

FTC: Food Makers Should Self-Regulate Children's Ads

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WASHINGTON — Food manufacturers should voluntarily restrict the way they market foods to children, but the government will not seek formal regulations in this area, several speakers said at a meeting on obesity sponsored by Business Access.

"Effective industry self-regulation can play an important role in protecting consumers," said Lydia Parnes, director of the bureau of consumer protection at the Federal Trade Commission (FTC). "Often, self-regulation can address issues more effectively than government can."

Michael Lyon, M.D., medical director of the Canadian Center for Functional Medicine, asked why the commission was not planning to take any action on the McDonald's Corporation's recent announcement that the fast-food chain would sponsor a physical education program in elementary schools.

"Does that mean if a tobacco company or a beer company did it, it would be okay with the FTC?" he said. "There's nothing on the McDonald's menu that a child will eat that's healthy and will not promote obesity. . . . How can the FTC turn a blind eye to that? Is that just because McDonald's is so powerful and loaded with money?"

"Absolutely not," Ms. Parnes replied. "But you need to focus on what government can do about this in a prohibitory way. Our mandate is to act against deceptive advertising and marketing. Can the government stop McDonald's from sponsoring physical education? There are pretty serious Constitutional problems with that."

In a separate session, Thomas B. Pahl, assistant director for advertising practices at the FTC, discussed a workshop on childhood obesity that the agency had held earlier in the year.

Mr. Pahl, who said he was speaking only for himself, noted that contrary to critics' claims, researchers for the agency's bureau of economics found that children aged 2-11 were exposed to 34% fewer food advertisements on children's television shows and 50% fewer ads on family shows in 2004 than in 1977.

"Those results are more consistent with what we've heard from the food industry that there hasn't been a great increase in food advertising to children; if anything, it has decreased over the past couple of decades at the same time childhood obesity has been increasing," he said.

Mr. Pahl said that food manufacturers are trying to offer more healthy choices to children—for example, McDonald's is offering apple slices in its Happy Meals—and are trying to package healthy foods to make them more appealing to children.

Mr. Pahl said that legislating or regulating food marketing practices would be difficult and inefficient.

"The FTC does not believe, based on its past experience, that [regulation] is something practical that could be applied," he said. "It's difficult sometimes to impose restrictions on food advertising to children, because it tends to raise issues like what's good food, what's bad food, what time of day, and how can you target it."

As a practical matter, he continued, "even if regulation or legislation were to be imposed, you're talking years and years before any kind of solution like that could be in place. What's more helpful now, given how quickly childhood obesity is increasing and how serious a problem it is, is to see what we can do now. And what we can do now is work with industry and consumer groups to see if we can decrease [inappropriate advertising] without legislative and regulatory alternatives. It would be faster, and may make those alternatives unnecessary." ■

Medicare: Some Cancer Drugs to Be Covered for Off-Label Use in Trials

The Centers for Medicare and Medicaid Services has announced that the Medicare program will cover the chemotherapeutic agents oxaliplatin (Eloxatin), irinotecan (Camptosar), cetuximab (Erbix), and bevacizumab (Avastin) in certain clinical trials for cancer patients.

In a Federal Register notice, CMS noted that all four agents are already approved as first- or second-line treatment for advanced colorectal cancer.

In addition, "the off-label use of irinotecan for the treatment of non-small cell lung cancer is supported in one of the approved drug compendia; therefore, this off-label use is covered by Medicare." However, no other off-label uses of the drugs are covered.

At the agency's request, the National Cancer Institute identified high priority

clinical trials studying off-label uses of these four cancer drugs.

"By covering the use of these agents in selected trials, [CMS] will . . . ensure continued advancement in knowledge for the appropriate use of these agents . . . and ensure beneficiaries rapid access to promising new uses of approved technologies under controlled clinical trial conditions," the agency said. Covering the trials will also "serve as a potential model for additional coverage expansions in clinical trials for other anticancer chemotherapeutic agents," CMS noted.

In a standard section of the notice inviting public comments, the agency noted that implementation of the new coverage could be delayed "if we receive comments that persuade us to defer implementation."

