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Department of Population Health Sciences

University of Wisconsin School of Medicine and Public Health

The UW Population Health Institute's E-News is delivered monthly. Check our web site for additional information and updates: <http://www.pophealth.wisc.edu/uwphi/index.html>. To subscribe or unsubscribe, reply to **Judy Knutson** with the word "subscribe" or "unsubscribe" in the subject line.

Information for E-news is compiled from several sources, including websites and lists from the *Wheeler Report*, Wisconsin Council on Children and Families, Agency for Healthcare Research and Quality, Kaiser Family Foundation, Commonwealth Fund, *Milbank Quarterly*, *Health Affairs*, Urban Institute, *Wisconsin Medical Journal*, Wispolitics.com, Blue Cross/Blue Shield, *The New York Times*, *Milwaukee Journal-Sentinel*, *Milwaukee Business Journal*, *Wisconsin State Journal* and others.

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State News

Wisconsin DHFS Biennial Budget Request Submitted

The Dept of Health and Family Services (DHFS) has submitted its biennial budget request for 2007-09 to the Department of Administration for inclusion in the Governor's budget. The request estimates a cost-to-continue need for an additional \$343 million GPR in the next biennium to cover increasing costs of Medicaid, BadgerCare and SeniorCare.

<http://dhfs.wisconsin.gov/aboutdhfs/OSF/Budget/DHFS07-09Budget.pdf>

DHFS has also completed its plan for expansion of coverage through BadgerCare Plus. BC+ will cover

- Ø All children regardless of income (except unqualified immigrants)
- Ø Pregnant women between 185% and 300% of the poverty level.
- Ø Farm families and other self employed parents with incomes up to 200% of poverty (who were previously excluded by adding depreciation deductions back to their income).
- Ø Youths aging out of foster care (whose coverage will be phased in).
- Ø Parents with children in foster care and caretaker relatives with income less than 200% of poverty.

DHFS expects the plan to save money, as a result of increased utilization of managed care and administrative savings from consolidating and simplifying the current programs. The savings would be reinvested in dental access, healthy living programs, marketing and outreach..

Sept. 14 Journal Sentinel article about the plan: <http://www.jsonline.com/story/index.aspx?id=497949>

BadgerCare Plus proposal and a summary: <http://dhfs.wisconsin.gov/badgercareplus/index.htm>

The budget request also includes Family Care expansions to move people from nursing homes to home-based care: <http://dhfs.wisconsin.gov/managedltc/generalinfo/index.htm>

Note: The Wisconsin Council on Children and Families (WCCF) provides complete ongoing summary and analysis of the budget process. You can follow the details at its website: www.wccf.org

Senate Select Committee on Health Care Reform Prepares Final Recommendations

The final report from the committee is due on Tuesday, December 5th. The process by which final recommendations will emerge from this committee are as follows: Committee members have been asked to send their recommendations to the co-chairs by Oct. 31st. An options paper will be prepared and distributed to members the week of November 13th. The paper will be available for review. The committee will meet on November 22nd to vote on the various recommendations. There will probably be a vote taken on each of the recommendations rather than one vote on a package of recommendations.

Questions or comments should be directed to **Jennifer Stegall, Office of Senator Carol Roessler, 608-266-5300/1-888-736-8720, Jennifer.Stegall@legis.wi.gov**.

WI Farm Bureau Survey Confirms Insurance Challenges for Farmers

- Ø Almost one-third of farmers in Wisconsin have no insurance or have only catastrophic

coverage, with 14% who are uninsured and 17% having only catastrophic coverage

Ø Of those with insurance, 64% indicated they privately purchased their own coverage, with 36% getting insurance from their own or a spouse's off-farm employment.

Ø The average out-of-pocket cost for farmers purchasing their own health insurance is \$8,826 -- 93% higher than the average of \$4,245 for those obtaining insurance from off-farm sources.

Ø Farmers who purchased their own insurance had deductibles that averaged 183% more a month than farmers who get their insurance from off-farm sources.

