



## POLICY & PRACTICE

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### Few Ob.Gyns. Perform Abortions

While nearly all ob.gyns. see patients seeking abortions, only about 14% report performing abortions themselves, according to a new survey. The self-administered survey of more than 1,000 practicing ob.gyns. across the United States showed that female physicians were more likely to perform abortions than were their male counterparts, with 19% of women providing the procedure compared with 11% of men. The findings were published in the September issue of *Obstetrics & Gynecology* (2011;118:609-14). Age was also a factor. The survey indicated that ob.gyns. aged 35 and younger were the most likely to perform abortions (22%), followed by doctors aged 56-65 years (15%). Physicians were also more likely to perform abortions if they lived in the Northeast, practiced in an urban area, and did not have strong religious beliefs, according to the survey, which was conducted by researchers at the University of Chicago and Duke University in Durham, N.C. The researchers did not ask whether those ob.gyns. who do not perform abortions provide referrals for abortion. The researchers were supported by grants from the Greenwall Foundation, the John Templeton Foundation, and the National Institutes of Health.

### Pregnancy Rate Disparities 'Troubling'

The rate of unintended pregnancies among poor women in the United States is rising dramatically, even as nationally that figure remains about the same. An analysis by the Guttmacher Institute found that between 2001 and 2006, the unintended pregnancy rate nationally rose from 50 per 1,000 women aged 15-44 years to 52 per 1,000 women. But among women below the federal poverty line, it rose from 120 to 132 per 1,000 women between 2001 and 2006. The rate of unintended pregnancies actually dropped among higher-income women. For women whose incomes were at or above 200% of federal poverty, the rate fell from 28 to 24 per 1,000 women during the same time period. The analysts at the Guttmacher Institute also found that poor women tended to have higher rates of unintended pregnancies regardless of their education, race and ethnicity, marital status, or age. "The growing disparity in unplanned pregnancy rates between poor and higher-income women – which reflects persistent, similar disparities across a range of health and social indicators – is deeply troubling," Sharon Camp, president and CEO of the Guttmacher Institute, said in a statement. "Addressing them requires not only improved access to

reproductive health care, but also looking to broader social and economic inequalities." The Guttmacher Institute researchers relied on federal government data such as the National Survey of Family Growth, the Center for Disease Control and Prevention's abortion surveillance figures, and their own data on abortion in putting together the analysis.

### SF Circumcisions Remain Legal

A well-publicized effort to ban male circumcision in San Francisco was blocked by the courts this summer. Opponents of circumcision had collected enough signatures to place a proposed ban of the procedure on the city's November ballot. If successful, the ballot measure would have prohibited the circumcision of boys under age 18 unless it was deemed medically necessary. The referendum did not include an exception based on religious beliefs. But in late July, San Francisco Superior Court Judge Loretta M. Giorgi tossed out the ballot measure, saying that the regulation of medical procedures can be done only by the state, not the city.

### Know the Law on Expedited Partner Tx

Officials at the American College of Obstetricians and Gynecologists are urging ob.gyns. who work in states where the prescription of antibiotics to the male sex partners of female patients with a sexually transmitted infection is prohibited to work to change the law. In new committee opinion #506 published

in the September issue of *Obstetrics & Gynecology*, ACOG said its members should lobby for legalization of expedited partner therapy and work with their local health departments to develop protocols for its use. While statutes explicitly allowing expedited partner therapy are preferable, ACOG wrote that it may be easier to get a ruling from the state medical and pharmacy boards that the practice is not unprofessional conduct. Expedited partner therapy is currently allowed in 27 states, potentially allowable in an additional 15 states, and prohibited in 8 states.

### Identify Human Trafficking Victims

ACOG is asking ob.gyns. to be aware of the problem of human trafficking of women and girls in the United States. In new committee opinion #507, ACOG offers tips that could help ob.gyns. recognize when patients are possible victims of human trafficking. For example, they may lack official identification such as a driver license or passport, offer inconsistent information, avoid eye contact, display signs of physical abuse, and have someone else with them who controls their money and pays for their visit. ACOG recommends asking open-ended questions and finding a way to speak with the patient in the presence of a chaperone away from the patient's partner. The policy statement was published in the September issue of *Obstetrics & Gynecology*.

