

POLICY & PRACTICE

Utah Passes Parental Consent Law

Utah joined more than 20 other states last month in requiring parental notification and consent before a minor can have an abortion. Republican Gov. Jon Huntsman Jr. signed the requirement into law March 16. Previously, physicians were required to notify one parent if a minor was seeking an abortion but consent was not required. Now, physicians must obtain written consent from a parent or guardian at least 24 hours before performing an abortion. But there are exceptions to the law. For example, minors can bypass parental consent by seeking a court order. Further, physicians can perform the abortion without parental consent if a medical condition exists that makes the abortion necessary to prevent the minor's death, if necessary to prevent "a serious risk of substantial and irreversible impairment of a major bodily function," or if there isn't time to obtain consent without putting the minor at risk. Parental consent is also not required if the pregnancy is a result of incest with the parent or the parent has abused the minor. In those cases, the physician is required to report the abuse to the state.

51 HIV/AIDS Care Grants Funded

Officials at the Department of Health and Human Services have awarded nearly \$580 million to support HIV/AIDS primary care and services for low-income residents in major cities across the United States. The money will pay for 51 grants awarded under the Ryan White Comprehensive AIDS Resources Emergency act. Some of the grants will be distributed based on the estimated number of people living with AIDS in the area, and other grants will be awarded competitively based on severe need and other criteria. The grants can be used to pay for a range of services, including physician visits, case management, assistance in obtaining medications, home-based and hospice care, and substance abuse and mental health services. A list of this year's grant awards is available online at www.hhs.gov/news/press/2006pres/20060314.html.

Wisconsin Moves to Sue for Plan B

Wisconsin officials are weighing in on the issue of the over-the-counter availability of emergency contraception. Last month, the state's attorney general filed documents with the U.S. District Court for the Eastern District of New York seeking to be named as plaintiffs in a lawsuit against the Food and Drug Administration over its failure to approve over-the-counter marketing status for Plan B emergency contraception. The lawsuit, *Tummino et al. v. Andrew C. Von Eschenbach*, was filed by the Center for Reproductive Rights in January. The suit claims that the FDA is failing to follow its own procedures by ignoring sound scientific evidence of safety and effectiveness and that it is holding the drug to a different standard than other medications available without a prescription. The case is in the discovery phase.

Ultrasound Before Abortion

Physicians who perform abortions in Michigan are now required to offer women an opportunity to view an ultrasound image of the fetus if ultrasound has already been performed or if it will be used during the course of the abortion, according to a new state law. The requirement is part of a recently passed law that expands the state's informed consent requirements for abortion. Women seeking an abortion can choose to view or decline to view the ultrasound image. However, the law does not require physicians to perform an ultrasound that was not already planned as the original version of the legislation did. The law was signed in March by Michigan Governor Jennifer Granholm (D) and went into effect on March 24.

Colorectal Ca Screening for Blacks

Despite clinical guidelines calling for early screening for colorectal cancer in African Americans, many African American women haven't gotten the message, according to the Black Women's Health Imperative and the National Women's Health Resource Center. About 6% of African American women over age 45 years reported discussing colorectal cancer with their health care provider at their last visit, according to a recent survey commissioned by the two groups. The women said they didn't discuss colorectal cancer because they didn't think they were at risk, their physicians didn't bring it up, or they didn't think there was a reason to talk about it. In an effort to increase awareness about the heightened risk that African American women face from colorectal cancer, the groups have launched the "African American Women Dare to Be Aware" campaign. The campaign includes tools such as a risk assessment, a list of colorectal cancer resources, a fact sheet, and questions and answers from an African American oncologist. More information on the campaign is available online at www.blackwomenshealth.org.

Bill Seeks Consent for Off-Label Rx

A new bill in the California assembly would require physicians and surgeons to get informed consent from their patients before "prescribing, administering, or furnishing" a prescription for off-label use. A failure to adhere to the requirement would be considered a violation of the Medical Practice Act, which means physicians could be charged with a crime. The California Medical Association (CMA) opposes the legislation. In a statement, the CMA said existing law is enough because physicians can be held liable for not disclosing risks. Off-label use often saves lives, the statement said. The bill would require physicians to specify that a medication is not approved by the Food and Drug Administration for the use that the doctor is recommending, that the risks are unknown, and that there is not a consensus on the efficacy. A patient could withdraw consent at any time.

