, increasing parental employment, and improving the rate at which children reach developmental milestones.

Under the MIECHV program, states must use at least three-quarters of the funding provided to implement one or more of these evidence-based programs. The program also supports continued innovation by allowing up to 25 percent of funding to carry out and evaluate promising new approaches. Formula grant awards totaling \$124 million were awarded to 55 eligible agencies including 49 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands and America Samoa.

Reflecting the multi-faceted nature of successful home visiting programs, HHS' Administration for Children and Families (ACF) collaborates with HRSA on the implementation of the MIECHV program. Taken together, the two agencies bring expertise in early learning and development, the prevention and identification of

child maltreatment, the improvement of maternal and child health outcomes, and family engagement.

Lists of grant awardees are available at: <http://www.hrsa.gov/about/news/2011tables/110922homevisiting.html>.

Reserve/Guard

- As of Sept. 13, 2011, the total number of Guard and Reserve currently on active duty has declined by 488 to reach 92,266. The totals for each service are Army National Guard and Army 70,751; Navy Reserve, 4,736; Air National Guard and Air Force Reserve, 10,386; Marine Corps Reserve, 5,721, and the Coast Guard Reserve, 672. www.defenselink.mil

Reports/Policies

- The GAO published "**Incapacitated Adults: Improving Oversight of Federal Fiduciaries and Court-appointed Guardians**," (GAO-11-949T) on Sept. 22, 2011. This report examines SSA and VA procedures for screening prospective federal fiduciaries, and state court procedures for screening prospective guardians; SSA and VA monitoring of federal fiduciary performance, and state court monitoring of guardian performance; information sharing between SSA and VA fiduciary programs and between each of these programs and state courts; and federal support for improving state courts' oversight of guardianships.

Legislation

- H.R.2965** (introduced Sept. 19, 2011): To amend title 38, United States Code, to provide for penalties for employees of the Veterans Health Administration who intentionally fail to follow infection control practices was referred to the Committee on Veterans' Affairs, and in addition to the Committee on the Judiciary.
Sponsor: Representative Michael R. Turner [OH-3]
- H.R.2973** (introduced Sept. 20, 2011): Protecting Public Safety and Sacred Sites from the Utah Prairie Dog Act of 2011 was referred to the House Committee on Natural Resources
Sponsor: Representative Jim Matheson [UT-2]
- H.R.2985** (introduced Sept. 21, 2011): To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to issue, upon request, veteran identification cards to certain veterans was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative W. Todd Akin [MO-2]
- H.R.2996** (introduced Sept. 21, 2011): To amend title 38, United States Code, to extend the period of time in which the Secretary of Veterans Affairs presumes the service-connection of certain disabilities of veterans who served in the Persian Gulf War, Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn, and for other purposes was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Larry Kissell [NC-8]
- H.R.3000** (introduced Sept. 21, 2011): To provide for incentives to encourage health insurance coverage, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, Ways and Means, the Judiciary, Natural Resources, Rules, House Administration, Appropriations, Oversight and Government Reform, and the Budget.
Sponsor: Representative Tom Price [GA-6]
- S.1580** (introduced Sept. 20, 2011): A bill to direct the Secretary of the Interior to extend an exemption from certain requirements of the Endangered Species Act of 1973 to protect public health and safety was referred to the Committee on Environment and Public Works.
Sponsor: Senator Orrin G. Hatch [UT]
- S.1584** (introduced Sept. 20, 2011): A bill to provide for additional quality control of drugs was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Michael F. Bennet [CO]

Hill Hearings

- The House Veterans Affairs Committee will hold hearings on **Oct. 20** and **Nov. 16, 2011**, topic to be determined.

Meetings / Conferences

- NHLBI Symposium on Cardiovascular Regenerative Medicine will be held on **Oct. 4-5, 2011**, in Bethesda, Md. <http://www.nhlbi.nih.gov/meetings/cv-regen11/index.htm>
- 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>
- NINR's 25th Anniversary Concluding Scientific Symposium: "Bringing Science to Life: A Healthier Tomorrow" will be held on **Oct. 13, 2011**, in Bethesda Md. <http://www.ninr.nih.gov/NewsAndInformation/25years/ahhealthiertomorrow.htm>
- 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 117th AMSUS Annual Meeting will be held **Nov. 6-9, 2011**, in San Antonio, Texas. <http://www.amsus.org/index.php/annual-meeting>
- Eighth Annual Interdisciplinary Women's Health Research Symposium will be held on **Nov. 12, 2011**, in Bethesda, Md. <http://www.orwhmeetings.com/symposium.aspx>
- 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/

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/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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