

POLICY & PRACTICE

Arthritis Bill Reintroduced

Advocates for expanding federal support for arthritis research and education are once again trying to push legislation through Congress. Rep. Anna Eshoo (D-Calif.) and Rep. Fred Upton (R-Mich.) have introduced the Arthritis Prevention, Control, and Cure Act (H.R. 1210), which would expand public health activities related to arthritis, set up a juvenile arthritis population database, and establish a loan repayment program for pediatric rheumatologists. Similar legislation has been introduced in the last three congresses without success. The Arthritis Foundation and the American College of Rheumatology cheered the recent introduction of the legislation, citing the significant societal toll of arthritis. "Arthritis and rheumatic diseases will likely touch every American in some stage of their lives—either as patients or caregivers," Dr. Sherine Gabriel, ACR president, said in a statement. "This is a serious issue and should be treated as seriously as we treat other diseases."

Lupus Research Gets Budget Boost

Congress has dedicated about \$5 million to lupus research and education as part of the recently enacted fiscal year 2009 Omnibus Appropriations Act. The law, which was signed in March, includes \$4 million to support the National Lupus Patient Registry, about \$1 million more than in FY 2008. Congress provided another \$1 million for health provider education aimed at improving early diagnosis and treatment of lupus and reducing health disparities. That education program will be operated jointly by the Office of Minority Health and the Office of Women's Health in the Department of Health and Human Services, and by the U.S. Surgeon General. The Lupus Foundation of America praised the legislation, specifically the health provider education initiative. Educational programs that improve the time to diagnosis are critical, the organization said, because more than half of individuals with lupus report that they suffered symptoms of the disease for at least 4 years and visited at least three physicians before receiving a diagnosis of lupus.

Path Outlined for Biosimilars

A small bipartisan group of legislators has joined to introduce a bill that would create a pathway for the approval of follow-on biologics, or biosimilars. The Pathway for Biosimilars Act (H.R. 1548) is designed to accomplish for follow-on biologics what the Hatch-Waxman Act of 1984 did for generic drugs. Coming as the original patents on biologics are beginning to expire, the biosimilars legislation would set up a process within the Food and Drug Administration for the expedited approval of new bi-

ologics based on innovative products that are already on the market. The bill includes safeguards for patient safety and incentives for companies to continue to create innovative products. Specifically, the bill provides 12 years of exclusivity for the original biologic product. The bill was introduced in March by Rep. Eshoo, Rep. Jay Inslee (D-Wash.), and Rep. Joe Barton (R-Tex.), the ranking member of the House Committee on Energy and Commerce. "Congress needs to finally act on this issue," Rep. Barton said in a statement. "Our bill promotes competition through biosimilars in a way that puts patient safety first and also encourages new therapies and medical advancement." Similar legislation (H.R. 1427) was also introduced last month by Henry Waxman (D-Calif.), chairman of that committee. Under that bill, lawmakers provided 5 years of exclusivity for the original biologic product.

Physicians Postponing Retirement

Fewer physicians left group practices in 2008 than in 2007, and a majority of group practice leaders believe that this change reflects more physicians' postponement of retirement because of the poor economy, said the American Medical Group Association. The group's annual survey of AMGA members reported about a 6% turnover of group practice physicians in 2008, compared with nearly 7% in 2007. The top reasons cited for leaving a group included poor fit with one's practice and the need to relocate to be closer to family. Flexibility can keep physicians in a practice, according to respondents, nearly half of whom said that part-time options encourage physicians either to stay while meeting personal needs, or to delay retirement. Almost three-quarters of group practices offer pre-retirement physicians reduced hours, 56% allow for no call responsibility, and 20% allow for concentration on certain patient groups.

