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VA considering location in Mid-City for hospital

The Times-Picayune | 07.31.08

By Kate Moran Business writer

Even as it forges ahead with plans to build a new hospital in downtown New Orleans, the U.S. Department of Veterans Affairs is considering an offer from a real estate company that wants to sell the vacant and deteriorating Lindy Boggs Medical Center in Mid-City.

The company, Victory Real Estate Investments, assembled a vast tract of land after Hurricane Katrina with the idea of developing a strip of big-box stores of the sort that have long chosen the suburbs over the city proper. As part of that land-gathering, it bought Lindy Boggs and applied for permits to demolish it.

Victory did not return several calls for comment on Wednesday, and it was not clear whether its offer to sell the flooded hospital signaled that the project as a whole was on ice. The company recently sold a building not far from Lindy Boggs to the Rouse's grocery chain, which had been leasing the property from Victory.

The VA said Wednesday that it would give Victory's proposal serious consideration. The agency has planned for more than two years to build its new hospital just north of downtown New Orleans, where it could share laundry, laboratory and parking with Louisiana State University's proposed teaching hospital.

The VA continues to label that downtown site as its preferred location for the new hospital, but the agency is required by law to conduct a series of public reviews to consider the impact the hospital development would have on nearby historic property. As part of that so-called Section 106 review, the VA also must consider alternate locations for its hospital.

At one such meeting last week, a senior official from the VA surprised the gathering of preservationists by announcing that the agency had received a proposal from Victory. Donald Orndoff, director of the VA's Office of Construction and Facilities Management, confirmed Wednesday that he had had "several discussions" with Victory.

"We are now looking at that as a possible alternative to solve the siting problem for the VA hospital," Orndoff said. "The preferred site, as announced by our secretary, is still our downtown site adjacent to the proposed LSU hospital, but for the purposes of the historic preservation 106 review, we are looking at this as a viable alternative that will get the same level of consideration that the other sites will get."

The hospital's eventual location is among the touchiest political issues in the city right now. Political leaders consider the medical center a critical economic initiative for downtown, so much that the state has agreed to use its eminent domain powers to acquire land for the VA's portion, while the city has agreed to pay for it. At the same time, the LSU-VA medical center would displace a neighborhood with a considerable stock of historic houses.

The residents who stand to be uprooted have said they do not categorically oppose the medical center, but they have taken issue with the fact that the city and state have barreled ahead with naming a location without giving much attention to other sites. The neighborhood group has suggested the Lindy Boggs site as a logical alternative in recent months.

"This is what we have been asking for a long time. We have constantly said, 'Hey, there are other sites that are better than tearing down a whole bunch of houses,'" said Bobbi Rogers, a neighborhood leader. "We in the neighborhood hope the VA is serious about looking at this site, versus looking at it to fulfill a Section 106 legal requirement. We hope they are genuine in their effort of naming this an alternative site."

Orndoff said the VA has five options in play. It could rehabilitate its damaged hospital on Perdido Street or tear that building down and build in its place. It also could build just north of downtown, next to LSU; on the campus of Ochsner Medical Center in Jefferson Parish; or on the current site of Lindy Boggs, which likely would have to be demolished.

Walter Gallas, the local field officer for the National Trust for Historic Preservation, attended last week's meeting and said he would support the VA's consideration of Lindy Boggs because it had the potential to spare a neighborhood.

"We think there are a lot of reasons why the VA ought to look at that site," Gallas said. "One of them, from our standpoint, is that it's an industrial rather than a residential site. There is not one house located on that site that would have to be demolished or moved. They would not have to buy out homeowner after homeowner to assemble a large tract of land."

Virginia Blanque, vice president of the Mid-City Neighborhood Association, said residents who participated in the planning sessions that followed Katrina very much wanted Lindy Boggs returned to use as a hospital.

Charles Zewe, a spokesman for LSU, said the university planned to push ahead with its downtown hospital regardless of where the VA decided to go. However, he said the VA has "been pretty consistent that the downtown site is their preferred site."

Zewe said the overtures from Victory could inject delays into the planning for the two hospitals if the VA has to conduct an environmental assessment of the Lindy Boggs property, as it already has done for the downtown and Ochsner sites.

