

## POLICY & PRACTICE

### ACOG Urges Breast-Feeding Support

The American College of Obstetricians and Gynecologists is urging ob.gyns., other health care providers, hospitals, and employers to help support women who choose to breast-feed. A new opinion from ACOG's Committee on Health Care for Underserved Women and Committee on Obstetric Practice calls on ob.gyns. to be in the "forefront" to bring about changes in the public environment, in legislation, and in hospital practices. For example, giving women gift packs of formula when they leave the hospital can deter the continuation of breast-feeding at home, the committees wrote. After hospital discharge, the ob.gyn. can help with breast-feeding problems and provide a clinical breast exam. In addition, ob.gyns. should counsel breast-feeding women about various contraceptive options, the committee wrote. ACOG currently recommends exclusive breast-feeding for 6 months. "Physicians' offices can set the example in encouraging and welcoming breast-feeding through staff training, office environment, awareness and educational materials, and supportive policies," the committees wrote.

### Texas Expands Women's Coverage

Starting Jan. 1, the Texas Medicaid program began offering gynecologic exams, related health screening, and birth control to women earning up to 185% of the federal poverty limit. State officials estimate that about 85,000 women will sign up for the program by the end of August. In addition, as part of the Children's Health Insurance Program, the state is providing prenatal care to low-income pregnant women who do not qualify for Medicaid. "Both these programs will expand the number of women and children who qualify for health care services and save the state money at the same time," Albert Hawkins, Texas Health and Humans Services executive commissioner, said in a statement.

### Breast Ca Surgery: Volume Counts

High-volume hospitals are associated with better survival rates following breast cancer surgery, according to a study in the March issue of the American Journal of Public Health. Researchers from the Medical College of Wisconsin in Milwaukee found that treatment at a high-volume hospital (40 or more cases per year) has a 0.78 hazard ratio for breast cancer mortality, compared with treatment at a low-volume hospital (0-19 cases per year). Data on 11,225 women who underwent surgery for breast cancer at 457 hospitals were included in the analysis. The researchers relied on data from the National Cancer Institute's Surveillance, Epidemiology, and End Results tumor registry and Medicare claims. But although hospital volume was a significant factor in mortality, patients treated at low- and medium-volume hospitals did well. For example, about 26% of low-volume hospitals and 37% of medium-volume hospitals outperformed the median high-volume hospitals in terms of 5-year survival. "Hospital volume appears to be a significant, yet still imperfect, predictor of better outcomes," the researchers wrote.

### Bills Stress Pregnancy Prevention

Sen. Harry Reid (D-Nev.) and Rep. Louise Slaughter (D-N.Y.) each reintroduced legislation that aims to refocus the abortion debate by concentrating on preventing unwanted pregnancies. The legislation (S. 21/H.R. 819) requires health plans to provide coverage for contraceptives if they provide coverage for other outpatient prescription drugs. It also calls on the Centers for Disease Control and Prevention to disseminate public information on emergency contraception and authorizes grants to be awarded for teenage pregnancy pre-

vention programs. The legislation has been praised by abortion rights advocates.

### \$2 Billion Budget Proposed for FDA

The Bush administration is requesting \$2.1 billion for the Food and Drug Administration in fiscal 2008, a 5% increase from the previous year's request. The agency still has not received its final appropriation for fiscal 2007, so the exact amount it will receive for that year is not known yet. The budget includes \$444 million in user fees from industry, including a new program to charge generic drug-makers fees to review their products. The agency estimates that generic companies

will contribute \$16 million in fiscal 2008. In a statement, Generic Pharmaceutical Association CEO Kathleen Jaeger said the decision to seek user fees "will not bring generic medicines to consumers faster as long as brand companies are still permitted to use tactics that delay market entry." The budget also includes \$11 million for improving drug safety and \$7 million to boost medical device safety and speed up device review. The agency also is requesting \$13 million to move about 1,300 employees of the Center for Devices and Radiological Health to offices at the FDA's new White Oak, Md., campus.

—Mary Ellen Schneider



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