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# ANNALS OF HEALTH LAW

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Continuing medical education (CME) is intended to keep the knowledge and skills of health care professionals up to date so that they can provide the best possible care, improve patient outcomes, and protect patient safety. The current state of CME in the United States, however, is far from reaching that goal. Pharmaceutical and medical device companies have taken a lead role in financing the provision of and research for CME, raising concerns about conflicts of interest and whether some companies are using CME to influence health professionals to increase their market shares. This article highlights the various flaws in the way CME is conducted, financed, regulated, and evaluated. It first discusses the regulatory framework for CME activities, including the accreditation process and the history of the roles of the Food and Drug Administration and Department of Health and Human Services Office of Inspector General's roles in ensuring independence and reliability in CME content. Next, this article focuses on the various shortcomings of the current regulatory schemes that seek to protect against undue industry influence in CME activity. Finally, this article provides recommendations for how to improve the CME programming framework to ensure accountability and independence for CME providers.

**The Affordable Care Act and People Living With HIV/AIDS: A Roadmap To Better Health Outcomes**  
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Congress passed the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010 with the intention of making comprehensive health care affordable for all Americans. For people living with HIV/AIDS, PPACA expands access to vital federal programs like Medicaid and institutes desperately needed consumer protections. By dramatically expanding the number of people living with HIV/AIDS who have access to health care, PPACA aims to improve health outcomes for people currently living with the disease while preventing its spread.

As the States and the Administration implement PPACA however, it has become clear that numerous obstacles to widespread viral suppression remain. Although PPACA contains dramatic reforms, the States possess substantial influence over their implementation. This has provided state actors with opportunities to sidetrack and dilute *their impact. Furthermore, even if the States were completely compliant with PPACA's* provisions, the law would still fail to address important health care access issues for people living with HIV/AIDS.

In the public insurance market, legal challenges brought by protesting states have dramatically decreased the impact of the Medicaid expansion. Meanwhile, the law does nothing to address the longstanding problem of low Medicaid reimbursement rates, which has contributed to a shortage of participating physicians nationwide. In the private insurance market, PPACA institutes market reforms that include a requirement that insurance providers cover a basic level of health care. However, the Administration has ceded the authority to define what these requirements entail to the States, many of *whom are openly hostile to PPACA's implementation. Only when these issues have been* addressed can PPACA begin to achieve its goal of comprehensive, affordable health care for not only people living with HIV/AIDS, but all Americans.

### **The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities**

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This paper reports on focus groups conducted with 107 domestic victims of sex trafficking in which they discussed the health problems they experienced during trafficking. In addition, the project examined victims' interactions with various types of healthcare providers. The focus groups revealed that nearly all victims experienced serious physical and mental health problems while being trafficked, including serious communicable and other diseases, injuries resulting from violence, substance abuse, and reproductive health issues. The paper summarizes data about the health problems reported by significant numbers of survivors to present a fuller picture of the health consequences that victims of trafficking suffer. A majority of survivors sought healthcare at some point during the time they were trafficked. The paper also reports on the contact victims had with health care providers, including hospital emergency wards, urgent care clinics, neighborhood clinics, women's clinics, Planned Parenthood clinics, and general practitioners. Many providers were unaware of the fact that they were treating a trafficking victim, and unaware of the force, fraud, and coercion involved in trafficking. The paper discusses common physical and mental health symptoms and other warning signs that can assist medical professionals in recognizing possible trafficking victims. It also makes policy and program recommendations for medical care providers to enhance their roles as identifiers of trafficking victims. These recommendations include suggestions for interviewing possible victims and methods for helping victims obtain broader assistance, including criminal justice assistance where warranted. Other recommendations include mandatory training about trafficking in persons for healthcare providers, mandatory posting of the national trafficking hotline phone number and specialized resources to make available to victims.

**Millennium Development Goal 5, Human Rights, and Maternal Health in Africa: Possibilities, Constraints, and Future Prospects**  
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Millennium Development Goal 5 (MDG 5) holds particular significance for Africa in that it incentivizes countries in the region to: first, look beyond their shores to strategies being implemented by others to improve maternal health and wellbeing of women within their respective jurisdictions; and, second, incorporate transferable best practices into their national initiatives. But the process is dangerously dangling on the precipice of being overrun by seemingly insuperable factors, evident in continuing deterioration of *women's health throughout the region*. Proceeding on the premise that maternal health is a human right, the violation of which inevitably bequeaths catastrophic consequences upon women and children, this paper argues that the status quo in all the countries in the region is indefensible and desperately in need of reversal. This paper provides an analytical framework for exploring current implementation challenges and identifies specific interventions within and outside the health sector that must be incorporated into country policies, strategies, and plans of action as fundamental to positioning Africa on a sustainable track toward the MDG.