Bush proposes cutting Medicare budget by \$36bn

Nellie Bristol *Washington, DC*

President Bush has proposed reducing the Medicare budget by \$36bn (£21bn; €30bn) over five years. He plans to achieve his target by reducing the rate of increase in payments to health-care providers and by increasing the premiums for people on higher incomes.

Until now all beneficiaries of Medicare—the federal health insurance programme for elderly and disabled people—have made the same level of monthly payments to cover doctors' and outpatient services. In 2006 this amount was \$88.50. However, recent Medicare reforms introduced differentiated premiums that are based on income, starting in 2007. The president's proposal, if accepted, would accelerate those increases.

The proposals, which were published on 6 February as part of the total White House budget, would also reduce planned increases in payments to hospitals and to home health and skilled nursing facilities and would expand competitive bid-

ding for laboratory services. Premium increases would affect individuals with an income of more than \$80 000 a year and couples with a joint income of more than \$160 000.

Facing a growing budget deficit, the White House has looked to trim domestic programmes while bolstering spending on defence, which would increase by almost 7% over the 2006 level.

"We had to make hard choices—hard choices about very well intentioned programmes," said Michael Leavitt, the federal health and human services secretary.

Democrat law makers, and several Republicans, criticised the cuts to Medicare. "From the perspective of those in need, I find the administration's priorities misdirected," said Senator Max Baucus (Montana, Democrat).

The Medicare adjustments were necessary, Mr Leavitt said, to ensure the long term viability of the programme. The proposed cuts in the budget would reduce the programme's rate of

growth from 8.1% to 7.7% a year.

President Bush's proposals will be subject to considerable scrutiny and debate on Capitol Hill. Congress develops the final budget but usually in close consultation with the White House.

Other health programmes facing reductions or consolidation under the president's proposals are some payments to states as well as payments to rural and Native American health services.

Winners under the budget are health information technology initiatives, set for a \$60m increase, bioterrorism initiatives, which get a \$178m increase, community health centres, and testing and treatment for HIV and AIDS. The budget also requests \$2.6bn for avian influenza preparedness to supplement the \$3.8bn already authorised by Congress. The President originally asked for \$7.1bn for activities related to bird flu.

The budget also calls for \$6m in increased payments to

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President Bush's proposals have been criticised as "misdirected"

the Food and Drug Administration to encourage development of drugs targeted at specific groups of people rather than the whole population.

US agency launches initiative on better prescribing for hypertension

Jeanne Lenzer *New York*

The US National Institutes of Health is launching a comprehensive programme to educate doctors on the management of hypertension, which is likely to result in the wider use of cheap diuretics.

The programme will disseminate the results of the antihypertensive and lipid lowering treatment to prevent heart attack trial (ALLHAT), which tested four classes of antihypertensive drugs and found that inexpensive diuretics are as effective as newer, dearer drugs.

The ALLHAT results, published more than three years ago (*JAMA* 2002;288:2981-97), were incorporated into clinical guidelines issued by the National Heart, Lung, and Blood Institute in May 2003.

The guidelines' chief recommendation is that for most patients an inexpensive diuretic should be the first drug for hypertensive patients on monotherapy and should be one of the drugs for patients who need more than one drug.

William Cushman, chairman

of the ALLHAT dissemination committee, said that roughly 25% to 30% of US patients on monotherapy are taking a diuretic and that the "majority of patients on two or three drugs are not on diuretics."

These numbers are far too low, said Dr Cushman, as approximately 80% to 90% of patients can take diuretics. In the ALLHAT trial the likelihood of stopping treatment because of side effects was lower among patients who took diuretics than among those who took any other class of antihypertensive agent, he said.

One reason doctors may not be prescribing diuretics, even as part of multidrug regimens, said Dr Cushman, is that doctors often begin treatment using free

samples provided by drug company representatives. "Unless they're in a sample on a shelf, doctors often don't use [diuretics]," he said.

The \$3.7m (£2.1m; €3.1m) initiative will last three years and is expected to reach 30 000 doctors by September 2006. Approximately 150 doctors in 34 states and in Washington, DC, have undergone special training so they can offer educational programmes to local doctors. They have been equipped with study results, clinical guidelines, slide programmes, and educational handouts. This is the first such educational initiative undertaken by the National Heart, Lung, and Blood Institute, said Dr Cushman.