—Mary Ellen Schneider

Physicians, Lawmakers Discuss the Uninsured

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Physicians are increasingly willing to cross party lines on the issue of the uninsured, but convincing lawmakers may be their biggest hurdle.

It's in physicians' best interest to be involved in the debate over health care reform, Rep. Tom Price, (R-Ga.), who is an orthopedic surgeon, said at a national advocacy conference sponsored by the American Medical Association.

"What do you think is holding the current health care system together?" Dr. Price asked the audience. "You. It's the altruism of the physicians of this nation. That's what is holding this system together. It's the only thing holding it together."

The conference brought physicians together with members of Congress from both parties to talk about the uninsured and other issues. Lawmakers encouraged physicians to participate in finding solutions.

"I am glad to be able to hear what Democrats and Republicans have to say," said Dr. Charles Anderson, an internist in group practice in Naples, Fla. "We're not going to get anything done if we can't get some kind of consensus."

The need to come together to deal with this problem seems to be welling up within organized medicine, said Dr. Jack Lewin, CEO and executive vice president of the California Medical Association. "The profession needs a focused and shared vision of what should be done about the uninsured."

There is also increasing pressure from younger members of the AMA, especially those in the organization's student and residency sections, to place more emphasis on the uninsured, meeting attendees said.

Although the uninsured have been a top priority for primary care groups such as the American Academy of Family Physicians, the American College of Physicians, and American Academy of Pediatrics for some time, the AMA has focused much of its considerable lobbying clout on fixing Medicare's sustained growth rate-based reimbursement formula and capping noneconomic damages in medical malpractice cases. To date, the uninsured problem has ranked a distant third.

These priorities are still the primary pocketbook issues for private practice physicians. Doctors' offices, which operate no differently than many small businesses, are having difficulty keeping their doors open, and are increasingly squeezed by rising overhead and diminishing reimbursement, said attendees.

As physicians' profit margins have fallen, so has their ability to shift the cost of caring for the uninsured, which is why many don't see the uninsured as a separate issue from Medicare reimbursement and

liability insurance premiums, said Dr. Anderson.

That perspective may not win over politicians, advised Dr. Price.

"Always talk about the patient, even when you are talking about medical liability reform. I know it's tempting to say that your medical liability premiums have skyrocketed, but I promise you not a member of Congress gives a hoot, not one of them. But they do care that you can't see patients because of that and that your patients can't see specialists because of that," he said.

However, he and other lawmakers at the conference were not able to provide physicians with much hope that anything substantial will get done on any of these issues this year.

"The remarkable partisanship in which we currently find ourselves is absolutely stifling," he said.

That partisanship has made it difficult to move on any comprehensive proposals for dealing with the uninsured problem and was on display at the conference.

"When the Republicans ask people to put some skin in the game by encouraging high deductible plans linked with [health savings accounts] what they are really doing is extracting a pound of flesh from the poor and the sick, which will eventually cost us more and leave our nation sicker than it was before," said Rep. Edward Markey (D-Mass.).

Dr. Price, who served four terms in the Georgia state senate, remarked that the worst day in the state legislature is like the best day in Congress. And it is to the states that physicians may have to look for more immediate solutions.

Reform will ultimately trickle up from states such as Maine, which is in the process of implementing a novel public-private partnership that promises to provide access to health insurance for all of the state's 130,000 uninsured by 2009.

"It's wonderful to be a member of Congress and talk about the issues of the day. But I do think it's important at the end of the day to get something done. My experience has been that people want solutions. They want real answers. They're not looking for 30-second sound bites," Gov. John Baldacci, D-Maine, said at the meeting. The state's approach, *DirigoChoice*, was named after the state motto, which is Latin for "We lead." It was the culmination of a sweeping discussion including physicians and other stakeholders, he said.

"It wasn't done behind closed doors. It was done out in front of everybody ... If they were going to buy into it, they needed to have some ownership in the process itself," said Gov. Baldacci.

Physicians need to play a more central role in reforming the health care system to provide access to more people, said Dr. Lewin. ■

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