<http://www.nola.com/timespic/stories/index.ssf?/base/money-1/1217482450154890.xml&coll=1>

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COLLEGES**The Times-Picayune | 07.31.08**

The LSU Health Sciences Center Epilepsy Center of Excellence, in conjunction with the Epilepsy Foundation and the American Society of Electroneurodiagnostic Technologists, will hold an event geared to provide information to the public, patients, families, and the medical community about epilepsy. The "Epilepsy Awareness Day" event, which is free to the public, will be held Aug. 7 from 5:30 to 8:30 p.m. at the Sheraton Hotel, 500 Canal St., in the Armstrong Ballroom.

Experts will be on hand to discuss the latest information about diagnosis, treatment, access to medications, seizure safety, disability, support and questions about managing epilepsy in children. Information tables will be set up where patients, family members, and members of the public will have the opportunity to interact with medical professionals and staff. There will also be a special section for children with activities -- puppets and crafts -- in the heart of the Pediatric Epilepsy Section.

Parking will be validated and refreshments will be served. Participants will also have a chance to win a grand prize consisting of a weekend stay in New Orleans. For information, call the LA Epilepsy Foundation at (800) 960-0587 or e-mail the LSU Epilepsy Center at epicenter@lsuhsc.edu.

--- Loyola University ---

Jay Calamia has been selected as the new vice president for finance and administration for Loyola University New Orleans.

Calamia's career in higher education financial management spans 39 years at Loyola. He began at Loyola in 1969 and has served in a number of financial and administrative capacities. He has supervised several departments at the university, including financial affairs, student finance, student loans, bursar, purchasing, accounts payable, portfolio management, risk management, human resources, payroll, bookstore, telecommunications, and fixed asset control.

He is a member of the National Association of College and University Business Officers, Southern Association of College and University Business Officers, Association of Jesuit Colleges and University Business Officers, Risk and Insurance Management Society and University Risk Management and Insurance Association.

Calamia, a native of New Orleans, received his undergraduate degree in business administration from the University of New Orleans.

Robert A. Thomas, interim director of the Loyola University New Orleans School of Mass Communication, recently received the Outstanding Citizen Diplomat Award from the New Orleans Citizen Diplomacy Council at the Southern Food and Beverage Museum in the Riverwalk Marketplace.

This is the second year that the New Orleans Citizen Diplomacy Council has honored three professionals in the community for shaping U.S. foreign relations by meeting with visitors. Raphael Cassimere, professor emeritus of history at the University of New Orleans, and Vicki Weeks, executive director of Belle Reve New Orleans, also were recognized.

Thomas has worked with the New Orleans Citizen Diplomacy Council for the past 20 years, hosting visitors from around the world and sharing with them stories of New Orleans, its climate and its people. Since 2005, Thomas has brought visitors on tours of the devastated areas. He has hosted visitors from Canada, Russia, Montenegro, Holland and Azerbaijan, among others. He also played host to the Amir of Qatar during his visit to New Orleans to meet recipients of Qatar's \$100 million gift to the Gulf Coast region.

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Pre-pregnancy diabetes tied to more birth defects

The Times-Picayune | 07.30.08

By MIKE STOBBE

The Associated Press

ATLANTA (AP) — Diabetic women who get pregnant are three to four times more likely to have a child with birth defects than other women, according to new government research.

The study is the largest of its kind, and provides the most detailed information to date on types of birth defects that befall the infants of diabetic mothers, including heart defects, missing kidneys and spine deformities.

The study lists nearly 40 types of birth defects found to be significantly more common in the infants of diabetic mothers than in those who weren't diabetic or who were diagnosed with diabetes after they became pregnant.

The study's list of diabetes-associated birth defects is surprising — it's much longer than was previously understood, said Janis Biermann, senior vice president for education and health promotion at the March of Dimes.

"It adds more information about the specific types of birth defects associated with pregestational diabetes and gestational diabetes," said Biermann, who was not involved in the research.

Researchers from the Centers for Disease Control and Prevention led the study, which is being published in the American Journal of Obstetrics and Gynecology. CDC officials released the study Wednesday.

Birth defects affect one in 33 babies born in the United States, and cause about one in five infant deaths. The cause of most birth defects isn't known but some risk factors include obesity, alcohol, smoking and infections.

