

110TH CONGRESS  
2D SESSION

# H. CON. RES. 400

Expressing the support of the Congress regarding the need to ensure health care for women and health care for all in national health care reform.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 31, 2008

Ms. SCHAKOWSKY (for herself, Mr. HODES, Mrs. JONES of Ohio, Mrs. CAPPS, Ms. SCHWARTZ, Ms. LINDA T. SÁNCHEZ of California, Mr. WAXMAN, Ms. DELAURO, Ms. SOLIS, Mr. ROTHMAN, Mrs. CHRISTENSEN, Ms. NORTON, Ms. CASTOR, Ms. MCCOLLUM of Minnesota, Ms. SLAUGHTER, Mr. HINCHHEY, Ms. BORDALLO, Ms. EDWARDS of Maryland, Ms. SHEA-PORTER, Ms. SUTTON, Mr. MORAN of Virginia, Mr. SCOTT of Virginia, Mr. BISHOP of Georgia, Ms. BALDWIN, and Mr. STARK) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

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## CONCURRENT RESOLUTION

Expressing the support of the Congress regarding the need to ensure health care for women and health care for all in national health care reform.

Whereas women are the health care decision-makers for themselves and their families;

Whereas women want affordable health care they can count on throughout life transitions: starting a family, job changes, part-time and full-time work, divorce, caring for an elderly or sick family member, having a major disease, retiring;

Whereas women with good health coverage worry about keeping their coverage and their providers;

Whereas women are more likely to seek essential preventive and routine care, are more likely to have a chronic health condition, and are more likely to take a prescription drug on a daily basis;

Whereas women pay 68 percent more than men for out-of-pocket medical costs, due in large part to reproductive health care needs;

Whereas more than half of the underinsured (53 percent) and two-thirds of the uninsured (68 percent) forgo needed care and about half of the underinsured (45 percent) and uninsured (51 percent) report difficulty paying medical bills;

Whereas in 2004, one in six women with individual coverage reported postponing or going without needed care because she could not afford it;

Whereas high-deductible health plans are often targeted to young women as an inexpensive health coverage option, but fail to cover pregnancy-related care, the most expensive health event most young families face and the leading cause for hospital stays;

Whereas 75,000,000 adults (42 percent of the under-65 population) had either no insurance or inadequate insurance in 2007, up from 35 percent in 2003;

Whereas 47,000,000 people, nearly 16 percent of the United States population are uninsured, including 17,000,000 adult women ages 18–64 (18 percent) and 9,000,000 children (12 percent);

Whereas the Institute of Medicine estimated that lack of health insurance coverage resulted in 18,000 excess

deaths in the United States in 2000 (a number which the Urban Institute estimates grew to 22,000 by 2006) and that acquiring health insurance reduces mortality rates for the uninsured by 10 to 15 percent;

Whereas uninsured women with breast cancer are 30 to 50 percent more likely to die from the disease, and uninsured women are 3 times less likely to have had a Pap test in the last three years, with a 60 percent greater risk of late-stage cervical cancer;

Whereas 13 percent of all pregnant women are uninsured, making them less likely to seek prenatal care in the first trimester and to receive the optimal number of visits during their pregnancy and 31 percent more likely to experience an adverse health outcome after giving birth;

Whereas the lack or inadequate use of prenatal care is associated with pregnancy-related mortality 2 to 3 times higher and infant mortality 6 times higher than that of women receiving early prenatal care, as well as increased risk of low birth weight and preterm birth;

Whereas heart disease is the leading cause of death for both women and men, but women are less likely to receive lifestyle counseling, diagnostic and therapeutic procedures, and cardiac rehabilitation and more likely to die or have a second heart attack, demonstrating inequalities in access to care;

Whereas health care disparities persist, leaving Hispanic and Native American women and children 3 times and African-Americans nearly twice as likely to be uninsured than non-Hispanic whites;

Whereas in 2005, nearly 80 percent of the female population with HIV was black or Hispanic and HIV/AIDS inci-

dence rates are dramatically higher for black and Hispanic women and adolescents (60.2 and 15.8 per 100,000, respectively) than for white women and adolescents (3.0 per 100,000);

Whereas women are less likely than men to be insured through their jobs and more likely to be insured as a dependent, making them more vulnerable to insurance loss in the event of divorce or death of a spouse;

Whereas 64 percent of uninsured women are in families with at least one adult working full-time;

Whereas health care costs are increasingly unaffordable for working families and employers, with employer-sponsored health insurance premiums increasing 87 percent since 2000;

Whereas America's 9,100,000 women-owned businesses employ 27,500,000 people, contribute \$3,600,000,000,000 to the economy, and face serious obstacles in obtaining affordable health coverage,

Whereas the lack of affordable health coverage creates barriers for women who want to change jobs or create their own small businesses;

Whereas health care professionals and workers—a significant portion of whom are women—have a stake in achieving reform that allows them to provide the highest quality care for their patients;

Whereas 56 percent of all caregivers are women;

Whereas although the United States spends twice as much on health care as the median industrialized nation, the Nation's health care system ranks near the bottom on most measures of health status among the 30 developed na-

tions of the OECD and 37th in overall health performance among 191 nations; and

Whereas the Institute of Medicine estimates that the cost of achieving full insurance coverage in the United States would be less than the loss in economic productivity from existing coverage gaps: Now, therefore, be it

1       *Resolved by the House of Representatives (the Senate*  
 2 *concurring)*, That the Congress commits to pass, and  
 3 urges the President sign into law, within the next 18  
 4 months, legislation that guarantees health care for women  
 5 and health care for all and that—

6           (1) recognizes the special role that women play  
 7 as health care consumers, caregivers, and providers;

8           (2) guarantees inclusion of health care benefits  
 9 essential to achieving and maintaining good health,  
 10 including comprehensive reproductive health, preg-  
 11 nancy-related, and infant care;

12          (3) promotes primary and preventive care, in-  
 13 cluding family planning, contraceptive equity, and  
 14 care continuity;

15          (4) provides a choice of public and private plans  
 16 and direct access to a choice of doctors and health  
 17 care providers to ensure continuity of coverage and  
 18 a delivery system that meets the need of women;

19          (5) eliminates health disparities in coverage,  
 20 treatment, and outcomes on the basis of gender, cul-

1        ture, race, ethnicity, socioeconomic status, health  
2        status, and sexual orientation;

3            (6) shares responsibility for financing among  
4        employers, individuals, and the Government while  
5        taking into account the needs of small businesses;

6            (7) ensures that access to health care is afford-  
7        able;

8            (8) enhances quality and patient safety;

9            (9) ensures a sufficient supply of qualified pro-  
10        viders through expanded medical and public health  
11        education and adequate reimbursement; and

12            (10) promotes administration efficiency, reduces  
13        unnecessary paperwork, and is easy for health care  
14        consumers and providers to utilize.

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