Medicine & Health

The Publication Of Record For Health Policy Since 1947 Vol. 63, No. 20 May 29, 2009

Legislation

FDA Moves Closer to Regulating Cigarettes

▶ *Senate committee approves bill and sends legislation to the floor.*

The Senate Health, Education, Labor, and Pensions Committee approved a bill on May 20 giving the FDA authority to regulate tobacco products. The nod came by a 15-8 vote, according to Sen. **Christopher Dodd** (D-Conn.), who shepherded the bill through committee.

Senate Bill 982 is Sen. **Edward Kennedy**'s (D-Mass.) bill. In a statement reported by WNCT News, a North Carolina CBS affiliate, Kennedy said that FDA regulation can decrease smoking among youth by preventing tobacco advertising targeting children and can help prevent tobacco sales to minors. Kennedy also said regulation can make tobacco products less toxic and less addictive for those who use them.

Under S. 982, the FDA could ban certain tobacco products such as candy-flavored cigarettes, restrict tobacco advertising to black-and-white

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Reform

Insurers' Lobbying Buys a Seat at the Table

▶ *Health plans embrace reform in order to fend off the worst.*

You may not see a "Harry and Louise" ad that slams efforts to reform U.S. healthcare, but don't think interested parties aren't hard at work to sway legislators as they contemplate sweeping changes this summer.

UnitedHealth Group Inc., the nation's largest managed care company, spent $1.5 million to lobby the federal government in the first quarter, according to a recent disclosure form, the Associated Press reported. Hartford, Conn.-based Aetna Inc. spent $809,793 on lobbying in the first quarter. And Philadelphia-based Cigna Corp. spent $450,000, according to the *Boston Globe*.

Insurers are right to worry. President **Barack Obama**, as a young state senator, once told union members he favored single-payer universal healthcare. That would mean the end of commercial health insurance. Though now, Obama says, "We don't want a huge disruption as we go into healthcare reform where suddenly we're trying to completely reinvent one-sixth of the economy," he has proposed a Medicare-like public insurer that would compete with private insurers to cover currently uninsured Americans, GateHouse News Service reported.

Insurers Take a Fresh Tack

The insurance industry, represented by America's Health Insurance Plans, is taking a different tack in 2009 than in the mid-1990s. Led by president and CEO **Karen Ignagni,** a Democrat and one-time union official, insurers

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tisement for a drug could be considered misleading if it contains upbeat music and images of patients benefiting from the medicine while the risk information is detailed.

"Manufacturers should focus not just on individual claims or presentations but on the messages conveyed by the promotional piece as a whole," the proposal said.

The 24-page document even discusses typography and layout, the type of contrast and even white space in print materials that can best present risk information.

While drug and medical-device trade groups have advertising guidelines, the industry has asked the FDA for advice on how to comply with agency rules, which require that information about effectiveness and risk be presented in a balanced manner.

The agency will accept comments for 90 days before issuing guidelines. Download the PDF at www.fda.gov/cder/guidance/7427dft.pdf. ❑

Grants

HHS Seeks Cure for Childhood Obesity Epidemic

▶ *Grants target multidisciplinary research.*

The Childhood Obesity Prevention and Treatment Research Consortium funding opportunity aims to improve communication between prevention and treatment efforts and to identify interventions that work.

Childhood obesity is a major problem. In 2003-2004, 33.6 percent of children aged two to 19 years were at or above the 85th percentile of body mass index, according to the request for proposals. Obesity during childhood is associated with numerous adverse effects such as high blood pressure, type 2 diabetes, sleep disorders, and atherosclerosis.

But it's a thorny problem to solve. A recent review of 22 obesity prevention studies found only two prevention trials where the interventions significantly lowered children's BMI. Obesity prevention studies in children have been limited in size and in intervention duration, breadth, and intensity, the request said.

Research Should Address Many Issues

Intervention designs have not considered the multiple factors — individual behavior; peer influence; home, family, and school environment; and healthcare setting — associated with overweight and obesity, the Department of Health and Human Services said. Therefore, the department wants to hear from multi-disciplinary research teams, networks, or collaborative groups.

The department is interested in prevention efforts in pre-schoolers and pre-adolescents and treatment efforts in pre-adolescents and adolescents. Serious, scientific research is the focus; projects seeking funding should feature randomized controlled trials and clearly defined research hypotheses, HHS said.

A total of $49.75 million will be awarded over seven years. Maximum allowable direct costs for a Research Center are $700,000 in Year 1 and 2, $1,500,000 per year in years 3-6, and $700,000 in year 7. Eligible applicants include public/state controlled institutions of higher education, private institutions of higher education, non-profits, for-profits, and governments.

The deadline for applicants is Sept. 8. Contact the Department of Health and Human Services for more grant information, and to apply: http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-10-004.html. ❑

Surveys

Healthcare Benefits Shouldn't Be a Free Ride, Many Say

▶ *Many would change behaviors if they could save $350 per month.*

The American public may need to put its money where its mouth is, as it complains about healthcare policy and reform. In a recent survey measuring consumers' perceptions about personal accountability in healthcare, more than half of respondents agreed with the concept of accountability, according to Suffolk University and Silverlink Communications.

Specifically, this survey asked Americans whether health is in a person's own control and if health behaviors affect the country's overall healthcare costs, Silverlink reports. Other questions included whether people with unhealthy habits should pay more for health insurance and if monthly savings would motivate a change in health behaviors.

