

**STORAGE NAME:** h0111s1a.hhs

**DATE:** April 5, 2000

**HOUSE OF REPRESENTATIVES  
AS REVISED BY THE COMMITTEE ON  
HEALTH AND HUMAN SERVICES APPROPRIATIONS  
ANALYSIS**

**BILL #:** CS/HB 111

**RELATING TO:** Health Care; Women and Heart Disease Task Force

**SPONSOR(S):** Committee on Health Care Services, Representative Peaden and Others

**TIED BILL(S):**

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

- (1) HEALTH CARE SERVICES YEAS 13 NAYS 0
  - (2) HEALTH AND HUMAN SERVICES APPROPRIATIONS YEAS 10 NAYS 0
  - (3)
  - (4)
  - (5)
- 

**I. SUMMARY:**

CS/HB 111 creates the Women and Heart Disease Task Force to be established within the Department of Health. The task force will be composed of 27 non-compensated members and will exist for 2 years.

The Women and Heart Disease Task Force is required to: collect research and information on heart disease in women; prepare recommendations for reducing the incidence and the number of women's deaths related to heart disease in this state; increase the public's awareness of the importance of identifying symptoms and treatment of heart disease in women; report on approaches to improving coordination among agencies and institutions involved in research on and treatment of heart disease in women; (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; and report on national trends with regard to women and heart disease, as well as how these trends compare with trends in Florida.

A series of whereas clauses provide background information as to the need for this bill.

This bill appropriates \$150,000 from the General Revenue Fund to the Department of Health for FY 2000-2001 and \$150,000 from the General Revenue Fund to the Department of Health for FY 2001-2002 to implement an appropriate public education program.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- |                                   |   |                             |   |
|-----------------------------------|---|-----------------------------|---|
| 1. <u>Less Government</u>         | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 2. <u>Lower Taxes</u>             | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u>      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| 4. <u>Personal Responsibility</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| 5. <u>Family Empowerment</u>      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |

B. 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 1998 in Florida, 22,617 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 in order to work effectively.

Research also shows that women may also be receiving less aggressive therapy. Women are less likely to receive 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.

A study released in the New England Journal of Medicine in July 1999, suggests that women's heart attacks may actually be different than men's. Unlike men, women's heart attacks are not usually caused by artery blockages, but rather by "large blood clots and spasms in arteries." The author of the study, Dr. Judith Hochman of St. Luke's Roosevelt Medical Center in New York, noted that women sufferers may become "short of breath or feel discomfort in" their stomachs instead of the typical chest pain associated with men's heart attacks.

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. In 1998 in Florida, 2,615 women died of breast cancer, and all types of cancer combined claimed the lives of 17,535 women in Florida. That same year 24,951 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.

**C. EFFECT OF PROPOSED CHANGES:**

A Women and Heart Disease Task Force is established within the Department of Health. The task force is composed of 27 non-compensated members and will exist for 2 years. The task force is 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.

**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 27 non-compensated members. The following subsections are created:

Subsection (1) provides that the Women and Heart Disease Task Force is created within the Department of Health to identify where public awareness, public education, research, and coordination regarding women and heart disease are lacking, to prepare recommendations to establish research on the reasons women suffer more severe first heart attacks than men and the reasons women die more often from heart attacks, and to increase the public's awareness of the importance of identifying the symptoms of, and treating, heart disease in women.

Subsection (2) provides that the task force is to be composed of the Secretary of Health or a designee, the Insurance Commissioner or a designee, and 25 other members, representing specified organizations and educational institutes, to be appointed by the Governor, the Speaker of the House of Representatives, and the President of the Senate.

Subsection (3) provides that the task force shall exist for 2 years and shall meet as often as necessary to carry out its duties and responsibilities, and within existing resources, the Department of Health shall provide support services to the task force.

Subsection (4) provides that the members of the task force shall serve without compensation, but shall be reimbursed for per diem and travel expenses by the Department of Health in accordance with the provisions of s. 112.061, F.S., while engaged in the performance of their duties.

Subsection (5) provides that the task force may obtain information and assistance from any state agency and all state agencies must provide relevant information and reasonable assistance on matters related to heart disease.

