POLICY & PRACTICE

Family Planning Funding

Over the last few years, federal and state support for family planning has leveled off or declined as more U.S. women of reproductive age have become uninsured or have qualified for publicly subsidized care, according to an analysis conducted by the Alan Guttmacher Institute. This trend could intensify if proposed cuts to Medicaid are enacted, the group said. In 2002, 16.8 million women are estimated to have needed publicly supported contraceptive care, according the institute, but clinics were able to serve only 4 in 10 of these women. Nancy Keenan, president of NARAL Pro-Choice America, said the research points to the need for Congress to increase funding for family planning program Title X, which provides information on contraception.

Roe v. Wade

The U.S. Supreme Court recently refused to hear an appeal of the 1973 ruling in Roe v. Wade. Norma McCorvey, the original "Jane Roe" in the 1973 case, asked the court to reverse its decision on Roe v. Wade or to order a new trial. She cited testimony from more than 1,000 women who say they have been hurt by abortion. Federal rules allow an original party to a case to request that a ruling be vacated if factual and legal changes make the decision unjust. The court rejected the case without comment. The case was first filed in a district court in Dallas in June 2003. The court's decision was praised by abortion advocates such as the Planned Parenthood Federation of America. "It is especially important that the Supreme Court reaffirm its respect for women's reproductive rights and health now, when an antichoice House, antichoice Senate, and antichoice president are all working to restrict women's reproductive rights," Planned Parenthood Interim President Karen Pearl said in a statement. But Ms. McCorvey's attorney, Allan Parker, said the court's decision is not a reaffirmation of the original Roe v. Wade decision. Instead, he said, the denial is just the court exercising its discretionary right not to review a lower court decision.

Securing Office of Women's Health

Lawmakers are trying ensure that the unique health needs of women are not overlooked by making permanent the women's health offices at five federal agencies. Rep. Carolyn Maloney (D.-N.Y.) and Rep. Deborah Pryce (R.-Ohio) introduced the Women's Health Office Act of 2005 (H.R. 949), which would establish a permanent office of women's health at the Department of Health and Human Services, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Food and Drug Administration. Similar legislation was passed by the House in 2002 but was not considered in the Senate. There are currently two women's health offices that are federally authorized—the Office of Research on Women's Health at the National Institutes of Health and the Office of Women's Services at the Substance Abuse and Mental Health Services Administration. "This proposal has had widespread support in the past, and I hope this Congress will finally enact it into law," Rep. Maloney said in a statement.

Mandatory HIV Testing

Nearly two-thirds of physicians and members of the general public say that mandatory, federally funded HIV testing would improve the overall health of the U.S. population, according to a recent survey. HCD Research, a marketing and communications research company based in Flemington, N.J., conducted a national survey of 864 physicians and 1,339 nonphysicians in February. About 63% of the general public said that federally funded, mandatory HIV testing would improve public health, compared with 64% of the physician sample. Most of those surveyed (60% of the general public and 59% of physicians) said the associated health care benefits of mandatory, federally funded testing would outweigh the social implications.

Pay-for-Performance Principles

Any "pay-for-performance" program should offer voluntary physician participation and foster the relationship between physician and patient, the American Medical Association asserted in a new set of principles for such programs. Such a program should also use accurate data and fair reporting and ensure quality of care, the AMA stated. If done improperly, "some so-called pay-for-performance programs are a lose-lose proposition for patients and their physicians with the only benefit accruing to health insurers," AMA Secretary John H. Armstrong, M.D., said in a statement. Both private and public sector organizations have started offering incentive payments to physicians based on an appraisal of their performance. Before taking on such reforms, however, Congress should try to fix Medicare's flawed payment formula, according to recent AMA testimony.

—Mary Ellen Schneider