

Regulation Would Curb Family Planning Services

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Reproductive rights advocates are mobilizing against an effort by the Bush administration to redefine abortion in a way that could limit access to family planning services.

Last month, officials at the Department of Health and Human Services circulated a draft proposal aimed at beefing up protections for physicians and other health care providers who object to performing procedures such as abortion and sterilization. As part of this effort, the draft contains a new definition of abortion: the prescription or administration of a drug or procedure that "results in the termination of the life of a human being in utero between conception and natural birth, whether before or after implantation."

Reproductive rights advocates say this broad definition would classify some oral contraception, IUDs, and emergency contraception as methods of abortion.

If adopted as a federal regulation, the new definition of

abortion could limit access to federally funded family planning services, according to the Association of Reproductive Health Professionals, which is calling on physicians and other providers to express objections to HHS.

The proposal would "radically redefine pregnancy," said Mary Jane Gallagher, president and CEO of the National Family Planning and Reproductive Health Association. The definition is contrary to definitions used by medical societies and blurs the line between what is abortion and what is contraception, she said. With such a broad definition, health professionals could refuse to provide contraceptives under the heading of objecting to abortion, she said.

The effects could be "devastating" espe-

cially in small towns and rural areas where women have few choices of where to access contraceptives, said Dr. Philip Darney, chair of obstetrics, gynecology, and reproductive sciences at the University of California, San Francisco. Because of the broad wording of the proposal, anyone with an objection to any type of contraception could take this as a license to refuse to provide this care, he said. "It's really bad news for access to contraception," Dr. Darney said.

In a letter to HHS, Sen. Hillary Clinton (D-N.Y.) and Sen. Patty Murray (D-Wash.) asked agency officials to reconsider the regulations.

"These draft regulations could disrupt state laws securing women's access to birth control. They could jeopardize federal programs like Medicaid and Title X that provide family planning services to millions of

women. They could even undermine state laws that ensure survivors of sexual assault and rape receive emergency contraception in hospital emergency rooms," the senators wrote.

In a statement, HHS said it is explor-

ing a number of options to enforce antidiscrimination laws. "Over the past 3 decades, Congress has passed several antidiscrimination laws to protect institutional and individual health care providers participating in federal programs. HHS has an obligation to enforce these laws," the statement said.

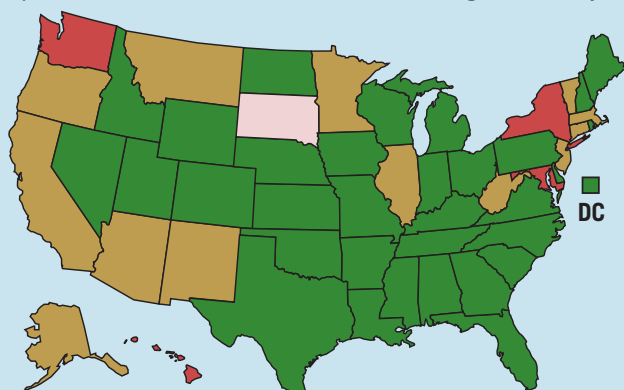
The draft proposal also would require recipients of HHS funding to certify in writing that they will not discriminate against a provider for refusing to perform abortion or sterilization procedures and will not require involvement in procedures that the provider considers morally objectionable. Written certification is necessary to ensure that health professionals are aware of federal "conscience" laws, according to the HHS draft document. ■

These draft regulations could disrupt state laws securing women's access to birth control and jeopardize federally paid family planning services.

