SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: HB 1803

SPONSOR: Health Care Committee and Representatives Green, Harrell, and Murman

SUBJECT: Officer of Women's Health Strategy

DATE: April 6, 2004 REVISED: _____ _____ _____ _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Parham	Wilson	HC	Favorable
2.				
3.				
4.				
5.				
6.				

I. Summary:

This bill creates the position of Officer of Women's Health Strategy (Officer) within the Department of Health (DOH). The Officer is required to ensure that Florida's policies and programs are responsive to sex and gender differences and to women's health needs. Other duties of the Officer are specified, including the development of a statewide women's health plan.

The bill requires that women's health issues be taken into consideration in the annual budget planning of DOH, the Agency for Health Care Administration (AHCA), the Department of Education (DOE), and the Department of Elderly Affairs (DOEA). The inclusion of gender considerations and differential impact must be considered in the criteria for choosing state-funded research and demonstration proposals.

The bill encourages boards or advisory bodies which fall under the purview of DOH and DOEA to seek equal representation of women and men and the inclusion of persons who are knowledgeable and sensitive to gender and diversity issues.

The Officer is required to submit to the Governor and the Legislature an annual report with policy recommendations related to implementing the bill.

The bill amends s. 20.43, F.S.

The bill creates s. 381.04015, F.S.

II. Present Situation:

Statistics on Women's Health

Heart Disease
Heart disease is the number one killer of American women. Although it is typically viewed as a man's disease, more women actually die of heart disease each year than do men. On average, women develop heart disease later in life than men. In addition, women are more likely to have other co-existing, chronic conditions that may mask their symptoms of heart disease. Symptoms of a heart attack in women may differ from those in men, which can lead to a misdiagnosis of the disease in women.[1]

Women who recover from a heart attack are more likely to have a stroke or to have another heart attack than are men. In fact, 42 percent of women die within a year following a heart attack compared to 24 percent of men. More than one woman in five has some form of major heart or cardiovascular disease in the U.S.[2]

In addition to being the primary cause of death, in Florida and the U.S. heart disease is the most frequent reason for hospitalization. In 2000, in the U.S., there were 6,294,000 hospital discharges for cardiovascular disease, 50.5 percent to females and 49.5 percent to males, although the rate per population for females was slightly lower than that for males. Although females are being admitted for hospitalization at rates nearly equal to males, research has shown that they often do not receive equal treatment during the stay.[3]

Lung Cancer
Since 1987, lung cancer has been the top cancer killer among American women, with an estimated 65,700 deaths in 2002. Over the past 10 years, the mortality rate from lung cancer has declined in men but has continued to rise in women. These alarming trends are under recognized by women and are due almost exclusively to increased rates of cigarette smoking in women. It is estimated there will be 79,200 new cases of lung cancer in women in 2002, accounting for 12 percent of cancer diagnoses. Since 1987, more women have died each year of lung cancer than breast cancer, which, for over 40 years, was the major cause of cancer death in women.

Women who smoke increase their risk of dying from lung cancer by nearly 12 times and the risk of dying from bronchitis and emphysema by more than 10 times. Smoking triples the risk of dying from heart disease among middle-aged men and women.[4]

Breast Cancer
Breast cancer is the second leading cancer killer among women. Although lung cancer kills more women each year than breast cancer does, there are more new cases of breast cancer every year than lung cancer. The estimated lifetime probability of getting breast cancer for women is now 1 in 8, compared to the lifetime risk of getting lung cancer of 1 in 17. The incidence of breast

[1] http://www.4woman.gov/owh/pub/heart disease/index.htm
[2] http://www.cdc.gov/nccdphp/cvd/cvdaag.htm and http://www.nhlbi.nih.gov/health/public/heart/other/wmn_risk.htm
[3] http://www.floridahealthstat.com/publications/women_cardiodisease.pdf
[4] Centers for Disease Control and Prevention. Smoking-attributable mortality and years of potential life lost - United States, 1990. *Morbidity and Mortality Weekly Report* 1993; 42(33):645-8.

cancer has increased steadily over the last 50 years, rising 25.3 percent between 1973 and 1992. An estimated 203,500 new invasive cases of breast cancer are expected to occur among women in the U.S. during 2002.