For more information, go to:

http://www.wfbf.com/health_care/healthcaresurvey.htm

A *Journal Sentinel* story about the survey can be found at:

<http://www.jsonline.com/story/index.aspx?id=488083>

Health Premium Hikes Moderating in Milwaukee

The Business Journal of Milwaukee reports that "Health insurance cost increases are poised to subside slightly for southeast Wisconsin businesses next year, according to a new survey. Forty-five percent of businesses responding to the survey for the Greater Milwaukee Annual Report on Health Care said they expect their premiums to go up less than 10 percent. That compares to just 29 percent who said the same thing in the 2005 survey. Nevertheless, 37 percent of companies still expect health insurance costs to increase 10 percent to 14 percent. And nearly one-fifth of employers face 15 percent or higher increases."

[http://milwaukee.bizjournals.com/milwaukee/stories/2006/09/11/story3.html?](http://milwaukee.bizjournals.com/milwaukee/stories/2006/09/11/story3.html?f=et162&b=1157947200^1343057&hbx=e_vert)

[f=et162&b=1157947200^1343057&hbx=e_vert](http://milwaukee.bizjournals.com/milwaukee/stories/2006/09/11/story3.html?f=et162&b=1157947200^1343057&hbx=e_vert)

New Health Benefits Survey Shows Higher Insurance Costs in Wisconsin

Another new survey reports that average employee health care insurance costs are higher in Wisconsin than nationally. The survey, which covered 13,663 health plans, including 449 in Wisconsin, reports that the average annual health plan cost per employee nationally is \$6,629, while the cost in Wisconsin is \$7,688. The average premiums were \$331 for single coverage and \$817 nationally, but \$355 and \$906 in Wisconsin."

<http://www.biztimes.com/daily/2006/9/14/health-benefits-survey-shows-higher-costs-in-wisconsin>

New Pilot Program Targets Milwaukee's Infant Mortality Rate

Columbia St. Mary's has agreed to give \$320,000 for a pilot program in Milwaukee designed to reduce infant mortality. The program will operate in two areas of the city - one predominantly African-American, the other predominantly Latino - from which Columbia St. Mary's draws patients. Columbia St. Mary's also will give \$180,000 in seed money to start a Center for Health Equality in the Milwaukee Health Department. The center will focus on finding new ways to address health care disparities in Milwaukee. Overall, 12 out of every 1,000 babies in Milwaukee in 2004 died before their first birthday. In one part of Milwaukee - an area bordered by W. North Ave., W. Capitol Drive and N. 8th and N. 27th streets - the infant mortality rate was 20.4 in 2004. The program will draw on and coordinate existing community resources and services, and work to identify infants who are at risk.

<http://www.jsonline.com/story/index.aspx?id=503138>

Froedtert & Community Health Continue Contract Negotiations with UnitedHealthcare of

Wisconsin

Contract talks between UnitedHealthcare of Wisconsin and Froedtert & Community Health suggest that health plans might take a harder line when negotiating prices with health care systems. Froedtert & Community Health and UnitedHealthcare have until Nov. 1, when their contract ends, to work out a deal. A smaller, separate contract between United Resource Networks, a specialized network of transplant programs and UnitedHealthcare was ended.

<http://www.jsonline.com/story/index.aspx?id=490852>

Unless the two sides strike a deal before Nov. 1, UnitedHealthcare will drop Froedtert Hospital in Wauwatosa, Community Memorial Hospital of Menomonee Falls and all its affiliated doctors' offices and services from its plan. This deadline comes as open enrollment season approaches and both employers and employees begin locking down health insurance plans for 2007.

[http://milwaukee.bizjournals.com/milwaukee/stories/2006/09/25/story7.html?
i=56460&b=1159156800^1350172](http://milwaukee.bizjournals.com/milwaukee/stories/2006/09/25/story7.html?i=56460&b=1159156800^1350172)

Judge Ruled in Favor of Marathon County Employees in Birth Control Case

An administrative law judge ruled that Marathon County discriminated against female employees when it refused to cover the costs of prescription contraceptive care that was not deemed medically necessary. The county's refusal led three employees -- two females and one male -- to file discrimination complaints in 2004 and 2005 with the Civil Rights Bureau of the state Department of Workforce Development's Equal Rights Division. The county's health covered one employee's vasectomy, but not his wife's birth control. The judge said that covering prescription medications of a preventative nature but not prescription birth control constitutes gender discrimination under the Wisconsin Fair Employment Act. Since then, the county has agreed to provide prescription contraceptive coverage to employees covered by its health insurance plan.