—Joyce Frieden

POLICY & PRACTICE

Cream Skimming Continues

Specialty hospitals are under scrutiny once again. A study found that Arizona heart physicians who partly owned cardiac specialty hospitals were more likely than were physicians with no ownership stake to treat low-acuity, high-profit cases in their own facilities and refer the more complex, lower-profit cases to community hospitals. Jean Mitchell, Ph.D., a professor of public policy at Georgetown University, Washington, analyzed 6 years of inpatient discharge data to compare the practice patterns of physicians who were owners of cardiac specialty hospitals in Phoenix and Tucson with those of physicians who only treated patients in full-service community hospitals with an accredited cardiac care program. She found that physician-owners treated higher percentages of patients with Medicare fee-for-service or commercial PPOs, and lower percentages of patients enrolled in Medicaid and HMOs. The American Medical Association endorses the existence of such hospitals, although the Center for Medicare and Medicaid Services has reinstated a freeze on the approval of new specialty hospitals until it completes a review next year. The study appeared as a Health Affairs Web-exclusive article.

HHS Mulls Investigation

The Department of Health and Human Services' Office of Inspector General is looking into the circumstances surrounding the resignation of former Food and Drug Administration Commissioner Lester M. Crawford, D.V.M., Ph.D., to determine if an investigation should be opened, an OIG spokeswoman said. In a response to a query from Rep. Maurice Hinchey (D-N.Y.), HHS Inspector General Daniel R. Levinson said that the OIG is doing an initial review of the facts, not an investigation in any regulatory sense, according to the spokeswoman. "After reviewing the facts, the OIG will determine if an investigation is formally launched," she said. "Dr. Crawford's departure, a mere 2 months after confirmation to his position, raises significant questions," Rep. Hinchey and several fellow members of Congress wrote in their request. Dr. Crawford had resigned his position after a 30-year career with the agency, serving as its deputy commissioner and director of the Center for Veterinary Medicine, among other posts.

Alternative Medicine Centers

The National Center for Complementary and Alternative Medicine (NCCAM) is funding five new research centers to study complementary and alternative approaches to HIV/AIDS, arthritis, asthma, and pain. Three of the new centers will focus on therapies used in traditional Chinese medicine, such as acupuncture and Chinese herbal mixtures. The other centers will study millimeter wave therapy—a type of energy medicine—and botanical

therapies used by traditional healers in Africa. For example, NCCAM has awarded \$1.2 million in first-year funding to the Center for Arthritis and Traditional Chinese Medicine at the University of Maryland in Baltimore. Researchers there will conduct a clinical trial of an 11-herb Chinese formula known as HLXL for osteoarthritis of the knee; assess acupuncture's effect on inflammatory pain in an animal model; and study the efficacy of HLXL in an animal model of autoimmune arthritis. NCCAM is a component of the National Institutes of Health.

Perceptions on Seeking Care

It's the lack of insurance, not a lack of concern, that keeps uninsured people from getting care, the Center for Studying Health System Change concluded in a study. When confronted with a serious new medical symptom, insured and uninsured people shared similar perceptions about the need to see a medical provider. In fact, the study found that uninsured people aged 18 years and older were more likely than were insured people (23% vs. 19%) to report the recent onset of at least one of 15 serious symptoms, such as shortness of breath, chest pain, persistent headache, or loss of consciousness. About 58% of insured and uninsured people with a new symptom believed they needed to see or talk to a medical provider. But even with similar conditions and similar severity levels, uninsured people were much less likely than were the insured to obtain medical care in response to the new symptom. The analysis, drawn from the center's Community Tracking Study Household Survey, was limited to 1,937 adults without Medicare coverage—1,024 uninsured and 913 insured patients.

Groups Call for Alcohol Labeling

Two consumer groups, the National Consumers League and Shape Up America!, are calling on the federal government to require standardized labeling on alcoholic beverages similar to that appearing on packaged food and over-the-counter medications. "Even the most basic information about alcohol beverages is not required to be provided on the labels of most alcohol beverage products," said NCL President Linda Golodner. "Just as conventional foods, dietary supplements, and nonprescription drugs are required to provide a basic minimum of information needed by consumers to make informed purchasing decisions, alcohol beverage labels should also be required to provide this information." Information the groups would like to see on the label includes serving size, alcohol content, calories, the definition of a "standard drink," and advice from federal dietary guidelines about moderate alcohol consumption. The two groups were responding to a request for comment from the U.S. Treasury's Alcohol and Tobacco Tax and Trade Bureau on a proposal to revise the current labeling rules.

—Jennifer Lubell