

Public Health Issues Took Center Stage in Election

BY MARY ELLEN SCHNEIDER
New York Bureau

BOSTON — Voters in several states made their voices heard last month on public health issues ranging from smoking bans to restrictions on abortion to the minimum wage.

Public health experts offered their views on the ballot initiatives at the annual meeting of the American Public Health Association (APHA). The following is a sample of the some of the issues that appeared on the ballot on Nov. 7:

Smoking Restrictions

Results were mixed on public health initiatives related to tobacco. Voters in Arizona, Nevada, and Ohio passed statewide smoking restrictions. But voters were split in their support for raising taxes on cigarettes and other tobacco products, with Arizona and South Dakota approving tax increases while California and Missouri rejected them.

"I think the United States has made great progress," said Frances Stillman, codirector of the Institute for Global Tobacco Control at Johns Hopkins University in Baltimore.

Social norms around smoking are starting to change but that progress could be in jeopardy due to a lack of public funding in the states, said Ms. Stillman, immediate past chair of the APHA section on alcohol, tobacco, and other drugs. Despite the number of states moving toward smoking bans, Ms. Stillman does not foresee a federal ban on smoking anytime soon. And local action benefits antismoking advocates, she said, because it's harder for the tobacco industry to fight these efforts around the country.

"They can't be everywhere at once," she said.

If there is a single effort at the federal

level, it should be for the Food and Drug Administration to regulate tobacco, said Dr. Georges Benjamin, executive director of the APHA.

In Arizona, voters passed Proposition 201, the Smoke-Free Arizona Act, which prohibits smoking in all public places and places of employment except retail tobacco stores, veterans' and fraternal clubs, certain designated hotel rooms, and outdoor patios. The proposition also imposes an increase on cigarette taxes.

Arizona voters also passed an initiative to establish an early childhood development and health fund that would be supported in part by revenues from the increase in the state tax on tobacco products. The voters also rejected a ballot initiative that prohibited smoking in many public places but would have exempted bars and parts of restaurants that have a separate ventilation system.

Nevada voters passed a ballot question to ban smoking in a number of indoor areas including child care facilities, government buildings, public places, all bars with a food-handling license, and all indoor restaurants. Exceptions include stand-alone bars, casinos, strip clubs or brothels, and retail tobacco stores. This initiative allows cities and towns to adopt stricter laws.

Voters in Nevada rejected a similar-sounding initiative that would have prevented local counties and towns from passing stricter regulations related to smoking.

Ohio voters took similar action on two of their ballot questions. They passed a proposal to prohibit smoking in a number of public places and rejected a proposal that would have called for similar prohibitions on smoking but would have stricken from the books any stricter local laws on smoking.

Voters in Florida passed a constitutional amendment to use tobacco settlement

money to fund a statewide tobacco education and prevention program. Voters in South Dakota passed a measure to increase taxes on cigarettes and dedicate a portion of those funds to tobacco-prevention programs. In California and Missouri, initiatives that would have increased taxes on cigarettes failed.

Reproductive Health

Voters in three states defeated restrictions on abortion last month, including the far-reaching ban that was passed by the South Dakota legislature earlier this year.

The controversial South Dakota law would have outlawed abortion in all cases except to save the life of the mother. The law did not include exceptions in cases where the abortion is necessary to preserve the woman's health or in cases of rape or incest.

After the law was signed by the governor earlier this year, opponents began a petition to force the issue onto the November ballot. If voters had approved the ballot measure, the issue would ultimately have been decided in the courts, resulting in a direct challenge to *Roe v. Wade*. With the legislation defeated by the voters, current South Dakota law allows a woman to obtain an abortion during the first 24 weeks of pregnancy. After that time, abortions can be performed only to preserve the life or health of the woman.

In Oregon and California, voters rejected measures that would have required physicians to notify a minor's parents before performing an abortion. California's proposition 85 would have amended the state's constitution to prohibit physicians from performing an abortion on an unemancipated minor until 48 hours after notifying a parent or legal guardian. This is not the first time that California voters have dealt with this issue. Last year they defeated the same measure in a special election.

Oregon's measure 43 would have required a physician to provide written notice to a parent of an unemancipated minor age 15 and older at least 48 hours before providing the abortion. Under current law, parental consent for an abortion is required for minors younger than 15.

