

113TH CONGRESS
1ST SESSION

H. R. 2457

To provide for a national public outreach and education campaign to raise public awareness of women's preventive health.

IN THE HOUSE OF REPRESENTATIVES

JUNE 20, 2013

Mr. BERA of California (for himself, Mrs. NAPOLITANO, Ms. LEE of California, Ms. NORTON, Mr. RANGEL, Ms. MOORE, Ms. SLAUGHTER, Ms. SPEIER, Ms. SCHAKOWSKY, Mr. CONNOLLY, Mr. PAYNE, Ms. BROWNLEY of California, Ms. TITUS, Mr. SWALWELL of California, Mrs. CAPPS, Mr. GRIJALVA, Mr. CONYERS, Mrs. CAROLYN B. MALONEY of New York, Ms. ROYBAL-ALLARD, Mr. ELLISON, Mr. LEVIN, Mr. CICILLINE, Ms. PINGREE of Maine, Ms. WILSON of Florida, Mr. LOWENTHAL, Mr. HONDA, Ms. HAHN, Ms. LINDA T. SÁNCHEZ of California, Mr. FARR, Mr. SHERMAN, Mr. COSTA, Mrs. NEGRETE MCLEOD, Mr. PERLMUTTER, Ms. LOFGREN, Mr. CÁRDENAS, and Mr. McDERMOTT) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for a national public outreach and education campaign to raise public awareness of women's preventive health.

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 Preventive
5 Health Awareness Campaign”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Well-woman visits are the foundation on
4 which women's preventive care is built. Such visits
5 include not only specific screening tests, but also a
6 medical history, physical examination, evaluation
7 and counseling, and, as indicated, vaccinations.

8 (2) Over the past 20 years, it has become clear
9 that "one size does not fit all" when it comes to pre-
10 vention. Although a 30-year-old woman without risk
11 factors for cervical cancer may only need a Pap test
12 with HPV co-testing every 5 years, the same woman
13 would need more frequent screening if she were in-
14 fected with HIV or had a history of cervical cancer
15 precursors.

16 (3) It is only after taking a medical history and
17 evaluating and counseling a patient that a physician
18 can make patient-specific recommendations for
19 screening tests, vaccinations, preventive medications,
20 and other preventive services.

21 (4) Well-woman visits facilitate increased access
22 to health care that is shown to identify chronic dis-
23 ease risk factors, promote well-being, and decrease
24 the likelihood or delay the onset of a targeted dis-
25 ease or condition.

1 (5) Heart disease, stroke, and other cardio-
2 vascular diseases are the number one cause of death
3 in American women, claiming over 400,000 lives
4 each year, or nearly one death each minute.

5 (6) Women are less likely than men to receive
6 aggressive diagnosis and treatment for cardio-
7 vascular diseases.

8 (7) Women are more likely than men to have
9 forgone needed health care due to cost.

10 (8) Between 2002 and 2010, screening mam-
11 mography rates among women in the United States
12 who were 50 years of age to 64 years of age declined
13 from about 79 percent to 73 percent.

14 (9) In 2009, only 53 percent of 18- to 64-year-
15 olds in the United States reported having ever re-
16 ceived an HIV test.

17 (10) The proportion of women in the United
18 States 22 years of age to 30 years of age who re-
19 ported never having had a Pap test increased from
20 6.6 percent in 2000 to 9.0 percent in 2010 despite
21 current recommendations that they receive a Pap
22 test every three years.

23 (11) In 2007, 29.3 percent of women in the
24 United States delivering a live birth did not receive

1 any prenatal care in the first trimester, even though
2 first trimester prenatal care is recommended.

3 (12) Among sexually active females in the
4 United States who are 16 years of age to 20 years
5 of age, only 52.7 percent of such females receiving
6 benefits under the Medicaid program and 40.1 per-
7 cent of such females with health insurance coverage
8 under commercial health insurance plans were
9 screened for genital Chlamydia infections during the
10 measurement year, as reported in 2008. A 2013
11 analysis published by the Centers for Disease Con-
12 trol and Prevention found that for Chlamydia cases
13 diagnosed in 2008 alone, the associated lifetime di-
14 rect medical costs amount to \$516.7 million.

