



Healthcare Issues Expected to Be a Large Part of 108th U.S. Congress

Although predictions indicate that the Congressional focus this year will be on terrorism and international affairs, some analysts are predicting that healthcare issues will not be overlooked in the 108th Congress. Democrats are expected to push many healthcare issues to try to regain political traction.

Republican concerns, according to pre-election campaigns, include Medicare prescription drug benefits, limits on damage awards in medical malpractice suits, and increases to Medicare providers. Democrats have announced plans to introduce a health-



care reform package that will focus on universal health coverage.

Because both parties are concerned about cutting Medicare costs for prescription drugs, this issue is likely to move ahead. This year's Congress will reintroduce special legislation affecting Medicare reimbursement of new cancer therapies, such as the Access to Cancer Therapies Act, which would extend Part B Medicare coverage to all oral cancer drugs. Currently, only oral cancer drugs that have an injectable equivalent are covered.

Study Calls for Revision of Clinical Trial System

After a study of human research protection in clinical trials, the Institute of Medicine (IOM) issued a report with recommendations for system improvement. The report calls for the creation of a systemic Human Research Protection Program, whose members would include the research institution, institutional review board (IRB), research sponsors, investigators, and volunteer participants. The programs would have federal oversight, and federal law would require investigators to comply.

The report notes that the ethical reviews of IRBs are compromised because of the boards' multiple responsibilities. IOM recommends that IRBs should be revamped so

that they can focus on ethical issues instead of research and scientific review. In accordance with IRBs' new responsibilities, IOM suggests that they be renamed "research ethics review boards."

The IOM report also calls for improvements in informed consent. It suggests that participants should not merely sign consent forms but become involved in discussions throughout their participation in a clinical trial.

Overall, IOM suggests that policymakers and the scientific community become involved in clinical trial ethics to ensure that research participants are protected throughout the clinical trial process.

Healthcare Spending Increased 10% in 2001

Per-person healthcare spending experienced a double-digit increase for the first time since 1990, rising 10% in 2001. Although many are quick to blame aging baby boomers and high prescription drug costs for the increase, research by the Center for Studying Health System Change revealed that these factors do not play as large a part as once thought.

In reality, the effect of aging is small, accounting for an estimated 0.7% of the increase. The increase in prescription drug spending actually slowed down, increasing 13.8% in 2001 compared with 14.5% in 2000.

According to the study, what caused healthcare spending to rise so substantially is the increased spending on hospital care, which went up 12% in 2001 and accounted for 51% of the total increased healthcare spending. Researchers attributed this to advanced healthcare technology, lifted restrictions on hospital care in managed care plans, and recently enacted state laws that make accessing hospital care easier.

Another reason for the increase is that hospital payrolls rose 8.6% in 2001. Researchers attributed this increase to higher wage rates for hospital personnel, likely because of the severe labor shortage, especially the shortage of nurses.

American Cancer Society Updates Guidelines on Pap Tests

In November 2002, the American Cancer Society issued new guidelines on the need and frequency of Pap tests. The guidelines aim to reduce overscreening and overtreatment in many women.

- A young woman should begin having Pap tests approximately three years after she starts having vaginal intercourse or at age 21. Regular Pap tests should be performed annually, but the newer, liquid-based tests may be performed every two years.

- Beginning at age 30, women who have had three normal Pap test results in a row may be screened every two to three years. However, women who have conditions that raise their risk for cervical cancer (e.g., history of cervical cancer, weakened immune system, HIV) should be screened more frequently.
- Women aged 70 or older who have had three or more normal Pap test results in a row and no abnormal results in the previ-

ous 10 years can choose to stop having Pap tests.

- Women who have had a hysterectomy with removal of the cervix do not need to have Pap tests unless the surgery was performed to remove cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the current guidelines.

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