<http://www.wausaudailyherald.com/apps/pbcs.dll/article?AID=/20060915/WDH0101/609150528/1981>

Wisconsin Traffic Deaths at a Record Low in August

In August, 58 people died in 53 Wisconsin traffic crashes, according to preliminary statistics from the Wisconsin Department of Transportation. In terms of traffic deaths, last month was the safest month of August since World War II. As of August 31, a total of 463 people have died in Wisconsin traffic crashes during 2006, including 63 motorcycle drivers, 10 motorcycle passengers, eight bicyclists and 32 pedestrians. Traffic deaths through August were 59 fewer than during the same period in 2005 and 49 fewer than the five-year average. Increased gas prices, safety belt use and enforcement during a drunk-driving crackdown may have all played a role.

<http://www.dot.wisconsin.gov/news/2006/opa-149.htm>

ERCO & Alliant Energy Deal Aimed at Lowering Mercury Emissions

The Port Edwards ERCO Worldwide plant is responsible for 25% of the state's fugitive mercury emissions, according to officials. Under a new proposal, it would convert to a non-mercury-based membrane system for producing chlorine, sodium hydroxide and potassium hydroxide. The plant conversion would cost \$50-\$100 million and need the approval of the ERCO board of directors. The only way that's feasible is if the company can get a lower electric rate—ERCO will submit testimony to the

Public Service Commission to explain that it would agree to a slightly higher per-megawatt-hour rate in exchange for a stable annual percentage increase.

<http://www.marshfieldnewsherald.com/apps/pbcs.dll/article?AID=/20060905/MNH0101/609050344/1980>

State Panel Likely to Block Regulation of Farm Chemical

Wisconsin appears unlikely to regulate a controversial and widespread farm chemical that state environmental officials say is the most prevalent synthetic farm chemical found in the state's groundwater. The chairman of a legislative committee said that his panel would likely suspend a rule that would have regulated a byproduct of the pesticide alachlor, known as alachlor ethane sulfonic acid, or ESA, which is sprayed on corn. The trade name is Lasso, and it is manufactured by Monsanto Co. of St. Louis. The Wisconsin Natural Resources Board rejected a request by the Joint Committee for Review of Administrative Rules to tweak the rule package—legislators said that they think the rule went too far.

<http://www.jsonline.com/story/index.aspx?id=492383>

Tommy Thompson Promotes Web-Based Diagnostic Software

Tommy G. Thompson pitched a new web-based health care tool, SelfMD, developed by Altadena whose board he just joined. The software allows people to enter into a computer their chief medical complaint, answering as many as 80 to 120 questions to determine the top possible diagnoses. It is meant to help people decide whether a doctor's visit is in order. The goal is to cut down on inaccurate diagnoses and lower health insurance premiums by eliminating unnecessary office visits, tests and procedures. The software offers information on seven specialties: orthopedics, obstetrics, gynecology, urology, infectious disease, gastroenterology and endocrinology. Cardiology and pediatrics will be added later.

<http://www.jsonline.com/story/index.aspx?id=493207>

Research and Program Tools

2005 NHQR/NHDR State Snapshots

The 2005 *State Snapshots* are dashboards of health care quality measures. They provide performance meters that show the State's performance on summary measures of the quality of types of care, settings of care, and overall quality of health care relative to the region or Nation on each summary measure, state ranking tables that rank each State on 15 important measures of health care quality, an in-depth focus on diabetes that provides information on quality, disparities, costs, and lives associated with diabetes, as well as potential savings that may result from a focused quality improvement program, a downloadable table that includes all available NHQR measures with State-level estimates, and detailed methods. <http://www.qualitytools.ahrq.gov/qualityreport/2005/state/summary/intro.aspx>

DHFS Launches "ACCESS" Online System for Medicaid and Other Benefits

On August 23, Secretary Nelson formally unveiled ACCESS, a new website that allows Wisconsin residents to apply for benefits online – including MA, BadgerCare, the Family Planning Waiver Program and FoodShare. According to the DHFS press release, the new tool “was designed partially in anticipation of Governor Doyle's BadgerCare Plus initiative to ensure that all children, regardless of income, have access to affordable health insurance.” Families may also use ACCESS to determine which programs they

might be eligible, access up-to-date information about the status of their benefits, and report their job changes online (starting later this fall).

