

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.

1 **Relating to:** supporting a women’s health platform that recognizes serious
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.

5 Whereas, the state can increase its support for women’s health and can make
6 a significant difference in improving the status of women’s health; and

7 Whereas, women are different, metabolically, hormonally, and physiologically,
8 from men and have different patterns of health and disease, and some diseases are
9 more common in women than in men; and

10 Whereas, women are more likely to suffer from chronic diseases as more than
11 one in 5 women have some form of cardiovascular disease and one in 2 women will
12 have an osteoporosis–related fracture in her lifetime; and

13 Whereas, women are 3 times more likely to develop rheumatoid arthritis and
14 2 to 3 times more likely to suffer from depression; and

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

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

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

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

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

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

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

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

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

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

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.

21 (12) Supporting public education campaigns to increase women's awareness
22 about unique health risks, how to negotiate the complexities of today's health care
23 system, and to demand and obtain the best care available.

