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 Oct. 5, 2011, President Obama signed H.R. 2608, the Continuing Resolution Act, 2012.**

  This legislation keeps the federal government funded through Nov. 18. It also extends an additional $2.65 billion in disaster relief needed by the Federal Emergency Management Agency to replenish coffers depleted partly by the federal response to Hurricane Irene, Tropical Storm Lee and a series of tornadoes and wildfires.

- **On Oct. 5, 2011, President Obama signed into law H.R. 2646, the *"Veterans Health Care Facilities Capital Improvement Act of 2011."***

  This legislation authorizes, within specified amounts, appropriations for various major medical facility construction projects and leases for the Department of Veterans Affairs (VA) in fiscal year 2012; clarifies the information that must be contained in certain VA medical facilities proposals; and extends certain expiring authorities.

Military Health Care News

- **TriWest Healthcare Alliance placed second on "Military Spouse" magazine's Top 20 List of Military Spouse-Friendly Employers.**

  The magazine selected the top 20 employers from a pool of about 5,000 eligible companies based on:

  - Number of military spouse employees
  - Effort toward recruiting military spouses
  - Willingness to help spouses find new jobs if relocating

  More than half of TriWest's staff is made up of veterans or dependents of the military. This is the third consecutive year that TriWest has made the magazine's top-20 list.

  At any given time, dozens of the company's employees have a deployed spouse.

  TriWest strives to go above and beyond for its military spouse employees, particularly through the "We Care" program, which provides:

  - Temporary, alternative work schedules to accommodate transitioning to a single-head-of-household during mobilization
  - Reduction of work hours less than full-time status without losing full-time benefits
  - Eligibility for paid time off
  - Two phone cards totaling 100 minutes per month
  - Eligibility for eight hours of administrative leave with pay to attend homecoming ceremonies

  Visit www.milspouse.com for more on the Top 20 List of Military Spouse-Friendly Employers.

- **The Military Health System (MHS) announced that nominations are being accepted to recognize influential female physicians in the military for their accomplishments, leadership and service.**

  Winners of the 2012 *"Building Stronger Female Physician Leaders in the Military Health System"* awards program will be honored during a ceremony at the annual MHS Conference, which is scheduled to take place Jan. 30 through Feb. 2, 2012.

  To nominate a female physician you find inspiring, submit a nomination packet before Oct. 28, 2011, to service points of contact as follows:

  - Public Health Service: PublicHealthService_awardPOC@tma.osd.mil
  - Army: Army_awardPOC@TMA.osd.mil
  - Air Force: AirForce_awardPOC@TMA.osd.mil
  - Coast Guard: CoastGuard_awardPOC@TMA.osd.mil
  - Navy: Navy_awardPOC@TMA.osd.mil

  To learn more about selection criteria and submission rules, click to download the Female Physician Award Nomination Form and background information.

- **Science Applications International Corp (SAIC) will have to pay for costs associated with notifying 4.9 million beneficiaries whose personal information was recorded on backup computer tapes stolen in September.**

The tapes contained health information and other data that could be used in identity theft and fraud, including Social Security numbers, addresses and phone numbers. The tapes were stolen from the car of an SAIC employee in San Antonio last month.

In a statement, TRICARE Management Activity said that SAIC is "contractually bound to mitigate the harmful effects of such disclosure. SAIC has already started these mitigation efforts, including individual notification of those impacted."

SAIC's mitigation operation relieves TRICARE of the cost of handling the notifications. An SAIC spokesman said the company would operate call centers and mail out theft notifications at no cost to the government.

Larry Ponemon, chairman of Ponemon Institute, a research organization that specializes in privacy and data protection, estimated mail notification could run as high $7 per person, which means SAIC could face a bill of $34.7 million to notify all 4.9 million TRICARE beneficiaries.

The 2009 Health Information Technology for Economic and Clinical Health Act, enacted as part of the 2009 American Recovery and Reinvestment Act, specifies fines as high as $1.5 million for what it calls a breach of health care data.

- **CliniComp International received a $62,852,820 firm-fixed-price Army contract for the continued development for the TRICARE Management Activity, Defense Health Management System.**

  Work will be performed in San Diego with an estimated completion date of Sept. 30, 2014. One bid was solicited, with one bid received.

