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WHAT'S NEWS

Many Ob.Gyns. Cling To Annual Pap Testing

'Annual screening [with Pap tests] is persistent regardless of a woman's screening history or HPV test results.'

BY MITCHEL L. ZOLER

FROM THE AMERICAN JOURNAL OF OBSTETRICS & GYNECOLOGY

Introduction of the human papillomavirus cotest for cervical screening in 2003 failed to make a dent in the tendency of U.S. physicians to overuse Pap tests, according to data collected in a 2006 national survey.

In 2006, at least two-thirds of the office-based physicians surveyed said that they would use Pap tests annually even in women aged 30-60 years who had a current negative human papillomavirus (HPV) test result, a current normal Pap test, and two consecutive previous normal Pap results in the past 5 years, even though U.S. recommendations at the time (and currently) called for a retesting interval of at least 3 years, Katherine B. Roland and her associates reported (Amer. J. Obstet. Gynecol. 2011 [doi:10.1016/j.ajog.2011.06.001]).

"Annual screening [with Pap tests] is persistent regardless of a woman's screening history or HPV test results,"

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COURTESY CDC

Divergence from the recommendations for a longer screening interval in these women produces unnecessary testing costs and risks, said Katherine B. Roland of the Centers for Disease Control and Prevention in Atlanta.

HHS Mandates Copay-Free Contraception, With Exceptions

The decision was a controversial one, but also 'common sense.'

BY JANE ANDERSON

Starting next August, all new health plans will be required to provide copayment-free coverage of a range of women's preventive services, including contraception, the Health and Human Services department announced.

Covered services include well-woman visits; screening for gestational diabetes; DNA testing for the human papillomavirus in women age 30 and older; counseling for sexually–transmitted infections; HIV screening and counseling; Food and Drug Administration-approved contraceptive methods as well as sterilization procedures; breastfeeding support and supplies; and screening and counseling for domestic violence, according to the HHS.

New private health plans must offer these recommended services without copayments, coinsurance, or deductibles under the Affordable Care Act. The requirements take effect for plan years beginning on or after Aug. 1, 2012. HHS estimates that about 34 million women ages 18-64 years will be in new private health plans by 2013.

The new requirements do not apply to so-called "grandfathered" plans – those in existence today.

The list of women's preventive services was developed for HHS by an expert panel of the Institute of Medicine. HHS accepted all of the IOM's recommendations, which were released earlier this summer."These historic guidelines are based on science and existing literature and will help ensure women get the preventive health benefits they need," HHS Secretary Kathleen Sebelius said in a statement.

The decision to provide copayment-

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Religious Exemptions Allowed

Mandates *from page 1*

free contraceptives was a controversial one, but also "common sense," Ms. Sebelius said during a news briefing.

"Since birth control is the most common drug prescribed to women ages 18-44, insurance plans should cover it," she said. "Not doing it would be like not covering flu shots or any of the other basic preventive services that millions of Americans count on every day."

HHS plans to allow religious institutions that offer insurance to their employees to opt out of covering contraception. HHS issued an interim final rule that allows these groups to buy or sponsor group health insurance that does not cover contraception if it violates the group's beliefs. The interim final rule is modeled after similar religious exemptions in place in the 28 states that already require insurance companies to cover contraception, according to the HHS.

The list of preventive services was recommended by an expert panel of the Institute of Medicine.

In a report released July 19, the IOM said that each of the services identified by IOM committee members is critical to ensure "women's optimal health and well-being." Their recommendations are based on a review of existing guidelines and on an assessment of the evidence of the effectiveness of different preventive services.

Dr. E. Albert Reece commented, "The charge of the Preventive Services for Women committee, of which I was a member, was to identify the 'gaps' in coverage that could potentially have a major impact on the health of women in this country. Our other charge was to make recommendations regarding only those preventive services where there was an extremely high level of scientific evidence supporting their health benefits.

