

## POLICY & PRACTICE

### New Bill to Increase IVIG Access

Congress is seeking to expand access to intravenous immunoglobulin by allowing higher reimbursement through Medicare. The Medicare Patient IVIG Access Act (H.R. 2002) directs the Health and Human Services secretary to review pricing data from hospitals and physicians and to determine within 7 months whether an add-on payment is necessary. Current law requires Medicare to pay for all Part B drugs, including IVIG, using the average sales price methodology. However, outpatient facilities pay higher prices because they don't have access to the group discounts that are received by large hospital systems. As a result, physicians are sending patients to the hospital for IVIG treatment, because they cannot purchase IVIG at prices below Medicare payment amounts, according to the bill sponsors, Rep. Steve Israel (D-N.Y.), Rep. Kevin Brady (R-Tex.), and Rep. Allyson Schwartz (D-Pa.). Similar legislation was introduced in the Senate earlier this year (S. 701).

### Funds for Rheumatic Research

The Obama administration's fiscal year 2010 budget request includes \$531 million for the National Institute of Arthritis and Musculoskeletal and Skin Diseases, about \$6 million more than Congress budgeted this year. The FY 2010 funds would be used to continue the agency's support for pain research related to arthritis and rheumatic diseases. NIAMS will also be part of the administration's push to accelerate cancer research by doubling NIH-wide cancer research spending by 2017. NIAMS plans to support investigator-initiated research that focuses on the effects of anti-cancer therapies on bone quality and muscle strength, as well as the cellular mechanisms associated with autoimmune diseases and cancer.

### Sharp Increase in Drug Spending

Spending on rheumatologic drugs rose more than 17% between 2007 and 2008, driven by increases in utilization and higher unit costs, according to Medco Health Solutions Inc. Their report tracks year-over-year increases in prescription spending among its clients. For example, use of adalimumab (Humira) was up following its approval for chronic plaque psoriasis and juvenile idiopathic arthritis in 2008 and for Crohn's disease in 2007. Use of etanercept (Enbrel) also increased in 2008, according to the report. However, overall drug spending growth was only 3.3% in 2008, kept low by the increased use of generic drugs. Generic drugs accounted for about 64% of all prescriptions dispensed by Medco clients in 2008, according to the report.

### Imaging Penalties Proposed

In the first of a series of reports on potential health reform options issued by the Senate Finance Committee,

the panel said it was proposing a "lower payment for ordering physicians who were determined to be outliers for inappropriate ordering" of imaging. According to the proposal, the Department of Health and Human Services would work with national groups to create appropriateness criteria for imaging services. The Senate committee also envisioned a monitoring system that would report how imaging is being used. Among many other options is the use of radiology benefit managers. In a written statement, the Access to Medical Imaging Coalition said that it endorsed the committee's plan to create and promote appropriateness criteria and a proposal to establish a network to give physicians access to patients' previous imaging studies. But the coalition said it "remains very concerned" about radiology benefit managers.

### Part A to Go Broke in 2017

The Medicare Hospital Insurance Trust Fund will run out of money in 2017—2 years earlier than predicted last year—in part because it is collecting fewer payroll taxes during the recession, trustees of the fund announced in their annual report. In 2017, the Part A Hospital Insurance Trust Fund could pay only 81% of anticipated benefits, and that would decline to about 50% in 2035 and 30% in 2080, the trustees said. Premiums for Medicare Parts B and D are predicted to continue to rise much faster than inflation, and the separate Medicare Supplemental Insurance Trust Fund that in part finances those benefits will require additional money from the general treasury. Health and Human Services Secretary Kathleen Sebelius said in a statement that the report should spur action on the part of lawmakers who are considering overall health care reform. "This isn't just another government report," Ms. Sebelius said. "It's a wake-up call for everyone who is concerned about Medicare and the health of our economy. And it's yet another sign that we can't wait for real, comprehensive health reform."

### Promo Items Influence Students

Subtle exposures to small promotional items, such as notepaper with printed logos, influences medical students' attitudes toward pharmaceutical brands, a study in the Archives of Internal Medicine showed. However, medical school policies on pharmaceutical advertising might also affect students' attitudes toward drug brands, the researchers noted. At one institution with a strong policy on pharmaceutical marketing, the students increased their negative reactions to a brand-name drug after exposure to small promotional items. At another institution without such a policy, students had more positive reactions to the same product after the same exposure.

