

Formal Programs Don't Change Abstinence Rates

BY MARY ELLEN SCHNEIDER
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Teenagers enrolled in abstinence-only education programs are about as likely to have abstained from sex as are teens in a control group, according to a report evaluating federal abstinence education programs.

The study, which was requested by Congress under the Balanced Budget Act of 1997, was conducted by Mathematica Policy Research Inc. on behalf of the Department of Health and Human Services. The study is based on the results of a survey of more than 2,000 teens who were assigned to an abstinence-education program or a control group. The sample included four abstinence education programs that focus on teaching abstinence from sexual activity outside of marriage.

Surveys from the teens involved in the study revealed that about 49% remained abstinent always regardless of whether they were enrolled in a program, and 56% of teens in a program were abstinent in the last 12 months, compared with 55% of teens in the control group.

The researchers found similar rates between the two groups when they asked about sex using a condom, age at first intercourse, and number of sexual partners.

One persistent criticism of abstinence-only education programs is that they contain medically inaccurate information. However, another report, also commis-

sioned by the Health and Human Services department, found that most comprehensive sex education programs also include some inaccurate statements.

Of nine comprehensive sex education programs reviewed, six contained medically inaccurate statements, according to the report. For example, three programs promoted use of the spermicide nonoxonyl-9, but the report states that recent research has shown that the spermicide is ineffective against sexually transmitted diseases and could increase the risk of transmission.

For the most part, the programs were medically accurate but tended to minimize condom failure rates, the report said. The report was requested in 2005 by former Sen. Rick Santorum (R-Pa.) and Sen. Tom Coburn (R-Okla.). The assessment was conducted by the Sagamore Institute for Policy Research and reviewed by the Medical Institute for Sexual Health.

The results of the Mathematica study appear to show that abstinence-only education doesn't live up to its promise, said Dr. David S. Rosen, professor of pediatrics and internal medicine at the University of Michigan, Ann Arbor. Teaching abstinence is appropriate, but teaching it exclusively doesn't seem to be effective based on the available literature.

He advises physicians to discuss sex with their adolescent patients in the context of preventive health visits, and to bring it up in the context of a confidential relationship, not with the parents in the room. ■

SCHIP's Administrative Changes Could Effectively Cut Coverage

The true impact isn't known yet, but an administrative change by the Centers for Medicare and Medicaid Services to rules governing the State Children's Health Insurance Program—made on a Friday night during Congress' August recess—may have the effect of dropping children who currently have coverage.

Sen. Jay Rockefeller (D-W.Va.), one of the original coauthors of SCHIP, sent a letter to President George W. Bush chiding the administration for making the change without congressional input.

"Not only do I question the wisdom and legality of this new policy, I also question the process," wrote Sen. Rockefeller, noting that "a policy change of this magnitude should, at a minimum, be handled through the formal rule-making process, with proper public notice and comment."

About 4 million children are eligible for Medicaid or SCHIP currently; some 6 million received benefits in 2006. An estimated 9 million children do not have health insurance.

SCHIP, now entering its 10th year, has been the subject of fierce battles this year, as lawmakers have struggled to come up with financing for the next 5 years. Authorization for SCHIP expires Sept. 30. Before

leaving for summer recess, the House and the Senate passed very different packages.

President Bush said he would veto either bill, saying that he viewed both as a backdoor way of expanding government-financed health care at the expense of the private insurance market.

So, the Aug. 17 letter from CMS Director for Medicaid and State Operations Dennis G. Smith to state health officials should not have come as a surprise. In the letter, states were told that if they were raising eligibility for children whose family incomes were equal to or above 250% of the federal poverty level, they would have to meet stringent new requirements. The goal: to ensure that these families aren't opting for SCHIP instead of private insurance.

CMS is now requiring that, for example, children be uninsured for at least 1 year before receiving SCHIP benefits. In addition, states also will have to document that the number of low-income children who are eligible for and covered by private insurance has not dropped by more than 2% in the past 5 years.

The House and Senate will meet in conference in September to determine the course of SCHIP over the next 5 years.