  The U.S. Army Medical Research and Acquisition Activity, Fort Detrick, Md., is the contracting activity (W81XWH-11-F-0282).

- **Two innovative programs from TriWest Healthcare Alliance aimed at protecting and empowering their military customers' overall health won national awards from URAC, a healthcare accreditation and certification organization.**

  URAC named winners of the 2011 Best Practices in Health Care Consumer Empowerment and Protection as part of its 2011 Quality Summit and Award Program, held in Chicago, Ill.

  TriWest won a Silver and Bronze award for two programs that help its military families:

  - Silver Award: TRICARE Assistance Program—Connects military members and dependents with 24/7 access to online behavioral healthcare access.

including Web-based video-conferencing and chat.
- Bronze Award: Tobacco Cessation—Helps beneficiaries cope with tobacco addiction through classes offered over the phone.

A 20-member panel of experts selected winners in the categories of consumer decision-making and consumer health improvement. They chose from dozens of nationwide nominations.

- **Express Scripts has filed an injunction against Walgreens to stop it from issuing what Express Scripts says are "disparaging" statements about the contractor and distributing information about their ongoing contract dispute.**

  The legal motion, filed last month in U.S. District Court, centers largely on Walgreens customers who receive their pharmacy benefits through Medicare under a separate contract managed by Express Scripts. But the filing also addresses letters that Walgreens sent to TRICARE beneficiaries in early September informing them of the breakdown of contract negotiations. Express Scripts manages the pharmacy benefit for 9 million TRICARE beneficiaries.

  Those letters, which told TRICARE members that Walgreens will be dropped from the TRICARE pharmacy network after Dec. 31, apparently violated the current contract because Express Scripts says they constitute advertising. The letters also "suggest" that Express Scripts has refused "several options that would allow Walgreens to continue serving" TRICARE members, according to the injunction.

  "Publication of false promotional and marketing materials will greatly disrupt the orderly transition of tens of thousands of plan participants' prescriptions," Express Scripts' legal complaint states.

  In the injunction, Express Scripts takes issue with a statement in the Walgreens letter saying Express Scripts customers will no longer be able to fill their prescriptions at Walgreens after Dec. 31.

  "In fact, there is nothing that would prohibit Walgreens from filling a valid prescription from any Express Scripts member, even if Express [Scripts] is no longer under a network pharmacy provider agreement," the complaint states.

  That may be true, but TRICARE customers who fill their prescriptions at a non-network pharmacy must pay full retail price and then submit a claim for reimbursement.

  The dispute between the two companies began earlier this year over differences on reimbursement rates and agreement terms during contract negotiations.

  The court ordered the parties to enter binding arbitration. A hearing is set for Oct. 11.

- **Dr. Jonathan Woodson, assistant secretary of defense for health affairs, spoke to the *American Forces Press Service* about the increases to TRICARE fees and co-pays implemented to manage rising costs and ensure benefits for future service members.**

  In his interview, Woodson talked about the new annual fees that went into effect on Oct. 1 for military retirees enrolling in TRICARE Prime health plan. The monthly increase of $2.50 a month for an individual and $5.00 a month for a family, impacts only those not already enrolled in the plan. Those enrolled before Oct. 1, 2011 will not experience the increases until fiscal year 2013. Woodson said that people who are medically retired and survivors of deceased active duty sponsors would not experience these increases.

  Woodson noted that TRICARE fees and copays have not increased since the program's inception in 1994 and that not all co-payments and fees have risen.

  Beneficiaries will see increases in other co-payments for brand-name drugs, particularly at the retail level, which will go from $3 to $5. Non-formulary drugs will rise from $22 to $25 for both retail and mail-order pharmacies. For brand-name drugs, the cost will remain the same for mail order pharmacy — $9.

  Another potential concern Woodson addressed was staff reduction.

  "It will not affect the care, and it's important to note that while we've been talking about adjustments in fees and co-pays, that is really part of a real comprehensive strategy to manage our cost," he said. "We've taken a look at the administrative costs of TRICARE and reduced the numbers of so-called full-time employees and contractors to reduce the cost before getting to the point of increasing the fees.

  "But none of this will decrease the service or the quality of care that beneficiaries will expect and receive," he added.