<https://access.wisconsin.gov/access/>

AHRQ MEPS Statistical Brief on Health Insurance Status of Children

AHRQ issued a new statistical brief, *Changes in Children's Health Insurance Status, 1996-2005: Estimates for the U. S. Civilian Noninstitutionalized Population under Age 18*, with 2005 data on health insurance status of noninstitutionalized children in United States. The brief presents estimates from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC).

http://www.meps.ahrq.gov/mepsweb/data_files/publications/st141/stat141.pdf

Child Health Data

New data from the Data Resource Center for Child and Adolescent Health on the percentage of children who are overweight and children who access mental health services have been added and are available for 2003 by state and region.

<http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=compare&category=Health+Status&subcategory=Children&topic=Child+Overweight+Rate>

Employer Health Benefits 2006 Annual Survey

This annual survey of employers provides a detailed look at trends in employer-sponsored health coverage, including changes in premiums, employee contributions, cost-sharing policies, and other relevant information. This year the survey also documented the prevalence of high-deductible health plans associated with a savings option, including the percentage of employers offering these plan types and the percentage of workers covered by them. <http://www.kff.org/insurance/7527/index.cfm>

Fact Sheets on Preventing Injury among Children and Adolescents

Leading Causes of Injuries Among Children and Adolescents presents statistics on common injury mechanisms among children and adolescents as well as opportunities for prevention. The fact sheet, produced by the Association of State and Territorial Health Officials, includes information on motor vehicle injuries, child and adolescent violence, suicide, recreational injuries, and child maltreatment.

<http://www.astho.org/pubs/AdolescentfactsheetfinalAugust2006.pdf>

Maternal Depression Screening in Pediatric Practice

Two Commonwealth Fund–supported articles in *Pediatrics* (July 2006) explore strategies for incorporating maternal depression screening into well-child care. "Brief Maternal Depression Screening at Well-Child Visits" provides results of the first study to explore the feasibility, time requirements, and effects of regular and structured screening for maternal depression. "The Timing of Maternal Depressive Symptoms and Mothers' Parenting Practices with Young Children: Implications for Pediatric Practice" examines how the occurrence of maternal depressive symptoms at various stages of a child's development affects parenting practices.

http://www.cmwf.org/publications/publications_show.htm?doc_id=402483&#doc402483

New Web Feature on SIDS and Infant Death

The National SIDS/Infant Death Resource Center has launched a new feature on its Web site, providing access to electronic versions of print publications (fact sheets, brochures, booklets, and posters) and information on materials in other formats (CDs, DVDs, and videotapes). The information was collected from national, state, and local SIDS/infant death programs, as well as from perinatal, stillbirth, maternal and child health, and bereavement organizations. <http://www.sidscenter.org/Topics.aspx?heading=TopicsA-Z>.

Results from the 2003 National Assessment of Adult Literacy

The Health Literacy of America's Adults is the first release of the National Assessment of Adult Literacy (NAAL) health literacy results. The results are based on assessment tasks designed specifically to measure the health literacy of adults living in the United States. Health literacy was reported using four performance levels: Below Basic, Basic, Intermediate, and Proficient. <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483>

State Strategies for Improving the Oral Health Delivery System

Catalyzing Improvements in Oral Health Care: Best Practices from the State Action for Oral Health Access Initiative highlights the successes, challenges, and results of six states (Arizona, Oregon, Pennsylvania, Rhode Island, South Carolina, and Vermont) that developed programs to reduce disparities and improve quality in oral health services. The report, produced by the Center for Health Care Strategies with support from the Robert Wood Johnson Foundation, is divided into two main sections: (1) measuring oral health services performance and (2) state action for oral health access strategies. http://www.chcs.org/publications3960/publications_show.htm?doc_id=390279

Wisconsin Public Health Profiles, 2004

The Bureau of Health Information and Policy in DHFS has released Wisconsin Public Health Profiles, 2004. This report, which contains concise health and demographic information about each county in WI, is now available at: <http://dhfs.wisconsin.gov/localdata/pubhlthprofiles.htm>

“Using Measures of Disparities as Indicators of the Health of Wisconsin”

