POLICY & PRACTICE

Funding Stem Cell Research

Some states are looking to follow in California's footsteps by attracting scientists to their states to conduct research on human embryonic stem cells. The governors of New Jersey and Connecticut have already announced their proposals to spend millions to entice stem cell researchers to their states, and a New York state senator wants to ask the state's voters for approval of a $1 billion stem cell research initiative. California voters recently approved a measure to spend nearly $3 billion on embryonic stem cell research over the next 10 years. Sean Tipton, spokesman for the Coalition for the Advancement of Medical Research said these activities are good news, given the federal policy on stem cell research; however, his organization questions whether a state-by-state approach makes sense. Researchers will have to figure out the different rules for grants in each state and could waste time and money on these administrative hurdles, he said.

Contaminated Stem Cells Lines

The currently available lines of human embryonic stem cells are contaminated with a nonhuman molecule that compromises their potential use in humans, according to a new study from researchers at the University of California, San Diego, and the Salk Institute in La Jolla, Calif. The study was published in the online Jan. 23 issue of the journal Nature Medicine. Supporters of expanding the federal policy on stem cell research touted the research as evidence that the current policy isn't working. In August 2001, President Bush announced a policy allowing federal funding for human embryonic stem cell research but only on a limited number of stem cell lines that were derived before Aug. 9, 2001. "Stem cell policy in 2005 should not be based on 2001 policy," Rep. Mike Castle (R-Del.), said in a statement. "An expansion of this policy is critical to our scientists and researchers who need access to the best stem cell lines available and who want the important ethical guidance of the National Institutes of Health." Rep. Castle, along with Rep. Diana DeGette (D., Colo.), has been pushing for an easing of the 2001 federal policy.

The State of Cervical Cancer

Most U.S. states are falling behind when it comes to cervical cancer screening rates, coverage of routine screening tests in public insurance programs, and legislation on cervical cancer, according to a new report from Women in Government. In the best-performing states, at least 80% of women in the appropriate age range have been screened in the last 3 years, and Medicaid programs cover both Pap testing and HPV tests in routine screening of women aged 30 and older. However, while 46 states and the District of Columbia cover HPV testing through Medicaid when medically necessary, many physicians are not routinely offering it, said J. Thomas Cox, M.D., director of the Women's Clinic at the University of California, Santa Barbara. "Therefore, it is imperative to inform doctors and women about HPV, and to ensure access to HPV testing and to the vaccine for HPV when it become available," he said in a statement. A copy of the report is available online at www.womeningovernment.org.

Focus on Folic Acid

Women of childbearing age with a family history that puts their potential children at high risk for neural tube defects should supplement their diets with 4 mg of folic acid each day, according to the U.S. Surgeon General. But the increased folic acid should be taken through folic acid supplements, not by increasing the number of multivitamins, the Surgeon General said, because of the risk of vitamin A poisoning. The Surgeon General made these recommendations while announcing his agenda for 2005. Women of childbearing age without family history of neural tube defects should supplement their diets with 400 mcg of folic acid each day, said Surgeon General Richard H. Carmona, M.D.

MedPAC: Give Doctors a 2% Hike

Medicare should increase physician payments by 2.7% in 2006 to keep pace with the cost of providing care, the Medicare Payment Advisory Commission recommended. Such an increase will help physicians continue to treat Medicare patients, John Nelson, M.D., president of the American Medical Association, said in a statement. "Unless Medicare payments keep up with the cost of providing care, there is a real concern that some physicians will be forced to stop taking new Medicare patients," he said. However, unless Congress fixes a flaw in Medicare's physician payment formula, doctors face a 5% cut next year and cumulative cuts of 30% through 2012. Several MedPAC commissioners supported the idea of taking outpatient or Part B drugs from the formula, although the Government Accountability Office has warned that this solution would not prevent several years of declines in physician payments.

—Mary Ellen Schneider