- **Military Pathways, funded by the Department of Defense's Office of Force Health Protection and Readiness, launched a campaign c*alled "Healthy Body, Healthy Mind. It's In the Bag,"* to raise awareness that exercise and staying active can help some people fight the blues.**

  The campaign launch coincided with National Depression Screening Day on October 6.

  As part of the campaign, Military Pathways is distributing gym bags at U.S. military installations worldwide. The bags display the website www.MindBodyStrength.org, where service members and their families can check their mental health by taking an anonymous self-assessment.

  For more information, visit the screening website or Military Pathways.

- **Secretary of Defense Leon E. Panetta announced the following new members to the Defense Policy Board:**
  - Madeleine Albright, former secretary of state;
  - Jamie Gorelick, former deputy attorney general;
  - Jane Harman, former U.S. congresswoman;
  - Retired Gen. James Cartwright, former vice chairman, Joint Chiefs of Staff;
  - Retired Adm. Gary Roughead, former chief of naval operations.

  These members join the following returning members: John Hamre, chairman; Harold Brown; J.D. Crouch; Richard Danzig; Rudy deLeon, Chuck Hagel; Retired Gen. Jack Keane; Henry Kissinger; Frank Miller; John Nagl; Sam Nunn; Joseph Nye; William Perry; James Schlesinger; Brent Scowcroft; Sarah Sewall; and Retired Gen. Larry Welch.

  The Defense Policy Board provides the secretary, deputy secretary and undersecretary for policy with independent, informed advice and opinion concerning matters of defense policy.

Veterans Health Care News

- **Sen. Patty Murray, chairman of the Senate Veterans' Affairs Committee, is calling on the Department of Veterans Affairs to improve mental health care delivery, the Senate committee reported.**

  Murray requested a survey of VA mental health services this summer after the committee heard testimony from two veterans who had to wait months to get follow-up appointments for mental health services. The survey found that only 60 percent of VA providers can schedule appointments within the required 14-day window, and 70 percent said they did not have the resources they needed to meet the demand for mental health services from veterans.

  In response to those findings, Murray has called on top officials at the VA to develop concrete steps to improve delivery of mental health care, including reducing wait times, as well as find ways to reach out to veterans with mental health issues who have not contacted the VA for an appointment.

  For the full text of Senator Murray's letter to the VA, see the Senate committee's press release.

Health Care News

- **FDA Commissioner Margaret A. Hamburg, M.D., released a blueprint containing immediate steps that can be taken to drive biomedical innovation, while improving the health of Americans.**

  Titled *"Driving Biomedical Innovation: Initiatives for Improving Products for Patients,"* the blueprint addresses concerns about the sustainability of the medical product development pipeline, which is slowing down despite record investments in research and development.

  While FDA has long been committed to promoting innovation with a number of efforts underway already this year, Dr. Hamburg recognized the need to create an FDA-wide framework to address the changing scientific landscape. This blueprint launches the Innovation Initiative, identifying additional steps the agency can take immediately to address the most pressing concerns facing patients and industry.

  The report's proposals stem from a review of FDA's current policies and practices, as well as months of meetings with major stakeholders nationwide, including key industry leaders, small biotech, pharmaceutical and medical device company owners, members of the academic community, and patient groups.

  The blueprint focuses on implementing the following major actions:

- Rebuilding FDA's small business outreach services
- Building the infrastructure to drive and support personalized medicine
- Creating a rapid drug development pathway for important targeted therapies
- Harnessing the potential of data mining and information sharing while protecting patient privacy
- Improving consistency and clarity in the medical device review process

- Improving consistency and clarity in the medical device review process
- Training the next generation of innovators
- Streamlining and reforming FDA regulations.

For more information, please visit: http://www.fda.gov/AboutFDA/ReportsManualsForms/Reports/ucm274333.htm.

- **Adults drank too much and got behind the wheel about 112 million times in 2010—that is almost 300,000 incidents of drinking and driving each day—according to a *CDC Vital Signs* study.**

For the study, CDC analyzed data from the 2010 Behavioral Risk Factor Surveillance System Survey.

The study revealed that:

- Nearly 11,000 people are killed every year in crashes that involve an alcohol–impaired driver.
- Men were responsible for 81 percent of drinking and driving in 2010.
- Young men, ages 21–34, made up only 11 percent of the U.S. population in 2010, yet were responsible for 32 percent of all episodes of drinking and driving.
- Eighty-five percent of drinking and driving episodes were reported by people who also reported binge drinking. Binge drinking means five or more drinks for men or four or more drinks for women during a short period of time.

