POLICY & PRACTICE

Alcohol Ads, Underage Drinking

Youth people who see more alcohol advertisements end up drinking more, according to a study published in the January issue of the Archives of Pediatric and Adolescent Medicine (2006; 160:18-24). Researchers from the University of Connecticut, Farmington, and their colleagues randomly sampled more than 1,800 people aged 15-26 about their drinking habits and their viewing of alcohol advertisements; each subject was interviewed four times during a 21-month period. The researchers found that individuals who were exposed to one more TV, radio, or magazine advertisement per month on average than other individuals had 1% more alcoholic drinks per month. They also found that for every additional dollar per capita spent on advertising in a particular media market, respondents consumed 3% more alcoholic beverages per month. The findings "call into question the industry's argument that its roughly $1.8 billion in measured media expenditures per year have no impact on underage drinking," David H. Jerningan, Ph.D., of Georgetown University's Center on Alcohol Marketing and Youth, Washington, wrote in an accompanying editorial. "The fact that young people … were more likely to drink more over time in environments with more alcohol advertising, even when controlling for alcohol sales in those environments, suggests that it is exposure to alcohol advertising that contributes to the drinking, rather than the reverse."

Parity Law Extended

The law requiring employers to provide the same caps on mental health coverage as they do for physical health coverage has been extended for another year. The Mental Health Parity Act, which does not apply to substance abuse or chemical dependency benefits, says that group health plans offering mental health benefits cannot set annual or lifetime dollar limits on mental health benefits that are lower than any dollar limits for medical and surgical benefits. Plans that have no annual or lifetime limits on medical and surgical benefits may not impose dollar limits on mental health benefits either.

Mental Health Screening Snapshot

More than half the states provide education or information to primary care providers to help them focus on young children's early mental health development, according to a survey from the National Academy for State Health Policy (NASHP). As part of the Assuring Better Child Health and Development program, NASHP surveyed Medicaid, maternal and child health, and children's mental health agencies in all 50 states and the District of Columbia to gather information on how states were addressing the mental health development of children aged birth to 3 years. Various resources were available in the states to assist primary care providers who identify a child in need of further assessment or in-house follow-up, the survey found. Mental health consultation was mentioned most frequently (48%), followed by state-funded care coordinators (33%), public health nursing consultation (30%), and lists of organizations for physician referrals (27%). However, "these low percentages suggest that none of these resources are readily available," the survey indicated. Providers also raised concerns regarding screening for social and emotional development, such as a lack of referral resources, insufficient payment, and a lack of expertise.

Behaviors Leading to Death

By the time they enter adulthood, a large percentage of American youth have already begun the behaviors that lead to preventable causes of death, according to a study from the Carolina Population Center and the University of North Carolina at Chapel Hill. Researchers studied a nationally representative sample of more than 14,000 young adults; they were first interviewed from 1994 to 1995 when they ranged in age from 12 to 19 years, and again in 2001 and 2002, when their age range was 19 to 26 years. The researchers found that for nearly all groups surveyed, diet, obesity, and access to health care worsened; tobacco, alcohol, and illicit drug use and the likelihood of acquiring a sexually transmitted disease increased as the youths reached adulthood. "Whether the trends will continue as they age, we don't know," said Kathleen M. Harris, Ph.D., the study's principal investigator. "But it doesn't bode well for their future health." One statistic that doesn't bode well: The proportion of young white female respondents reporting no weekly physical exercise was 5% during adolescence, but grew to 46% in early adulthood. The study appears in the January issue of the Archives of Pediatric and Adolescent Medicine (2006;160:74-81).

Money for Psychiatric Hospitals

Inpatient psychiatric facilities would receive an average 4.2% increase in their Medicare payments under a proposal from the Centers for Medicare and Medicaid Services. The proposed rule would affect about 1,800 facilities, including certified psychiatric units in general acute care hospitals. Freestanding government psychiatric hospitals would receive the largest share of the increase, the agency said. "We believe the changes we are proposing today will support the continued improvement in quality of care for Medicare beneficiaries with severe psychiatric disorders," said CMS Administrator Dr. Mark B. McClellan. "Appropriate inpatient psychiatric care often can make it possible for these beneficiaries to return to their homes or to less restrictive settings." CMS will accept comments on the proposed rule until March 14; a final rule will be published later in the spring. The increase will affect all discharges occurring on or after July 1.

—Joyce Frieden

Feds Offer Warning on Rx Assistance With Part D

Some Medicare beneficiaries may still qualify for extra help in purchasing drugs through patient assistance programs, despite the new Medicare Part D drug benefit that started last month.

But pharmaceutical manufacturers that offer assistance will have to tread carefully to avoid running afoul of the federal antikickback statute, according to a special advisory bulletin from the Department of Health and Human Services' Office of Inspector General.

In the bulletin, OIG said it would raise serious concerns if a manufacturer of a drug covered under the Part D program were to subsidize cost-sharing for its product.

In the meantime, drug manufacturers that operate patient assistance programs do not need to rush to disenroll all their Part D beneficiaries. During the first year of the drug benefit, OIG officials will take into consideration whether the assistance program is taking "prompt, reasonable, verifiable, and meaningful steps to transition patients who enroll in Part D to alternative assistance models."

OIG said the practice of pharmaceutical company–sponsored programs offering assistance to Part D beneficiaries could steer patients to particular drugs, increase costs to Medicare, provide a financial advantage over competing drugs, and reduce beneficiaries' incentives to use less expensive alternatives.

The OIG bulletin also raised questions about the practice of bulk replacement in which drug makers donate their products to pharmacies, health centers, clinics, and other facilities. Such programs would need to be evaluated on a case-by-case basis, according to OIG, but these arrangements could potentially violate the antikickback statute if the recipient of the free drugs is in a position to generate federal health care program business for the drug maker.

Alternative program designs could allow beneficiaries to continue to receive assistance. For example, a drug maker could donate its products to an independent, bona fide charity that provides cost-sharing subsidies. This would raise few concerns under the antikickback statute as long as the assistance program was not functioning as a conduit for payments by the drug maker.

—Mary Ellen Schneider