Doctors have known for decades about the threat diabetes poses to pregnancies. Past research has focused on dangers to the infant by the extra amounts of glucose — sugar — circulating in the womb of a diabetic mother. Studies with rats and mice clearly show excess sugar harms fetal tissue development, said Dr. E. Albert Reece, a study co-author and dean of the University of Maryland School of Medicine, who directs birth defects research there.

The new study draws from the birth records between 1997 and 2003 at hospitals in 10 states — Arkansas, California, Georgia, Iowa, Massachusetts, New Jersey, New York, North Carolina, Texas and Utah.

The study focused on the 13,000 births involving a major birth defect, and compared them to nearly 5,000 randomly selected healthy births from the same locations.

Mothers were asked if they had been diagnosed with diabetes before or during their pregnancy. The researchers said those who were diagnosed while pregnant either had a temporary, pregnancy-induced condition called gestational diabetes or had diabetes that had gone undiagnosed until they were pregnant.

The study found that there was no diabetes involved in 93 percent of the birth defects.

About 2 percent of the children with single birth defects were born to mothers who had diabetes before they became pregnant. About 5 percent of the infants with multiple defects were born to mothers with that condition. In healthy births, the percentage of mothers who were diabetic before pregnancy was much lower.

The study also showed a wide range of birth defects that included malformation of the heart, spine, limbs and gastrointestinal tract.

"Diabetes is not discriminating" in which birth defects it's linked to, said Dr. Adolfo Correa, a CDC epidemiologist who was the study's lead author.

<http://www.nola.com/newsflash/index.ssf?/base/national-9/1217439863123070.xml&storylist=health>

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Experimental Alzheimer's drug shows early promise

The Times-Picayune | 07.29.08

By MARILYNN MARCHIONE

The Associated Press

CHICAGO (AP) — For the first time, an experimental drug shows promise for halting the progression of Alzheimer's disease by taking a new approach: breaking up the protein tangles that clog victims' brains.

The encouraging results from the drug called Rember, reported Tuesday at a medical conference in Chicago, electrified a field battered by recent setbacks. The drug was developed by Singapore-based TauRx Therapeutics.

Even if bigger, more rigorous studies show it works, Rember is still several years away from being available, and experts warned against overexuberance. But they were excited.

"These are the first very positive results I've seen" for stopping mental decline, said Marcelle Morrison-Bogorad, director of Alzheimer's research at the National Institute on Aging. "It's just fantastic."

The federal agency funded early research into the tangles, which are made of a protein called tau and develop inside nerve cells.

For decades, scientists have focused on a different protein — beta-amyloid, which forms sticky clumps outside of the cells — but have yet to get a workable treatment.

The drug is in the second of three stages of development, and scientists are paying special attention to potential treatments because of the enormity of the illness, which afflicts more than 26 million people worldwide and is mushrooming as the population ages.

The four Alzheimer's drugs currently available just ease symptoms of the mind-robbing disease.

TauRx's chief is Claude Wischik, a biologist at the University of Aberdeen in Scotland who long has done key research on tau tangles and studies suggesting that Rember can dissolve them.

He is an "esteemed biologist," and the research "comes with his credibility attached to it," said Dr. Sam Gandy of Mount Sinai School of Medicine in New York. He heads the scientific advisory panel of the Alzheimer's Association.

In the study, 321 patients were given one of three doses of Rember or dummy capsules three times a day. The capsules containing the highest dose had a flaw in formulation that kept them from working, and the lowest dose was too weak to keep the disease from worsening, Wischik said.

However, the middle dose helped, as measured by a widely used score of mental performance.

"The people on placebo lost an average of 7 percent of their brain function over six months whereas those on treatment didn't decline at all," he said.

After about a year, the placebo group had continued to decline but those on the mid-level dose of Rember had not. At 19 months, the treated group still had not declined as Alzheimer's patients have been known to do.

Two types of brain scans were available on about a third of participants, and they show the drug was active in brain areas most affected by tau tangles, Wischik said.

"This is suggestive data," not proof, Wischik warned. The company is raising money now for another test of the drug to start next year.