15 (13) Almost half (49 percent) of the 6.7 million
16 pregnancies in the United States each year (3.2 mil-
17 lion) are unintended. Multiple studies have shown
18 that improved access to birth control significantly
19 improves the health of women and their families, as
20 it is directly linked to improved maternal and infant
21 health outcomes. Women that plan their pregnancies
22 are more likely to access prenatal care, improving
23 their own health and the health of their children.

24 (14) Between 2006 and 2010, one-third of all
25 pregnancies were conceived within 18 months of a

1 previous birth, an interval that is potentially harmful
2 to the health of the mother.

3 (15) Improved access to family planning also
4 saves money. For every \$1.00 invested in family
5 planning, taxpayers save nearly \$4.00 in Medicaid-
6 related expenses.

7 (16) During the 2011–2012 flu season, 53 per-
8 cent of pregnant women did not receive rec-
9 ommended vaccination against influenza.

10 **SEC. 3. WOMEN’S PREVENTIVE HEALTH AWARENESS CAM-**
11 **PAIGN.**

12 Part P of title III of the Public Health Service Act
13 (42 U.S.C. 280g et al.) is amended by adding at the end
14 the following new section:

15 **“SEC. 399V-6. WOMEN’S PREVENTIVE HEALTH AWARENESS**
16 **CAMPAIGN.**

17 “(a) IN GENERAL.—The Secretary shall provide for
18 the planning and implementation of a national public out-
19 reach and education campaign to raise public awareness,
20 including provider awareness, of women’s preventive
21 health. Such campaign shall include the media campaign
22 under subsection (b) and the website under subsection (c)
23 and shall provide for the dissemination of information
24 that—

1 “(1) describes the guidelines for women’s pre-
2 ventive services, including the cervical cancer rec-
3 ommendations updated in 2012, by the United
4 States Preventive Services Task Force, by the Amer-
5 ican College of Obstetricians and Gynecologists
6 (ACOG), and by the American Cancer Society, the
7 American Society for Colposcopy and Cervical Pa-
8 thology, and the American Society for Clinical Pa-
9 thology;

10 “(2) promotes well-woman visits for health as-
11 sessments which include screenings, evaluations,
12 counseling, immunizations, and prenatal visits, as
13 appropriate;

14 “(3) explains the women’s preventive services
15 that are required under section 2713 to be covered
16 without cost-sharing by a group health plan or a
17 health insurance issuer offering group or individual
18 health insurance coverage that is not a grand-
19 fathered plan (as defined in section 1251(e) of the
20 Patient Protection and Affordable Care Act); and

21 “(4) addresses health disparities in the area of
22 women’s prevention.

23 “(b) MEDIA CAMPAIGN.—

24 “(1) IN GENERAL.—Not later than 1 year after
25 the date of the enactment of this section, as part of

1 the campaign under subsection (a), the Secretary
2 shall establish and implement a national media cam-
3 paign.

4 “(2) REQUIREMENT OF CAMPAIGN.—The cam-
5 paign implemented under paragraph (1)—

6 “(A) shall disseminate information about
7 the updated guidelines for women’s preventive
8 services described in subsection (a)(1), promote
9 well-woman visits described in subsection
10 (a)(2), and provide information on the women’s
11 preventive services described in subsection
12 (a)(3); and

13 “(B) may include the use of television,
14 radio, Internet, and other commercial mar-
15 keting venues.

16 “(c) WEBSITE.—As part of the campaign under sub-
17 section (a), the Secretary shall, in consultation with pri-
18 vate sector experts or through contract with a private enti-
19 ty including a medical association or non-profit organiza-
20 tion, maintain and update an Internet website to provide
21 information and resources about the updated guidelines
22 for women’s preventive services described in subsection
23 (a)(1), promote well-woman visits, and provide informa-
24 tion on the women’s preventive services described in sub-
25 section (a)(3).

1 “(d) FUNDING.—The Secretary may use, out of any
2 funds otherwise made available to the Department of
3 Health and Human Services, such sums as may be nec-
4 essary to carry out this section.”.

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