UW Population Health Institute Brief Report provides background on health disparities and disparity measurement. It describes specific disparities among groups defined by race, educational attainment, and geography. It also summarizes the Healthiest State project, which will use relative measures of mortality and non-mortality outcomes to describe these disparities. <http://www.pophealth.wisc.edu/uwphi/publications/briefReports/Vol1No5.pdf>

“Catalyzing Improvements in Oral Health Care: Best Practices from the State Action for Oral Health Access Initiative”

The Center for Health Care Strategies examines the success and challenges of oral health access initiatives fund in 6 states by the Robert Wood Johnson Foundation. It notes that select states were able to: Increase the percentage of enrolled children under the age of six receiving dental care; Reduce the percentage of children who had one or more teeth extracted; and Improve dental preventive services for MA

beneficiaries in all age categories.

http://www.chcs.org/publications3960/publications_show.htm?doc_id=390279

Events

“Psycho-Social Impact of an HPV Diagnosis”: Oct. 2

Presented by Ellen Daley, PhD, MPH, Assistant Professor, Community and Family Health, University of South Florida College of Public Health, at noon in room 1335 of the Health Sciences Learning Center.

<http://www.pophealth.wisc.edu/seminar.htm>

Caution: You are Entering A Construction Zone: The Adolescent Brain: Oct. 4

This one day training focuses on the teen brain, and the influences that may shape it, beginning with prenatal development. Also included will be the outcomes of neglect, a discussion regarding sleep, and neurotransmitters. The training day will conclude with the reward system and alcohol and other substances and the adolescent brain. Wednesday October 4, 2006 at the Howard Johnson Plaza in Madison. For more details, training information and registration brochure email Jeanne Erickson at jerickson@wccf.org or call at 608-284-0580 ext 301

EcoHealth ONE Conference: Oct. 6-9

This is the first biennial conference of the International EcoHealth Association. The meeting theme of this conference is "Promoting Global Health - Sustaining Natural Resources." The event, which will be held at the Pyle Center, is bringing over two hundred researchers from around the globe and featuring talks by leading environmental health policy makers.

<http://www.ecohealth.net/Conference/site/>

"Ethnicity and Health: Complimentary or Contradictory Concepts in the 21st Century": Oct. 9

The CDH Speaker Series is hosting Gail Wyatt, UCLA AIDS Institute, who will present 30 years of sex research funded by the National Institutes of Health, the state of California and private foundations to illustrate what we know about health and mental health, the disparities that exist and what is needed for the future. Room 1335, Health Sciences Learning Center, noon-1 p.m. Information: 265-5996, cdh@hslc.wisc.edu.

Annual Colloquium on Aging: Oct. 18

Sponsored by the Institute on Aging. Talks include: "Visions for an Aging Society," "How Older Adults Prepare for Health Care at End of Life," "New Vaccines and Developments in Immunization," "The Body's Ability to Self-Heal." Preregistration required. Monona Terrace, 8:30 a.m.-2 p.m. Information: 261-1493, aging@ssc.wisc.edu.

“Process Improvement in Nationwide Newborn Screening”: Oct. 23

Presented by Philip M. Farrell, MD, PhD, Professor of Pediatrics and Population Health Sciences, University of Wisconsin-Madison, at noon in room 1309 of the Health Sciences Learning Center.

<http://www.pophealth.wisc.edu/seminar.htm>

“The Roles of Law in Public Health Practice”: Oct. 30

Presented by Rick Goodman, CDC Public Health Law Program, at noon in room 1335 of the Health Sciences Learning Center.

<http://www.pophealth.wisc.edu/seminar.htm>

"Male Brain vs. Female Brain: Fact or Fiction": Nov. 16

This one day training will focus on what brain research is telling us about gender differences from prenatal brain development through adolescence. This training opportunity will be offered on Thursday November 16, 2006 in Wisconsin Rapids at the Hotel Mead and Conference Center. For more details, training information and registration brochure email or call Jeanne Erickson at jerickson@wccf.org or 608-284-0580 ext 301.

