Policy & Practice

Race and Pregnancy Outcomes

Early access to prenatal care has not been enough to improve pregnancy outcomes among minorities, according to a study published in the March issue of Obstetrics and Gynecology. The study analyzed data from the First- and Second-Trimester Evaluation of Risk trial to look at perinatal loss among women who had early access prenatal care. Of the more than 35,000 pregnant women in the study, 1.3% of the pregnancies ended in miscarriage or newborn death. While blacks made up only 5% of the study population, they accounted for about 16% of the perinatal mortality. Even after the authors controlled for other demographic factors, race remained a significant predictor of perinatal mortality. "Prenatal care, although unequivocally helpful and necessary, remains insufficient in its present form for minority women," the researchers wrote. "Therefore, increasing early access to current prenatal care systems in the effort to minimize racial and ethnic disparities in perinatal mortality is insufficient."

Review of Partial Birth Ban

The Supreme Court has agreed to hear arguments about the constitutionality of the Partial-Birth Abortion Ban Act of 2003. The U.S. Attorney General petitioned the court last fall to hear the case of *Gonzales v. Carhart*. In that case, Nebraska physician LeRoy Carhart and three other physicians sought to overturn the 2003 abortion ban. Most recently, the U.S. Court of Appeals for the Eighth Circuit struck down the ban as unconstitutional because it did not include a health exception for the woman. The Supreme Court will likely be revisiting some of the issues involved in the case of *Stenberg v. Carhart*, in which the court struck down a Nebraska ban on the so-called partial birth abortion procedure in 2000. In that case, which also was brought by Dr. Carhart, the decision hinged on the lack of a health exception. But court watchers are wondering whether the outcome will be different this time around with the changed makeup of the court, including new Chief Justice John G. Roberts Jr. and new Justice Samuel A. Alito Jr.

Women's Heart Health

The Society for Women's Health Research, the American Heart Association, and several other groups are mobilizing their members in support of new legislation aimed at educating physicians and patients about cardiovascular diseases among women. The HEART for Women Act (S. 2278/H.R. 4747), introduced in February, would authorize outreach activities to raise awareness of cardiovascular disease prevention and treatment in women and would tighten requirements for reporting gender-based data on new drugs and devices. The legislation was introduced as the Society for Women's Health Research and WomenHeart: The National Coalition for Women With Heart Disease released their report on the top 10 unanswered questions related to the development, diagnosis, and treatment of heart disease in women. The report also outlines a blueprint for research in this area. The report is available online at www.womensheart.org.

Wal-Mart Stocks Plan B

Wal-Mart will begin carrying Plan B emergency contraception at all of its U.S. pharmacies beginning on March 20. The retailer was already required to sell emergency contraception at pharmacies in Illinois and most recently in Massachusetts. The company could not justify being the only major pharmacy chain that didn't carry Plan B, Ron Chomiuk, Wal-Mart's vice president of pharmacy, said in a statement issued earlier this month. Mr. Chomiuk said Wal-Mart officials expect that more states will introduce requirements to sell emergency contraceptives in a matter of months. While Wal-Mart will carry emergency contraception at all stores, the company plans to continue its "conscientious objection" policy, which allows any Wal-Mart or Sam's Club pharmacy associate to refuse to dispense any prescription that he or she does not feel comfortable dispensing and to refer customers to another pharmacist or pharmacy. The announcement that Wal-Mart would sell Plan B was praised by reproductive rights advocates as an important first step. But Planned Parenthood Federation of American President Cecile Richards said Wal-Mart should not allow pharmacists to refuse to fill valid prescriptions. "We urge Wal-Mart to change its policy to ensure that prescriptions for contraception will always be filled in their stores without discrimination or delay," she said.

Lester Crawford, Lobbyist

Former Food and Drug Administration Commissioner Lester Crawford, D.V.M., has taken a position at Policy Directions Inc., a Washington-based lobbying and consulting firm. Mr. Crawford will be senior counsel to the organization, which counts pharmaceutical manufacturers and biotechnology and food companies among its clients. By law, he will be barred from directly lobbying Congress for at least a year. Policy Directions declined to make him available for an interview. Mr. Crawford resigned abruptly from his FDA post in September, just 2 months after his confirmation by the Senate. In the 5 years of the Bush Administration, the FDA has had a permanent commissioner for 18 months. (Mr. Crawford served in an acting capacity for 16 months without Senate confirmation.)

—Mary Ellen Schneider

Defensive Medicine, Malpractice Eat Up 10% of Premium Dollars

WASHINGTON — The costs of malpractice insurance and defensive medicine account for about 10 cents of every dollar spent on health care premiums, several speakers said at a press briefing sponsored by America's Health Insurance Plans.

Medical liability and defensive medicine represented the lion's share of cost increases in both the physician and outpatient areas, Michael Thompson, principal at the New York office of Pricewaterhouse-Coopers, said at the briefing.

Litigation and defensive medicine also accounted for about a third of the costs associated with poor-quality health care, said Mr. Thompson, noting that the cost of poor-quality care was spread throughout the health care system.

'We have a system where 45% of what's being done is not best practice. No public or private entity could operate at that rate.'

According to AHIP President Karen Ignagni, efforts must be made to reduce the amount of poor-quality care being given. "We have a system where 45% of what's being done is not best practice," she said. "No public or private entity could operate at that rate."

Overall, the rate of increase in health care premiums was 8.8% in 2004-2005, down significantly from 13.7% in 2001-2002, noted Jack Rodgers, managing director at PricewaterhouseCoopers. One factor contributing to the slowdown was a decrease in the rate of cost increases for prescription drugs, according to Mr. Thompson. "It's now trending in line with overall premiums," he said.

Part of the reason for that decrease is employers' increasing use of three-tiered or four-tiered drug programs, in which patients pay a larger share for brand-name drugs, especially if there are generic equivalents. In 2000, only 27% of patients were in drug plans with three or more tiers; in 2004, the figure was 68%, he said.

In addition, cost trends were helped by a drop in the number of state mandates that are being added each year, from 80 in 2000 to less than 40 in 2004, Mr. Thompson said.

Outpatient costs rose significantly last year, Mr. Rodgers said. "Those are the services that are really growing rapidly." The increase in outpatient services accounted for more than a third of the 8.8% increase in premiums, he noted.

Despite these problems, Mr. Thompson said in an interview that he did not expect premium increases to go higher next year. "We're looking at the same number or maybe a little lower," he predicted. Part of the stabilization will likely be due to consumers having to pay more for their health care costs and becoming more aware of prices as a result, he added.

—Joyce Frieden