The incidence of breast cancer rose steadily from 1940 to 1990, and then stabilized at approximately 110 cases per 100,000 women. With the increased use of mammography screening, breast cancers have increasingly been detected earlier in their development, when they are more treatable. This earlier detection, coupled with improved treatment has led to a decline in breast cancer death rates.[5]

In 2003, the American Cancer Society estimates 13,500 new cases of breast cancer will be diagnosed among women in Florida and that 2,500 women will die of breast cancer in Florida.[6]

Mental Illness
Mental disorders are common in the U.S. An estimated 22.1 percent of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year. When applied to the 1998 U.S. Census residential population estimate, this figure translates to 44.3 million people. In addition, 4 of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders - major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. Nearly twice as many women (12 percent) as men (6.6 percent) are affected by a depressive disorder each year, and nearly twice as many women (6.5 percent) as men (3.3 percent) suffer from major depressive disorder each year.[7]

Office of Research on Women's Health

Only recently have health policy makers and health service providers acknowledged in a tangible way the extent to which social, economic and cultural factors influence health. Similarly, the nation's health system has been slow to recognize that sex and gender are other significant determinants of health.

The Office of Research on Women's Health (ORWH) serves as a focal point for women's health research at the National Institutes of Health (NIH). ORWH promotes, stimulates, and supports efforts to improve the health of women through biomedical and behavioral research on the roles of sex (biological characteristics of being female or male) and gender (social influences based on sex) in health and disease. ORWH works in partnership with the NIH institutes and centers to ensure that women's health research is part of the scientific framework at NIH and throughout the scientific community. NIH's inclusion guidelines stipulate that:

- NIH ensure that women and minorities and their subpopulations are included in all human subject research;
- Women and minorities and their subpopulations are included in Phase III clinical trials in numbers adequate to allow for valid analyses of differences in intervention effect;

[5] American Cancer Society, Cancer Facts and Figures 2002: http://www.cancer.org/downloads/STT/CFF2002.pdf
[6] American Cancer Society Facts and Figures, 2003. Estimates exclude more than a million cases of basal and squamous cell skin cancers and in situ cancers, except urinary bladder, that will be diagnosed in 2003. Lung cancer rates include bronchus cancer. State death totals were rounded to nearest 100.
[7] http://www.nimh.nih.gov/publicat/numbers.cfm

- Cost is not allowed as an acceptable reason for excluding these groups; and
- NIH initiates programs and support for outreach efforts to recruit and retain women and minorities and their subpopulations as volunteers in clinical studies.

ORWH is responsible for insuring that NIH's inclusion policy is implemented across NIH, and publishes yearly comprehensive reports on the issue.

Research on women's health includes more than reproductive health. It encompasses a wide variety of diseases and conditions. According to ORWH, many studies, such as those listed below, can improve the health of men as well as women. Women's health research has implications for both genders in clinical practice, disease prevention and manifestation, and medical education. For example:

- ORWH is collaborating with the National Institute of Diabetes and Digestive and Kidney Diseases to study the functioning of the urinary bladder, especially as it relates to urinary incontinence and urinary tract infections. Differences discovered in the physiology and functioning of the bladder in men and women may lead to improved treatment strategies for urinary problems in both genders.
- Research has suggested that there may be gender-related differences in hypertension risk, and that these differences may be more pronounced in African-American women. ORWH is funding studies to examine these differences.
- ORWH-supported research on the mechanisms underlying cognitive functions affected in aging and Alzheimer's disease has strengthened the hypothesis that estrogen interactions play a role in both of these disorders.

Society for Women's Health Research

The Society for Women's Health Research is the nation's only non-profit advocacy group whose sole mission is to improve the health of women through research. The Society was founded in 1990 when it brought to national attention the need for the appropriate inclusion of women in major medical research studies and the resulting need for greater funding for research on conditions experienced by women.