—Alicia Ault

POLICY & PRACTICE

Publix to Offer Free Antibiotics

Publix Super Markets will offer seven oral antibiotics free of charge at its 684 pharmacy locations, the Lakeland, Fla.-based store chain announced. The antibiotics included in the program—amoxicillin, cephalexin, sulfamethoxazole/trimethoprim (SMZ-TMP), ciprofloxacin (excluding Cipro XR), penicillin VK, ampicillin, and erythromycin (excluding Ery-Tab)—account for almost 50% of the generic prescriptions filled for adolescents and children at Publix, the company said. New or current customers simply need to provide the Publix pharmacists with their prescriptions, up to a 14-day supply, and they will be filled at no charge. There is no limit to the number of prescriptions customers can fill for free, and the free antibiotics are offered to customers regardless of their prescription insurance provider, the store chain said.

FDA, DoD to Share Data

The Department of Defense will share data and expertise with the Food and Drug Administration related to the review and use of FDA-regulated drugs, biologics, and medical devices in an effort to identify potential concerns and recognize benefits of products, the two agencies said. The DoD will share general patient data from military health system records with the FDA, although the agencies will protect all personal health information exchanged under the agreement. Among the DoD programs involved in the agreement is TRICARE, which serves 9.1 million members of the uniformed services, retirees, and their families, and TRICARE prescription data likely will be the first information shared as part of the project. The partnership between the DoD and FDA is part of the FDA's Sentinel Network, a project intended to explore linking private sector and public sector information to create an integrated electronic network.

Bill Would Improve Import Safety

User fees on imported food and drug shipments would fund additional personnel to inspect shipments both at the border and at FDA laboratories under legislation proposed by the chairman of the House Energy and Commerce Committee. Funds from the proposed user fees also would be used to test import samples and research new testing techniques. "We are importing twice as much food as we were a decade ago, yet the FDA examines less than 1% of it," said Chairman John Dingell (D-Mich.). "Without regular inspections and analysis there is little incentive for food producers and importers to ensure that our food supply is free from harmful and sometimes fatal contaminants." The legislation also would expand FDA authority to issue recalls, require country of origin labeling, and halt imports of certain products in the case of problems.

Leaders Back Payment Reform

The vast majority (95%) of key public officials, analysts, and executives say

fundamental health care payment reform is needed, and 75% support Medicare reform that would pay "medical homes" for care coordination, according to the latest Commonwealth Fund Health Care Opinion Leaders survey. The survey found consensus for specific strategies; for example, 90% of respondents said use of health information technology should be mandated for Medicare providers within 5-10 years, and half supported financial incentives for physicians and hospitals to provide high quality care. Around three-quarters of respondents agreed that greater organization and integration of provider care is necessary for improved quality and efficiency, but nearly 8 of 10 said that physician autonomy would be a challenge to care integration. A total of 59% said they support public reporting of providers' performance on quality measures, and more than half said they support the creation of a new public-private entity to coordinate quality efforts and form a national quality agenda.

GAO Finds Medicaid Decline

A law requiring most U.S. citizens applying for Medicaid coverage to document their citizenship has caused eligible citizens to lose Medicaid coverage, and the law costs far more to administer than it saves, according to two government analyses. The law went into effect on July 1, 2006, and affects 30 million children and 16 million parents currently enrolled in Medicaid, as well as millions of new applicants. The first analysis, from the Government Accountability Office, found that half of the states are reporting declines in Medicaid coverage because of the requirement, and many of those losing coverage appear to be U.S. citizens. The second analysis, produced by the House Committee on Oversight and Government Reform, found that for every \$100 spent by federal taxpayers to implement the documentation requirements in six states, only 14 cents in Medicaid savings can be documented.

R.I. to Begin Information Exchange

Rhode Island is one step closer to a health information system that will allow physicians to access patient health data from a variety of sources. The state has chosen Electronic Data Systems Corp. and its subcontractor, InterSystems Corp., to build and integrate the necessary technology and software. Through a 3-year, federally funded \$1.71 million contract, the companies will build the core components of the system under the oversight of the Rhode Island Department of Health. Initially, data will come from several state laboratories and from SureScripts, a national e-prescribing services company. When the system is complete, authorized health care providers will have access to laboratory results and medication histories for their patients, state officials said.

—Jane Anderson