

111TH CONGRESS
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H. CON. RES. 48

Expressing the sense of Congress that national health care reform should ensure that the health care needs of women and of all individuals in the United States are met.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 2009

Ms. SCHAKOWSKY (for herself, Ms. BALDWIN, Mr. BISHOP of Georgia, Ms. BORDALLO, Mrs. CAPPS, Ms. CASTOR of Florida, Ms. DELAURO, Mr. HINCHEY, Mr. HODES, Ms. LEE of California, Ms. ZOE LOFGREN of California, Ms. MCCOLLUM, Mr. NADLER of New York, Mr. SCOTT of Virginia, Ms. SHEA-PORTER, Ms. SLAUGHTER, Mr. STARK, Ms. SUTTON, Mrs. NAPOLITANO, and Mr. MCGOVERN) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

CONCURRENT RESOLUTION

Expressing the sense of Congress that national health care reform should ensure that the health care needs of women and of all individuals in the United States are met.

Whereas women often make health care decisions for themselves and their families;

Whereas women have expressed a desire to have affordable health care on which they can depend throughout their lives and through life transitions, including starting a family, changing jobs, working part-time or full-time, di-

voice, caring for an elderly or sick family member, having a major disease, and retirement;

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

Whereas women are more likely than men to seek essential preventive and routine care, to have a chronic health condition, and 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 approximately 53 percent of underinsured individuals, and 68 percent of uninsured individuals, forgo needed care and approximately 45 percent of underinsured individuals, and 51 percent of uninsured individuals, report difficulty paying medical bills;

Whereas, in 2004, 1 in 6 women with individual health care coverage reported that they postponed, or went without, needed health care because they could not afford such health care;

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

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

Whereas nearly 16 percent of people in the United States (approximately 47,000,000 people) are uninsured, including 18 percent of adult women aged 18 to 64 (approximately 17,000,000 women) and 12 percent of children (approximately 9,000,000 children);

Whereas the Institute of Medicine estimated that, in 2000, lack of health care coverage resulted in 18,000 excess deaths in the United States (a number that the Urban Institute estimated grew to 22,000 by 2006) and estimated that acquiring health insurance reduces mortality rates for previously uninsured individuals by 10 to 15 percent;

Whereas women rely on women's health care providers throughout their lives, for comprehensive primary and preventive care, surgical care, and treatment and management of both acute and long-term health problems;

Whereas a "medical home" should ensure each woman direct access to women's health care providers and care coordination throughout her lifetime;

Whereas uninsured women with breast cancer are 30 to 50 percent more likely than insured women with breast cancer to die from the disease, and uninsured women are 3 times less likely than insured women to have had a Pap test in the last 3 years, putting uninsured women at 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 of their pregnancies, less likely to receive the optimal number of prenatal health care visits during their pregnancies, and 31 percent more likely to experience an adverse health outcome after giving birth;

Whereas the lack, or inadequate receipt, 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, and also is associated with an 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 than men to receive lifestyle counseling, diagnostic and therapeutic procedures, and cardiac rehabilitation and are more likely to die or have a second heart attack, demonstrating inequalities between women and men in access to health care;

Whereas persisting health care disparities also are evident in that Hispanic and Native American women and children are 3 times as likely, and African-American women are nearly twice as likely, to be uninsured than non-Hispanic white women;

Whereas, in 2005, nearly 80 percent of the female population with HIV/AIDS was African-American or Hispanic, and HIV/AIDS incidence rates are dramatically higher for African-American 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 receive health insurance through their employers and more likely than men to be insured as a dependent, making them more vulnerable than men 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 1 adult working full-time;

Whereas health care costs are increasingly unaffordable for working families and employers, with employer-sponsored health insurance premiums having increased 87 percent between 2000 and 2006;

Whereas the approximately 9,100,000 women-owned businesses in the United States employ 27,500,000 individuals, contribute \$3,600,000,000,000 to the economy, and face serious obstacles in obtaining affordable health care coverage for their employees;

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

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

Whereas 56 percent of all health caregivers are women;

Whereas although the United States spends twice as much on health care as the median industrialized nation, among the 30 developed nations of the Organisation for Economic Co-operation and Development, the health care system of the United States ranks near the bottom on most measures of health status and ranks 37th in overall health performance among 191 nations; and

Whereas the Institute of Medicine estimates that the cost of achieving full health 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 Congress—

1 (1) commits to passing, not later than 18
2 months after the adoption of this resolution by Con-
3 gress, legislation that guarantees health care for
4 women and all individuals and establishes coverage
5 that enables women to attain good health that they
6 can maintain during their reproductive years and
7 throughout their lives and that—

8 (A) recognizes the special role that women
9 play as health care consumers, caregivers, and
10 providers;

11 (B) guarantees a level of benefits and care,
12 including comprehensive reproductive health
13 care, pregnancy-related care, and infant care,
14 that is necessary to achieve and maintain good
15 health throughout a woman's lifetime and less-
16 en the burdens caused by poor health;

17 (C) promotes primary and preventive care,
18 including family planning, contraceptive equity,
19 and care continuity;

20 (D) provides a choice of public and private
21 health insurance plans and direct access to a
22 choice of health care providers to ensure con-
23 tinuity of coverage and a delivery system that
24 meets the needs of women;

1 (E) eliminates health disparities in cov-
2 erage, treatment, and outcomes on the basis of
3 gender, culture, race, ethnicity, socioeconomic
4 status, health status, and sexual orientation;

5 (F) shares responsibility for financing
6 among employers, individuals, and the govern-
7 ment, while taking into account the needs of
8 small businesses;

9 (G) ensures that access to health care is
10 affordable;

11 (H) enhances health care quality and pa-
12 tient safety;

13 (I) ensures a sufficient supply of qualified
14 providers through expanded medical and public
15 health education and adequate reimbursement;

16 (J) ensures every woman access to a wom-
17 en’s “medical home”, including direct access to
18 women’s health care providers and care coordi-
19 nation, throughout each woman’s lifetime;

20 (K) recognizes and promotes the role of
21 women as providers of health care; and

22 (L) promotes administrative efficiency, re-
23 duces unnecessary paperwork, and is easy for
24 health care consumers and providers to use;
25 and

1 (2) urges the President to sign such legislation
2 into law.

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