Subsection (6) provides that the task force is required to: collect research and information on heart disease in women; prepare recommendations for reducing the incidence and the number of women's deaths related to heart disease in this state; increase the public's awareness of the importance of identifying symptoms and treatment of heart disease in women; report on approaches to improving coordination among agencies and institutions involved in research on and treatment of heart disease in women; (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; and report on national trends with regard to women and heart disease, as well as how these trends compare with trends in Florida.

Subsection (7) provides that the recommendations of the task force shall include: a plan for reducing the number of deaths related to heart disease in this state; a plan for increasing research and appropriate funding at Florida institutions studying heart disease in women; and a program to monitor the implementation and effectiveness of the task force's recommendations.

Subsection (8) provides that through funding appropriated to the Department of Health, the Women and Heart Disease Task Force shall develop and implement an educational program, to include the distribution of summaries, informing the public of the risk of heart disease specific to women and the strategies to follow for prevention, early detection, and treatment of heart disease.

Subsection (9) provides that this section is repealed effective July 1, 2002.

**Section 2.** Appropriates \$150,000 in General Revenue to the Department of Health for Fiscal Year 2000-2001 and \$150,000 in General Revenue to the Department of Health for Fiscal Year 2001-2002 to be used for the production or purchasing and the distribution of summaries on women and heart disease in English, Spanish, and Creole and to develop and implement an educational program that includes the distribution of information specific to women and heart disease.

**Section 3.** Provides an effective date of July 1, 2000.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill appropriates \$150,000 from the General Revenue Fund to the Department of Health for FY 2000-2001 and \$150,000 from the General Revenue Fund to the Department of Health for FY 2001-2002 to be used to produce or purchase and to distribute summaries in English, Spanish, and Creole that inform women patients about their risk of heart disease, and to develop and implement an educational program that includes the distribution of information specific to women and heart disease.

According to the Department of Health, the costs for implementing this bill are as follows:

	<u>Year 1</u>	<u>Year 2</u>
<b>Non-Recurring or First-Year Start Up Effects:</b>		
<b>EXPENSE:</b>		
Furniture & Equipment, Technology, Limited Travel and Misc. Expense	\$4,180	\$0
<b>OCO:</b>		
Workstation, PC, & Printer	\$3,300	\$0
Total Non-Recurring	\$7,480	
<b>Recurring or Annualized Continuation Effects:</b>		
OPS (Administrative Assistant III)	\$30,125	\$41,334
<b>EXPENSES:</b>		
Building Rental, Technology plus Limited Travel	\$11,138	\$11,138
Task Force		
Travel Cost :6 Mtgs./yr. @\$5,000 each	\$30,000	\$30,000
Teleconference Call		
Toward development of protocol and guidelines/educational brochure	\$9,000	\$5,000
Production, promotion, and distribution of protocols, guidelines, and educational materials	\$25,000	\$25,000
Training Conference	\$7,000	\$7,000
Media Campaign		
PSA Development and Media Coverage	<u>\$30,000</u>	<u>\$30,000</u>

**Total Expenditures:**

**\$149,743**

**\$149,472**

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

**D. FISCAL COMMENTS:**

None.

**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 STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:**

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

**C. REDUCTION OF REVENUE RAISING AUTHORITY:**

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

**V. COMMENTS:**

**A. CONSTITUTIONAL ISSUES:**

None.

**B. RULE-MAKING AUTHORITY:**

None.

C. OTHER COMMENTS:

None.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On November 17, 1999, the Committee on Health Care Services passed HB 111 as a committee substitute with the following changes to the original bill:

- The members of the council shall receive no compensation, but shall be reimbursed for per diem and travel expenses by the Department of Health in accordance with the provisions of s. 112.061, F.S.
- A member is added to the task force who is a representative of a family practice teaching hospital, appointed by the Governor.
- A member is added to the task force who is a representative of the Biotechnology Industry Organization, appointed by the Speaker of the House of Representatives.
- A member is added to the task force who is a representative of the Florida Dietetic Association, appointed by the Speaker of the House of Representatives.
- A final amendment modified the bill to reflect that a total of 25 members are to be appointed by the appointing authorities.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Phil E. Williams

Staff Director:

Phil E. Williams

AS REVISED BY THE COMMITTEE ON HEALTH AND HUMAN SERVICES

APPROPRIATIONS:

Prepared by:

Lynn Dixon

Staff Director:

Lynn Dixon