"Thus, all of the recommendations we made were based on a very strong scientific evidence of a clear health benefit, as well as evidence from many sources that, if implemented, would fill a significant health care gap in providing optimal preventive care for women. Contraception was just one of a handful of preventive services that emerged from this very rigorous process out of the many services that we considered."

He continued, "Unintended pregnancies are a major cause of preterm births in this country, and preterm birth is a major contributor to infant mortality and fetal health problems. Despite strong evidence to support the use of contraceptives to ameliorate preterm births, we found a significant gap in access to and availability of this highly effective preventive method.

'Despite strong evidence to support the use of contraceptives to ameliorate preterm births, we found a significant gap in access to and availability of this highly effective preventive method.'

"As physicians and public health professionals, we on the IOM committee would have been ethically and morally remiss if we had omitted a recommendation to provide a service – without any barriers to access – that can potentially prevent this incredibly costly public health problem," Dr. Reece, vice president for medical affairs at the University of Maryland, Baltimore, as well as the John Z. and Akiko K. Bowers Distinguished Professor and dean of its school of medicine, said in an interview.

In a press briefing, IOM panel chair Linda Rosenstock, dean of the University of California, Los Angeles, noted that the final decision on whether a woman should receive a particular service will remain between that woman and her physician.

However, she said, "It is appropriate to decrease the barriers to what we have identified to be evidence-based, effective preventive measures."

The report won praise from the American Congress of Obstetricians and Gynecologists. "I'm delighted with the terrific work the IOM committee did," said Dr. James N. Martin Jr., ACOG president and director of the division of maternal-fetal medicine and obstetric services at Winfred L. Wiser Hospital for Women and Infants in Jackson, Miss.

ACOG has pushed for better coverage of preventive services, including many

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on the IOM's list, for many years, Dr. Martin said in an interview. "The recommendation for coverage of the annual well-woman visit is going to go very nicely with the other things suggested, especially the recommendation for [copayment-free] contraception," he said.

Dr. Martin noted that the recommendation for copayment-free contraception should help to reduce the number of unplanned pregnancies in the United States, especially for low- and middle-income women who may have had trouble affording birth control.

"It's amazing to me that a country as advanced as we are is as casual as we are about contraception."

He also called out the IOM recommendations for better breastfeeding support along with coverage of gestational diabetes and domestic violence screening, saying they will help improve overall women's health.

"All of these are good recommendations," Dr. Martin said. "I couldn't be happier with this report.

The recommendations also were hailed by Planned Parenthood on its website, which said the recommendations could remove barriers which keep many women from using birth control consistently.

However, Cardinal Daniel DiNardo of Galveston-Houston, Tex., chairman of the Committee on Pro-Life Activities of the United States Conference of Catholic Bishops, said in a statement that "Pregnancy is not a disease, and fertility is not a pathological condition to be suppressed by any means technically possible."

Cardinal DiNardo urged HHS to block the recommendations on contraception, as did the conservative group Family Research Council, which focused specifically on the recommendations for coverage of emergency contraceptives in the statement on its website.

The IOM identified diseases and conditions that are more common or serious in women than in men, or for which women experience different outcomes or benefit from different interventions.

Dr. Rosenstock noted that many health care plans currently provide coverage for these services and added that "This is just a recommendation for first-dollar coverage."

The Affordable Care Act of 2010 requires health plans to provide first-dollar coverage for the preventive services listed in HHS' comprehensive list of preventive services beginning in 2014.

These include the services with Grade A and B recommendations made by the U.S. Preventive Services Task Force, the Bright Futures recommendations for adolescents from the American Academy of Pediatrics, and vaccinations specified by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Services on the list include blood pressure measurement, diabetes and cholesterol tests, and mammography and colonoscopy screenings.

However, HHS officials, concerned that some preventive services key to women's health were not included on those lists, asked the IOM to investigate and recommend additions to the coverage list that would be specific to women.

At the request of HHS officials, an IOM committee made up of women's health experts identified critical gaps in preventive services for women as well as measures that will further ensure women's health and well-being.

The committee identified diseases and conditions that are more common or more serious in women than in men, or for which women experience different outcomes or benefit from different interventions.

