

## POLICY &amp; PRACTICE

**Pregnant Women Eschew Meds**

A minority of women believe it is safe to take depression medication while they are pregnant, according to a new survey by the Society for Women's Health Research. The survey of 1,000 women was conducted by telephone in October; 500 family and general practitioners and internal medicine specialists were also queried. Only 11% of women said they thought it was safe to take a depression medication during pregnancy, compared with 68% of physicians. Less-educated and lower-income women and African American women were more likely to believe it was unsafe to take a medication. Half of women said it was safe post partum, compared with 97% of physicians. Women falsely believed that depression was a normal part of the postpartum experience and also underestimated their risk for depression at specific life stages involving hormonal transitions, according to the society. In a statement, Sherry Marts, vice president of scientific affairs for the society, said the survey shows a disconnect between physicians' beliefs about depression and women's perceptions. "The health care community needs to do a better job communicating with women about depression," Ms. Marts said.

**HIV Policy Changes Urged**

A small change in how the Center for Disease Control and Prevention tracks new HIV/AIDS cases could help capture data on infections in women, especially minorities, more accurately, potentially helping to get infected women into treatment much earlier, according to a coalition advocating the change. The National Women and AIDS Collective (NWAC), along with Sen. Hillary Clinton (D-N.Y.) and Sen. Edward Kennedy (D-Mass.), is asking the CDC to revise the model it uses to capture data on new cases of HIV/AIDS so it records more information on environmental and socioeconomic factors. "Research shows that women of color remain at disproportionate risk of HIV infection even when they aren't engaging in high-risk behavior such as drug use, sex with men who have sex with men, [and] sex work," The NWAC said in a statement. "As such, a data collection method that takes into account only high-risk behaviors falls far short of addressing the prevention needs of women of color and other populations whose HIV rates are influenced by a range of environmental and socioeconomic factors." The NWAC, along with the two senators, plans to set up a working group with the CDC to try to enact the changes, a NWAC spokesperson said.

**Abstinence Programs Don't Work**

There's no strong evidence that any abstinence program delays the initiation of sex, hastens a return to abstinence, or reduces the number of sexual partners, according to a study from the nonpartisan National Campaign to Prevent Teen and Unplanned Pregnancy. "Many of the abstinence programs improved teens' values about abstinence or their inten-

tions to abstain, but these improvements did not always endure and often did not translate into changes in behavior," said the report, "Emerging Answers 2007." But two-thirds of programs that support both abstinence and the use of condoms and contraceptives for sexually active teens had positive behavioral effects, according to the report. However, the report said that researchers should not conclude that all abstinence-only programs are ineffective, because fewer than 10 rigorous studies of these programs have been carried out, and studies of two programs provided "modestly encouraging results." More study is needed before the programs are disseminated widely, the report concluded.

**Preventive Coverage Widespread**

Almost all health savings account/high-deductible health plans (HSA/HDHPs) offered by the employment-based insurance market provide "first-dollar" coverage for preventive care, regardless of whether the deductible has been met. In a July 2007 survey by America's Health Insurance Plans, 96% of small groups (50 or fewer employees), 99% of large groups (51 or more employees), and 99% of jumbo groups (3,000 or more employees) said they cover preventive care on a first-dollar basis. Conversely, only 59% of individually purchased HSA/HDHPs do so. The 36 companies surveyed had more than 1.7 million HSA/HDHP enrollees (there are 4.5 million nationwide). The preventive care services commonly covered include recommended immunizations and preventive screenings. All plans surveyed covered mammograms, Pap smears, and annual physicals; most covered colonoscopies and prostate cancer screening.

**Improvement Through Transparency**

Transparency of quality and price information is important or very important for improving the U.S. health care system, according to 77% of 241 health care opinion leaders surveyed in October 2007 by Harris Interactive on behalf of the Commonwealth Fund and Modern Healthcare. Stimulating provider performance-improvement activities was rated as an important or very important goal of transparency by 84% of respondents; 76% also cited encouraging payers to reward quality, and 66% thought helping patients make informed choices was an important or very important goal. More than half (56%) thought that a new public-private national entity should be responsible for setting the standards for measurement and reporting, with 75% saying the costs of such measurement and reporting should be shared by providers, insurers, and the government. Most (88%) felt that adoption of health information technology was an important or very important component of any system of transparency. The online poll surveyed peer-identified leaders and experts in academia, research, health care delivery, business, insurance, government, and labor and advocacy groups.