Reading Room

National Health System Performance Scorecard

A new national scorecard of U.S. health care system performance developed by the Commonwealth Fund Commission on a High Performance Health System finds the nation falls short on key indicators of health outcomes, quality, access, efficiency, and equity. The "U.S. Health System Performance: A National Scorecard" presents the results of the National Scorecard on U.S. Health System Performance, the first of its kind to assess the country's health care system across all critical domains. Overall, the U.S. health care system scored an average 66 out of a maximum 100, based on 37 indicators. National performance was measured relative to benchmarks based on rates achieved by top countries or the top 10 percent of U.S. regions, states, hospitals, health plans, or other providers.

http://www.cmwf.org/publications/publications_show.htm?doc_id=403925&#doc403925

Mortality Disparities in the Eight Americas

For the article *Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States*, researchers divided the US population into eight distinct groups, referred to as the “eight Americas,” to explore the causes of the disparities that can inform specific public health intervention policies and programs. The eight Americas were defined based on race, location of the county of residence, population density, race-specific county-level per capita income, and cumulative homicide rate. The gap between the highest and lowest life expectancies for race-county combinations in the United States is over 35 years. The disparities were caused primarily by a number of chronic diseases and injuries with well-established risk factors, and could not be explained by race, income, or basic health-care access and utilization alone.

<http://medicine.plosjournals.org/perlserv?request=get-document&doi=10.1371/journal.pmed.0030260>

IOM Report on Rewarding Performance

The Institute of Medicine (IOM) released a report evaluating the institution of a pay-for-performance program within Medicare. The report, "Rewarding Provider Performance: Aligning Incentives in Medicine," is the third in a series on improving the quality of health care. The authors conclude that the Medicare payment system needs to revise its incentives to ensure that high-quality and patient-centered

care is delivered efficiently. They recommend pay-for-performance incentives, which reward providers for delivering high quality care, as a means of speeding the process of implementing best practices.

<http://www.iom.edu/CMS/3809/19805/37232.aspx>

Report Calls for Transparency and Accountability from FDA and Drug Companies

The U.S. Food and Drug Administration (FDA) and the Department of Health and Human Services asked the IOM to convene a committee to assess the U.S. drug safety system and to make recommendations to improve risk assessment, surveillance, and the safe use of drugs. In its report, *The Future of Drug Safety: Promoting and Protecting the Health of the Public*, the committee considered the drug safety system as the sum of all activities conducted by FDA and other stakeholders to monitor, evaluate, improve, and ensure drug safety. Recommendations from the committee include:

- § Labeling requirements and advertising limits for new medications
- § Clarified authority and additional enforcement tools for the agency
- § Clarification of FDA's role in gathering and communicating additional information on marketed products' risks and benefits
- § Mandatory registration of clinical trial results to facilitate public access to drug safety information
- § An increased role for FDA's drug safety staff
- § A large boost in funding and staffing for the agency

<http://www.iom.edu/?id=37339>

Resignation of CMS Administrator Mark McClellan

Mark McClellan has announced his resignation from the Center for Medicare & Medicaid Services. A replacement for McClellan has not been named, but potential nominees include CMS Deputy Administrator Leslie Norwalk; Herb Kuhn, director of the Center for Medicare Management at CMS; and Julie Goon, a special assistant to President Bush and former director of Medicare outreach at the U.S. Department of Health & Human Services. The successor will be responsible for oversight of Medicaid and Medicare, which together provide health benefits for about 90 million U.S. residents, and management of a \$600 billion federal budget. <http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=209948>

Bipartisan Bill Aims to Allow States to Test Different Health Coverage Plans

A bipartisan House bill, HR 5864, would allow states to propose health care coverage plans to a newly created commission, which would in turn compile a slate of proposals and submit them to Congress for expedited consideration. The bill contains a budget neutral provision, requiring that the slate of programs have no net cost beyond the five-year grant appropriation. Under the measure, state proposals could be statewide, multi-state, or limited to certain regions. States could propose federal waivers to the commission as well, which would be comprised of 19 members, including the Secretary of the Department of Health and Human Services and selected appointees from the state and federal level.

http://www.cmwf.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=401724#doc401729

CDC Recommends H.I.V. Tests for Most Adults and Teenagers

The Centers for Disease Control and Prevention recommend that everyone aged 13 to 64 have H.I.V. tests as part of routine medical care because too many Americans infected with the AIDS virus

don't know it. Under the agency's plan, which states can adopt or modify if they choose, patients would be advised they were being tested, but the tests would be voluntary. The agency also urged the removal of two major barriers that some states now have: separate signed consent forms and lengthy counseling before each test. http://www.nytimes.com/2006/09/22/health/22hiv.html?_r=1&th&emc=th&oref=slogin