The main chemical in Rember is available now in a different formulation in a prescription drug sometimes used since the 1930s for chronic bladder infections — methylene blue. However, it predates the federal Food and Drug Administration and was never fully studied for safety and effectiveness, and not in the form used in the Alzheimer's study, Wischik and other doctors cautioned.

On Monday at the International Conference on Alzheimer's Disease, other researchers reported encouraging results from a test of a different experimental drug that also targets tau tangles. That drug, by British Columbia-based Allon Therapeutics Inc., was tested in people with an Alzheimer's precursor, mild cognitive impairment.

The tau-drug results are in stark contrast to the flop of Flurizan, which was aimed at blocking enzymes that form the beta-amyloid clumps. Myriad Genetics announced in June that it would abandon development of Flurizan after the failure. Full results were presented at the conference Tuesday.

Also, fuller results were given from a closely watched test of bapineuzumab, an experimental drug that aims to enlist the immune system to clear out the sticky brain clumps.

Its developers — New Jersey-based Wyeth and the Irish company Elan Corp. PLC — previously announced that the 240-patient study missed its main goal of improving patients' mental performance at 18 months.

But the company found a silver lining — the drug appeared to help the roughly 60 percent of people in the study who did not have a gene that scientists think makes Alzheimer's disease more severe.

The results back up the company's claims of potential effectiveness in some patients, but now there are concerns about possible side effects. Twelve cases of a type of brain swelling occurred in those on bapineuzumab and none in the placebo group. The swelling caused few if any symptoms, company scientists said, but outside experts said it may have contributed to other side effects.

Those were two or more times more common in patients on bapineuzumab than people given the dummy drug. For example, cases of anxiety occurred in 11 percent versus 4 percent on placebo; paranoia, 7 versus 1 percent. Other complaints were vomiting, high blood pressure, weight loss, and back pain.

Three deaths occurred among the 124 patients given bapineuzumab, but they were not related to the drug, said Dr. Sid Gilman of the University of Michigan, who headed the study's data safety monitoring board. One death was due to pneumonia and two others to worsening Alzheimer's disease.

Investors reacted to the news by driving down Wyeth's shares \$5.01, or 11.1 percent, in after-hours trading.

Wyeth and Elan have already said they will move on to late-stage testing of bapineuzumab in more than 4,000 patients.

<http://www.nola.com/newsflash/index.ssf?/base/national-9/1217377763221500.xml&storylist=health&thispage=1>

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Mobile clinic delivers care to Esperanza site

The Times-Picayune | 07.31.08

By Ana Ester Gershanik

Contributing writer

On a recent Tuesday, Olga Rodriguez sought health care for her children Ari and Naomi, inside a bright blue mobile unit on Baudin Street, parked in a lot across from Esperanza Charter School at 4407 S. Carrollton Ave.

The Mid-City school site is where doctors and medical staff are providing free medical care to New Orleans residents from birth to 24, with a special focus on the Hispanic population, thanks to the efforts of the Tulane University Children's Health Project, a partnership between Tulane University School of Medicine and the Children's Health Fund.

Project NOCHP has been assisting with health-care needs since the aftermath of Hurricane Katrina. The partnership is dedicated to providing comprehensive health care to children and young adults.

A grant of \$300,000 from the Baptist Community Ministries of New Orleans is underwriting the new Hispanic Outreach Initiative on Baudin Street. Physicians are administering care to Spanish-speaking residents in two mobile medical units that look like large recreational vehicles.

The interior of the units has everything a doctor's office should have, including a registration area, patient waiting area and three examination rooms. One of the units offers medical services and the other offers family support services, such as mental health screenings and assessments, counseling and psychiatric evaluations.

Donna Usner is the mental health coordinator. Dr. Jaya Aysola is the medical director and an assistant professor with Tulane's Department of Pediatrics. She is assisted in the care of patients by another pediatrician, three pediatric residents at Tulane, an intern, a registered nurse and a case manager. Half of the staff is bilingual.

"This site, which we call Esperanza after the school, with a Spanish word that means 'hope,' is one of our busiest sites," said Kenya Johnson, the registered nurse on duty. She sees patients every Tuesday between 9 a.m. and 4:30 p.m. at the Esperanza site.

