

National Health Insurance

In a recent session of the Senate Finance Committee, Committee Chairman Russell B. Long (D, LA) and Senator Edward M. Kennedy (D, MA) said that the need to enact a national health insurance bill overrides any pride of authorship. The public impression accentuated by Senator Abraham Ribicoff (D, CT) is that Kennedy is making compromises in such areas as the role of private insurers, the scope of benefits, and the possibility of a phased approach, while Long is willing to provide something beyond catastrophic coverage alone and to consider various Kennedy cost control plans. But there are fundamental differences between the sides, particularly on cost controls. Congressional sources say that the two senators have well-known personal differences as well as differences in philosophy on the issue, and the idea that a Kennedy-Long consensus bill can be developed is viewed on Capitol Hill as extremely unlikely—if not impossible.

Meanwhile, the Carter administration seems to have located a middle ground between the two senators and has made some points considered favorable by the Finance Committee. The Committee has incorporated a number of details from the Carter plan into the design of a federally mandated, employer guaranteed catastrophic protection program. But the legislation still faces many obstacles before it can be approved by Congress.

Clinical Laboratories Legislation

The bill cleared a Senate committee in April, but is being withheld until there is some similar activity in the House. House Commerce Health Sub-

committee Chairman Henry Waxman (D, CA) said that the measure was a priority item, but so far no parallel House bill has been introduced.

Hospital Cost Containment

The House Ways and Means Committee has approved the Hospital Cost Containment Bill (HR 2626) after the Senate Finance Committee had rejected a modified version of the Administration's bill. Revenue increases under the current bill are limited to 11.6 percent per year. Other provisions call for control of all federal hospitals, including Veterans Administration facilities; exclusion of charitable contributions as part of hospital revenue; and exclusion of costs for treating charity patients. Another provision excludes wage increases for nonsupervisory hospital personnel. The proposal adopted by the Administration last year allows for federal controls only if voluntary efforts fail to keep expenses down to predetermined levels.

Veterans Administration Budget

The House and Senate have responded to the pleas of veterans' organizations to reject President Carter's proposed cuts in Veterans Administration medical personnel and to restore some of the reductions already made.

The House would add \$76.4 million to the VA's budget to fill several thousand medical jobs. The Senate, in a move far more acceptable to the Administration, passed legislation that, among other things, mandates staffing increases but provides the necessary funds by restricting certain veterans' benefits—including reimbursement for dental care and prescription drugs.

Public Health Service

The House passed the \$100 million Public Health Service Act Amendments, which will extend PHS Health Information Programs for three years. Included in the budget is \$94.5 million for health information and prevention programs, and over \$5 million for a National Digestive Diseases Information Clearinghouse and grants for education and training in digestive diseases.

Mental Health

The mental health measure, redrafted from the Administration's original by the Senate Human Resources Health Subcommittee, provides for: meshing the health planning program with the mental health system; establishing a mental health advocacy program independent of the Public Health Service; a bill of rights for mentally ill patients, including the right to informed consent for treatment; an associate director for minority concerns in the National Institute for Mental Health. Community mental health centers, which now receive funding directly from HEW, would apply to the states for funding. The states would then prepare statewide plans for HEW's approval, with the authority to modify proposals before submitting them to HEW. The legislation would also require states to sign performance contracts with HEW, and would require states to spend 90% of their Federal funds locally, avoiding establishment of top-heavy bureaucratic structures to administer mental health programs.

Physician Advertising

The Federal Trade Commission has issued substantially modified rules on physician advertising. The regulations would remove existing barriers against

Brief Summary

Clinical Pharmacology/Biological Activity:

HEPATITIS B IMMUNE GLOBULIN (HUMAN) provides passive immunization for individuals exposed to the hepatitis B virus (HBV) as evidenced by a reduction in the attack rate of hepatitis B following its use¹⁻³. The administration of the usual recommended dose of this immune globulin generally results in a detectable level of circulating anti-HBs which persists for approximately two months or longer. Cases of type B hepatitis are rarely seen following exposure to HBV in persons with pre-existing anti-HBs. No confirmed instance of transmission of hepatitis B has been associated with this product.

Indications:

HEPATITIS B IMMUNE GLOBULIN (HUMAN) [H-BIG®] is indicated for post-exposure prophylaxis following either parenteral exposure, e.g., by accidental "needle-stick," or direct mucous membrane contact, (e.g., accidental splash), or oral ingestion, (e.g., pipetting accident) involving HBsAg positive materials such as blood, plasma or serum.

Use of HEPATITIS B IMMUNE GLOBULIN (HUMAN) in other situations has been and continues to be evaluated, but there are not sufficient data at present on effectiveness, dosage and schedule for any other uses to be included as definite indications⁴⁻¹². There is currently some controversy over whether immune globulin containing a low or a high anti-HBs titer is preferable in these other situations¹²⁻¹⁹.

