



POLICY & PRACTICE

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Virginia Tightens Abortion Rules

Lawmakers in Virginia passed legislation that would require abortion clinics to follow an array of rules that currently govern only hospitals. The bill (SB 924) passed the state legislature in March and was signed by the governor. Any facility where five or more first-trimester abortions are performed per month would be required to adhere to the standards for construction, maintenance, operation, staffing, equipment, training, and security that hospitals do now. Supporters of the law said it is necessary to address safety concerns, but opponents categorized the bill as an attack on abortion access. The new rules would force many clinics to close, said opponents, while many of these facilities provide basic gynecologic care, preventive health screenings, and immunizations as well as abortions.

HEART Bill Reintroduced

A bill intended to end the shortage of women-specific data on cardiovascular conditions has been introduced again by Sen. Debbie Stabenow (D-Mich.) and Sen. Lisa Murkowski (R-Alaska). The Heart Disease Education, Research and Analysis, and Treatment (HEART) for

Women Act would require health data that have been reported to the federal government to be broken down by sex, race, and ethnicity. The bill (S. 438), which the senators have introduced in past congressional sessions without success, would also require the secretary of Health and Human Services to submit an annual report to Congress on women's access to quality care for cardiovascular disease. The government's WISEWOMAN screening program for uninsured and underinsured women would be expanded from 20 states to the entire country. "Unfortunately, a majority of women and even some physicians are unfamiliar with the symptoms, diagnoses, and dangers of heart disease in women," Sen. Stabenow said in a statement.

Studies Often Exclude Women

A new study shows that cardiovascular-device studies generally fail to include enough women to determine safety and effectiveness in that population. The Food and Drug Administration explicitly requires manufacturers to study how their devices work in women, but Dr. Rita Redberg and her colleagues at the University of California, San Francisco,

reported that men made up almost 70% of patients in the trials that disclosed gender breakdowns. Participants' sex was not reported in 28% of the studies, the researchers reported in the March issue of *Circulation: Cardiovascular Quality and Outcomes*. They looked at 123 studies submitted with approval applications for 78 high-risk cardiovascular devices that the FDA approved in 2000-2007. Manufacturers are required to explain whether the proportions of men and women in a trial reflect the proportional effect of a condition on the general population. But such a statement was included in only 41% of the studies, the researchers found. Dr. Redberg is a member of the FDA's Circulatory System Devices Panel.

Infant Mortality Decreased

Rates of infant mortality and neonatal mortality both dropped slightly in 2009, according to preliminary figures from the federal government's National Center for Health Statistics. In 2009, the infant mortality rate was 6.42 deaths per 1,000 live births, a 2.6% drop from 2008. Similarly, the rate of deaths among infants younger than 28 days fell from 4.27 deaths per 1,000 live births in 2008 to 4.19 deaths in 2009, but that decrease was not statistically significant. The top cause of infant mortality was congenital malformations, deformations, and chromosomal abnormalities. Disorders related to short gestation and low birth

weight, sudden infant death syndrome, and maternal pregnancy complications were also leading causes of death, according to the report. But there were fewer deaths caused by maternal complications of pregnancy in 2009. The infant mortality rate for pregnancy complications decreased 7.5% from 2008 and 2009.

Salary Gender Gap Identified

Newly trained female physicians made nearly \$17,000 less than men did in 2008, but it's not clear why, according to a study in the journal *Health Affairs*. The gap in pay has been growing steadily since 1999, the study showed. Income inequity persisted even after the researchers accounted for gender differences in such factors as medical specialty, hours worked, and practice type. "It's not surprising to say that women physicians make less than male physicians, because women traditionally choose lower-paying jobs in primary care fields or they choose to work fewer hours," lead author Anthony LoSasso, Ph.D., of the University of Illinois at Chicago said in a statement. However, it is surprising that the gap persists after accounting for other factors, he added. Women may be paid less because they're trading salary for greater flexibility and family-friendly benefits, such as not being on call after certain hours, the researcher said.

—Mary Ellen Schneider

PRODUCTS

Overactive Bladder Treatment

The Urgent PC neuromodulation system by Uroplasty offers a nondrug, nonsurgical treatment of overactive bladder that can be performed in the office. The neuromodulation system provides percutaneous tibial nerve stimulation via a slim needle electrode that carries electric impulses from a handheld stimulator to the sacral plexus. After 12 initial 30-minute treatment sessions, maintenance therapy is continued at the maximum interval between sessions that provides symptom relief of urinary urgency, urinary frequency, and urge incontinence, according to the company Web site.



Uroplasty Inc.
www.uroplasty.com/index.cfm/go/Physicians.UrgentPC

Hair and Scalp Care

CLEAR POREFORMANCE is an antibacterial, deep pore cleansing hair and skin care system. The products are designed to control scalp breakouts in individuals with acne-prone skin. The complete hair and scalp care system includes a shampoo and conditioner. Each product works on three levels: deeply cleaning the scalp, balancing sebum production, and killing bacteria. The system is designed to combine hair and skin care by keeping the hairline and scalp free of breakouts while delivering healthy, manageable hair. Key ingredients include azelaic acid, manuka, and Australian myrtle, as well as triclosan to control sebum production. The products are sulfate-free and appropriate for normal to oily hair, and all skin types.

CLEAR POREFORMANCE
Clearporeformance.com

Absorbable Suture Stapler

The INSORB Subcuticular Skin Stapler by Incisive Surgical Inc. uses a rigid, U-shaped absorbable staple with cleats to close a skin incision. INSORB Staples are composed of an absorbable copolymer made of lactic and glycolic acids. Absorption begins as a loss of tensile strength without an appreciable loss of mass, according to the company's Web site. At 10-12 weeks, the staple is approximately one-half of its original mass at 10-12 weeks, with the remainder absorbed during subsequent months.

Incisive Surgical Inc.
www.insorb.com

Stretch Marks Treatment

The Stretch Marks Survival Set from Mustela contains two lotions to both prevent and reduce stretch marks during and after pregnancy. Mustela's 9 Months Stretch Marks Intensive Action lotion, reduces the size, depth, and color of stretch marks. Alpha-hydroxy acid and silicium stimulate skin cells, while vitamin B₅ helps repair damaged skin tissue. The second lotion, Mustela 9 Months Ultimate Hydration, moisturizes skin by sealing in water with glycerin and plant ceramides. Both products will be available beginning March 2011, online and in select stores. Together, the set costs \$39; separately the Intensive Action lotion sells for \$39 for 2.5 fluid ounces and Ultimate Hydration for \$22 for 6.7 fluid ounces.



Mustela
www.mustelaUSA.com