Disappointment Follows Bush's Veto of Stem Cell Research Bill

BY TODD ZWILLICH
Contributing Writer

President Bush delighted many conservatives but disappointed medical groups when he vetoed a bill in July that would have expanded federal funding for embryonic stem cell research.

Well over 100 groups representing patients, researchers, and physicians backed a bill to overturn tight restrictions on federal funding of embryonic research laid down by Bush in August 2001. That decision allowed funding on 77 cell lines already derived at the time, although researchers have since complained that only 20 or so are viable because of contamination and a lack of genetic diversity.

Bush used the first veto of his 5.5-year-old presidency to reject the bill (H.R. 810), despite broad bipartisan support in both the House and Senate. The House failed to reach the two-thirds majority needed to override a veto.

"This bill would support the taking of innocent human life in the hope of finding medical benefits for others. It crosses a moral boundary that our decent society needs to respect, so I vetoed it," Bush said in a White House speech, flanked by several "snowflake" children who were adopted while still frozen embryos in fertility clinics.

Bush's move delighted many antiabortion conservatives, who had called on the president to reject the bill.

A handful of states—including California, Massachusetts, and Maryland—have laws funding embryonic stem cell research. Still, advocates of the research warned that the veto would cause the United States to fall behind on a promising therapeutic avenue.

"This research is going to take place. I'd like to see America take a leading role in this," Lawrence T. Smith, chair of the board of the American Diabetes Association, said in an interview.

The issue split antiabortion lawmakers. Some agreed with Bush that destroying embryos amounts to ending human life, but others, including Sen. Orrin Hatch (R-Utah), concluded that embryos can become human life only if implanted in utero.

Physician lawmakers were also split. Rep. Dave Weldon (R-Fla.), an internist, accused supporters of overselling the promise of embryonic stem cells to cure degenerative diseases and spinal cord injuries.

"This business about cures being around the corner—they don't have an animal model that shows that embryonic stem cells work and they are safe," Weldon said on the House floor. He was joined by Rep. Phil Gingrey (R-Ga.), an ob.gyn., Rep. Charles W. Boustany Jr. (R-La.), a former surgeon, and Sen. Tom Coburn, (R-Okla.), a family physician.

Rep. Joe Schwarz (R-Mich.), an otolaryngologist, voted to expand the research. So did Sen. Bill Frist (R-Tenn.), a cardiac surgeon and presidential hopeful who surprised colleagues last summer when he reversed his support for President Bush and said he'd support overturning research restrictions.

"In all forms of stem cell research, I see today … great promise to heal. Whether it's diabetes, Parkinson's disease, heart disease, Lou Gehrig's disease, or spinal cord injuries, stem cells offer hope for treatment that other lines of research cannot offer," Sen. Frist said on the Senate floor.

Bush's veto angered some of his political opponents, some of whom questioned whether he or his staff was familiar with the legislation. Bush said he rejected the bill because "American taxpayers would for the first time be compelled to fund the deliberate destruction of human embryos."

A decade-old law known as the Dickey Amendment already bans using federal money to destroy human embryos or fetuses. The bill would have used federal funding to research cell lines derived using private money.

"You listen to the president's speech and you wonder who his science teacher was," said Sen. Tom Harkin (D-Iowa). ■

Faced With Part D Gap, Some Go Without Drugs

BY TIMOTHY F. KIRN
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SEATTLE — Patients taking cholesterol-lowering drugs who are in pharmacy-capped plans, like the new Medicare Part D drug benefit, often stop taking their drugs when they reach the cap, Geoffrey Joyce, Ph.D., said at the annual research meeting of Academy Health.

Between 6% and 11% of patients in the Medicare Part D program are likely to hit the so-called "doughnut hole" of coverage in any given year, said Dr. Joyce, a senior economist with the RAND Corp., Santa Monica, Calif.

The so-called doughnut hole is the gap in coverage that goes into effect during a coverage year when a patient's drug expenditures reach $2,250, and continues until the expenditures reach $5,100. After expenditures have reached $5,100, catastrophic coverage kicks in and patients pay only 5% of costs. Within the doughnut hole, patients pay 100% of their drug costs.

Dr. Joyce and colleagues looked at two employer health plans with drug benefits that had a cap on coverage of $2,500, in order to get an idea of what is likely to happen with the Medicare plan.

In the years considered (2003 and 2004), 7% of beneficiaries in one plan and 11% in the other plan hit the cap.

The median time of year when patients hit the cap was September. However, one quarter of the patients who hit the cap did so in June, meaning they had no drug coverage for a full 6 months, Dr. Joyce said.

Patients did not appear to switch from brand-name drugs to generic drugs in any appreciable degree when they reached the cap. However, some patients did stop taking certain drugs. The most common medications the patients stopped taking were cholesterol-lowering drugs and antidepressants.

What was most concerning about those who stopped was that only about 40% of those who stopped then restarted those drugs at the beginning of the new year, Dr. Joyce said.

Previous studies of drug benefit caps have shown that they do reduce plan costs significantly. In one study of a Kaiser Permanente plan, a cap resulted in 31% lower drug costs.

That study found, however, that there may be a price to pay for curtailing drug benefits too drastically, Dr. Joyce noted.

Overall, the Kaiser study found that the capped plan did not result in higher medical care costs. But there were more hospitalizations and more emergency department visits in the capped plan, than in a noncapped plan. There was also a 22% higher mortality in patients in the capped plan. ■