



## **Hear**E**t disease **A**nalysis and **R**esearch, and **T**reatment **for Women Act** **HEART for Women Act****

### **FACTS/STATISTICS:**

- Heart disease is the No. 1 killer of women and stroke is the No. 3 killer of women. Heart attack, stroke and other cardiovascular diseases kill more women than the next *five* causes of death combined.
- Since 1979, the death rate for heart disease in men has declined by 17%, but the death rate for women has slightly increased over this same time period.
- Minority women are particularly at risk for heart disease and stroke. For example, nearly half of African American women (45%) have some form of cardiovascular disease, compared to 32 percent of white women.
- More than 90% of primary care physicians don't know that heart disease kills more women each year than men.
- Women are more likely than men to die within a year of having an initial heart attack. Women are less likely than men to receive certain diagnostic testing and treatments, such as angioplasties and stents, for cardiovascular diseases.
- Drug and medical device effectiveness may differ in women and men, yet doctors and researchers often don't know how safe and effective a particular medicine or device is for women.

### **WHAT THE BILL WOULD DO:**

The HEART for Women Act was initially introduced in the Senate by Senators Debbie Stabenow (D-MI) and Lisa Murkowski (R-AK) and in the House of Representatives by Representatives Lois Capps (D-CA) and Barbara Cubin (R-WY) in February, 2006. The legislation will be re-introduced in Congress in mid-February, 2007. The HEART for Women Act takes a multi-pronged approach to improving the prevention, diagnosis and treatment of heart disease and stroke by:

1. **Raise awareness among women and their health care providers.** The legislation authorizes grants to educate healthcare professionals about the prevalence and unique aspects of care for women in the prevention and treatment of cardiovascular diseases. It also authorizes the Medicare program to conduct an educational awareness campaign for older women about their risk for heart disease and stroke.
2. **Provide gender and race-specific information for clinicians and researchers.** The legislation would require that healthcare data that is already being reported to the federal government be stratified by gender, as well as by race and ethnicity. Among the information that would be reported by gender includes clinical trial data, pharmaceutical and medical device approval data, medical errors data, hospital quality data, and quality improvement data.
3. **Improve screening for low-income women at risk for heart disease and stroke.** The Centers for Disease Control and Prevention (CDC) currently administers a program called WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) that provides heart disease and stroke prevention screening, such as tests for high blood pressure and high cholesterol, to low-income uninsured and underinsured women in 14 states. The legislation would authorize the expansion of WISEWOMAN to all 50 states.