—Leanne Sullivan

# Biden Favors Incremental Health Coverage Approach

BY JOYCE FRIEDEN  
Senior Editor

WASHINGTON — Sen. Joseph R. Biden Jr. (D-Del.) will tell you right up front that health care would not be his top priority if he were elected president.

"Ending the war in Iraq will be my single highest priority, and preventing war in Iran will be one of my highest priorities as well," the senator, a candidate for the Democratic presidential nomination, said at a forum on health care policy sponsored by Families USA and the Federation of American Hospitals.

That said, the sixth-term senator added that he could put several elements of his health care plan into motion quickly.

Unlike Sen. Hillary Rodham Clinton (D-N.Y.) and former Sen. John Edwards (D-N.C.), Sen. Biden said he would not mandate that every citizen obtain health insurance. Instead, he would encourage employers to continue offering coverage by guaranteeing that the federal government would pay 75% of catastrophic health costs that exceed \$50,000 for one employee, he said at the forum, one in a series underwritten by the California Endowment and the Ewing Marion Kauffman Foundation.



**'The whole notion is changing the paradigm—front end, costs; back end, significant savings.'**

SEN. BIDEN

One reason politicians have backed away from proposing catastrophic health coverage is they remember what happened 20 years ago with the Medicare Catastrophic Coverage Act, the senator noted. That law, signed by President Reagan in 1988, gave Medicare beneficiaries full coverage for hospital stays after a \$560 deductible for hospital costs and a \$1,370 deductible for doctor bills. It was repealed in 1989 due to beneficiaries' concern over the additional premiums they would have to pay. But "that was a different world, and a lot has changed," Sen. Biden said.

Sen. Biden would also expand the State Children's Health Insurance Program (SCHIP) to include children in families making up to \$60,000 per year. "Anyone who thinks a couple who makes \$60,000 a year and has four kids [can] spend \$1,400 per month for health insurance, they ought to get out more," the senator said.

Sen. Biden also proposes allowing the public to buy into the Federal Employees Health Benefits Program, even though he admits it may not be the best health insurance program available. "My wife is a teacher, and when I was hospitalized, we used her insurance because it was better"

than the federal employee health plan, he said. But "it's there, everybody understands it, and there's a sense of confidence about it—'If my senator has this, it must be good enough for me.'"

Using the federal employees' plan is an example of the consensus-building that Sen. Biden said he hopes to do as president. "This is about whether or not you're going to be able to, as president, generate a national consensus, because if you're a Democrat, you're going to have to get 15%-20% of Republicans to vote for it; you can't do it with just Democrats. And you're going to have to be able to convince the American people that this is understandable."

Another part of Sen. Biden's health care proposal includes letting anyone 55 years and older buy into Medicare. The government would provide subsidies for low-income citizens who couldn't afford to pay the Medicare premium.

He estimates the cost of all these proposals at \$90-\$110 billion annually, which he said can be partly achieved by rolling back tax breaks for the richest 1% of Americans, tax breaks "that they didn't ask for and don't need." He would also eliminate tax breaks on capital gains and dividends, and end tax loopholes for hedge fund managers and private equity partners.

Sen. Biden said he would like to see more emphasis on preventive care, although he admitted such an investment might not pay off for a while. "That's one reason I want to insure children at the front end," he said. Without insurance, "they end up being less healthy by [the] time they're 21 years old."

Sen. Biden continued, "The whole notion is changing the paradigm—front end, costs; back end, significant savings. One of the problems with the mentality of American businesses and insurance companies is that they always think about the next quarter. Very seldom does anyone think about next year or 5 years or 7 years. If we're going to get these costs under control, it seems to me you've got to be investing now."

Medicare costs will grow dramatically over the next decade as the Baby Boom generation retires, Sen. Biden said. He offered three suggestions for cutting costs.

First, "we should be reimbursing private insurers [who participate in the Medicare Advantage program] the same way we reimburse everyone else. We're reimbursing them about \$10 billion a year beyond what we're reimbursing others." Second, "being able to negotiate price relative to cost of drugs ... would significantly reduce the cost." Third, with an increased focus on prevention, "by the time people hit the Medicare system who are now in their 30s and 40s, they'll have much more control of these chronic diseases."

If other cost cuts are needed, "in the first year, I think I can cut the Defense Department by over \$160 billion by ending the war in Iraq," the senator said. ■

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