

STORAGE NAME: h0369a.in

DATE: February 18, 1999

**HOUSE OF REPRESENTATIVES
AS REVISED BY THE COMMITTEE ON
INSURANCE
ANALYSIS**

BILL #: HB 369

RELATING TO: Health Care

SPONSOR(S): Committee on Health Care Services, Rep. Peaden & others

COMPANION BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE SERVICES YEAS 16 NAYS 0
- (2) INSURANCE YEAS 10 NAYS 0
- (3) HEALTH & HUMAN SERVICES APPROPRIATIONS
- (4)
- (5)

I. SUMMARY:

Heart disease is the leading cause of death among women in Florida and in the United States. Over 28 million American women are living with the effects of heart disease, and each year nearly a quarter of a million women in the United States lose their lives to heart disease. Last year in Florida, 24,231 women died of heart disease. While heart disease is the leading cause of death for women, only 31 percent of women are aware of this risk.

Recent studies show that women fare worse and are more likely to die from heart attacks than men. There are also indications that most women are unaware of their risk of heart disease and incorrectly believe that other diseases, especially diseases exclusive to women, pose a greater risk to their health. Other evidence shows that women may not be receiving medical treatment for heart attacks as fast as men, and that symptoms of heart attacks in women may differ greatly from the symptoms men suffer.

HB 369 creates the Women and Heart Disease Task Force to be established within the Department of Health. The task force will be composed of 24 non-compensated members and will exist for 2 years.

The Women and Heart Disease Task Force will be required to: identify where public awareness, public education, research, and coordination about women and heart disease are lacking; prepare recommendations to establish research on why women suffer more severe first heart attacks than men and why women die more often from heart attacks; increase the public's awareness of the importance of identifying symptoms and treatment of heart disease in women; and (if applicable) prepare recommendations for changes in the Florida Insurance Code as it relates to coverage for women's heart disease screening and treatment options.

This bill appropriates \$50,000 from the General Revenue Fund to the Department of Health for FY 1999-2000 to implement the requirements of the task force. According to the Department of Health, costs for the department to fulfill the requirements of this bill would reach more than \$300,000.

Amendments:

There are three amendments adopted by the Committee on Insurance traveling with the bill. These amendments increase the task force's membership to 26 from 24. (See Section VI. of the Analysis).

II. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

Heart disease is the leading cause of death among women. Over 28 million American women are living with the effects of heart disease, and each year nearly a quarter of a million women in the United States lose their lives to heart disease. During 1997 in Florida, 24,231 women died from heart disease. Recent studies show that women fare worse and are more likely to die from heart attacks than men. Studies suggest that after suffering a first heart attack, women have a 70 percent greater risk of death or readmission to the hospital than men. Some of this significantly higher risk in women may be attributed to the fact that women who suffer heart attacks are about 10 years older and more likely to suffer from other diseases such as diabetes; however, even when age and other medical differences are accounted for, women are still 13 percent more likely than men to have heart attacks that are fatal.

Studies suggest that other reasons for the higher death rate in women may be the result of a difference in medical treatment. Research shows that when suffering a heart attack, women arrive at the hospital for treatment about an hour later than men do. On average, women arrive at the hospital about 6.2 hours after the onset of symptoms. This delay can destroy the chance of treatment with certain procedures such as clot-dissolving drugs, because these drugs must be administered within 6 hours after symptoms begin to work effectively.

Research also shows that women may also be receiving less aggressive therapy. Women are less likely to get standard medications such as blood thinners or beta blockers, and women are 31 percent less likely than men to undergo angioplasty to open clogged arteries. Men are also more likely than women to receive an early coronary angiography, which tests to see the extent of blockage in the arteries.

Less aggressive treatment of heart disease in women than men may be attributed to the fact that diagnosis of heart disease can be more difficult in women. Women having heart attacks may experience different symptoms than men. The public has a greater awareness of the symptoms men typically suffer during heart attacks, such as severe chest pains. These symptoms suffered by men during heart attacks have been incorrectly interpreted as the symptoms common to everyone suffering a heart attack, when in reality a woman's symptoms may be quite different. While many women also suffer chest pain, women having heart attacks often experience symptoms that are not commonly associated with heart attack such as breathlessness, severe fatigue, nausea, swelling of the ankles, or pain in places other than the chest, such as the shoulder, jaw, arm, or back. In a recent Gallup survey, 70 percent of women believed that the symptoms of heart disease are the same for both men and women.

Research also shows that the public does not recognize the high risk women have for heart disease. Heart disease is most widely recognized as a "man's disease," possibly because men are much more frequently affected by heart disease during their middle age years. There is other evidence that most publications and radio and television programs present heart disease as a male problem.

Another reason contributing to the fact that women do not regard heart disease as a risk to them may be the focus of women's health issues on diseases exclusive to women,

such as breast cancer. National studies have shown that as many as ten times more women die from heart disease than breast cancer. Last year in Florida, 2,623 women died of breast cancer, and all types of cancer combined, claimed the lives of 17,298 women in Florida. That same year 24,231 women died of heart disease in Florida. Yet according to recent polls by the American Heart Association, only 31 percent of women in the United States know that heart disease is the leading cause of death among women, and over 60 percent of women believe cancer poses the biggest danger to their health.