DATA WATCH

2008 Policies on Medicaid-Funded Abortion

- | | |
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| ■ When medically necessary (voluntary) | ■ When medically necessary (by court order) |
| ■ In cases of life endangerment, rape, and incest | ■ In cases of life endangerment only |



Source: Kaiser Family Foundation

POLICY & PRACTICE

CMS Issues PQRI Payments

Physicians who successfully reported quality measures to Medicare in 2007 as part of the Physician Quality Reporting Initiative should be receiving their bonus payments this month. Officials at the Centers for Medicare and Medicaid Services announced that they had paid out more than \$36 million in bonuses to physicians and other health professionals as part of the PQRI. Of the approximately 109,000 health professionals who reported data on Medicare services provided during July-December 2007, more than 56,700 met the reporting requirements and will be receiving bonus checks. The average bonus paid to an individual provider was more than \$600, and the average bonus for a group practice was more than \$4,700, the CMS said. "These payments to physicians for participating in the PQRI are a first step toward improving how Medicare pays for health care services," Kerry Weems, acting administrator, said in a statement. Under the PQRI, physicians could earn bonus payments of up to 1.5% of their total allowed Medicare charges by successfully reporting quality data for Medicare services. Also, physicians and other health professionals can now access confidential feedback reports on their performance by registering with the Individuals Authorized Access to CMS Computer Services-Provider Community (IACS-PC). More information on the program is available at www.cms.hhs.gov/PQRI.

Drugs Easy to Get Online

Despite a decline in the number of Web sites advertising or selling prescriptions for controlled substances, 85% of sites selling such drugs in the past year did not require a prescription, according to a new report by the National Center on Addiction and Substance Abuse at Columbia University. Researchers found 365 sites advertising or selling controlled substances during searches that took place in the first 3 months of 2008, compared with 581 sites found during the same period in 2007. The decline in the number of sites offering controlled-substance prescriptions may reflect federal and state efforts to crack down on Internet drug trafficking, said Joseph A. Califano Jr., the center's chairman. Only 2 of the 365 sites found online in 2008 were certified by the National Association of Boards of Pharmacy as Verified Internet Pharmacy Practice Sites (VIPPS), the same number found certified in 2007. Of those sites not requiring prescriptions, 42% explicitly stated that no prescription was needed, 45% offered "online consultations," which enable Internet users to get controlled substances online without a proper prescription, and 13% made no mention of a prescription.

Claims by Dead Doctors Paid

In the past 8 years, Medicare has paid more than \$76.6 million in durable medical equipment claims that contained the Unique Physician Identification Numbers of dead physicians, ac-

ording to a congressional subcommittee investigation. The probe, from the Senate Permanent Subcommittee on Investigations, found that from 2000 through 2007, Medicare paid for at least 478,500 claims that contained the UPINs of deceased doctors. Medicare was unable to stop the claims even though the CMS took steps in 2002 to reject claims using invalid or inactive UPINs, the report said. UPINs were replaced this year by National Provider Identifier numbers. The subcommittee recommended that the CMS strengthen procedures to deactivate NPIs after physician death, and initiate regular NPI registry and claim audits.

Pharmacies, PBMs Merge Networks

RxHub, founded in 2001 by the nation's three largest pharmacy benefit managers, and SureScripts, formed the same year by the National Association of Chain Drug Stores and the National Community Pharmacists Association, announced that they will consolidate their operations, forming a single, secure, nationwide network for e-prescriptions and the exchange of health information. "The combined strengths of the two organizations will enable the delivery of a single suite of services that will dramatically improve the safety, efficiency, and quality of one of the largest segments in health care," said Bruce Roberts, executive vice president and CEO of the NCPA.

N.J. Expands Coverage

New Jersey Gov. Jon Corzine (D) has signed a bill that will require all children in the state to have health insurance within a year. The bill also expands coverage to more low-income parents. The legislation is the first step toward universal health care for New Jersey, Gov. Corzine said in a statement. The new law includes insurance reforms to increase affordability and stabilize enrollment for individuals and small businesses, and will make individual plans more affordable for younger people. "We're expanding our best-in-the-nation FamilyCare program to cover more working-class families and we're requiring health coverage for all children in New Jersey," the governor said.

Infection Control Experts Renamed

Call them infection preventionists. In what it said was an effort to better articulate the expanding roles of its members, the Association for Professionals in Infection Control and Epidemiology has offered a new moniker for its members. The term joins the list of professional titles such as hospitalists, intensivists, and interventionists introduced by the health care industry over the past several years, the association said. Infection preventionists protect patients from health care-associated infections and related adverse events in clinical and other settings, the association said. They work with clinicians and administrators to improve patient- and systems-level outcomes.

—Jane Anderson