Birth Control Coverage Ruling
A major railroad company did not discontinue coverage against its female employees when it refused to cover birth control under its health insurance plan, a federal appeals court ruled last month. The U.S. Court of Appeals for the 8th Circuit, based in St. Louis, overturned a lower court ruling that found against Union Pacific Railroad. The lower court had ordered the railroad to cover all prescription contraceptives approved by the Food and Drug Administration.

Women’s health advocates objected to the appeals court ruling, saying that it will open the door for other companies across the country to exclude contraceptive coverage. “This ruling is an outrageous step backwards for women’s health,” Cecile Richards, president of Planned Parenthood Federation of America, said in a statement. “Birth control is basic health care, and health insurance should cover it.”

Pregnancy Nutrition Survey
FDA officials plan to survey physicians and other health care providers to find out what information and advice they offer to pregnant women about nutrition and food safety. Officials are specifically seeking information on recommendations related to methymercury and seafood consumption, listeriosis prevention, weight control and nutrition, dietary supplement usage, food allergies, and infant feeding practices. Agency officials issued a survey for pregnant women in 2004 and 2005, and new insights from the survey of health providers will be used to evaluate whether the FDA advice is being used by providers to educate their patients. FDA officials are seeking a sample of 400 ob/gyns, 200 nurse practitioners who specialize in obstetrics, 200 nurse midwives who specialize in obstetrics, 200 physician assistants who specialize in obstetrics, and 200 dentists from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The survey will also ask physicians and other health care providers what resources they use to stay current on nutrition and food safety risks among pregnant women.

Mississippi Abortion Ban Signed
Mississippi Gov. Haley Barbour has signed into law a bill that would make it a crime to perform an abortion in the event that Roe v. Wade were overturned. Under the new law, abortions in the state would be illegal except in the case of preserving the mother’s life or cases of rape. If Roe v. Wade were overturned, physicians in the state who performed abortions would face between 1 and 10 years in prison. Also included in the legislation is a provision that requires physicians to perform fetal ultrasound scans before an abortion and offer the patient a chance to see the image and hear the fetal heartbeat. The ultrasound requirement is not linked to Roe v. Wade and is scheduled to go into effect July 1. Patients are required under the law to sign a certificate of satisfaction form saying they had a chance to see an ultrasound and hear the fetal heartbeat. Physicians are required to keep that form in the patient’s medical record. “This law is a near-total ban on abortion. It would deny Mississippi women necessary reproductive health care,” Vicki Saporta, president of the National Abortion Federation, said in a statement.

Adding Contraception to Sex Ed
Federal lawmakers recently introduced legislation aimed at leveling the playing field when it comes to funding comprehensive sex education programs. The “Responsible Education About Life” or REAL Act (S.972-H.R.1653) was introduced in the Senate by Sen. Frank Lautenberg (D-N.J.) and in the House by Rep. Barbara Lee (D-Calif.) and Rep. Christopher Shays (R-Conn.). Under the legislation, the federal government would provide funds to states to offer “comprehensive” and “medically accurate” sexual education in their schools. Currently, the federal government offers funds to states for abstinence-only education but not for programs that teach about contraception to prevent pregnancy and sexually transmitted diseases, according to the bill’s sponsors. “We should absolutely be teaching young people about abstinence, but we shouldn’t be holding back information that can save lives and prevent unwanted pregnancies,” Lee said in a statement. “Instead of ‘abstinence only,’ what we’re proposing is ‘abstinence plus’.”

FDA to Study Ad Risk Data
Saying that it has become more concerned about how much risk information is disclosed to consumers in print advertisements, and that the information is not usually presented in a consumer-friendly format, the Food and Drug Administration announced that it will study how to better present that data. One study-related problem is in looking at whether giving consumers more context—in other words, more information—would make the information easier to understand. “These questions are nonthreatening. The questions were as follows:

What percent of the time do you have problems understanding health care materials?
How often do you have someone (like a family member, friend, or hospital worker) help you read health care materials?
If you have problems understanding health care materials, do you tell anyone, let alone the doctor or other health provider?”

The questions were as follows: How often do you have problems reading your medical condition because of difficulty understanding written information? Patients rate their answers to each question on a 1 to 5 scale.

Dr. Wallace studied 100 adult patients attending a vascular surgery clinic for an initial consultation.

None of these patients had overt psychiatric illness or severe cognitive impairment. They averaged 62 years of age. Sixty-five of the patients were women. Ninety-six were Caucasian, reflecting the demographics of east Tennessee. A total of 32 had failed to complete high school. All participants were assessed according to the Rapid Estimate of Adult Literacy in Medicine (REALM), which is considered the accepted standard for evaluating patient literacy skills. Thirty-nine patients scored in the limited or marginal health literacy range.

The area under the receiver operating characteristic curves for each of the three screening questions using REALM scores as the reference standard was 0.83-0.86. That’s a favorable result. It indicates these specific questions are effective in identifying patients at greatest risk of limited health literacy.

“These questions are nonthreatening. It’s not like asking, ‘Can you read?’” Dr. Wallace said. “Studies have shown that patients with limited literacy skills do indeed harbor a tremendous amount of shame.”

“Iliterate or semi-literate people are much more likely to have persistent problems after surgery,” he said.

The audience pressed Dr. Wallace to spell out exactly how poorly she does when the screening questions identify a patient with a problem.

She replied that although it’s clear the clinical interaction has to be tailored accordingly, “there is not really any hard evidence to say it is to what will work, unfortunately.”

Dr. Wallace and her coinvestigators hope to change that. The study that she presented is a part of a larger ongoing patient/surgeon communication project aimed at providing specific guidance to physicians.