B. EFFECT OF PROPOSED CHANGES:

A Women and Heart Disease Task Force will be established within the Department of Health. The task force will be composed of 24 non-compensated members and will exist for 2 years. The task force will be required to: identify where public awareness, public education, research, and coordination about women and heart disease are lacking; prepare recommendations to establish research on why women suffer more severe first heart attacks than men and why women die more often from heart attacks; increase the public's awareness of the importance of identifying symptoms and treatment of heart disease in women; and (if applicable) prepare recommendations for changes in the Florida Insurance Code as it relates to coverage for women's heart disease screening and treatment options.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Yes, it creates within the Department of Health the Women and Heart Disease Task Force charged with preparing recommendations to establish research and to increase the public's awareness of women and heart disease. The task force shall also review and report on the Florida Insurance Code as it relates to coverage of women for heart disease screening and treatment.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

It will provide women with more information to assist them and their physicians in making heart disease treatment and prevention decisions.

- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

- a. If the bill purports to provide services to families or children:

- (1) Who evaluates the family's needs?

N/A

- (2) Who makes the decisions?

N/A

- (3) Are private alternatives permitted?

N/A

- (4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

No.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

C. STATUTE(S) AFFECTED:

N/A

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates the Women and Heart Disease Task Force to be established within the Department of Health and composed of 24 non-compensated members. Charges the task force to: identify where public awareness, public education, research, and coordination about women and heart disease are lacking; prepare recommendations to establish research on why women suffer more severe first heart attacks than men and why women die more often from heart attacks; increase the public's awareness of the importance of identifying symptoms and treatment of heart disease in women; and (if applicable) prepare recommendations for changes in the Florida Insurance Code as it relates to coverage for women's heart disease screening and treatment options.

Section 2. Appropriates \$50,000 in General Revenue to the Department of Health to implement the provisions of the act, including the production or purchasing and the distribution of summaries on women and heart disease in English, Spanish, and Creole.

Section 3. Provides an effective date of July 1 of the year enacted.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

The bill appropriates \$50,000 from the General Revenue Fund to the Department of Health for FY 1999-2000.

Also, see fiscal comments.

2. Recurring Effects:

See fiscal comments.

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

See item 1.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

N/A

3. Long Run Effects Other Than Normal Growth:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

Women will have additional sources of information to assist them and their physicians with heart disease prevention and treatment.

3. Effects on Competition, Private Enterprise and Employment Markets:

None.

D. FISCAL COMMENTS:

According to the Department of Health, the \$50,000 appropriation from the General Revenue Fund to the Department of Health for FY 1999-2000 "is not sufficient to fulfill the intent of the legislation." To accomplish the requirements of this bill, the department states it will require funding of \$163,877 for the first year of the task force and \$167,611 for the second year. Listed below are the necessary expenditures of the Women and Heart Disease Task Force, according to the Department of Health.

	<u>Year 1</u>	<u>Year 2</u>
Non-Recurring or First-Year Start Up Effects:		
EXPENSE:		
Professional Package 1 @ \$2,855		
Total Expense	\$2,855	
OCO:		
Professional Package 1 @ \$4,177		
Total OCO	\$4,177	
Total Non-Recurring	\$7,032	
Recurring or Annualized Continuation Effects:		
Salaries/Benefits:		
Administrative Assistant II		
1FTE	\$28,839	\$39,605
EXPENSES:		
Administrative Assistant II		
Professional Package 1 @ \$9,019	\$9,019	\$9,019
Limited Travel	\$3,987	\$3,987
21 Member Task Force		
Travel Cost :6 Mtgs./yr. @\$5,000 each	\$30,000	\$30,000
Teleconference Call		
Toward development of protocol and guidelines/educational brochure	\$10,000	\$10,000
Production, promotion, and distribution of protocols, guidelines and educational materials	\$25,000	\$25,000
Conference		
Training Conference	\$10,000	\$10,000

Media Campaign PSA Development	<u>\$40,000</u>	<u>\$40,000</u>
Total Revenues and Expenditures:	\$163,877	\$167,611

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

None.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 16, 1999, the Committee on Insurance adopted the following amendments:

Amendment #1 (offered in Committee by Rep. Goode): On page 2, line 25, this amendment adds the Secretary of Elder Affairs or a designee to the Women and Heart Disease Task Force.

Amendment #2 (offered in Committee by Rep. Goode): On page 3, line 5, this amendment directs the Governor to also appoint one representative of the Biotechnology Industry Organization to the Task Force.

Amendment #3 (offered in Committee by Rep. Goode): On page 2, line 25, this amendment changes the number of members on the Task Force from 22 to 23 to reflect the additional member resulting from the adoption of Amendment #2.

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VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Staff Director:

Amy K. Guinan

Michael P. Hansen

AS REVISED BY THE COMMITTEE ON INSURANCE:

Prepared by:

Staff Director:

Stephen Hogge

Stephen Hogge