Policy & Practice

Medicare HPV Screening Proposed

Medicare would cover testing for the human papillomavirus (HPV) in conjunction with the standard Pap test as part of routine cervical cancer screening for older women under legislation proposed by Rep. Rosa L. DeLauro, (D-Conn.). Currently, Medicare provides coverage for a screening Pap test every 2 years for most Medicare beneficiaries, while those at high risk can receive a Pap test yearly. Rep. DeLauro noted that most private insurers and state Medicaid programs already cover HPV screening as part of routine cervical cancer screening. "Knowing if an older woman has HPV could help determine if and how often she should continue to be screened," Rep. DeLauro said in a statement. "This can help save older women from the anguish of a cervical cancer diagnosis and can help ensure that Medicare resources are directed toward those who really need them." Women aged 65 and older account for nearly 20% of all new cervical cancer cases and more than 35% of all deaths from the disease, according to the National Cancer Institute. The American Medical Women's Association has endorsed the bill, saying that HPV testing along with a Pap test is becoming a new standard of care in screening women age 30 and older.

States Keep Family Planning Benefit

Although federal deficit reduction legislation approved in early 2006 allows states to design their own Medicaid benefit package and potentially scale back family planning services, no state has done so thus far, according to a study from the Guttmacher Institute and the Kaiser Family Foundation. However, that legislation also included a provision that has raised the price of prescription contraceptives for some low-cost family planning providers, the study said. Historically, drugmakers have been able to offer contraceptives at low or no cost to certain entities, such as family planning clinics and college health centers, without those prices affecting the discount the drug makers must offer to Medicaid. But the 2006 legislation excluded some types of family planning providers from this formula, effectively forcing drug makers to raise their prices for prescription drugs, including contraceptives, to this group, the study said. "Family planning proponents have argued that the affected clinics cannot keep up with these sharp price increases and that access to contraceptives could be compromised for the populations they serve."

HIV Policy Changes Urged

A small change in how the Center for Disease Control and Prevention tracks new HIV/AIDS cases could help capture data on infections in women, especially minorities, more accurately, potentially helping to get infected women into treatment much earlier, according to a coalition advocating the change. The National Women and AIDS Collective (NWAC), along with Sen. Hillary Clinton (D-N.Y.) and Sen. Edward Kennedy (D-Mass.), is asking the CDC to revise the model it uses to capture data on new cases of HIV/AIDS so it records more information on environmental and socioeconomic factors. "Research shows that women of color remain at disproportionate risk of HIV infection even when they aren't engaging in high-risk behavior such as drug use, sex with men who have sex with men, [and] sex work," NWAC said in a statement. "As such, a data collection method that only takes into account high-risk behaviors falls far short of addressing the prevention needs of women of color and other populations whose HIV rates are influenced by a range of environmental and socioeconomic factors." NWAC, along with the two senators, plans to set up a working group with the CDC to try to enact the changes, a NWAC spokeswoman said.

Study: Abstinence Programs Don't Work

There's no strong evidence that any abstinence program delays the initiation of sex, hastens a return to abstinence, or reduces the number of sexual partners, according to a study from the nonpartisan National Campaign to Prevent Teen and Unplanned Pregnancy. "Many of the abstinence programs improved teens' values about abstinence or their intentions to abstain, but these improvements did not always endure and often did not translate into changes in behavior," said the report, "Emerging Answers 2007." But two-thirds of programs that support both abstinence and the use of condoms and contraceptives for sexually active teens had positive behavioral effects, according to the report. However, the report said that researchers should not conclude that all abstinence-only programs are ineffective, because fewer than 10 rigorous studies of these programs have been carried out, and studies of two programs provided "modestly encouraging results." More study is needed before the programs are disseminated widely, the report concluded.

—Jane Anderson