

Accusation of Fetal Research 'Profiteering' Made and Retracted

Fetal research appears poised to make another of its recurrent appearances on the national policy agenda as a result of allegations by antiabortion activists of impropriety in how the business of fetal tissue transplantation research is conducted. Long part of scientific exploration, federally funded fetal research has been subject to stringent federal regulation since the 1970s. In the 1980s, scientists began experimenting with a new type of fetal research—implanting cells from aborted fetuses into individuals suffering from a range of dangerous conditions, including diabetes and Parkinson's disease. Legislation enacted in 1994 allows federal funding of this work in accordance with very strict federal regulation and oversight.

The current controversy stems from allegations of illegal profiteering made last year by a technician who was employed by an agency that collects tissue samples and supplies them to medical researchers but who also was acting as a paid informant for an antiabortion group. While permitting the recovery of reasonable costs, the 1994 legislation expressly prohibits anyone involved in fetal tissue transplantation research from making a profit from the enterprise. In March, an episode of the television magazine *20/20* focused on the allegations, as did a hearing before the House Subcommittee on Health and Environment the following day. The hearing, however, dealt a severe blow to the credibility of the technician, who was confronted with contradictory accounts of events he has given on different occasions. While he alleged serious abuses in a videotape made in conjunction with the antiabortion organization with which he had been cooperating, he denied those same allegations in an affidavit supplied in a lawsuit growing out of

the controversy. He also was forced to admit that he has received at least \$10,000 from the antiabortion organization. At the hearing, he retracted his videotaped allegations as not having been made under oath.

Following the severe blow dealt to opponents of fetal research at the hearings, Rep. Tom Coburn (R-OK) quickly introduced a softened version of an amendment that had been proposed, and soundly defeated, last year. He modified last year's version to delete several onerous requirements targeted at abortion providers, such as mandated reporting of the specific medical procedures used and the gestational age of the fetus. The new version would require abortion providers to file disclosure statements specifying the agencies that obtained the fetal tissue, documenting that patients had given informed consent and listing any fees that had been paid. While unlikely to move as a freestanding bill, Rep. Coburn's provisions could surface as an amendment to pending appropriations legislation.

Bills to Expand Infertility Insurance Introduced, Vetoed

In an attempt to expand private-sector insurance coverage of infertility services, Sen. Robert Torricelli (D-NJ) on March 2 introduced the Fair Access to Infertility Treatment and Hope Act of 2000 (FAITH). The bill would require group health insurance plans across the country to provide benefits for infertility diagnosis and treatment procedures that are considered nonexperimental. Under the measure, a maximum of four in vitro fertilization attempts would be covered, plus, for successful couples, another two attempts for a second child.

Introduction of FAITH by the New Jersey senator comes on the heels of the veto of a similar bill in January

by New Jersey Gov. Christine Todd Whitman (R). That measure would have required health insurers in the state to provide coverage for infertility testing and diagnosis, as well as treatments such as in vitro fertilization and embryo transfer. To be eligible for the benefits, a person would have been required to have previously used all reasonable, less-expensive medically appropriate treatments, have had fewer than four egg retrievals and be under 45 years of age.

To date, 13 states have laws governing infertility benefits under private-sector health plans. In California, Connecticut and Texas, insurers are only required to offer to include such coverage to those purchasing health plans. The laws in Arkansas, Hawaii, Illinois, Maryland, Massachusetts, Montana, New York, Ohio, Rhode Island and West Virginia require that infertility services be included in health plans, but the range of services that must be covered vary widely among the states.

Insurers and employers generally argue that the cost of mandating infertility-services coverage will cause insurance rates to increase, resulting in more uninsured Americans. However, recent studies show that the added cost to premiums may be only \$3 per employee per year ("Drive for Insurance Coverage of Infertility Raises Questions of Equity, Cost," October 1999).

Microbicide Bill Filed As First International Conference Convenes

Advocates for microbicides hope to use recently introduced federal legislation to educate members of Congress and the general public about this potential new class of products for the prevention of sexually transmitted diseases (STDs), including HIV. A 1999 report by The Alan Guttmacher

Institute (AGI), *Microbicides: A New Defense Against Sexually Transmitted Diseases*, presents findings from an AGI survey that asked a nationally representative sample of women about their perceived risk of contracting STDs and their potential interest in using microbicides. At least 21 million sexually active U.S. women would be interested in such products, if they were available, according to the survey ("Campaign to Accelerate Microbicide Development for STD Prevention Gets Under Way," February 2000).

On March 10, Rep. Constance Morella (R-MD)—along with Reps. Nancy Pelosi (D-CA), Sherwood Boehlert (R-NY), James Greenwood

(R-PA), Sue Kelly (R-NY) and Carolyn Maloney (D-NY)—introduced The Microbicides Development Act of 2000, which would increase federal investment from less than \$25 million currently to \$50 million in FY 2001, \$75 million in FY 2002 and \$100 million in FY 2003. The bill would also require the director of the National Institutes of Health to establish a program to support microbicide research and to develop a five-year implementation plan.

The legislation was introduced just three days before the first international conference on microbicides convened in Washington, DC.

Entitled Microbicides 2000, the meeting was attended by over 600 clinicians, researchers, educators and activists from around the globe. Conference attendees heard presentations on the practical applications for and gaps in the current research, as well as the cultural, ethical and economic obstacles toward development of microbicides. Many attendees also participated in a Microbicides Advocacy Day on Capitol Hill. Organized by the Global Campaign for STD Prevention Alternatives for Women, participants visited congressional offices in support of increased funding for microbicide research and development. ☉



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