On Mondays, the units are at Martin Luther King Charter School in the Lower 9th Ward. On Wednesdays they are at Andrew Jackson Elementary in Chalmette and on Thursdays they are at P.A. Capdau School in Gentilly. A pediatrician is on call 24 hours, seven days a week.

The mobile clinic works by appointment, but walk-ins are accepted in case of sickness. Services offered include physical examinations, immunizations, blood pressure screening and monitoring, family planning, reproductive health, case management and social work services such as counseling and assistance with Medicare.

Aysola said the Mid-City site has been open since the beginning of July. As summer progresses, it has become busier because many parents are bringing children in for immunizations and exams required before the beginning of the school year.

"We have all the elements and staff in this clinic as in a regular clinic, including basic labs," said Aysola, a native of India who came to New Orleans in 2006 to help with the health needs of children and adults.

In addition to providing direct clinical services free of charge, the clinic soon will offer health maintenance workshops and training at Esperanza School in English and Spanish. The clinic is working with the Archdiocese of New Orleans' Hispanic Apostolate to spread the word among Spanish-speaking residents that it is ready to assist families and children with minimal resources with their health-care needs.

Caseworker Carlos Naranjo, who was born in Cuba, knows most of the patients and their families. He helps with translation, does major outreach in the Latino community and assists families in obtaining Medicaid, food and other social services. "They come from all over the city and they are grateful for what we do in this clinic," he said.

"Our mission is to address the physical, emotional and social well being of the children of this city," Aysola said, adding that she plans to stay as long as the health-care crisis persists.

For information about the clinic or to schedule a medical appointment, call (504) 988-0545. For Family Support information, call (504) 460-1001.

Dr. Jaya Aysola examines Naomi Rivas, 3, as Naomi's mother, Olga Rodriguez, and her brother, Ari Rivas, stay by her side.

<http://www.nola.com/timespic/stories/index.ssf?/base/library-152/1217482442154890.xml&coll=1>

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Jindal contributor named to UL board

The Advocate | 07.31.08

Advocate Capitol News Bureau

Fast food franchise owner Greg Hamer Sr. is the newest member of the University of Louisiana System Board of Supervisors.

Gov. Bobby Jindal announced the appointment of the Morgan City-based restaurant owner on Wednesday.

Hamer is an LSU graduate who contributed the maximum \$5,000 to Jindal's campaigns, along with his wife, last year. He also donated to Jindal in 2004, 2005 and 2006.

Hamer is a former oilman and the founder and chief executive of B&G Food Enterprises, which operates Taco Bell, KFC and Pizza Hut restaurants in Louisiana, Texas and Mississippi.

B&G is the largest Taco Bell franchise holder in Louisiana.

Hamer replaces former board member Connie Rougeau of New Iberia.

Rougeau was a late-term appointment by former Gov. Kathleen Blanco. But Jindal did not put Rougeau's name forward for confirmation during the legislative session that ended June 23.

The UL System board and its 16 members oversee eight universities, including the University of Louisiana at Lafayette and Southeastern Louisiana University in Hammond.

Hamer is now the third Jindal appointee on the board, joining Edward Crawford of Shreveport and Carl Shetler of Lake Charles.

Jindal served as president of the UL System for less than two years starting in 1999.

<http://www.theadvocate.com/news/politics/26128834.html>

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Gene-Hunters Find Hope and Hurdles in Schizophrenia Studies

The New York Times | 07.31.08

By NICHOLAS WADE

Two groups of researchers hunting for schizophrenia genes on a larger scale than ever before have found new genetic variants that point toward a different understanding of the disease.

The variants discovered by the two groups, one led by Dr. Kari Stefansson of Decode Genetics in Iceland and the other by Dr. Pamela Sklar of Massachusetts General Hospital, are rare. They substantially increase the risk of schizophrenia but account for a tiny fraction of the total number of cases.

This finding, coupled with the general lack of success so far in finding common variants for schizophrenia, raises the possibility that the genetic component of the disease is due to a large number of variants, each of which is very rare, rather than to a handful of common variants.

“What is beginning to emerge is that a lot of the risk of brain diseases is conferred by rare deletions,” Dr. Stefansson said. The three variants discovered by his group and Dr. Sklar’s involve the deletion of large sections of DNA from specific sites in a patient’s genome.