—Mary Ellen Schneider

## Judge OKs Federal Funding for Embryonic Stem Cell Research

BY HEIDI SPLETE

A federal judge in Washington dismissed a lawsuit that sought to block federal funding for medical studies using human embryonic stem cells.

A previous court opinion filed in 1999 concluded that the National Institutes of Health could legally use federal funds for embryonic stem cell research, according to the court opinion filed July 27 and posted on the NIH website.

In 2009, President Obama expanded the potential for embryonic stem cell research by opening federal funding to new stem cell lines, in addition to existing lines.

However, later in 2009, a group including two scientists whose research work involves adult stem cells, filed a lawsuit against NIH.

The suit alleged that the NIH's plans for federal funding of embryonic stem cell research violated the Dickey-Wicker Amendment, a 1996

law preventing the NIH from funding research in which human embryos were created specifically for medical studies, or research in which embryos were destroyed or subjected to risks beyond those allowed for fetuses in utero, according to the court documents.

The dismissal of the lawsuit is good news for medical researchers and patients seeking more options, Stephanie Cutter, Assistant to the President and Deputy Senior White House Adviser, wrote in a White House blog post.

"While we don't know exactly what stem cell research will yield, scientists believe this research could treat or cure diseases that affect millions of Americans every year," Ms. Cutter wrote.

"We are pleased with today's ruling. Responsible stem cell research has the potential to develop new treatments and ultimately save lives. This ruling will help ensure this ground-

breaking research can continue to move forward," NIH director Francis S. Collins said in a statement.

Others, however, disagreed. "The Christian Medical and Dental Associations supported the funding ban and is disappointed with this ruling," Dr. Gene Rudd, senior vice president of the organization, said in an interview.

"CMDA supports ongoing adult stem cell research," Dr. Rudd said.

"The problem with embryonic stem cell research is that acquisition of these stem cells results in death to early human life. That makes their use ethically unacceptable," he said.

"And the latest science indicates that acquisition of embryonic stem cells is not necessary.

"Adult stem cells can be induced to become pluripotent, just as embryonic stem cells. Further research in this area is both promising and ethical," Dr. Rudd added. ■

## Federal Agencies Set Stage For State Health Exchanges

FROM A TELECONFERENCE SPONSORED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal officials are laying the groundwork for the launch of state-based health insurance exchanges in 2014, handing out millions of dollars in grants to states, designing tools to determine eligibility to buy insurance, and proposing details on how the refundable premium tax credits will work.

The Health and Human Services department announced during a teleconference Aug. 12 that it is awarding \$185 million in "establishment" grants to 13 states and the District of Columbia to help them build their insurance exchanges. These grants follow planning grants awarded last year by HHS.

More than half of the states have already taken some action to begin building their exchanges, according to HHS.

HHS, along with the Treasury Department, also issued three proposed rules aimed at creating a system that's easy for consumers and small businesses to navigate.

The first proposal, issued by HHS, outlines the standards and

processes for consumers to enroll in a health plan and to seek financial assistance. The proposed rule also explains the standards for small employers to participate in the exchange.

Another proposal from HHS attempts to simplify the process for determining eligibility in Medicaid and the Children's Health Insurance Program and coordinate these processes with the insurance exchanges, so that individuals can move from Medicaid to another health plan without losing coverage.

Finally, the Treasury Department issued a proposed regulation that explains how individuals and families can receive premium tax credits for purchasing health insurance.

Under the Affordable Care Act, taxpayers with incomes between 100% and 400% of the federal poverty level will be eligible for premium tax credits if they purchase insurance through the exchange for themselves or a family member. The tax credits are paid in advance to the health plan to reduce the individual's monthly premium.

—Mary Ellen Schneider