

## POLICY &amp; PRACTICE

**Louisiana Passes Abortion Ban**

Louisiana Gov. Kathleen Blanco (D) last month signed into law a bill that would ban most abortions in the state in the event that the U.S. Supreme Court overturns *Roe v. Wade* or the U.S. Constitution is amended giving states the right to outlaw abortion. The new law would make exceptions in order to save the life of the mother or to prevent "substantial risk of death due to a physical condition, or to prevent the serious, permanent impairment of a life-sustaining organ of a pregnant woman." However, the law does not

allow for abortions in the case of rape or incest. If *Roe v. Wade* were overturned or the constitution amended, the ban would go into effect, and physicians who performed abortions would face 1-10 years of prison with hard labor and fines of \$10,000-\$100,000. "I, along with many other pro-life legislators, had hoped this bill would include special protections for women in cases of rape and incest," Gov. Blanco said in a statement. "In the end, these exceptions did not pass, but the central provision of the bill supports and reflects my personal beliefs."

**Crisis Pregnancy Centers**

Abortion advocates are accusing operators of crisis pregnancy centers of using bait-and-switch tactics in an effort to keep women from obtaining abortions. A recent report from the National Abortion Federation said that these centers, which exist to offer women alternatives to abortion, often choose names that are similar to existing reproductive health facilities and open their offices near abortion providers, giving women the false impression that they offer family planning and abortion services. Currently, pending federal legislation would authorize the Federal Trade Commission to regulate

the advertising practices of crisis pregnancy centers to ensure they are not confused with abortion providers. The bill (H.R. 5052) was introduced by Rep. Carolyn Maloney (D-N.Y.) in March.

**Physician Income Drops**

The average physician net income dropped by about 7% from 1995 to 2003 after adjusting for inflation, even as incomes for other professionals increased, according to a survey conducted by the Center for Studying Health System Change (HSC). Primary care physicians have experienced the biggest decline with average net incomes dropping 10.2% after adjusting for inflation. Surgical specialists also saw a significant decrease in inflation-adjusted earnings, with an 8.2% drop in net income from 1995 to 2003. Medical specialists had a 2.1% drop but the change was not statistically significant. The major driver of this drop in real incomes is flat or declining payments from both Medicare and Medicaid, and from private payers, according to the HSC analysis.

**Stalking Prevalence**

Stalking is a significant public health issue, especially for women, according to an analysis published in the August issue of the American Journal of Preventive Medicine. The results of a random-digit-dial telephone survey of more than 9,600 adults show that about 10 million adults in the United States report having been stalked at some point in their lifetime. More women reported having been the victim of stalking than men, with about 7% of women and 2% of men reporting they had been a victim of stalking behavior that they perceived as somewhat dangerous or life threatening. Overall, 1 in 50 men and 1 in 14 women will be victims of stalking behavior at some point in their lifetime, according to the study, which was conducted by researchers from the Centers for Disease Control and Prevention. Adults under age 55, whites, and unmarried individuals are also more likely to be victims of stalking, the researchers wrote.

**Rapid Response Teams Cut Deaths**

An 18-month campaign to get hospitals to adopt quality control measures has saved more than 100,000 lives. That's according to estimates by the Institute for Healthcare Improvement, the Cambridge, Mass.-based nonprofit organization behind the campaign. IHI based its estimates on raw mortality data from inpatient admissions only, which is submitted to the organization by participating hospitals. The data are compared with mortality data from each facility's "baseline" in 2004, and risk adjusted. So far, at least 3,000 hospitals have signed up to be part of the effort. They agreed to implement some or all of a checklist of six quality improvement initiatives, including establishing rapid response teams that are activated when a patient's condition is deemed to be worsening. The facilities also agree to prevent medication errors by closely tracking and reconciling inpatient records; follow evidence-based guidelines for heart attack care; institute programs to prevent central line infections and postsurgical infections; and keep ventilator-dependent patients from developing pneumonia.

—Mary Ellen Schneider

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