Their report, published online Wednesday by the journal *Nature*, follows a finding in March from researchers at the University of Washington in Seattle that rare deletions and duplications of DNA figure prominently in schizophrenia.

The new focus on rare mutations suggests that natural selection is highly efficient at removing schizophrenia-causing genes from the population. Despite selection against the disease, according to this new idea, schizophrenia continues to appear because it is driven by a spate of new mutations that occur all the time in the population.

“We’ve looked for common variants in schizophrenia and get almost nothing,” said Dr. David Goldstein, a geneticist at Duke University and one of Dr. Stefansson’s co-authors. “This means natural selection has done a really good job of purging them away, and we’re left with rare variants, a constant flow of them, as the principal driver of the disease.”

“This may be the case in other brain diseases, too,” Dr. Goldstein said, “because successful cognitive functioning is a highly complex system and there are many independent ways to take it down.”

One obvious way in which natural selection acts against the disease is that schizophrenics have fewer children than others. “The brain diseases are those where we find the biggest evidence for negative selection,” Dr. Stefansson said, a finding he found surprising because “I would have thought the brain was a luxury organ when it comes to reproductive success.”

Devising treatments for schizophrenia could be more difficult if the disease is caused by subsets of 2,000 rare variants, say, rather than by just 20 common ones. But several experts said it was too early to know what mix of common and rare variants may cause the disease and whether that might affect the search for treatments.

The search for common variants in schizophrenia, however, has not been very successful so far, though not for want of trying. There have been more than a thousand studies, implicating 3,608 genetic variants.

But when all the data are pooled, only 24 of those variants turn out to be statistically significant, according to an analysis in the current issue of *Nature Genetics* by a group led by Dr. Lars Bertram of Massachusetts General Hospital.

Most of the early studies had too few patients and focused on mutations in what seemed to be plausible genes, an approach that is rarely successful. A new and more fruitful method is to survey the whole genome without any prior assumptions, a strategy made possible by new gene chips and a database of human genetic variation known as the hapmap.

But even these genome-wide association studies have had little success in finding common variants. Five such studies of schizophrenia have now been completed, and one of the largest found no common variants, Dr. Bertram said.

The consortiums led by Dr. Stefansson and Dr. Sklar are still looking for common variants but published their rare deletions now because they were so prominent, Dr. Sklar said.

Should most of the genetic component of the disease turn out to depend on multiple rare variants, the task of finding general treatments might seem to be far harder than if a few common variants were involved. Dr. Stefansson said, however, that was not the case.

“The only thing you need is to find pathways that are up- or down-regulated,” he said. “The assumption that this is a more difficult situation is just not correct.”

Dr. Thomas Insel, director of the National Institute of Mental Health, said the new landscape might complicate development of genetic diagnostics for schizophrenia but not necessarily of therapies.

“If you can understand the mechanism,” Dr. Insel said, “you should be able to devise new treatments. So I think this is a big advance, not a signal for hopelessness.”

http://www.nytimes.com/2008/07/31/health/research/31gene.html?_r=1&ref=health&oref=slogin

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House Votes to Regulate Tobacco as a Drug

The New York Times | 07.31.08

By STEPHANIE SAUL

Decades after the surgeon general first warned that cigarettes were a health hazard, the House of Representatives overwhelmingly approved legislation on Wednesday that would for the first time give the Food and Drug Administration the power to regulate tobacco products.

Citing the long history of warnings about the dangers of smoking, Representative John D. Dingell, chairman of the Energy and Commerce Committee, said that it was hard to believe that the federal government had not yet regulated the tobacco industry.

“With this legislation, we change this,” said Mr. Dingell, a Michigan Democrat.

The White House has signaled its opposition to the bill. And while the legislation has strong support in the Senate, which could take up the measure this fall, it is not clear whether the bill has a veto-proof majority there.

The show of support in the House, which passed the bill by a vote of 326 to 102, illustrated not only the strength of antismoking sentiment in the country but the benefit of enlisting a powerful ally. The legislation was partly the result of negotiations with Philip Morris USA, the nation’s largest cigarette company, which split with other companies by endorsing it.

