

seeded into collagen sponges, which are placed into areas needing bone repair.

The new bone has the same hard outer coating, spongy interior, and marrow as naturally produced bone, and scientists plan further studies to see if the new bone functions similarly. These autografts may potentially be used in cases where lesions containing few bone-producing cells remain.

The House of Representatives has passed the Quality Healthcare Coalition Act of 2000 (HR 1304) by a vote of 276-136-2. The bill provides limited exemption of antitrust laws and, therefore, allows physicians to negotiate contract terms jointly and bargain collectively with managed care companies regarding the terms of their contracts. Many medical professionals believe the act will take the healthcare decision-making process from insurers and place it in the hands of physicians and patients.

Six amendments to the bill were proposed, three of which failed because they were perceived as weakening the bill's original intent. Two of the amendments passed—one, supported by the American Osteopathic Association, stipulated that medical decisions regarding treatment should be made by the healthcare professional and patient. The second proposed exempting discussions regarding requiring abortion coverage from collective bargaining negotiations. ♦

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JAOA Letters

Certification name change unnecessary and confusing

To the Editor:

I agree with Dr Chapek when she states in her letter (JAOA 2000;100:344) that the board name change from "Special Proficiency in Osteopathic Manipulative Medicine" (SPOMM) to "Neuromusculoskeletal Medicine and Osteopathic Manipulative Treatment" (NMS and OMT) is unnecessary and confusing. If insurers did not understand us before, this is certainly not going to help.

I have been certified by the Board of SPOMM since 1994 and have the option of retaining the old name. My thanks to the AOA for that—I don't even know what "neuromusculoskeletal medicine" is.

Daniel Schmidt, DO
Pearsall, Texas

Osteopathic physicians should raise awareness of osteoporosis

To the Editor:

The supplement on osteoporosis (JAOA 2000;100(Suppl):S1-S20) was well done. Public awareness concerning the dangers of osteoporosis is of utmost importance. As osteopathic family physicians, we should assume a leadership role in exposing this silent bone thief and motivate individuals to take steps to prevent its devastating effects. The public expects us, by virtue of being osteopathic physicians, to be thoroughly knowledgeable about bone health.

I recently returned from the World Congress on Osteoporosis 2000 in Chicago where it was made evident that osteoporosis awareness is a low priority among physicians. One would expect that physi-

cians would assume an active, highly visible role in this regard, but too many of us are observing from the sidelines and not well-read on the subject.

Osteoporosis is a health concern that should propel all family physicians to the forefront. To effect change requires knowledge, so physicians must be thoroughly educated about the devastating effects of osteoporosis and then become well equipped to prevent and treat it. Increasing osteoporosis awareness can then be effected in patients.

Raymond E. Cole, DO
Brooklyn, Michigan

[Editor's note: Dr. Cole is the author of a recently published book on this topic, *Osteoporosis: Unmasking a Silent Thief*, Wellpower Publications, Brooklyn, Mich, 2000.]

National Practitioner Data Bank should be confidential

To the Editor:

It was with pride and heartfelt thanks that I read Dr. Edward Loniewski's editorial, "AOA's voice supporting fair treatment of physicians in quality review process" (JAOA 2000;100:143). I wholeheartedly agree that information regarding malpractice settlements and adverse actions included in the National Practitioner Data Bank should remain confidential. The fact that lawyers have a strong influence in local, state, and federal lawmaking does not give them license to burden us with unnecessary laws to protect the public.

Keep up the good work! ♦

John J. Herscher, DO
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