Proven, effective strategies to prevent alcohol–impaired driving include:

- Sobriety checkpoints: At sobriety checkpoints drivers are stopped to assess their level of alcohol impairment. According to the Transportation Research Board, more widespread, frequent use of these checkpoints could save about 1,500 to 3,000 lives on the road each year.
- Minimum legal drinking age laws: These laws prohibit selling alcohol to people under age 21 in all 50 states and the District of Columbia. Keeping 21 as the minimum legal drinking age helps keep young, inexperienced drivers from drinking and driving.
- Ignition interlocks: These devices prevent drivers who were convicted of alcohol–impaired driving from operating their vehicles if they have been drinking. Interlocks are effective in reducing re–arrest rates from drinking and driving by about two–thirds while the device is on the vehicle.

For more information about drinking and driving and overall motor vehicle safety, please visit www.cdc.gov/motorvehiclesafety and www.cdc.gov/injury.

- **A large study of the daughters of women who had been given DES, the first synthetic form of estrogen, during pregnancy has found that exposure to the drug while in the womb (in utero) is associated with many reproductive problems and an increased risk of certain cancers and pre-cancerous conditions.**

The results of this analysis, conducted by researchers at the National Cancer Institute (NCI) and collaborators across the country, were published Oct. 6, 2011, in the *New England Journal of Medicine*.

Beginning in 1940, diethylstilbestrol, known as DES, was used clinically to prevent certain complications of pregnancy. In the late 1960s, an unusual occurrence of a rare cancer of the vagina among young women, called clear cell adenocarcinoma (CCA), was observed and subsequently linked to their exposure to DES while in the womb.

In 1971, the U.S. Food and Drug Administration notified physicians that DES should not be prescribed to pregnant women. However, between 5 million and 10 million pregnant women and babies had been exposed to the drug.

In this study, which included over 6,500 women (4,600 exposed and 1,900 unexposed), the researchers found that the daughters with exposure to DES while in the womb had an increased risk of 12 medical conditions, including a twofold higher risk of infertility and a fivefold increased risk of having a preterm delivery.

This study is also the first to estimate the cumulative proportion of all DES-exposed women who developed these conditions because of their exposure. Of all DES-exposed women, 1 in 5 will experience some level of infertility because of their exposure. And of all those exposed women who are successful in having at least one birth, 1 in 3 will have a preterm delivery due to DES.

Although DES-exposed daughters have about 40 times the risk of developing CCA than unexposed women, CCA is still a rare disease, occurring in 1 in 1,000 DES-exposed daughters. While the first women diagnosed with this condition in the late 1960s were adolescents and young adults at the time of their diagnosis, the research now shows that the risk for DES-exposed daughters continues through at least age 40. In addition, these women are more than twice as likely to develop pre-cancerous cells in the cervix or vagina (called cervical intraepithelial neoplasia) and have an 80 percent higher chance of developing breast cancer after age 40.

According to the results of this study, by age 55, 1 in 25 DES-exposed daughters will develop abnormal cellular changes in the cervix or vagina, and 1 in 50 will develop breast cancer due to their DES exposure.

This study was the first to assess risk based on the presence of vaginal epithelial changes as a biomarker of timing and dose of DES exposure. Exposed daughters with higher total dose of DES and younger age of the embryo at first exposure had evidence of these changes in the lining of the vagina. Women with these changes were at even greater risk for 9 of the 12 conditions compared to exposed women who did not have the biomarker.

For more information about DES exposure and cancer risk, please go to http://www.cancer.gov/cancertopics/factsheet/Risk/DES.

- **The 2011 Nobel Prize in Physiology or Medicine has been awarded to National Institutes of Health grantees Bruce A. Beutler, M.D. and Jules A. Hoffmann, Ph.D., for their discoveries concerning the activation of innate immunity and the late Ralph M. Steinman, M.D. for his discovery of the dendritic cell and its role in adaptive immunity.**

The NIH began supporting the work of Dr. Beutler, of The Scripps Research Institute, La Jolla, Calif., in 1984 and has provided almost $58 million in support. Dr. Beutler's work has been supported by the National Institute of Allergy and Infectious Diseases (NIAID), the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of General Medical Sciences, and the National Cancer Institute.

