

105TH CONGRESS  
1ST SESSION

# H. R. 2130

To amend the Public Health Service Act to provide for expanding, intensifying, and coordinating activities of the National Heart, Lung, and Blood Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 9, 1997

Ms. WATERS (for herself, Mr. ACKERMAN, Mr. BOUCHER, Ms. BROWN of Florida, Ms. CHRISTIAN-GREEN, Ms. CARSON, Mrs. CLAYTON, Mr. CLYBURN, Mr. CONYERS, Mr. CUMMINGS, Mr. DAVIS of Illinois, Ms. DEGETTE, Mr. DELLUMS, Mr. ENGEL, Mr. EVANS, Mr. FALEOMAVAEGA, Mr. FAZIO of California, Mr. FILNER, Mr. FROST, Mr. GUTIERREZ, Mr. HASTINGS of Florida, Mr. HILLIARD, Ms. JACKSON-LEE of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KILDEE, Mr. LEWIS of Georgia, Ms. LOFGREN, Mrs. LOWEY, Mrs. MALONEY of New York, Mr. McDERMOTT, Ms. MCKINNEY, Mrs. MINK of Hawaii, Mrs. MORELLA, Ms. NORTON, Mr. PAYNE, Ms. PELOSI, Ms. RIVERS, Ms. ROYBAL-ALLARD, Mr. RUSH, Mr. SANDERS, Ms. SLAUGHTER, Mr. STOKES, Mr. THOMPSON, Mr. TOWNS, Mr. UNDERWOOD, Mr. WATT of North Carolina, Mr. CLAY, Mr. CLEMENT, Mr. DIXON, Ms. ESHOO, Mr. FATTAH, Mr. FLAKE, Mr. FORD, Ms. KILPATRICK, Mrs. KENNELLY of Connecticut, Mrs. MEEK of Florida, Ms. MILLENDER-MCDONALD, Mr. OWENS, Mr. PASTOR, Mr. ROMERO-BARCELÓ, Mr. SCOTT, Mr. SERRANO, Ms. VELÁZQUEZ, Mr. WEYGAND, Ms. WOOLSEY, Mr. WAXMAN, Mr. WYNN, Mr. BARRETT of Wisconsin, Mr. CAPPS, Mr. DELAHUNT, Mr. SHERMAN, Mr. GREEN, Mrs. ROUKEMA, Mr. JEFFERSON, and Mr. MATSUI) introduced the following bill; which was referred to the Committee on Commerce

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## A BILL

To amend the Public Health Service Act to provide for expanding, intensifying, and coordinating activities of the

National Heart, Lung, and Blood Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

1       *Be it enacted by the Senate and House of Representa-  
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Women’s Cardio-  
5 vascular Diseases Research and Prevention Act”.

6 **SEC. 2. FINDINGS.**

7       The Congress finds as follows with respect to women  
8 in the United States:

9               (1) Heart attack, stroke, and other cardio-  
10 vascular diseases are the leading causes of death in  
11 women.

12               (2) Heart attacks and strokes are leading  
13 causes of disability in women.

14               (3) Cardiovascular diseases claim the lives of  
15 more women each year than does cancer. Each year  
16 more than 500,000 females die of cardiovascular dis-  
17 eases, while approximately 254,000 females die of  
18 cancer. Heart attack kills more than 5½ times as  
19 many females as breast cancer. Stroke kills twice as  
20 many females as breast cancer.

21               (4) More than 1 in 5 females has some form of  
22 cardiovascular disease. Of females under age 65,  
23 each year approximately 20,000 die of heart attacks.

1       In the case of African-American women, from ages  
2       35 to 74 the death rate from heart attacks is 38  
3       percent higher than that of white women.

4           (5) Each year since 1984, cardiovascular dis-  
5       eases have claimed the lives of more females than  
6       males. In 1993, of the number of individuals who  
7       died of such diseases, 52 percent were females and  
8       48 percent were males.

9           (6) The clinical course of cardiovascular dis-  
10       eases is different in women than in men, and cur-  
11       rent diagnostic capabilities are less accurate in  
12       women than in men. Once a woman develops a car-  
13       diovascular disease, she is more likely than a man to  
14       have continuing health problems, and she is more  
15       likely to die.

16           (7) Of women who have had a heart attack, ap-  
17       proximately 44 percent die within 1 year of the at-  
18       tack. Of men who have had such an attack, 27 per-  
19       cent die within 1 year. At older ages, women who  
20       have had a heart attack are twice as likely as men  
21       to die from the attack within a few weeks. Women  
22       are more likely than men to have a stroke during the  
23       first 6 years following a heart attack. More than 60  
24       percent of women who suffer a stroke die within 12  
25       years. Long-term survivorship of stroke is better in

1 women than in men. Of individuals who die from a  
2 stroke, each year approximately 61 percent are fe-  
3 males. In 1993, 91,060 females died from strokes.  
4 Women have unrecognized heart attacks more fre-  
5 quently than men. Of women who died suddenly  
6 from heart attack, 63 percent had no previous evi-  
7 dence of disease.