The panel considered only effectiveness, not any cost data or cost-effectiveness data, according to Dr. Rosenstock. The group's charge also required members to consider only services provided in clinical settings, even though "preventive services can be effective when provided in settings outside the physician's office," she said.

The report backed up each of the committee's recommendations with the science behind it. For example, it noted that deaths from cervical cancer could be reduced by adding DNA testing for HPV to the Pap smears that are part of the current guidelines for women's preventive services because HPV testing increases the chances of identifying women at risk for cervical cancer.

To reduce the overall rate of unintended pregnancies, which can lead to babies being born prematurely or at a low birth weight, the IOM report urged HHS to consider adding the full range of Food and Drug Administration–approved contraceptive methods as well as patient education and counseling for all women with reproductive capability. This included emergency contraceptives such as levonorgestrel.

Lactation counseling already is part of the HHS guidelines that dictate what preventive services health plans must cover. However, the IOM report went further, recommending coverage of breast pump rental fees along with counseling by trained providers to help women initiate and continue breastfeeding. ■

Mary Ellen Schneider, New York Bureau, contributed to this story.

COMMENTARY

Ob.Gyns. Need to Support Copay-Free Contraceptives

Implementation of the list of preventive services developed by the Institute of Medicine for the U.S. Department of Health and Human Services will save many lives and avoid vast amounts of suffering. The IOM and HSS deserve our accolades, as does ACOG for supporting the recommendations. Sadly, some misguided individuals are fighting against one key component of these preventative services, namely, copayment-free contraceptives. Their objections are based on religion, not science. They believe that the use of condoms and oral contraceptives is immoral. Hence, they mandate the "abstinence only" and "rhythm" methods of family planning. Those of us who have practiced medicine for many years have personally witnessed the abject failure of these ancient methods. Scientific evidence–based medicine has proved that condoms decrease the spread of STDs, including deadly HIV, and that oral contraceptives prevent unintended pregnancies. Ironically, and tragically, antiabortion organizations that also campaign against condoms and oral contraceptives inadvertently increase both the transmission of STDs and the number of abortions. As physicians and as advocates for women's health, we must fully support copayment-free contraceptives.

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The adoption by HHS of the recommendations made by the IOM's Committee on Preventive Services for Women will improve women's health. Specifically, the provision for copayment-free contraception will allow more options for women who cannot consider some contraceptives because of the cost. For example, women who cannot afford an IUD will no longer have a financial barrier to one of the most effective forms of contraception. Currently, 49% of all pregnancies in the United States are unintended. Approximately 48% of women terminating a pregnancy were using contraception during the month in which conception occurred. Without a financial barrier, there will not only be more contraceptive options, but also more reliable forms of contraception available for us to discuss with our patients. This provision should be supported by all of us who provide contraception to women.

CONSTANCE J. BOHON, M.D.

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The list of preventive health services to be covered per the HHS mandate in response to the IOM recommendations is a welcome shift toward the provision of true prevention in health care. Health outcomes for reproductive-age women and their children are absolutely linked to the reproductive health care provided to women. Contraception, health screening, breastfeeding, sexually transmitted infection screening, and intimate partner violence screening address the most immediate health concerns of many women, and are essential in maintaining health. It is important to recognize that although many of these services focus on supporting reproductive health for women, their effects go well beyond reproduction and sexuality. Indeed, these mandated services are linked to 8 of the 10 leading health indicators for "Healthy People 2010." Furthermore, the services go beyond the health of woman by also including their children, families, and links to the greater community. Removing cost as a barrier to preventive health care for women has the power to save dollars and lives.

MELISSA KOTTKE, M.D., M.P.H.

DR. KOTTKE *is an assistant professor of ob.gyn. at Emory University and the director of the Jane Fonda Center for Adolescent Reproductive Health, both in Atlanta. She is a member of the Editorial Advisory Board of* OB.GYN. NEWS. *She disclosed that she is a trainer for the implantation of the subcutaneous contraceptive device Implanon.*