Dr. Hoffmann, of Rockefeller University, New York City, has received almost $7 million in support from NIAID since 1998. NIAID began supporting the work of Dr. Steinman in 1976 and provided more than $49 million in support.

The Office of the Director, the central office at NIH, is responsible for setting policy for NIH, which includes 27 Institutes and Centers. This involves planning, managing, and coordinating the programs and activities of all NIH components. The Office of the Director also includes program offices which are responsible for stimulating specific areas of research throughout NIH.

Additional information is available at http://www.nih.gov/icd/od/.

- **The Centers for Medicare & Medicaid (CMS) has proposed revisions to the Medicare Advantage program and prescription drug benefit program (Part D) that would implement new benefits under the Affordable Care Act and increase patient protections.**

The proposals would codify provisions providing important new benefits including the 50 percent discount on covered brand name drugs in the Part D coverage gap known as the "donut hole" as well as new tools to fight fraud and abuse in Medicare and improve patient protections.

This proposed rule would:

- **Implement the Coverage Gap Discount Program:** Codify existing sub-regulatory guidance for the Coverage Gap Discount Program required by Affordable Care Act and address operational issues that have arisen since sub-regulatory guidance was first published.
- **Expand Part D Drug Coverage:** Expand the number of drugs required to be covered by Part D plans to include benzodiazepines and, for specified health conditions, barbiturates, as required under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).
- **Cut Red Tape for Patients and Providers:** If a prescription is denied by a Part D plan, allow physicians to request reconsiderations with the Independent Review Entity (IRE) on their patient's behalf without obtaining a signed authorized representative form.
- **Raise Quality Standards for Plans:** Provide CMS with explicit authority to terminate poor performing Medicare Advantage and Part D sponsors that have failed to achieve at least a 3-star rating under CMS' 5-star plan rating system for a period of three years.
- **Expand Benefits for Dual Eligible Patients:** Allow high-quality Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNPs) the flexibility to offer supplemental benefits beyond those currently allowed for Medicare Advantage plans to better serve people eligible for both Medicaid and Medicare. This includes benefits such as non-skilled nursing activities in the home and in-home food delivery for vulnerable beneficiaries.
- **Increase Flexibility in Part D Prescriptions:** Require Part D sponsors to provide, in certain cases, the option of a daily prorated cost-sharing rate for prescriptions for fewer than 30 days. This will enable prescribers to order trial fills for initial prescriptions and for beneficiaries to synchronize the times that all their multiple prescription drugs are available to refill.
- **Fight Fraud and Streamline Claims Filing:** Require Part D sponsors submitting prescription drug event (PDE) records to include prescribers' National Provider Identifiers (NPIs). Also, the proposed rule would require pharmacy benefit managers under Part D to report additional financial information to increase transparency. These changes would improve data collection and tracking, help better identify the prescriber of Part D medications, and assist our law enforcement partners in the conduct of investigations when there is suspected fraud associated with a prescription drug claim.

Once final, the proposed rule will be effective for Calendar Year 2013 operations. CMS welcomes public comments to these proposed program changes; they will be accepted from all stakeholders through the close of business 60 days following the publication of the proposed rule in the Federal Register.

The full text of the proposed rule can be found at be available at http://www.ofr.gov/OFRUpload/OFRData/2011-25844_PI.pdf.

- **The U.S. Food and Drug Administration and the National Institutes of Health announced a joint, large-scale, national study of tobacco users to monitor and assess the behavioral and health impacts of new government tobacco regulations.**

  The initiative, called the *Tobacco Control Act National Longitudinal Study of Tobacco Users*, is the first large-scale NIH/FDA collaboration on tobacco regulatory research since Congress granted FDA the authority to regulate tobacco products in the Family Smoking Prevention and Tobacco Control Act of 2009.

  Scientific experts at NIH's National Institute on Drug Abuse and the FDA's Center for Tobacco Products will coordinate the effort.

