

## 2001 ASSEMBLY JOINT RESOLUTION 35

February 22, 2001 – Introduced by Representatives Ladwig, Lippert, Berceau, Albers, Balow, Carpenter, Freese, Gronemus, Hubler, Huebsch, Hundertmark, Jeskewitz, Krawczyk, Kreuser, Lassa, J. Lehman, Leibham, McCormick, Meyerhofer, Miller, Montgomery, Musser, Ott, Owens, Petrowski, Pocan, Rhoades, Schooff, Seratti, Shilling, Sinicki, Starzyk, Townsend, Wade and Wasserman, cosponsored by Senators Roessler, Robson, Cowles, Darling, Decker, Harsdorf, Huelsman, Lazich, Moore, Panzer, Plache, Rosenzweig and Schultz. Referred to Committee on Rules.

Relating to: supporting a women's health platform that recognizes serious 1 2 inequities in the health prevention and treatment of women and calls for the 3 elimination of these inequities to improve the health status of women in this 4 state. Whereas, the state can increase its support for women's health and can make 5 6 a significant difference in improving the status of women's health; and 7 Whereas, women are different, metabolically, hormonally, and physiologically, from men and have different patterns of health and disease, and some diseases are 8 9 more common in women than in men; and 10 Whereas, women are more likely to suffer from chronic diseases as more than one in 5 women have some form of cardiovascular disease and one in 2 women will 11 12 have an osteoporosis-related fracture in her lifetime; and Whereas, women are 3 times more likely to develop rheumatoid arthritis and 13

2 to 3 times more likely to suffer from depression; and

Whereas, women are less often referred for diagnostic tests and less often treated for heart disease as compared to men; and

Whereas, women, if they are smokers, are 20% to 70% more likely to develop lung cancer and 10 times more likely than men to contract HIV during unprotected sex; and

Whereas, women outnumber men 3 to one in long-term care facilities; and

Whereas, women are more likely to provide health care to family members and make health care decisions, and women spend 2 of every 3 health care dollars; and

Whereas, there is abundant evidence that women are under-treated compared to men; and

Whereas, there is abundant evidence that women are underrepresented in women's health studies; and

Whereas, although there has been some national attention on women's health care issues and legislative activity by Congress on access issues, there remains little change in vitally important preventive care and treatment issues; and

Whereas, in a recent survey of voters, almost 80% of women and 60% of men favored a women's health care platform that supports relevant care, relevant research, and relevant education for women; and

Whereas, 9 out of 10 men and women agree that women have the right to access quality treatment, the latest health care technologies, and appropriate diagnostic tests; now, therefore, be it

**Resolved by the assembly, the senate concurring, That** every state agency and state-chartered institution of learning or recipient of state grants or funding shall take appropriate action to achieve improved and equal access for women to quality health care, which includes all of the following:

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1	(1) Providing women equal access to quality health care, including
2	state-of-the-art medical advances and technology.
3	(2) Increasing the number of women covered by comprehensive health care
4	insurance, including primary and preventive health care, for all women.
5	(3) Preventing serious health problems by timely diagnosis and treatment
6	programs.
7	(4) Promoting strategies to increase patient access to recommended diagnostic
8	and screening tests, preventive health regimens, and recommended treatments.
9	(5) Encouraging unhindered access to women's specialty health providers.
10	(6) Creating and promoting partnerships between public and private entities
11	to create programs designed to improve the scope and quality of women's health care.
12	(7) Improving communications between providers and patients.
13	(8) Expanding participation of women in clinical trials.
14	(9) Increasing government and private research on women's health issues and
15	the differences between men and women and how they impact quality health care.
16	(10) Conducting more health outcomes research to demonstrate the value of
17	women's health care interventions and preventive health measures in both the
18	long-term and short-term.
19	(11) Expanding medical and nursing school curricula in the area of women's
20	health and educating about gender biology.

(12) Supporting public education campaigns to increase women's awareness

about unique health risks, how to negotiate the complexities of today's health care

system, and to demand and obtain the best care available.

(13) Conducting public health campaigns via state and local of	departments of
public health with private sector partners to focus on key women's pro	eventive health
issues.	

- (14) Urging the establishment of permanent offices of women's health within state government to raise awareness of women's special health care needs and advocating initiatives to address them.
- (15) Fostering development and dissemination of publicly available information on the quality of health care and health outcomes that improve a woman's ability to choose the best women's health care plan.
- (16) Expanding state screening programs targeted at lower-income women to include a full range of known risk factors; and, be it further

Resolved, That the organization Women in Government is commended for its leadership and enterprise in bringing to this state the appropriate urgency of need and meaningful steps that can be taken to attain the improved and equal access for women to quality health care, technologies, and treatments; education of researchers about gender differences; and unhindered access to women's health providers and this joint resolution does not request any person to take action to grant, secure, or deny any right relating to abortion or the funding thereof.

19 (END)