

109TH CONGRESS
1ST SESSION

H. R. 3086

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

JUNE 28, 2005

Ms. DELAURO (for herself, Mr. LEACH, Mr. JACKSON of Illinois, Mr. OWENS, Ms. MILLENDER-McDONALD, Ms. ROYBAL-ALLARD, Mr. MENENDEZ, Ms. WASSERMAN SCHULTZ, Mr. McNULTY, Mr. GRIJALVA, Mrs. MCCARTHY, Mr. STARK, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KILDEE, Ms. SCHAKOWSKY, Mr. UDALL of New Mexico, Mr. McDERMOTT, Ms. ESHOO, Mrs. CHRISTENSEN, Mr. DICKS, Mrs. MALONEY, Mr. BOSWELL, Mr. MCGOVERN, Mr. WAXMAN, Ms. JACKSON-LEE of Texas, Ms. WOOLSEY, Mr. MICHAUD, Mr. WEXLER, and Mr. BRADY of Pennsylvania) 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 2005”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

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 almost
6 500,000 women each year.

7 (2) About 1 in 4 females have some form of
8 cardiovascular disease, killing more than the next 6
9 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 42 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 is a major public health threat
20 for an estimated 44 million Americans.

21 (7) Women over age 50 accounted for over 75
22 percent of the total cases of osteoporosis of the hip
23 in 2002.

24 (8) One out of every 2 women over the age of
25 50 will have an osteoporosis-related fracture in her
26 lifetime.

1 (9) The rate of hip fractures is two to three
2 times higher in women than men.

3 (10) The direct expenditures for osteoporotic
4 fractures alone range from 12–18 billion dollars
5 each year.

6 (11) Physical activity, calcium, and vitamin D
7 are major contributors to bone health for individuals
8 of all ages.

9 (12) Muscular strength and balance may be
10 very significant in future risk reduction for
11 osteoporosis.

12 (13) 18.2 million Americans have diabetes, and
13 over 200,000 people die each year from related com-
14 plications. Among adults in the United States, dia-
15 betes increased 61 percent from 1990 to 2001. Dia-
16 betes is the sixth leading cause of death in America.

17 (14) Approximately 8.7 percent of all women
18 over the age of 20 in the United States have diabe-
19 tes, but about one-third of them are unaware of it.

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

1 (16) The direct and indirect costs of diabetes
2 are over \$132 billion a year.

3 (17) Better nutrition, physical activity, control
4 of blood glucose levels, and access to services can
5 delay the progression of diabetes. In fact, recent
6 findings show that modest, consistent physical activ-
7 ity and a healthy diet can cut a person’s risk for de-
8 veloping type-2 diabetes by nearly 60 percent.

9 (18) The direct and indirect costs of diabetes
10 are over \$130 billion a year.

11 (19) The WISEWOMAN program has—

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

19 (B) identified more than 2,700 cases of
20 previously undiagnosed hypertension, 3,000
21 cases of undiagnosed high cholesterol, and 400
22 cases of undiagnosed diabetes in women who
23 would have been unaware of their risk factors
24 if not for WISEWOMAN.

25 (20) Research has demonstrated that—

1 (A) the uninsured often have significantly
2 poorer health than the insured; and

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

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

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

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

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

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

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

1 “(3) for health education, counseling, and inter-
2 ventions for behavioral risk factors, such as physical
3 inactivity and poor nutrition, and diseases such as
4 cardiovascular diseases, diabetes, osteoporosis, and
5 obesity;

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

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

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

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

25 “(d) FUNDING.—

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

3 “(A) \$20,000,000 for fiscal year 2006;

4 “(B) \$25,000,000 for fiscal year 2007;

5 “(C) \$30,000,000 for fiscal year 2008; and

6 “(D) such sums as may be necessary for
7 each subsequent fiscal year.

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

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