

Name: _____

Date: _____

Health Care Strategy Meeting

P G U B H T R A N S A C T I O N S
S E H M A G B R O F H E O Y D G G
T C A E R A C E L B A D R O F F A
M N F R V C G O T B I B 3 O V A Y
V I D M 3 L P N A T V P G L F O C
C V A H O D I E I R D G N V 3 L A
N C U P E D P I H C H O D Y O U V
N L C V E C P R L Y I O 3 G C 3 I
M H I R F P L C I T U R T N M P R
N C L H G F B U A N 3 D P M R H P
E Y A I I Y D L S A T A L G P H A
Y N T D Y P U C I C F I D I U H T
O C I L U G A D I M E E N 3 E R A
Y A P V E R E A D H N 3 P G A O D
A U S R C A P H A R M A C Y F A I
R F O U D L O N G T E R M C A R E
M M H A L P C F L B B M B L T S M

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