Lois Uttley, director of the Merger-Watch Project, a group that advocates for greater access to reproductive health services, told this news organization that in an ideal world, girls would seek parental advice, but mandating parental involvement can lead to abuse. Instead, age-appropriate sex education, which includes both abstinence education and birth control, are more appropriate answers, said Ms. Uttley, who is the chair of the APHA Action Board.

"Good family communication unfortunately cannot be imposed by the government," she said.

Minimum Wage

Minimum wage hikes passed in all six states where they were proposed, raising the minimum wage as high as \$6.85 per hour in Ohio and Colorado.

The federal minimum wage is set at \$5.15 per hour but about half the states have higher minimum wage laws. Washington state has the highest minimum wage among the states at \$7.63 per hour, according to the National Conference of State Legislatures.

Voters raised the minimum wage to \$6.50 in Missouri, \$6.15 in Montana, \$6.75 in Arizona, \$6.85 in Ohio, and \$6.85 in Colorado. In Nevada, voters approved a measure to make the minimum wage \$5.15 per hour if the employer provides health insurance and \$6.15 per hour if the employer does not. This measure was passed by voters in 2004 but under Nevada law must be passed in two consecutive elections since it amends the constitution. ■

New Medicare Part D Program Targets Top Script Fillers

BY MITCHEL L. ZOLER
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PHILADELPHIA — Starting next year, Medicare Part D will feature a new wrinkle in the drug insurance program: medication therapy management.

A medication therapy management (MTM) program was mandated for 2007 by the Centers for Medicare and Medicaid Services (CMS) for selected Medicare beneficiaries who are participating in Part D coverage. MTM programs are targeted to beneficiaries who have multiple chronic diseases, use multiple medications in Part D, and have anticipated Part D costs for 2007 of more than \$4,000, Mary Dorholt said at a conference sponsored by the American Society on Aging. The program, as it's currently structured, will apply to about 3% of Medicare beneficiaries who enroll

in Part D, said Ms. Dorholt, vice president for Medicare client support at Medco Health Solutions Inc. in Maple Grove, Minn., a Part D sponsor.

The minimum criteria for beneficiaries to qualify for a MTM program include having at least five chronic conditions, with at least two from this list: hypertension, elevated serum cholesterol, heart failure, diabetes, or chronic obstructive pulmonary disease. Beneficiaries also need a history of claims for at least six different medications that are covered under Part D. But the CMS policy also states that Part D sponsors can lower their eligibility standards so that more beneficiaries qualify for their MTM program.

Medco has developed a profile of the anticipated chronic diseases that will occur in beneficiaries who qualify for their MTM program. The most com-

mon illness is hypertension, which is anticipated to affect about 90% of qualifying beneficiaries, Ms. Dorholt said.

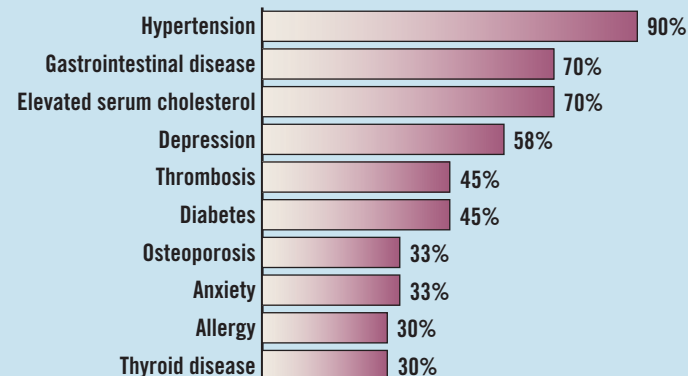
Although the CMS requires that Part D sponsors offer a MTM program next year "to ensure that covered Part D drugs are appropriately used to optimize therapeutic outcomes" and to reduce the risk of adverse drug effects, the specifics of each program has been left to each Part D sponsor. The program that Medco created is designed to educate beneficiaries on the importance of compliance, identify and help eliminate barriers and risks from drug therapy, review important health and safety issues, and find opportunities for reduced costs by increased use of generic drugs and providing medications through the mail. The essence of the program is to "talk to patients and help them understand why

they are taking their drugs and how to take them correctly," said Ms. Dorholt.

Although individual beneficiaries will not pay for the MTM programs, they are required to

enroll. A challenge for Medco and other part D sponsors will be to educate beneficiaries that the service is free and to encourage their enrollment, Ms. Dorholt said. ■

Anticipated Prevalence of Chronic Disease Among Part D Beneficiaries Eligible for MTM



Source: Medco Health Solutions Inc.