POLICY & PRACTICE

Proposals Aim to Reduce Abortion

Democrats are taking on the abortion issue in the new Congress first by advocating prevention of unwanted pregnancies. Senate Majority Leader Harry Reid (D-Nev.) has reintroduced the Prevention First Act (S. 21), which would increase funding for the Title X national family planning program, expand Medicaid family planning services, and improve awareness of emergency contraception. The bill was also reintroduced in the House by Rep. Louise Slaughter (D-N.Y.) and Rep. Diana DeGette (D-Colo.) as H.R. 463. The legislation had garnered 15 cosponsors in the Senate and 110 in the House at press time. Some conservative lawmakers have objected that the legislation supports proabortion counseling. In another proposal seeking to establish "common ground" on the abortion debate, Sen. Bob Casey (D-Pa.), an abortion opponent, has reintroduced the Pregnant Women Support Act (S. 270) to increase funding for the Women, Infants and Children Program, fund home visits by nurses to poor pregnant women and first-time mothers, and eliminate pregnancy as a preexisting condition that health insurers can exclude from coverage.

Pap-Reading Exams Would Change

Officials at the Centers for Medicare and Medicaid Services are seeking to change proficiency testing of pathologists and cytotechnologists who interpret Pap tests. Under the proposed regulation, candidates would have to assess 20 slides, instead of the current 10, in their initial test and all retests. But retesting would be expanded to a biennial instead of annual schedule. Missing two high-grade lesions or cancers on any test would result in automatic failure, but the CMS would require testing agencies to offer an appeals process. The proposed rule has been published in the Federal Register, and the agency will be accepting public comments until March 17. The changes are largely the result of recommendations from the HHS's Clinical Laboratory Improvement Advisory Committee.

Economy Hurts Elder-Care Plans

About 60% of women say that the current economic downturn is limiting their ability to plan for long-term care costs, according to a survey commissioned by America's Health Insurance Plans. In a telephone survey of more than 1,000 women aged 30-59 conducted last November, nearly 80% said they would be somewhat or very likely to need longterm care services in the future, but only 19% said they had obtained long-term care insurance. Of women who don't have long-term care insurance, most said they would rely on government assistance, sell their assets to pay for their care, or use retirement savings.

CDC Warns on HBV, HCV

In the past decade, more than 60,000 people in the United States were advised to be tested for hepatitis B virus and hepatitis C virus because health personnel who cared for them in settings outside hospitals failed to follow basic infection control practices, according to the Centers for Disease Control and Prevention. The review of CDC investigations of health care–associated viral hepatitis outbreaks revealed 33 HBV or HCV outbreaks outside hospitals in 15 states during the past decade (12 in outpatient clinics, 6 in hemodialysis centers, and 15 in long-term care facilities). As a result, 450 people acquired HBV or HCV infections. "Thousands of patients are needlessly exposed to viral hepatitis and other preventable diseases in the very places where they should feel protected," Dr. John Ward, director of the CDC's Division of Viral Hepatitis, said in a statement.

L.A. Court: Enforce HIV Law

The Los Angeles Superior Court has ordered the state to implement a 2002 law intended to extend Medi-Cal coverage to more HIV-positive Californians. The AIDS Healthcare Foundation sued to compel the Department of Health Care Services to include all HIV-positive, nondisabled individuals in Medi-Cal, California's Medicaid program. Prior to the 2002 law, only individuals with HIV who had been diagnosed with AIDS were considered eligible for Medi-Cal. The law was designed to encourage AIDS patients to move from Medi-Cal's fee-forservice program into managed care, and the state was to use savings from that change to cover HIV-positive people without AIDS. The court ruled that Medi-Cal failed to implement some measures specified by state lawmakers, such as outreach to individual AIDS patients, and made minimal efforts on others.

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