DHHS Rewards Four States, D.C. for Reducing Nonmarital Births

On September 13, the Department of Health and Human Services (DHHS) awarded a total of $100 million to four states and the District of Columbia for having the greatest declines in out-of-wedlock childbearing between 1994 and 1997 while also showing a reduction in abortions. The award—the first of four annual "illegitimacy bonuses," enacted by Congress as part of the 1996 welfare reform law—was split evenly among Alabama, California, Massachusetts, Michigan and the District of Columbia.

Nationwide, only 11 states and the District of Columbia experienced a decrease in the ratio of out-of-wedlock births to total births between 1994–1995 and 1996–1997. The largest decline, 5.7%, occurred in California; in the other winning jurisdictions, declines ranged from 1.5% to 3.7%. Puerto Rico experienced the largest *increase,* 21.1%, followed by North Dakota at 10.0%. Nationally, the ratio of nonmarital births to total births remained constant between the two time periods at 32.4%; among the states in 1997, it ranged from a low of 16.6% in Utah to 45.4% in Mississippi and 63.6% in the District of Columbia.

Under regulations issued in April, DHHS used birth data submitted by the states to calculate the changes, which include births to all women, not just welfare recipients or teenagers. The department informed the five eventual recipients in early August that they were "potentially eligible" to share the bonus; those states were then required to submit data demonstrating that their most recent abortion-to-live-birth ratio was lower than it had been in 1995.

DHHS officials have declined to speculate on the reasons why the winning jurisdictions experienced the largest declines in nonmarital births. According to a study published in April by The Alan Guttmacher Institute, while 34 states reported activities to reduce such births in an effort to qualify for the bonus, the activities cited varied widely in scope and often included long-standing programs rather than new initiatives. Moreover, it is doubtful that this first round of bonuses, which were based on data from 1996 and 1997, was affected by bonus-inspired initiatives; the welfare reform law was not enacted until August 1996, and many initiatives aimed at reducing nonmarital births were not implemented until FY 1998 or FY 1999.

Pressure Mounts to Lift Stem Cell Research Ban

Since 1996, the use of federal funds for research in which human embryos are destroyed has been prohibited by federal law. Recent recommendations by leading organizations in the scientific and bioethical communities could lead to a loosening of that ban—if doing so is embraced by the president and Congress.

Earlier this year, the National Institutes of Health (NIH), armed with an opinion from the general counsel of the Department of Health and Human Services (DHHS) on the scope of the existing ban, announced plans to fund research using "embryonic stem cells"—so long as no federal funds were used in the actual retrieval of those cells. Embryonic stem cells are capable of developing into virtually any type of human tissue; researchers hope they eventually could be used to cure or treat diseases for which adequate therapies do not now exist, including diabetes, arthritis, Parkinson's disease, Alzheimer's disease and heart disease (*TGR*, Vol. 2, No. 2, April 1999).

In August, the American Association for the Advancement of Science (AAAS) and the Institute for Civil Society (ICS) jointly released a preliminary report that agrees with NIH. The AAAS-ICS report supports public funding for embryonic stem cell research, but stops short of recommending public funding for the derivation of those cells.

Last month, the National Bioethics Advisory Commission (NBAC), asked by President Bill Clinton to review the issue, also recommended that publicly funded research go forward, because embryonic stem cells present "such unusual scientific and therapeutic promise." Moreover, the 17-member board—whose membership includes physicians, ethicists, scientists and lawyers—went a significant step further. Rejecting the distinction made by NIH, AAAS and ICS between use and retrieval, the commission outlined conditions under which stem cells ethically could be both used for research and derived from fetal tissue following abortions and from embryos remaining after invitro fertilization and related infertility treatments. The commission did recommend that embryos not be created solely for research purposes, however.

Whether Clinton will accept or reject the NBAC recommendations remains to be seen. Antiabortion activists have long maintained a political stronghold on the issue, and they were allegedly successful in recently pressuring the American Cancer Society to withdraw its sponsorship of Patients' CURE, a coalition of organizations formed to lobby Congress against the embryo research ban. Meanwhile, Rep. Jay Dickey (R-AK) has taken the lead in Congress in opposing the DHHS decision to fund research using privately obtained stem cells; Dickey has threatened to use his seat on the House appropriations subcommittee on labor, health and human services to prohibit the NIH guidelines from going into effect.

Californians, Federal Employees Secure Contraceptive Coverage

On September 27, Gov. Gray Davis (D) signed legislation making California the 10th state to require most private-sector insurance plans to cover Food and Drug Administration (FDA)–approved prescription contraceptive methods if they provide coverage for other outpatient prescription drugs. The California legislature has approved such a mandate four times in the past five years; the previous three bills were vetoed by then-governor Pete Wilson (R).