  Investigators will follow more than 40,000 users of tobacco-product and those at risk for tobacco use ages 12 and older. They will examine what makes people susceptible to tobacco use; evaluate use patterns and resulting health problems; study patterns of tobacco cessation and relapse in the era of tobacco regulation; evaluate the effects of regulatory changes on risk perceptions and other tobacco-related attitudes; and assess differences in attitudes, behaviors and key health outcomes in racial-ethnic, gender, and age subgroups.

  Westat, in Rockville, Md., was awarded the research contract in a competitive solicitation process. Study findings will help the FDA assess the impact of the Tobacco Control Act and will inform the agency about how to best use its tobacco regulatory authorities, such as making decisions about marketing of products, setting product standards, and communicating the risks from tobacco use to protect the public health.

  While smoking rates have dropped significantly since their peak in the 1960s, nearly 70 million Americans ages 12 and older were current users of tobacco products in 2010. As a result, death and disease caused by tobacco use is still a tremendous public health burden. Tobacco use is the leading preventable cause of disease, disability, and death in the United States. Cigarette smoking results in more than 443,000 premature deaths in the United States each year – more than alcohol, illegal drug use, homicide, suicide, car accidents, and AIDS combined.

Reserve/Guard

- As of Sept. 20, 2011, the total number of Guard and Reserve currently on active duty has increased by 1,341 to reach 93,607. The totals for each service are Army National Guard and Army 71,771; Navy Reserve, 4,704; Air National Guard and Air Force Reserve, 10,782; Marine Corps Reserve, 5,697, and the Coast Guard Reserve, 653. www.defenselink.mil

Reports/Policies

- **The GAO published *"DoD and VA Health Care: Action Needed to Strengthen Integration across Care Coordination and Case Management Programs,"* (GAO-12-129T) on Oct. 6. 2011.** This report examines the departments' efforts to implement recommendations from GAO's March 2011 report on program management issues related to enrollment decisions, caseloads and program staffing needs and placement decisions for the Federal Recovery Coordinators (FRC) the FRCP uses to coordinate care. http://www.gao.gov/new.items/d12129t.pdf

- **The GAO published *"EPA Health Risk Assessments: Oversight and Sustained Management Key to Overcoming Challenges,"* (GAO-12-148T) on Oct. 6, 2011.** This report reviews EPA's revised 2009 IRIS assessment process and the agency's progress in implementing it. http://www.gao.gov/new.items/d12148t.pdf

- **The GAO published *"Medicare Part D: Instances of Questionable Access to Prescription Drugs,"* (GAO-12-104T) on Oct. 4, 2011.** In this report, GAO determined the extent to which Medicare beneficiaries obtained frequently abused drugs from multiple prescribers; identified examples of doctor shopping activity; and determined the actions taken by the Centers for Medicaid & Medicare Services (CMS) to limit access to drugs for known abusers. http://www.gao.gov/new.items/d12104t.pdf

Legislation

- **H.R.3095** (introduced Oct. 5, 2011): the *Freeze and Investigate Affordable Care Act of 2011* was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, Natural Resources, the Judiciary, House Administration, Appropriations, and Rules.
  Sponsor: Representative Sam Johnson [TX-3]
- **H.R.3102** (introduced Oct. 5, 2011): To require that every mammography summary delivered to a patient after a mammography examination, as required by section 354 of the Public Health Service Act (commonly referred to as the "Mammography Quality Standards Act of 1992"), contain information regarding the patient's breast density and language communicating that individuals with more dense breasts may benefit from supplemental screening tests, and for other purposes was Referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Rosa L. DeLauro [CT-3]
- **S.1644** (introduced Oct. 4, 2011): the *Workforce Health Improvement Program Act of 2011* was referred to the Committee on Finance.
  Sponsor: Senator John Cornyn [TX]

Hill Hearings

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

Meetings / Conferences

- 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/ahealthiertomorrow.htm
- 22nd International Conference on Rabies in the Americas (RITA) will be held on **Oct. 16-21, 2011**, in San Juan, Puerto Rico. http://www.rabiesintheamericas.org/home
- 2011 Connected Health Symposium will be held on **Oct. 20-21, 2011**, in Boston Mass. http://www.connected-health.org/events/symposium-2011.aspx
- 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/
- Epidemiology & Prevention of Vaccine-Preventable Diseases Annual Conference will be held **on Nov. 2-4, 2011**, in Reno, Nev. http://www.immunizenevada.org/nile-conference
- 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/subscriber.cfm. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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