Recognizing that many diseases affect women disproportionately, predominately, or differently than men, in 1995, the Society provided the framework for the discipline of "sex-based biology," a research practice of analyzing the biological and physiological differences between men and women with regard to disease. In 1996, the Society initiated and wrote a proposal requesting that the Institute of Medicine (IOM) evaluate the available research on sex differences and chart a path for the future of sex-based biology, for which the IOM formed a committee in 1999.

Institute of Medicine Report on Women's Health

An April 2001 IOM report, *Exploring the Biological Contributions to Human Health*, confirmed that differences between the sexes exist in the prevalence and severity of a broad range of diseases, disorders, and conditions. Sex-based biology research seeks to uncover the biological and physiological differences between men and women. Scientists have long known of the anatomical differences between the sexes, but only within the past decade have they begun to

uncover significant biological and physiological differences between the sexes. Sex differences have been found everywhere from the composition of bone matter and the experience of pain to the metabolism of certain drugs and the rate of neurotransmitter synthesis in the brain.

Office on Women's Health

The Office on Women's Health within the U.S. Department of Health and Human Services works to redress the inequities in research, health care services, and education that have placed the health of women at risk; coordinate women's health research, health care services, policy, and public and health care professional education across the agencies of the HHS; and collaborate with other government organizations, and consumer and health care professional groups. The Office of Women's Health is developing and implementing new programs and initiatives to improve women's health in the U.S.

Office of Minority and Women's Health

The Office of Minority and Women's Health (OMWH), established in the early 1990s, is located in the Office of the Director, National Center for Infectious Diseases, at the federal Centers for Disease Control and Prevention (CDC). The mission at OMWH is to assure that the burden and impact of infectious diseases among racial and ethnic minorities and women is acknowledged and addressed through research, surveillance, education, training, and program development. Of major concern are racial, ethnic, and gender health disparities in infectious diseases. OMWH works to help improve the health and well-being of minority and under-served populations through a wide-ranging program that includes research, training, and prevention.

Florida Department of Health Programs

Florida Breast and Cervical Cancer Early Detection Program
Established in 1994, the Florida Breast and Cervical Cancer Early Detection Program is a breast and cervical cancer screening program that provides reduced-cost or free mammograms, clinical breast exams and Pap smears to low-income, uninsured women between the ages of 50 and 64. The program is funded by CDC as part of the National Breast and Cervical Cancer Early Detection Program serving 50 states, 14 Indian Tribes, and 7 territories. The program has 16 lead sites that ensure statewide access to services. Services provided through the program include:

- Breast and cervical cancer screening exams (mammograms, Pap smears and clinical breast exams) which are provided to uninsured and underinsured women 50 to 64 years of age, at or below 200 percent of poverty;
- Diagnostic exams;
- Case management; and
- Outreach, public education, and professional education.

Women and Heart Disease Task Force
The Women and Heart Disease Task Force was the result of Senate Bill 352 (2000). The bill created the task force within DOH and assigned the department to take lead in supporting the task force as it reviewed the significant differences in treatment, education and impact of heart disease in women. The task force reviewed current practice guidelines; insurance codes; patient

education; community, public and private coordination of efforts; and made recommendations to the Florida Legislature.

The Division of Family Health Services, Bureau of Chronic Disease Prevention was responsible for the support of the Women and Heart Disease Task Force and the Director of Family Health Services served as chair. The report to the Governor and Legislature was submitted January 15, 2002.

III. Effect of Proposed Changes:

Section 1. Amends s. 20.43, F.S., establishing the Officer of Women's Health Strategy within the Department of Health. The Officer must report directly to the Secretary of Health.

Section 2. Creates s. 381.04015, F.S., to provide legislative intent, duties of the Officer, and duties of other state agencies.

Subsection (1) provides legislative intent. The Legislature recognizes that the health care needs of women are gender specific and that there are large differences between how women and men experience certain diseases. This section states that priority shall be given to improve the overall health status of women through research and education. This section states that it is important for the Legislature to encourage effective medical research on long-term health issues for women and to educate elder women about the importance of participating in medical studies.

