

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

BILL: CS/CS/SB 352

SPONSOR: Fiscal Policy Committee, Health, Aging and Long-Term Care Committee and Senator King

SUBJECT: Establishing the Women and Heart Disease Task Force

DATE: March 6, 2000 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Carter</u>	<u>Wilson</u>	<u>HC</u>	<u>Favorable/CS</u>
2.	<u>Peters</u>	<u>Hadi</u>	<u>FP</u>	<u>Favorable/CS</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

Committee Substitute for CS/SB 352 establishes the Women and Heart Disease Task Force in the Department of Health. The department is directed to provide support services to the task force out of existing resources. The task force will have 31 members who will not receive compensation to serve, but will receive reimbursement for *per diem* and travel expenses. It will exist until July 1, 2002. 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 necessary, prepare recommendations for changes in the Florida Insurance Code as it relates to coverage for women's heart disease screening and treatment options. A report providing recommendations of the task force must be submitted to the Governor and the Legislature by January 15, 2002.

An appropriation of \$100,000 from the General Revenue Fund to the Department of Health is allocated for Fiscal Year 2000-2001 and Fiscal Year 2001-2002, respectively, for the production or purchase of and distribution of informational brochures in English, Spanish, and Creole that inform women about their risk of heart disease and that explains treatment alternatives for heart disease. The task force is also required to develop and implement an education program that includes distribution of information specific to women and heart disease.

This bill creates two undesignated sections of law.

II. 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. Few women or men recognize heart disease as a

high-risk disease for women. National studies have shown that as many as ten times more women die from heart disease than breast cancer or disease of the reproductive organs. In 1997, in Florida, 2,623 women died of breast cancer. During the same period, all types of cancer combined, accounted for the deaths of 17,298 women in Florida. Yet, 24,231 women died of heart disease in Florida during that period. The American Heart Association has learned from its polling of the public that only 31 percent of women in the United States know that heart disease is the leading cause of death among women, and that more than 60 percent of women believe cancer poses the biggest disease danger to their health.

Studies suggest that after suffering a first heart attack, women have a 70 percent greater risk of death or readmission to a hospital than men. Such significantly higher risk in women may be attributed, in part, to the fact that a woman who suffers a first heart attack is an average of 10 years older than the average age at which a man experiences a first heart attack. Also, women are more likely to suffer from other diseases, such as diabetes, simultaneously with heart disease. Furthermore, 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.

Other reasons for the higher death rate in women from heart disease may be a difference in medical treatment. Research shows that, women when suffering a heart attack, arrive at the hospital for treatment about an hour later than men do, in general. On average, women arrive at the hospital about 6.2 hours after the onset of symptoms. This delay can rule out any chance of treatment with certain therapies such as clot-dissolving drugs, because, to work effectively, such drugs must be administered within 6 hours after the onset of symptoms. Additionally, women may receive 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 angiograph to test the amount of blockage in the arteries.

Women having heart attacks may experience different symptoms than men. Less aggressive treatment of heart disease in women than men has been attributed to the variations in women's symptoms from symptoms reported by men, making it more difficult to diagnose heart disease in women. 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.

III. Effect of Proposed Changes:

Section 1. Creates the Women and Heart Disease Task Force within the Department of Health. The task force is comprised of 31 members, including the Secretary of Health or a designee, the Executive Director of the Agency for Health Care Administration or a designee, the Insurance Commissioner or a designee, and 28 members appointed by July 15, 2000, who are appointed by the Governor, the President of the Senate, and the Speaker of the House of Representatives, as specified in the bill. At least one appointee of each appointing entity must be a member of an

ethnic or racial minority, and at least one-half of the members appointed by each appointing entity must be women. The task force is to exist for 2 years, and must meet as often as necessary to carry out its duties and responsibilities. Section 1 of the bill that creates the task force is repealed effective July 1, 2002. The Department of Health is designated to provide support services to the task force within existing resources. The members of the task force must serve without compensation, but they will be reimbursed *per diem* and travel expenses incurred in performing their duties.

