POLICY &

President Signs Product Safety Act

President George W. Bush has signed into law the Consumer Product Safety Improvement Act of 2008, which reauthorizes the Consumer Product Safety Commission for the first time in 18 years and overhauls various laws regarding products, especially those used by children. The new law bans phthalates in children's toys and child care articles, bans lead beyond a minute amount in products for children aged under 12 years, bans three-wheel all-terrain vehicles and strengthens regulation of other ATVs, and mandates premarket testing by certified laboratories of children's products for lead and for compliance with a wide range of safety standards. It also requires manufacturers to place distinguishing marks on products and packaging to aid in recalls of products. Problems with consumer product regulation were highlighted last fall when numerous consumer products, particularly children's toys, were deemed unsafe and were recalled, congressional bill supporters said.

Asthma Hospitalizations Fall

Hospitalizations of children principally for asthma fell by almost 60,000 between 1997 and 2006, according to the Agency for Healthcare Research and Quality. However, the number of children with asthma who were admitted to hospitals for other conditions rose by nearly 70,000 during the same period, the AHRQ said. In 2006, there were 335,000 hospital stays for children with asthma, the agency found. In 137,000 cases, the children were admitted specifically to treat asthma. In the remaining cases, the children had asthma but were being treated for another illness which often is directly related to asthma—for instance, pneumonia or bronchitis, the AHRQ found. In addition, the agency reported that children from poorer communities, where the average income was less than \$37,000 a year, were 76% more likely to be admitted than were those from wealthier communities, where the average income was greater than \$37,000 a year. And, poor children with asthma as a coexisting illness were 54% more likely to be hospitalized than were children from wealthier communities, the AHRQ reported.

Uninsured Kids Lack Care

Uninsured children are three times more likely not to visit a doctor's office in the course of a year than are insured children, who are far more likely to have had a regular checkup, according to a study from the Robert Wood Johnson Foundation and researchers at the University of Minnesota. In addition, more than one in three children with chronic conditions such as asthma and diabetes are covered by the State Children's Health Insurance Program or Medicaid, and data show that these children receive health services at the same levels as do chronically ill children with private insurance, while chronically ill children without coverage receive far less care. "SCHIP and Medicaid provide an important safety net for America's families, especially for families with chronically ill children," Dr. Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation, said in a statement. "Because of Medicaid and SCHIP, mil-

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lions of kids can get regular checkups, take the medications they need to stay well, and see a doctor when they are sick."

SCHIP Enrollees' Medicaid Data Eyed

An estimated 4% of children enrolled in SCHIP were eligible for Medicaid in 2006, according to a review by the Department of Health and Human Services' Office of the Inspector General (OIG). Also, 4.5% of SCHIP enrollees' records lacked the documentation to make a Medicaid eligibility determination. Federal regulations require states to screen SCHIP applicants for

Medicaid eligibility before enrolling them in the program. The OIG, which examined case records of a random sample of 400 children from 36 states, recommended that the Centers for Medicare and Medicaid Services emphasize to states the need for accuracy in enrollment casework.

Antibiotic Spray for Apples 'Bad Idea'

An Environmental Protection Agency decision permitting Michigan to spray the state's apple orchards with gentamicin risks undermining the value of the antibiotic to treat blood infections in newborns, along with other serious human infections, according to the Infectious

Diseases Society of America. The EPA granted the state of Michigan "emergency" permission to use the antibiotic, also used to treat gastrointestinal and urinary tract infections, to fight a tree disease called fire blight. Fire blight has become resistant to streptomycin, the antibiotic apple growers had been using. "At a time when bacteria are becoming increasingly resistant to many of our best antibiotics, it is an extremely bad idea to risk undermining gentamicin's effectiveness for treating human disease by using it to treat a disease in apples," Dr. Donald Poretz, IDSA president, said in a statement.

—Jane Anderson

For the relief of symptoms associated with seasonal allergic rhinitis (SAR) and the treatment of uncomplicated skin manifestations of chronic idiopathic urticaria (CIU)*

Discover the power of Allegra® for kids

Relieves the symptoms of seasonal allergies and hives

(without cognitive or psychomotor impairment)¹⁻³



*Allegra Oral Suspension is indicated for SAR in children 2 to 11 years of age and for CIU in children 6 months to 11 years of age. Allegra ODT is indicated in children 6 to 11 years of age.

Important Safety Information

Allegra ODT contains phenylalanine, a component of aspartame. Other Allegra products do not contain phenylalanine.

The most commonly reported adverse events with Allegra 30 mg/5mL and placebo in seasonal allergic rhinitis patients 6 months to 5 years are vomiting (5.8% vs 8.6%) and diarrhea (3.0% vs 2.6%). The most commonly reported adverse events with Allegra 30 mg and placebo in seasonal allergic rhinitis patients 6 to 11 years are cough (3.8% vs 1.3%), upper respiratory tract infection (2.9% vs 0.9%), pyrexia (2.4% vs 0.0%).

Please see Brief Summary of full Prescribing Information on reverse side.



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