The key findings were

• In general, Americans feel that their health is within their own control; and

• Seventy percent of respondents acknowledged that personal health behaviors impact the country's overall healthcare costs.

Should the Unhealthy Pay More?

Despite how sure respondents were about controlling their health and the impact on healthcare costs, respondents weren't so sure that those with unhealthy habits should pay more for health insurance. However, the majority of respondents said they'd be willing to change their health behavior if they could save money — and one-fifth would do this for less than $100 per month. The median savings for it would take for respondents willing to change their health behaviors is $350 per month. "So in essence, we could motivate better health behaviors for more than half of our population for less than the average car payment per month," Silverlink said.

Demographic variables also played a strong role in the responses. Several key findings included:

• As people report better health status, they increasingly believe in personal accountability in healthcare (i.e. those with unhealthy habits should pay more for health insurance).

• People with good, very good, or excellent health believe that a person's health is within their control more readily than those with fair or poor health.

• Americans with higher incomes and education levels are more likely to believe that their personal health behavior impacts our country's overall healthcare costs.

• The self insured are more aligned with personal accountability in healthcare than people with other types of health insurance coverage. This is perhaps due to the fact that self-insured are more cognizant of the full cost of healthcare, Silverlink concluded. The uninsured are the group least likely to believe in personal accountability in healthcare.

For more information on this study, contact Silverlink Communications at marketing@silverlink.com. ❑

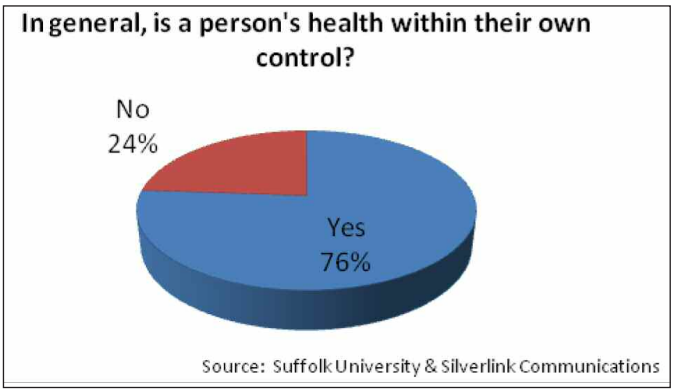
Newsletter Question or Comment? Article Suggestion?

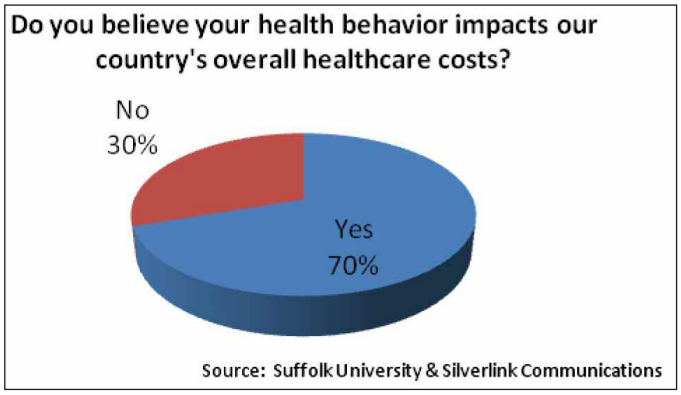
If you have a question or comment about what you've read here, please contact the editor, *Lindsey Rushmore*, Executive Editor (lindseyr@eliresearch.com)

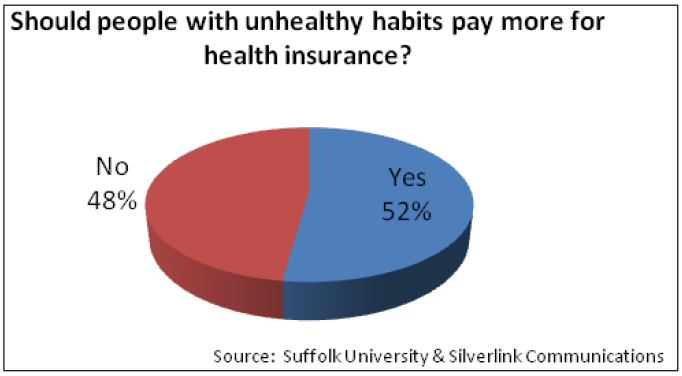
Statistics

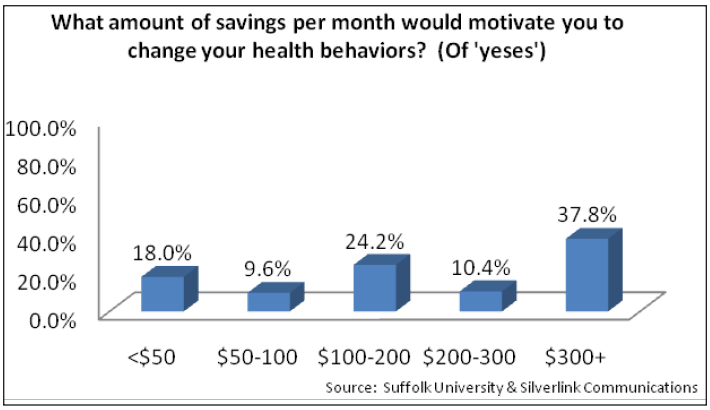
See What Americans Think About Healthcare Accountability

▶ *Savings in prevention could be a motivating factor.*









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