

POLICY & PRACTICE

Infant Mortality Rate Rises

Infant deaths increased to 27,970 in 2002, compared with 27,568 the year before, mainly because of a rise in the number of babies born at very low birth weights, the Centers for Disease Control and Prevention reported. This resulted in 7.0 infant deaths per 1,000 live births in 2002, the first increase in the infant mortality rate since 1958. The increase in the number of extremely small babies (weighing less than 1 pound, 10.5 ounces at birth) occurred primarily among mothers in the peak child-bearing ages of 20-34 years and occurred across most racial and ethnic groups. Several factors might have contributed to the rise in low birth weights. The report, for example, documented a slight increase between 2001 and 2002 in rates of maternal anemia, diabetes, and chronic high blood pressure. But those conditions remain relatively rare, the CDC reported.

Health Insurance for All Children

Sen. John Kerry (D-Mass.) has introduced a bill, S.114, aimed at insuring every child in the United States. Under his plan, the Kids Come First Act, the federal government would pay for all Medicaid outreach and coverage costs for children under age 21 years with family incomes at or below poverty level. In exchange, the states would agree to cover the people in the same age bracket in families with incomes between the poverty level and three times the poverty level through the State Children's Health Insurance Program or Medicaid. The bill would also provide a refundable tax credit for health insurance coverage of children, call on parents to insure all children under age 19 and require proof of coverage to avoid losing the tax credit. It was referred to the Senate Committee on Finance.

Proposed Cuts to Medicaid

Medical organizations and other health care groups decried the \$60 billion in proposed spending reductions to Medicaid over the next 10 years that were included in President Bush's budget request. The dollar amount lost in the fifth year of the proposal alone is the equivalent of giving health coverage to almost 1.8 million children, according to Ron Pollack, executive director of Families USA. The proposal contains some provisions aimed at covering more eligible children, including \$1 billion in grants over 2 years to states, schools, and community organizations to enroll and provide coverage in Medicaid and SCHIP. That extra funding would be encouraging, but the money for benefits will decrease overall if Medicaid is capped and the number of enrollees continues to rise, said John Lewy, M.D., chair of the committee on federal government affairs with the American Academy of Pediatrics. A joint statement released by a group including the AAP said the proposed cuts would hurt service reimbursements to pediatricians and children's hospitals.

States Meet Their Match

States have been known to recycle payments returned by health care providers, using them to draw down additional federal dollars for Medicaid—and the feds are tired of it. The administration's budget re-

quest seeks to curb such tactics, by only matching those funds kept by health care providers as payment for services. Current law also allows states to make Medicaid payments to health care providers that are far in excess of the actual cost of services. According to the president's budget request, states use this additional money to leverage federal reimbursements in excess of their Medicaid matching rate or for other purposes. To halt this practice, the government proposes to limit reimbursement levels to no more than the cost of providing services. Both proposals are expected to

save \$5.9 billion over 5 years. Bill Pierce, spokesman for the Department of Health and Human Services, said in an interview that none of those efforts should affect the way in which physicians get paid under Medicaid.

Autism Education Costs High

The cost of educating children with autism is almost triple that of educating children who receive no special education services, according to a report from the Government Accountability Office. The GAO reviewed data from the Special Education Expenditure Project funded by the Department of Education and found


that the average cost of educating a child with autism was \$18,000 in the 1999-2000 school year. That estimate "was among the highest per-pupil expenditures for school-age children receiving special education services in public schools," the report noted. The report also said that the number of children with autism who were given special education services has increased by more than 500% in the last decade. Rep. Diane Watson (D-Calif.), who cocommissioned the report, said further studies should be undertaken to explore the correlation between mercury-containing vaccines and higher autism rates.

—Jennifer Silverman


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Indications (mild to moderate infections)¹


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Pharyngitis/Tonsillitis due to *S pyogenes*. Cefdinir is effective in the eradication of *S pyogenes* from the oropharynx. Cefdinir has not, however, been studied for the prevention of rheumatic fever following *S pyogenes* pharyngitis/tonsillitis. Only intramuscular penicillin has been demonstrated to be effective for the prevention of rheumatic fever.

Uncomplicated Skin and Skin Structure Infections due to *S aureus* (including β -lactamase producing strains) and *S pyogenes*.

Important Safety Information¹

- To reduce the development of drug-resistant bacteria and maintain the effectiveness of OMNICEF and other antibacterial drugs, OMNICEF should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria



1/2 tsp
per
20 lbs
per day^{†‡}

- OMNICEF is contraindicated in patients with known allergy to the cephalosporin class of antibiotics
- For patients with previous hypersensitivity reaction to penicillins, caution should be exercised because cross-hypersensitivity among β -lactam antibiotics has been clearly documented. If an allergic reaction to cefdinir occurs, the drug should be discontinued
- Safety and efficacy in neonates and infants less than 6 months of age have not been established
- 2% of 2,289 pediatric patients discontinued medication due to adverse events in US and ex-US clinical trials. Discontinuations were primarily for gastrointestinal disturbance, usually diarrhea
- The most common reported adverse events occurring in $\geq 1\%$ of pediatric patients in US clinical trials (N=1,783) were diarrhea (8%), rash (3%), and vomiting (1%)
- Maximum dose of OMNICEF for pediatric patients weighing ≥ 43 kg is 600 mg/day. For pediatric patients with a creatinine clearance of < 30 mL/min/1.73 m² and not requiring hemodialysis, the dose of cefdinir should be 7 mg/kg (up to 300 mg) given once daily
- Antacids that contain magnesium or aluminum and iron supplements, including multivitamins that contain iron, should be taken at least 2 hours before or 2 hours after taking OMNICEF

* Compared to the 125 mg/5 mL formulation of OMNICEF.
† Calculated dose is based on 14 mg/kg/day. Dose in teaspoons is rounded to the nearest 1/4 teaspoon and is not an exact measure of calculated dose volume (mL). 1 tsp = 5 mL.
‡ Once-daily dosing has not been studied in skin infections; therefore, OMNICEF for Oral Suspension should be administered twice daily in this infection (7 mg/kg BID for 10 days).

Reference: 1. OMNICEF[®] (cefdinir) for Oral Suspension Prescribing Information, Abbott Laboratories. Please see adjacent brief summary of full prescribing information.

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Abbott Park, IL 60064

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