

108TH CONGRESS
1ST SESSION

H. R. 1470

To reduce health care costs and promote improved health by providing supplemental grants for additional preventive health services for women.

IN THE HOUSE OF REPRESENTATIVES

MARCH 27, 2003

Ms. DELAURO (for herself, Mr. LEACH, Mr. DOYLE, Mr. KILDEE, Mr. MEEHAN, Mr. CROWLEY, Mr. LANTOS, Mr. GRIJALVA, Mr. CONYERS, Ms. JACKSON-LEE of Texas, Mr. HINCHEY, Mr. ETHERIDGE, Ms. MILLENDER-MCDONALD, Ms. LEE, Mr. MENENDEZ, Mrs. LOWEY, Mr. FROST, Mr. UDALL of New Mexico, Mr. SERRANO, Mr. McNULTY, Mr. GREEN of Texas, Mr. KENNEDY of Rhode Island, Mr. OWENS, Ms. LINDA T. SÁNCHEZ of California, Mr. SCHIFF, Mr. MICHAUD, Mr. NADLER, Ms. WOOLSEY, Mr. STARK, Mr. DAVIS of Tennessee, Mr. STRICKLAND, Mr. LARSEN of Washington, Mr. INSLEE, Mr. BOSWELL, Mr. BERMAN, Mr. EMANUEL, Mr. MORAN of Virginia, Mrs. MALONEY, Mrs. CAPPS, and Ms. MCCOLLUM) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reduce health care costs and promote improved health by providing supplemental grants for additional preventive health services for 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 “WISEWOMAN Ex-
5 pansion Act of 2003”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Heart disease, stroke, and other cardio-
4 vascular diseases remain the leading cause of death
5 among females in the United States, killing more
6 than 500,000 women each year.

7 (2) About 1 in 5 females have some form of
8 cardiovascular disease, killing more American women
9 than the next 14 causes of death combined.

10 (3) In women, cardiovascular disease is fre-
11 quently undetected and untreated until the disease
12 has become severe, causing 38 percent of women
13 who have heart attacks to die within 1 year.

14 (4) Obesity increases women's risk for some of
15 the leading causes of death: heart disease, stroke, di-
16 abetes, and certain cancers.

17 (5) Better nutrition and lifestyle changes can
18 effectively prevent and treat obesity.

19 (6) Osteoporosis afflicts more than 20,000,000
20 American women.

21 (7) More than 1/2 of all women over 65 have
22 osteoporosis.

23 (8) One out of every 2 women over 50 will have
24 an osteoporosis-related fracture during her lifetime.

25 (9) The national annual costs associated with
26 osteoporosis are estimated at \$14,000,000,000.

1 (10) Physical activity is necessary for bone ac-
2 quisition and maintenance throughout adulthood.

3 (11) Muscular strength and balance may be
4 very significant in future risk reduction for
5 osteoporosis.

6 (12) There is consensus that adequate vitamin
7 D and calcium intakes are required for bone health.

8 (13) Seventeen million Americans have diabe-
9 tes, and over 200,000 people die each year from re-
10 lated complications. Among U.S. adults, diabetes in-
11 creased 61 percent from 1990 to 2001. Diabetes is
12 the sixth leading cause of death in America.

13 (14) Approximately 8.9 percent of all women
14 over the age of 20 in the United States have diabe-
15 tes, but about $\frac{1}{3}$ of them are unaware of it.

16 (15) The risk for cardiovascular disease, the
17 most common complication attributable to diabetes,
18 is more serious among women than men. Deaths
19 from heart disease in women with diabetes have in-
20 creased 23 percent over the past 30 years.

21 (16) The direct and indirect costs of diabetes
22 are over \$130 billion a year.

23 (17) Better nutrition, physical activity, control
24 of blood glucose levels, and access to services can
25 delay the progression of diabetes. In fact, recent

1 findings show that modest, consistent physical activ-
2 ity and a healthy diet can cut a person's risk for de-
3 veloping type 2 diabetes by nearly 60 percent.