—Mary Ellen Schneider

# Waxman Says House Reform Plan to Be Released in June

BY ALICIA AULT

WASHINGTON — The three committees with jurisdiction over health care in the House of Representatives will make their health reform "framework" public by early June, Rep. Henry Waxman (D-Calif.) said at a forum sponsored by the policy analysis firm Avalere Health.

Rep. Waxman, chairman of the House Energy and Commerce Committee, said that his staff, along with the staffs of both the Ways and Means and the Education and Labor committees, have been working together to create a "proposal that will allow all three to start from a common point." Once the framework has been developed, House Republicans will be brought into the process, Rep. Waxman said, emphasizing that Democrats will work "very, very closely" with their colleagues across the aisle.

After the plan has been released publicly, the three committees will hold hearings to get "viewpoints from stakeholders," he added.

Then the committees will work with the Rules Committee and the House leadership to bring the bill to the House floor, Rep. Waxman said. He predicted passage of a reform bill by the end of July in the House and by the end of the year for both the House and the Senate.

Rep. Waxman was less certain regarding the substance of the legislation. "It must solve the problems of coverage,

cost, and quality together," he said, adding, "There's no real way to solve one without dealing with the others."

The bill will build on what's currently in place, including Medicare, Medicaid, and private insurance, he said. But he left no doubt where he stood on having a government-supported "public plan" as an option for those who could not buy insurance in the private market.

"This system will work better if there is a public health insurance plan available as an alternative to private health insurance," Rep. Waxman said. But he also said he wanted to ensure that public and private plans would be placed on a "level playing field. We must allow private insurers a fair opportunity to compete."

Rep. Waxman said that he was confident that health reform will succeed in 2009, noting that President Obama has given it a high priority, and that House and Senate leaders, as well as almost all other players in the debate, are unified in achieving that goal.

Not surprisingly, Rep. Waxman said that he sees action by the Energy and Commerce Committee as a significant predictor of how health reform will fare in the Congress overall. Noting that the panel has 59 members, the chairman said that the panel comprises 15% of the House and numerically represents 60% of the Senate. The committee balances urban and rural areas, and conservative and liberal ideologies, he said. ■

## National Health Service Corps Slated for Overhaul

BY DENISE NAPOLI

WASHINGTON — With \$2.5 billion in Recovery Act funding, major changes are in the works for the National Health Service Corps.

And according to new Health Resources and Services Administration director Mary Wakefield, Ph.D., R.N., the money comes just in time.

Last year, 14,000 medical and nursing school graduates applied to the National Health Service Corps, the division of HRSA that recruits health professionals to shortage areas by offering full or partial repayment of their student loans, said Dr. Wakefield at a recent physician workforce conference sponsored by the Association of American Medical Colleges. "But the agency was only budgeted to respond to one out of every seven requests, in spite of a tremendous need for those providers."

But this year, with an extra \$300 million from the American Recovery and Reinvestment Act specifically allocated to the agency's health professions programs, the corps will accept about 4,100 more doctors, dentists, and nurses than last year.

Previously, applicants had a fixed, annual 30-day window to apply, but "beginning in May, HRSA will suspend that requirement for the 2-year duration of the Recovery Act, and switch to a rolling application model," said Dr. Wakefield, adding that she will push for this open enrollment model to continue even after the Recovery Act money runs out.

A provisional prequalification program will also be put into place, so that medical and nursing school students can apply and receive notification of acceptance while still in their final year of school. Previously, only licensed graduates were eligible, resulting in a lag between graduation and corps service.

HRSA-approved health care sites will also be able to post more jobs to the online corps job board. Until now, only two vacancies per specialty were allowed per site, regardless of the actual need.

The changes should add up to an infusion of health care workers in rural and shortage areas in 2009 and 2010. "I don't think this opportunity, of this magnitude and this importance, will come along very often," Dr. Wakefield said. "It won't solve all of our problems, but it's going to help to buy us some time." ■