Like many of the measures approved in other states (*TGR*, Vol. 2, No. 4, August 1999), the new California law contains a narrow exemption that allows employers to opt out of providing contraceptive benefits that are contrary to the employer's "religious tenets"; the exemption, however, applies only to a nonprofit organization that has as its purpose the inculcation of religious values and that employs and serves primarily people who share its religious tenets. In addition to California, eight states—Connecticut, Georgia, Hawaii, Maine, Nevada, New Hampshire, North Carolina and Vermont—enacted a contraceptive coverage requirement this year, joining Maryland, which approved the first such law in 1998.

Meanwhile, Congress on September 21 approved and sent to President Bill Clinton legislation that would renew for a second year a requirement that as a condition of participating in the Federal Employees Health Benefits Program (FEHBP), insurance plans include coverage of all FDA-approved prescription contraceptives. The requirement was renewed without debate by the Senate as part of the annual appropriations bill that includes funding for the FEHBP. During House consideration of the same measure, however, Rep. Chris Smith (R-NJ) attempted to gut the provision by allowing health plans to opt out of the coverage requirement on the basis of "moral" convictions, rather than, as under current law, solely on the basis of religious beliefs; the House rejected Smith's position, 217–200. Clinton signed the legislation on September 29.

States Act to Require Accurate Information In Sexuality Education

This summer, legislation was enacted in California and Missouri requiring the provision of medically accurate information in sexuality education courses. These are not the first states to impose such requirements; Alabama and Oregon have had similar provisions since the early 1990s. Still, the fact that these two very different jurisdictions felt compelled to address the issue of accuracy in sexuality education indicates that more states may follow.

In California, sexuality education supporters argued that the measure was necessary in order to require local school boards to adopt medically accurate curricula. As an example of the "scare tactics" in abstinence-only curricula they were aiming to prevent, they cited a lesson that suggested students could get AIDS from tears. Opponents of the bill contended that it could result in the labeling of all abstinence-promotion education as inaccurate and the prohibition of such instruction from public schools statewide.

Even with considerable opposition from abstinence-only education supporters, the bill passed both houses of the legislature with significant margins and was signed by Gov. Gray Davis (D) in August. Similar legislation was approved by the legislature last session, only to fall victim to then-governor Pete Wilson's (R) veto. Echoing the major arguments of abstinence-only advocates, Wilson said that the bill's definition of "medically accurate" information as that "supported by research, recognized as accurate and objective by leading medical, psychological, psychiatric, and public health organizations and agencies" was vague enough to invite litigation against individual school districts.

In Missouri, meanwhile, advocates of abstinence-only and more comprehensive sexuality education eventually came together around legislation signed by Gov. Mel Carnahan (D) in July. As originally introduced, the bill—which would have established abstinence-only sexuality education as the standard statewide—was strongly opposed by proponents of comprehensive sexuality education. Eventually, however, a compromise was struck, and a diverse coalition worked to reformulate the measure to require the provision of medically accurate information within the context of abstinence-based sexuality education. However, comprehensive sexuality education proponents maintain that the real challenge will be implementing the new law, given the extent to which abstinence-only programming is already established in the state.

Day of Six Billion: The World at a Crossroads

Sometime early this month, the world's population will reach six billion. "Y6B," as it has been dubbed by Zero Population Growth, is being marked on October 12 by events in the United States and around the world intended to heighten public awareness about the interrelationships among rapid population growth, economic development and the human condition.

This topic and all of its complexities are detailed in *The State of World Population 1999,* released in September by the United Nations Population Fund (UNFPA). Subtitled *6 Billion, A Time for Choices,* the

