

POLICY & PRACTICE

Abortion Refusal Clause

Insurance companies and health care providers have more flexibility to refuse to provide abortion services, information, or referrals under a provision in federal spending legislation passed at the end of last year. The provision withholds funds from government agencies that take punitive action against health care providers and insurers that don't provide abortion services or information. The measure is drawing the ire of abortion rights advocates. "What we're seeing here is our worst nightmare," Kim Gandy, president of the National Organization for Women, said in a statement. "This cynical measure has imminently dangerous implications for women because it places their lives in the hands of insurance companies and overzealous medical administrative staff." But antiabortion advocates applauded the provision as a measure that protects hospitals and health care providers from discrimination. Federal law currently allows "health care entities" to refuse to perform abortions; however, the law has traditionally been interpreted to protect individual physicians and training programs, not hospitals, health plans, nurses, and others, according to the U.S. Conference of Catholic Bishops. "This Amendment simply clarifies what should be obvious," said Cathy Cleaver Ruse, director of planning and information for the group's Secretariat for Pro-Life Activities. "Legal protection for 'health care entities' should include the full range of participants who provide health care—no one who provides health care should be forced to participate in abortion."

Covering the Uninsured

Universal coverage for all Americans is needed to solve the problem of lack of access to care, according to a new policy statement from the American College of Obstetricians and Gynecologists. The group continues to support its 1993 program, U.S. MaternaCare, which would ensure access to a full range of pregnancy, family planning, and infant care services to pregnant women and infants. But this is only a first step, according to the statement developed by ACOG's Committee on Health Care for Underserved Women. Ultimately, it is key to expand the basic benefits and coverage for all Americans, the committee said. "Health care providers need to be advocates for the goal of securing quality, affordable coverage for every American with active support of proposed local, state, and national legislation," the committee said.

Abstinence Education Evaluated

Federally funded abstinence-only education programs contain errors and misinformation on the effectiveness of condoms, the risks of abortion, and the transmission of disease, according to a recent report from Rep. Henry Waxman (D-Calif.). The report reviewed school-based sex education curricula used by federally funded programs. For example, one curriculum states that data do not support the claim that condoms help prevent the spread of sexually-transmitted diseases. In another case, a curriculum states that 5%-10% of women who undergo abortions will become sterile. "Serious and pervasive problems with

the accuracy of abstinence-only curricula may help explain why these programs have not been shown to protect adolescents from sexually transmitted diseases," the report said.

No Global Cloning Ban

The United Nations could not come to a consensus to approve a global ban on all forms of human cloning. The United States and Costa Rica had led an effort to ban all cloning, including so-called therapeutic cloning, but the treaty did not draw enough support. But groups such as the

Coalition for the Advancement of Medical Research have urged the United Nations to reject a wide-ranging ban that would apply to cloning that could aid in medical research and the development of therapies. "We're very gratified that the U.N. has backed away from an overreaching treaty that could harm medical research and hinder possible cures for millions throughout the world," Daniel Perry, president of the coalition, said in a statement.

Racial Disparities in HIV

The number of HIV/AIDS diagnoses in the United States remained steady from 2000 to 2003, but the disease became more

prevalent in African Americans during that time, according to an analysis from the Centers for Disease Control and Prevention. The rates of HIV/AIDS diagnosis among non-Hispanic African American females in 2003 (53 cases per 100,000 population) was more than 18 times higher than among white women and nearly 5 times higher than among Hispanic women. African American women also accounted for 69% of female HIV diagnoses from 2000 to 2003. The CDC analysis examined data from 32 states that conducted confidential, name-based reporting from 2000 through 2003.

—Mary Ellen Schneider

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