Contraindications:

There are no specific contraindications for HEPATITIS B IMMUNE GLOBULIN (HUMAN) [H-BIG]. No adverse reactions have been seen in individuals with pre-existing hepatitis B surface antigen although data regarding this occurrence are limited.

Warning:

HEPATITIS B IMMUNE GLOBULIN (HUMAN) [H-BIG] should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human globulin preparations.

Precautions:

GENERAL:

HEPATITIS B IMMUNE GLOBULIN (HUMAN) [H-BIG] should not be administered intravenously because of the potential for serious reactions. Injections should be made intramuscularly, and care should be taken to draw back on the plunger of the syringe before injection in order to be certain that the needle is not in a blood vessel.

CLINICAL AND LABORATORY TESTS:

None required.

SPECIAL INSTRUCTIONS:

Although systemic reactions to immune globulin preparations are rare, epinephrine should be available.

Clinically Significant Product Interactions:

Live virus vaccines such as measles vaccine should not be given close to the time of HEPATITIS B IMMUNE GLOBULIN (HUMAN) administration because antibodies in the globulin preparation may interfere with the immune response to the vaccination. No interactions with other products are known.

Pregnancy:

No studies have been conducted in pregnant patients. Clinical experience with other immunoglobulin preparations administered during pregnancy suggests that there are no known adverse effects on the fetus from immune globulins per se, but there are no reported studies indicating whether or not such adverse effects occur.

Adverse Reactions:

Local pain and tenderness at the injection site, and urticaria and angioedema may occur, anaphylactic reactions, although rare, have been reported following the injection of human immune globulin preparations¹⁹.

Caution:

Federal (U.S.A.) law prohibits dispensing without prescription.

When precaution fails... there's H-BIG®

[Hepatitis B Immune Globulin (Human)] from ABBOTT

Even the best hepatitis prevention program cannot eliminate risk entirely. Accidents happen. Especially in the hospital environment. Staff and patients can be exposed to materials which may be infectious with hepatitis B.

In case of accidental needle-stick, oral ingestion, or mucous membrane contact, Hepatitis B Immune Globulin is the surest post-exposure immunizing agent medicine has at the present time.

You know hepatitis B is not a harmless disease.

- There are 130,000 symptomatic cases a year in the USA.
- Average disability is six weeks.
- 10 to 14% become chronic HBsAg carriers.

HBIG protects.

As of right now, one fact seems clear. When the risk is hepatitis B and the exposure is acute, the surest protection is passive immunization with two doses of Hepatitis B Immune Globulin... the first as soon as possible after the exposure.

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IC-1

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physicians who advertise their prices and compete for patients, but would allow the American Medical Association to set guidelines to prevent false and misleading claims.

Department of Education

The first secretary of the newly created U.S. Department of Education

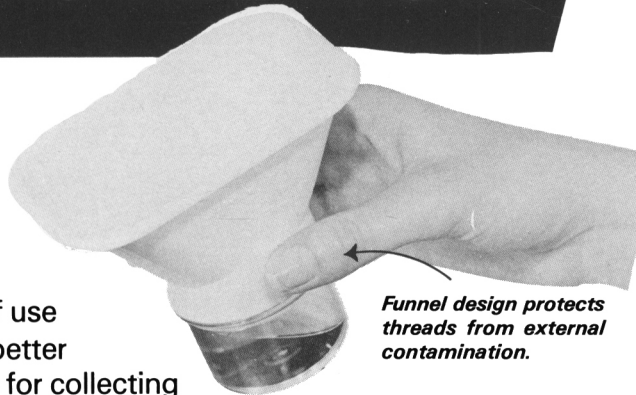
is Shirley M. Hufstедler, a judge on the ninth U.S. circuit court of appeals in California and a strong proponent of civil liberties. The new Department, created out of the Department of Health, Education, and Welfare, will have only limited jurisdiction; state and local governments will still control education policy.

Health Maintenance Organizations

HMOs are gaining increased interest from Capitol Hill. Most prepaid health plans were exempted from the new planning law; appropriations for fiscal 1980 are almost double those of 1979; a series of bills measures other insurance plans against HMOs; HMOs are prominent in most national health insurance proposals. HEW's 10-year strategy is to increase nationwide HMO membership from the current 7.5 billion enrollees to 19 million.

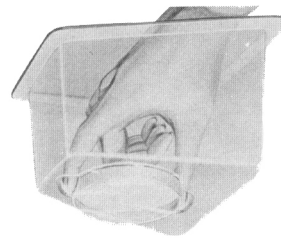
The House Ways and Means Committee has adopted the HEW proposal that HMOs be reimbursed at 95% of the fee-for-service rates allowed by Medicare. Traditionally, HMOs cost the government about 20% less; this "bonus" payment would provide additional benefits for elderly HMO members. The full House is expected to approve this proposal, but Senate acceptance without major revisions is considered unlikely.

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