Michigan May Require Sixth-Graders Girls to Get HPV Vaccination

Michigan would become the first state to require girls entering sixth grade to receive a vaccine that can prevent cervical cancer, under legislation introduced in the Michigan Senate. The bill, which has support from all 11 women senators and Governor Granholm, would become effective for the 2007-08 school year. The vaccine, recently federally approved for girls and women between the ages of 9 and 26, would be aimed at sixth-graders because they are on the verge of adolescence. For about two-thirds of the girls, private health insurers would pick up the tab. Medicaid and Michigan's MICHild program would pick up others' costs.

<http://edit.detnews.gannettonline.com/apps/pbcs.dll/article?AID=/20060913/LIFESTYLE03/609130383/1040>

Implantable Heart Device Receives F.D.A. Approval

The FDA gave limited approval for the first fully implantable artificial heart, a device that can let patients move about freely for up to two hours at a time. The approval was given even though the grapefruit-size device was implanted in just 14 patients at four hospitals from 2001 to 2004. All of the patients, who agreed to receive the heart as an experimental device, were men, and all have died. The agency gave Abiomed Inc. of Danvers, Mass., a humanitarian exemption allowing it to sell up to 4,000 devices a year. The device costs \$250,000, and it is unclear whether health insurance will cover the costs.

<http://www.nytimes.com/2006/09/06/health/06heart.html?th=&adxnnl=1&emc=th&adxnnlx=1157727895-wpy1Qm+ZOv/kfU7iss6rUw>

Divorce Increases Heart Disease Risk for Women, Decreases Risk for Men

Based on several thousand cases beginning at age 51, researchers calculated that by age 60, women who were divorced, remarried, or widowed were nearly 50 percent more likely to have cardiovascular disease than women who stayed married. Men who remarried were 19% less likely to develop heart disease than those who had stayed married to the same person. The authors conclude that emotional distress and socioeconomic status cause the harm to women.

<http://www.slate.com/id/2148982/>

Original article from the Journal of Marriage and Family:

<http://www.blackwell-synergy.com/doi/full/10.1111/j.1741-3737.2006.00280.x>

Rate of Illicit Drug Use by Baby Boomers Outpaces that of Teens

Baby boomers' use of marijuana and other drugs is increasing usage rates among older adults, while teens' drug use is declining, according to a national survey sponsored by the federal Substance Abuse and Mental Health Services Administration. The use of illicit drugs among baby boomers 50-59 rose 63% from 2002 to 2005. In 2005, 4.4% of adults in their 50s said they had used an illicit drug in the previous month, up

from 2.7% in 2002. Drug use among youths 12-17, however, fell slightly for the third straight year, with 9.9% reporting illicit drug use during the previous month in 2005 compared with 10.6% in 2004.

http://www.usatoday.com/news/health/2006-09-07-drug-use-report_x.htm

NSDUH Report: <http://www.oas.samhsa.gov/NSDUH.htm#NSDUHinfo>

GAO Reports on HSAs and Consumer-Director Health Plans

The Government Accountability Office (GAO) has released a new report on “Consumer-Directed Health Plans: Early Enrollee Experiences with Health Savings Accounts and Eligible Health Plans.” It reports that while health plans associated with health savings accounts (HSAs) attracted enrollees with generally higher incomes—a common complaint about the plans—the data it examined on age differences were “inconclusive.” GAO also said the data on which the study was based were too limited to allow conclusions about HSAs generally.

<http://www.gao.gov/cgi-bin/getrpt?GAO-06-798>

Highlights: <http://www.gao.gov/highlights/d06798high.pdf>

Racial Gap in Childhood Vaccination Rate Closes

The Centers for Disease Control and Prevention (CDC) announced on Sept. 14 that in 2005 the overall vaccination rate among black children ages 19 months to 35 months for the first time equaled rates among white, Asian and Hispanic children in the same age group. The CDC also reported that the average vaccination rate in that age group, 76.1%, remained at or near record highs. At 77.1%, WI is slightly above the national average for the full immunization series.

<http://www.cdc.gov/od/oc/media/pressrel/r060914.htm>