The task force is authorized to obtain information and assistance from any state agency, and all state agencies must give the task force all relevant information and reasonable assistance on matters related to heart disease. The task force must collect research and information on heart disease in women and must prepare recommendations for reducing the incidence and the number of women's deaths in Florida related to heart disease. A report must be submitted by the task force to the Governor and the Legislature by January 15, 2002, that includes the task force's recommendations. Additionally, the task force must review and report on: (1) the Florida Insurance Code as it relates to coverage for women's heart disease screening and treatment options, and, if the task force determines changes are necessary, include recommendations for specific statutory language to amend the Code to ensure that policyholders have coverage for appropriate and necessary heart disease prevention, screening, and treatment, subject to a fiscal impact assessment in accordance with s. 624.215, F.S., relating to mandated health coverage; (2) approaches that may be used by state and local governments to increase public awareness of the risks of heart disease in women; (3) approaches to improving coordination among agencies and institutions involved in research on and treatment of heart disease in women; and (4) national trends with regard to women and heart disease, as well as how these trends compare to trends in Florida.

Recommendations submitted by the task force must include a plan for reducing the number of deaths in Florida related to heart disease that

- specifies strategies for reducing the mortality rate of women with heart disease and an analysis of the extent to which these strategies differ from such strategies for men;
- lists health conditions that may cause or contribute to heart disease in women and the best methods by which to identify, control, and prevent these conditions from developing into heart disease;
- identifies the best methods by which to ensure an increase in the percentage of women in Florida who receive the tests designed to determine the risk of heart disease and identify related conditions such as hypertension, diabetes, and high blood levels of cholesterol; and
- identifies best methods by which to ensure an increase in the percentage of women in Florida who seek examinations from physicians.

The recommendations must also include a plan for increasing research and appropriate funding at Florida institutions studying heart disease in women, recommendations for the development of practice guidelines for addressing heart disease in women, and a program to monitor the implementation and effectiveness of the task force's recommendations. In addition to producing and submitting its recommendations, the task force must develop and implement an educational program, using funding appropriated to the Department of Health, 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.

Section 2. Appropriates from the General Revenue Fund to the Department of Health for Fiscal Year 2000-2001 and Fiscal Year 2001-2002, respectively, \$100,000 for use in producing or purchasing and distributing summaries in English, Spanish, and Creole that inform women patients about their risk of heart disease and about treatment alternatives for heart disease, 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.

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, Section 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, Subsections 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, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill provides for staff support out of existing resources of the Department of Health, *per diem* and travel expense reimbursement, and appropriates from the General Revenue Fund to the Department of Health for Fiscal Year 2000-2001 and Fiscal Year 2001-2002, respectively, \$100,000. The projected expenditures for the Women and Heart Disease Task Force, as created by the bill, are as follows:

Non-Recurring Expenditures	Year 1 2000-01	Year 2 2001-02
24-Member Task Force Travel Cost: 6 meetings/year @\$5,000 each	\$30,000	\$30,000
Teleconference Call Toward development of protocol and guidelines/educational brochure	\$9,000	\$9,000
Production, Promotion, and Distribution of Protocols, Guidelines, and Educational Materials	\$25,000	\$25,000
Training Conference	\$7,000	\$7,000
Media Campaign Development of public service announcement	\$29,000	\$29,000
Total Costs	\$100,000	\$100,000

VI. Technical Deficiencies:

The appropriation provided in this bill for Fiscal Year 2001-2002 cannot be given the effect of law through enactment of this bill. As the Florida Supreme Court has ruled in series of cases, the most recent of which is *Neu v. Miami Herald Publishing Company*, 462 So.2d 821 (Fla. 1985), one legislative body cannot bind a future legislative body to an obligation. In *Neu*, a case addressing the Public Meetings Law, the court stated "A legislature may not bind the hands of future legislatures by prohibiting amendments to statutory law" (at p. 824). In an earlier case, *Kirklands v. Town of Bradley*, 139 So. 144 (Fla. 1932), a case reviewing a challenge to establishment of geographic municipal boundaries, the court stated, "The Legislature cannot prohibit a future Legislature by proper enactment changing boundaries which it [the earlier Legislature] established" (at p. 145).

VII. Related Issues:

None.

VIII. Amendments:

None.