8 (8) More than half of the annual health care  
9 costs that are related to cardiovascular diseases are  
10 attributable to the occurrence of the diseases in  
11 women, each year costing this nation hundreds of  
12 billions of dollars in health care costs and lost pro-  
13 ductivity.

14 (9) A number of recent studies have found that  
15 hormone replacement therapy contributes to the re-  
16 duction of risk factors for cardiovascular disease in  
17 postmenopausal women and may reduce the risk of  
18 cardiovascular mortality in such women by as much  
19 as 50 percent.

1     **SEC. 3. EXPANSION AND INTENSIFICATION OF ACTIVITIES**  
2                   **REGARDING HEART ATTACK, STROKE AND**  
3                   **OTHER CARDIOVASCULAR DISEASES IN**  
4                   **WOMEN.**

5       Subpart 2 of part C of title IV of the Public Health  
6   Service Act (42 U.S.C. 285b et seq.) is amended by insert-  
7   ing after section 424 the following section:

8       **“HEART ATTACK, STROKE, AND OTHER CARDIOVASCULAR**  
9                   **DISEASES IN WOMEN**

10      **“SEC. 424A. (a) IN GENERAL.—**The Director of the  
11   Institute shall expand, intensify, and coordinate research  
12   and related activities of the Institute with respect to heart  
13   attack, stroke, and other cardiovascular diseases in  
14   women.

15      **“(b) COORDINATION WITH OTHER INSTITUTES.—**  
16   The Director of the Institute shall coordinate activities  
17   under subsection (a) with similar activities conducted by  
18   the other national research institutes and agencies of the  
19   National Institutes of Health to the extent that such Insti-  
20   tutes and agencies have responsibilities that are related  
21   to heart attack, stroke, and other cardiovascular diseases  
22   in women.

23      **“(c) CERTAIN PROGRAMS.—**In carrying out sub-  
24   section (a), the Director of the Institute shall conduct or  
25   support research to expand the understanding of the  
26   causes of, and to develop methods for preventing, cardio-

1 vascular diseases in women. Activities under such sub-  
2 section shall include conducting and supporting the follow-  
3 ing:

4           “(1) Research to determine the reasons under-  
5 lying the prevalence of heart attack, stroke, and  
6 other cardiovascular diseases in women, including  
7 African-American women and other women who are  
8 members of racial or ethnic minority groups.

9           “(2) Basic research concerning the etiology and  
10 causes of cardiovascular diseases in women.

11           “(3) Epidemiological studies to address the fre-  
12 quency and natural history of such diseases and the  
13 differences among men and women, and among ra-  
14 cial and ethnic groups, with respect to such diseases.

15           “(4) The development of safe, efficient, and  
16 cost-effective diagnostic approaches to evaluating  
17 women with suspected ischemic heart disease.

18           “(5) Clinical research for the development and  
19 evaluation of new treatments for women, including  
20 rehabilitation.

21           “(6) Studies to gain a better understanding of  
22 methods of preventing cardiovascular diseases in  
23 women, including applications of effective methods  
24 for the control of blood pressure, lipids, and obesity.

1               “(7) Information and education programs for  
2               patients and health care providers on risk factors as-  
3               sociated with heart attack, stroke, and other cardio-  
4               vascular diseases in women, and on the importance  
5               of the prevention or control of such risk factors and  
6               timely referral with appropriate diagnosis and treat-  
7               ment. Such programs shall include information and  
8               education on health-related behaviors that can im-  
9               prove such important risk factors as smoking, obe-  
10               sity, high blood cholesterol, and lack of exercise.

11               “(d) ACTIVITIES REGARDING HORMONE REPLACE-  
12               MENT THERAPY.—Activities carried out under subsection  
13               (c) shall include information and education programs for  
14               patients and health care providers on the benefits and  
15               risks of hormone replacement therapy and the role of such  
16               therapy in reducing the risk of cardiovascular disease in  
17               women.

18               “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
19               purpose of carrying out this section, there are authorized  
20               to be appropriated \$140,000,000 for fiscal year 1998, and  
21               such sums as may be necessary for each of the fiscal years  
22               1999 and 2000. The authorization of appropriations es-  
23               tablished in the preceding sentence is in addition to any

- 1 other authorization of appropriation that is available for
- 2 such purpose.”.

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