87 Million Uninsured in 2007-08

Nearly 87 million Americans—one in three people younger than 65 years—were uninsured at some point during 2007-2008, according to a report from the advocacy group Families USA. More than half of individuals and families with incomes between the federal poverty level and twice the poverty level (\$21,200-\$42,400 in annual income for a family of four in 2008) went without health insurance at some point during those 2 years, the report said. In addition, most of those who went uninsured did so for long periods: Almost two-thirds were uninsured for 9 months or more. Four of five of the uninsured were in working families, and most of these families included someone who was employed full time, the report said.

—Mary Ellen Schneider

Medical School Deans Tackle Access, Cost Issues

BY CHRISTINE KILGORE

Fresh from their successful efforts to convince Congress and the president to dramatically increase federal biomedical research funding, the nation's medical school deans are now working to prioritize which issues to tackle over the next several years.

The menu of issues is huge: There are crises in access to and cost of health care, an inadequate emphasis on preventive and primary care services, wide variations in health care utilization and quality of care, and a pace of translational research that many believe is much too slow.

"We're asking ourselves, what should we take on in the next 3-5 years, and how can we as medical school leaders maximize our value and contribution?" Dr. E. Albert Reece, who chairs the Association of American Medical Colleges' Council of Deans, said in an interview. The council identifies issues affecting academic medicine and develops strategies to deal with them.

When Dr. Reece assumed the council chairmanship last October, biomedical research funding was the top issue. Since 2004, the budget of the National Institutes of Health had been reduced by 13% after factoring in inflation—a trend that leaders at the AAMC argued was slowing progress on critical research programs and creating a backlog of unfunded and underfunded biomedical research projects.

"Our approach with Congress and with the Obama transition team, and then the administration, was to point out how academic medical centers create a huge amount of economic activity," said Dr. Reece, vice president for medical affairs at the University of Maryland and dean of the university's school of medicine in Baltimore.

The combined economic impact of the nation's 130 academic medical centers exceeded \$450 billion during 2005, according to the AAMC, with academic medical centers being responsible for the creation of more than 3 million jobs. "That's 1 out of 48 wage earners" in the United States, said Dr. Reece, also the John Z. and Akiko K. Bowers Distinguished Professor at the university.

In their meetings with legislators and other national leaders, Dr. Reece and his colleagues from other medical schools emphasized the "ripple effect" of de-

clining funding—how it thwarts the careers of young scientists and physicians interested in bench-to-bedside research, slows the amount and pace of such translational research, and ultimately adversely affects patient care.

The \$787 billion Recovery Act (formally, the American Recovery and Reinvestment Act of 2009) directed \$10 billion in new funds to the NIH—equivalent to a third of the institute's \$29.5 billion annual budget and an amount higher than the deans and other supporters of increased funding had expected. Sen. Arlen Specter (R-Pa.) championed the new funding.

Now, said Dr. Reece, in addition to sustaining ongoing research, the deans will continue to explore and implement other ways of attracting more physician-scientists to academic medicine, a need identified by the Institute of Medicine's Clinical Research Roundtable (CRR) that, from 2000-2005, studied the challenges facing clinical research.

Easing loan repayments was among the many ideas examined by the CRR, said Dr. Reece, who served on the roundtable.

In an interview before an early April retreat of the Council of Deans, Dr. Reece said that other questions for the medical school deans—questions that could drive the choice of issues for new or renewed focus—involve "maximizing the impact of research" and better preparing graduates for the future.

Upgrading primary care's status and emphasis is "definitely on the agenda," he added.

Health care reform will likely favor primary care along with wellness and prevention. A study by the AAMC has warned that demand for physicians will outpace supply faster for primary care than for any other specialty group. Other studies—including one published recently in *Health Affairs*—also have projected a growing shortage of primary care physicians.

"The deans at most medical schools are making concerted efforts to improve the role that primary care physicians play in the delivery of care and medical education," said Dr. John E. Prescott, chief academic officer at the AAMC.

Deans have played a "very active role" in securing more biomedical research funding, he said in an interview, and are now "leading efforts" on access to treatment and the quality of care. ■

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