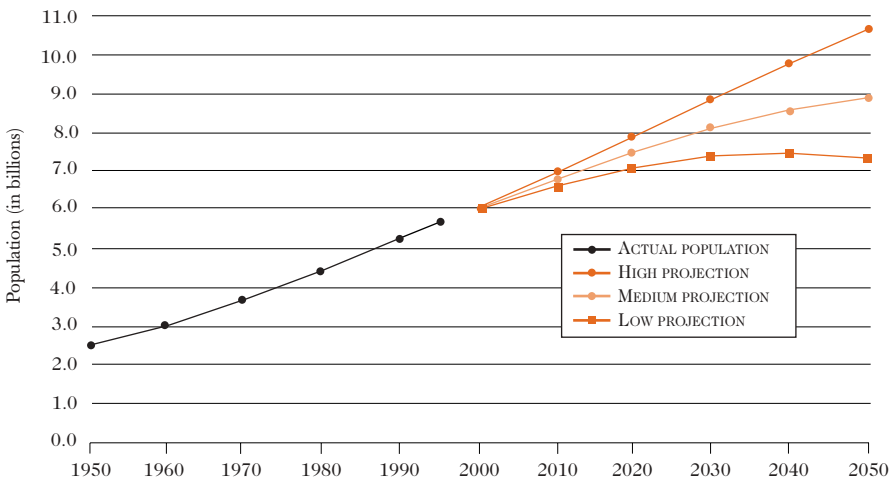
report notes the progress made in enabling individuals to exercise more choices over their own fertility and future over the last 30 years. Women and men have come to want—and have—smaller families since the 1960s. Their newborns are much more likely to survive the risky first year of life and to thrive. Their children, especially girls, are more likely to attain at least a basic level of education. Overall life expectancy has increased dramatically during this period. And, more recently, real progress has been made in advancing the rights and status of women in society.

At the same time, UNFPA's report observes that although population growth rates have declined as desired family size and birthrates have declined, the world's total population still grew from five billion to six billion in just the last 12 years. Because of the record numbers of women of reproductive age, 78 million people are added to the planet each year. Ninety-five percent of population growth is occurring in the world's poorest countries, those least able to provide basic health care, education and jobs—especially for the generation between the ages of 15 and 24, now one billion strong.

"Whether we seize the opportunity by acting decisively and providing the necessary funding [to fully implement the Programme of Action adopted at the 1994 International Conference on Population and Development, or ICPD] will have a major impact on life in the 21st century," UNFPA's report cautions. "The decisions taken in the next decade will determine how fast the world adds the next billion people and the billion after that [see chart], whether the new billions will be born to lives of poverty and deprivation, whether equality will be established between men and women, and what effect population growth will have on natural resources and the environment." The 1994 ICPD ratified a historic agreement among 180 governments, reaffirmed earlier this year during the "Cairo-Plus-Five" review process, that at its core called for a substantial commitment by the nations of the world to improving the reproductive health of individuals.

Population Potential

The UN projects that world population could reach 10.7 billion by 2050, depending on future fertility rates.



Prevention Conference Reviews HIV/AIDS Trends

In August, the Centers for Disease Control and Prevention (CDC) convened the first National HIV Prevention Conference to review and respond to the latest information on national trends in HIV and AIDS rates. The four-day meeting, cosponsored by a host of other organizations from around the country, was attended by over 2,000 research scientists, practitioners and advocates.

Among the most notable trends discussed at the meeting was the decline in AIDS-related deaths. Nationally, AIDS-related deaths have dropped from a high of about 50,000 per year in 1995 to 17,000 per year in 1998. This dramatic drop over a three-year time period is attributed primarily to potent drug-combination therapies that can subdue the effects of the disease. Experts at the conference expressed deep concern, however, over new data showing that these dramatic decreases are leveling off. A slowing of this trend, they said, suggests that much of the benefit of these new therapies has now been realized. At the same time, conferees noted, it points to the need for a continuing focus on HIV prevention.

Preventive efforts have helped reduce the number of new HIV infections in the United States by over two-thirds, from more than 150,000 infections per year in the late 1980s. Still, there are about 40,000 new infections annually, and current national estimates suggest that at least one-half of these are occurring among people younger than 25. Indications of an upturn in new infections among gay men, whose adoption of risk-reduction behavior in the early years of the epidemic was particularly dramatic, were widely discussed. "The data presented…on new HIV infections is

a source of great concern," said Helene Gayle, director of HIV prevention at CDC. "It shows how quickly the epidemic can reemerge when people become complacent about the need for HIV prevention."

Another, more positive finding released at the conference was that between 1992 and 1997, perinatally acquired HIV infections in the United States declined 66%. This decrease is due in large part to administration of zidovudine (ZDV, formerly known as AZT) to HIV-infected pregnant women. In 1994, ZDV was shown to have a dramatic effect in reducing HIV transmission from mother to infant. As a result, the Institute of Medicine (IOM) in 1998 revised its 1991 recommendation of "routine" counseling and the "offer" of HIV testing to pregnant women to "universal HIV testing with patient notification as a routine component of prenatal care." This recommendation was considered something of a compromise between proposals for outright mandatory and purely voluntary testing of pregnant women *(TGR*, Vol. 1, No. 6, December 1998). In July, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists joined forces in support of the latest IOM recommendation. Before perinatal preventive treatment services were available, an estimated 1,000–2,000 infants were born with the HIV infection each year in the United States.