4 (18) Research has demonstrated that—

5 (A) the uninsured often have significantly
6 poorer health than the insured; and

7 (B) being uninsured is an obstacle to re-
8 ceiving preventive health care services.

9 (19) The WISEWOMAN program has—

10 (A) provided one-stop shopping for preven-
11 tive health services such as cholesterol and
12 blood pressure screening for more than 10,000
13 women and identified risk factors for heart dis-
14 ease such as obesity, high cholesterol, high
15 blood pressure, sedentary behavior and poor
16 diet; and

17 (B) found that many of the women
18 screened have returned for additional interven-
19 tions and follow-up, resulting in improved
20 weight management, lower blood pressure and
21 lower cholesterol.

22 (20) Expansion of the WISEWOMAN model
23 program to additional States would help reduce
24 women's risk of illness and death from heart disease,
25 diabetes, and other preventable diseases and provide

1 further insights into the feasibility and effectiveness
2 of making comprehensive, integrated preventive serv-
3 ices available to low-income and uninsured women.

4 **SEC. 3. SUPPLEMENTAL GRANTS FOR ADDITIONAL PRE-**
5 **VENTIVE HEALTH SERVICES FOR WOMEN.**

6 Section 1509 of the Public Health Service Act (42
7 U.S.C. 300n–4a) is amended to read as follows:

8 **“SEC. 1509. ESTABLISHMENT OF PROGRAM FOR ADDI-**
9 **TIONAL PREVENTIVE HEALTH SERVICES.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Director of the Centers for Disease Control and Pre-
12 vention, may, through a competitive review process, award
13 grants to States that have received grants under section
14 1501 for a fiscal year, to enable such State to carry out
15 programs—

16 “(1) to provide preventive health services, in ad-
17 dition to the services authorized in such section
18 1501, for diseases such as cardiovascular diseases,
19 diabetes, osteoporosis, and obesity;

20 “(2) to provide screenings, such as screening
21 for blood pressure, cholesterol, osteoporosis, and dia-
22 betes, and other services that the Secretary deter-
23 mines to be appropriate and feasible;

24 “(3) for health education, counseling, and inter-
25 ventions for behavioral risk factors, such as physical

1 inactivity and poor nutrition, and diseases such as
2 cardiovascular diseases, diabetes, osteoporosis, and
3 obesity;

4 “(4) to provide appropriate referrals for medical
5 treatment of women receiving services pursuant to
6 paragraph (1) through (3), and ensuring, to the ex-
7 tent practicable, the provision of appropriate follow-
8 up services; and

9 “(5) to evaluate the activities conducted under
10 paragraphs (1) through (4) through appropriate sur-
11 veillance, research, or program monitoring activities.

12 “(b) STATUS AS PARTICIPANT IN PROGRAM REGARD-
13 ING BREAST AND CERVICAL CANCER.—The Secretary
14 may not make a grant to a State under subsection (a)
15 unless the State involved agrees that services under the
16 grant will be provided in conjunction with entities that are
17 screening women for breast or cervical cancer pursuant
18 to a grant under section 1501.

19 “(c) APPLICABILITY OF PROVISIONS.—The provi-
20 sions of this title shall apply to a grant under subsection
21 (a) to the same extent and in the same manner as such
22 provisions apply to a grant under section 1501.

23 “(d) FUNDING.—

24 “(1) IN GENERAL.—There is authorized to be
25 appropriated to carry out this section—

1 “(A) \$20,000,000 for fiscal year 2004;
2 “(B) \$25,000,000 for fiscal year 2005;
3 “(C) \$30,000,000 for fiscal year 2006; and
4 “(D) such sums as may be necessary for
5 each subsequent fiscal year.

6 “(2) LIMITATION REGARDING FUNDING WITH
7 RESPECT TO BREAST AND CERVICAL CANCER.—No
8 additional resources shall be appropriated for a fis-
9 cal year under paragraph (1) unless the amount ap-
10 propriated under section 1510(a) for such fiscal year
11 is at least \$173,920,000.”.

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