Most large public health groups supported the measure — and its passage was applauded by groups including the American Lung Association and the American Heart Association — but some antismoking advocates said the bargain struck with Philip Morris gave too many concessions to the industry.

The bill specifically states that the F.D.A.’s new powers would stop short of the ability to order the elimination of nicotine from tobacco products or place an outright ban on all tobacco products.

But the agency could reduce nicotine to nonaddictive levels if it determined that doing so would benefit public health. The F.D.A. could also require changes in tobacco products, like the reduction or elimination of other harmful ingredients.

The bill bans flavored cigarettes that appeal to young people but exempts menthol from that ban. The exemption raised objections from black antismoking advocates because mentholated cigarettes are frequently chosen by black smokers.

To satisfy the Congressional Black Caucus on that issue, last-minute changes were made in the bill to direct a scientific advisory committee to issue recommendations on menthol in cigarettes within one year.

In a statement, Lorillard Tobacco Company, whose Newport cigarettes are the leading menthol brand, said it opposed the bill but “welcomes the provision in this bill that calls for a scientific review of menthol in cigarettes.”

Lorillard said that scientific studies to date do not support a conclusion that menthol cigarettes are more hazardous or addictive than non-menthol cigarettes.

The amendments also require the F.D.A. to publish an action plan on the advertising and promotion of menthol and other cigarettes to young people, giving priority to minority communities.

The bill was opposed by many Republicans. Many said they objected to expansion of the federal bureaucracy, and complained in particular that the F.D.A. was already unable to fulfill its work overseeing pharmaceuticals and food.

In floor discussion, John A. Boehner, the House minority leader, a smoker, called the legislation a “boneheaded idea.”

“How much is enough?” Mr. Boehner said. “How much government do we need? There’s not a smoker in America that doesn’t understand that smoking isn’t good for you.”

But Henry A. Waxman, the California Democrat who sponsored the bill, responded, “The minority leader said ‘When is enough, enough?’ Well cigarettes, one of the most dangerous products on sale today, are not regulated at all.”

The legislation would finance the F.D.A.’s tobacco supervision primarily through new fees paid by tobacco companies that are earmarked for that purpose.

If the legislation is enacted, consumers would see a wholesale revamping of the warning labels on tobacco products. The small messages currently on cigarette packs warning of the negative health effects would be replaced by graphic images of the physical ravages often caused by cigarettes, such as lung tumors and mouth growths.

The bill will also require cigarette makers to provide detailed disclosure about the type and quantities of ingredients in their products — like ammonia and acetaldehyde — which are believed to work with nicotine to increase the addictiveness of cigarettes and smokeless tobacco. The requirements mean that companies would be required to disclose internal research on the biological effects of those additives.

Cigarette companies could no longer advertise their products as “light” or “ultralight” to convey the notion of less harmful ingredients. Some companies have anticipated those changes by packaging their products so that cigarettes packs are color-coded to denote different blends.

Under the bill, any outdoor advertising of cigarettes, and advertising in publications seen by children, would have to be in black and white, to reduce their visual allure.

House approval of the bill follows years of debate over whether tobacco products should be regulated.

While attempts to place tobacco products under the agency’s jurisdiction date back at least to the 1980s, the impetus for the current bill originates in 1995, when Dr. David A. Kessler, then F.D.A. commissioner, proposed a set of regulations governing tobacco. Dr. Kessler asserted that nicotine was an addictive drug and that tobacco companies deliberately manipulated the nicotine content of their products.

Dr. Kessler had tried to impose regulations on the industry but the Supreme Court overturned them in 2000.

A bill that would have placed tobacco under F.D.A. jurisdiction was passed by the Senate in 2004 but was never approved by the House. The bill that the House approved Wednesday was introduced in both chambers in 2007.

<http://www.nytimes.com/2008/07/31/washington/31tobacco.html?ref=health>

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New medications for mental illness on horizon

The Advertiser | 07.31.08

Judy Bastien

More than 300 new medications to treat a long list of mental conditions caused by faulty brain chemistry are in development. That list includes everything from Alzheimer's disease to bipolar disorder to schizophrenia.

"Many of them are before the FDA, awaiting final approval," said Ken Johnson of PhRMA, a trade organization of pharmaceutical manufacturers.