Subsection (2) specifies duties of the Officer. The Officer is required to ensure that Florida's policies and programs are responsive to sex and gender differences and to women's health needs. The Officer is also required to:

- Organize an interagency Committee for Women's Health for the purpose of integrating women's health programs in current operating and service delivery structures and setting priorities for women's health. The committee will be comprised of the heads or directors of state agencies with programs affecting women's health, including, but not limited to, DOH, AHCA, DOE, DOEA, the Department of Corrections, The Office of Insurance Regulation, and the Department of Juvenile Justice;
- Assess the health status of women in the state through the collection and review of health data and trends;
- Review the state's insurance code as it relates to women's health issues;
- Work with medical school curriculum committees to develop course requirements on women's health and promote clinical practice guidelines specific to women;
- Organize statewide Women's Health Month activities;
- Coordinate a Governor's statewide conference on women's health;
- Promote research, treatment, and collaboration on women's health issues at universities and medical centers in the state;
- Promote employer incentive for wellness programs targeting women's health programs;
- Serve as the primary state resource for women's health information;
- Develop a statewide women's health plan that must address specified topics;
- Promote clinical practice guidelines specific to women;

- Serve as the state's liaison with other states and federal agencies and programs to develop best practices in women's health;
- Develop a statewide, web-based clearinghouse on women's health issues and resources; and
- Promote public awareness campaigns and education on the health needs of women.

The Officer is required to submit to the Governor and the Legislature an annual report with policy recommendations related to implementing the bill.

Subsection (3) requires that women's health issues be taken into consideration in the annual budget planning of DOH, AHCA, DOE, and DOEA. The inclusion of gender considerations and differential impact must be considered in the criteria when assessing research and demonstration proposals for which state funding is being sought. This section encourages boards or advisory bodies which fall under the purview of DOH and DOEA to seek equal representation of women and men and the inclusion of persons who are knowledgeable and sensitive to gender and diversity issues.

Subsection (4) requires the Officer and DOH to direct and carry out the Women's Health Strategy established in this section and authorizes them to work with the Executive Office of the Governor and other state agencies in carrying out their duties and responsibilities under this section.

Section 3. Appropriates $150,000 from the General Revenue Fund and authorizes one full-time equivalent position for DOH to establish the Officer of Women's Health Strategy.

Section 4. Provides that the act shall take effect July 1, 2004.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, s. 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

This bill could have a positive impact on women's health and women's health research in Florida.

C. Government Sector Impact:

The bill appropriates $150,000 from the General Revenue Fund and authorizes one full-time equivalent position for DOH to establish the Officer of Women's Health Strategy.

DOH provided the following estimate of fiscal impact to the department:

Estimated Expenditures	**1st Year**	**2nd Year** Annualized/Recurring
Salaries		
Women's Health Officer Pay Grade 560-1st year salary @ $85,000, fringe rate 28%	$108,000	$110,160
Other Personnel Services 1 consultant @ $30/hr. for 1040 hrs to complete data analysis	31,200	31,200
Expense		
1 FTE @ Std DOH Professional (includes maximum travel)	19,269	16,208
Statewide media campaign	50,000	50,000
Printing of Legislative reports/ brochures	25,492	12,433
Operating Capital Outlay		
1 FTE/standard OCO	1,500	
1 desk top computer	1,500	
1 laptop	2,800	
Total Estimated Expenditures	$239,761	$220,001

According to DOH, the salary and fringe for the FTE are based on the creation of a position within the pay grade 560. The salary reflected for this position is above the base for the pay grade because the responsibilities outlined in the act require the skills of a highly professional individual with extensive administrative and women's health knowledge and experience. The individual hired for this position will be required to collaborate with the Office of the Secretary across several state agencies, coordinate a Governor's statewide conference, and influence policy development within state agencies.

Other Personnel Services includes a line item to cover the costs associated with a contract consultant who will assist in collecting and analyzing women's health data across state agencies as well as assist in the development of a report on the status of the health of women in the state. Several of the activities leading up to the development of printed materials will begin in year-one, but will not be concluded until year-two. There will be some printed materials completed during year-one. Expense and Operating Capital Outlay items are based on the standard DOH Expense and Operating package.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.