Twenty are awaiting final approval and 54 are in Phase III clinical trials, one of the final stages of testing, Johnson said.

Louisiana residents have been especially hard-hit by long-lasting depression in the wake of hurricanes Katrina and Rita.

"We know that, after catastrophic events, there's a general state of depression that follows," Johnson said.

The numbers usually begin to decline after about eight months, but three years after the hurricanes, depression rates in Louisiana continue to climb.

Although 74 new drugs soon will enter the marketplace, this news does no good if the people who need them can't pay for them.

But, there is help through PhRMA's Partnership for Prescription Assistance, which provides free or nearly free medications to those who are uninsured and can't afford them.

"A family of four making less than \$40,000, a family of two making less than \$24,000 and an individual making less than \$19,000 can usually qualify for free medications if they have no insurance," Johnson said.

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HRSA Halts Proposed Rule Revising Medically Underserved Areas RAC | 07.25.08

The Health Resources and Services Administration has announced it will not move to finalize a proposed rule changing how it designates medically underserved populations and health professional shortage areas.

In the notice, HRSA said it received many substantive comments on the proposed rule and will need to make a number of changes. The agency plans to issue a new proposed rule for review and public comment.

In its recent comment letter, the AHA urged HRSA to withdraw the proposed rule for further field testing, analysis and stakeholder input, noting that the proposed changes would “have a significant impact on the providers and programs that depend on these designations for federal funding and the communities they serve.”

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Survey Finds Few Aware of Allied Worker Shortage

AMN Healthcare | 07.31.08

By Jennifer Larson, contributor

The shortage of allied healthcare professionals in California may be just as acute as the state's registered nurse shortage, but not as many people are aware of it.

According to a survey commissioned recently by Fenton Communications, only 24 percent of respondents were aware of the shortage of allied health workers, compared with 69 percent who were familiar with the state's nursing shortage.

The survey, which was conducted by Field Research Corporation, examined the responses of 800 registered voters in California during the month of May. The result: people may not know as much about the allied health worker shortage, but once they learn about it, they express strong concern.

"Percentage-wise, the shortage of allied health workers is just as severe," said Susan Chapman, Ph.D., RN, director of allied health workforce studies at the Center for the Health Professions, based at the University of California, San Francisco.

She speculated that the shortage of allied health care professionals may not have garnered as much attention as the nursing shortage because it covers a diverse group of health care professions, ranging from respiratory therapists to medical laboratory technologists to radiologic technologists. But the shortage is just as critical because it's not easy to fill the shoes of someone with such specialized skills.

"They are very critical to a hospital," Chapman said.

Like nurses, allied health workers are also in short supply nationally. Some experts forecast that the shortage could reach as high as 2.5 million workers by the year 2020.

The Field Research Corporation survey reported that 76 percent of the California respondents were either very or somewhat concerned about the state not having enough nurses and other healthcare professionals to meet its future needs. A majority also worry that such shortages will increase their own waiting times to receive care, noted Mark DiCamillo, senior vice president for field research upon presenting the survey results.

Almost 70 percent of those surveyed would like to see more efforts to find and train workers within the state to fill vacancies in the affected professions.

According to Julie Gallardo, director of recruitment strategies for the allied health service line of Kaiser Permanente Northern California, the state faces several vulnerabilities on this front, including projected population growth within the state and the looming retirement of Baby Boomer workers. If the public wishes to see more in-state workers, then perhaps policymakers need to work with local schools to develop more programs and effective recruitment strategies.

"Schools to train workers already exist," she commented during a conference call that discussed the results of the survey, "including Kaiser's own school of allied health services, but more efforts need to be made to expose potential students to the array of careers and then funnel those students into the pipeline."

Chapman said that such strategies are similar to strategies to combat the nursing shortage. She notes that tuition and stipends for students may also help in the field of allied health, and in some cases, capacity at schools may also need to expand. In addition, some hospitals may need to explore partnerships with schools to provide enough of the expensive clinical training that is necessary for many allied health professions.

The California Hospital Association has already established committees to address the allied health shortage, and Chapman hopes these committees will attract more attention from policymakers.

"And (then) it's a matter of committing resources," Chapman said.

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