

113TH CONGRESS  
1ST SESSION

# H. RES. 94

Expressing the sense of the House of Representatives regarding women's health and economic security.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 28, 2013

Ms. SCHAKOWSKY submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## RESOLUTION

Expressing the sense of the House of Representatives regarding women's health and economic security.

Whereas improving the health and well-being of women is a stated goal of Healthy People 2020, the comprehensive, nationwide health promotion and disease prevention agenda launched by the United States Department of Health and Human Services;

Whereas older women and women with disabilities rely on Medicare and low-income women rely on Medicaid for affordable, quality health care;

Whereas access to comprehensive reproductive health care is critical to improving the health and well-being of women;

Whereas uninsured women are 3 times less likely to have had a Pap test in the last 3 years, with a 60 percent greater risk of late-stage cervical cancer diagnosis;

Whereas 50 percent of uninsured women do not have a regular doctor compared to 11 percent of insured women;

Whereas significant racial and ethnic disparities exist in women's health, particularly in maternal mortality, infant mortality, and incidence of premature or low birth weight births;

Whereas lesbian, gay, bisexual, and transgender (LGBT) women have unique health care needs and confront a unique set of disparities in the current health care system;

Whereas pregnant women are often excluded from research studies violating the ethical principle of justice;

Whereas federally funded research is a critical component to understanding health conditions in women across the life span, and has led to many scientific breakthroughs that have been become clinical standards of care;

Whereas about half of pregnancies are unintended, though preventing unintended pregnancies benefits child health, maternal health, and the health and well-being of families and society as a whole;

Whereas there are continued efforts to defund or eliminate family planning programs, even though they are proven to reduce unintended pregnancies and reduce the need for abortions;

Whereas the Medicaid program covers 71 percent of publicly funded family planning services and over 40 percent of all United States births and the Title X Family Planning program serves over 5,000,000 low-income men and

women a year who often do not have insurance or qualify for Medicaid;

Whereas there have been numerous attempts, both legal and legislative, to allow insurance companies and employers with personal religious or moral objections to deny women the Affordable Care Act preventive services benefit requiring coverage for all FDA approved contraceptive methods, despite the fact that such services are based on a foundation of scientific, medical evidence supporting the effectiveness of preventive services;

Whereas over-the-counter emergency contraception is not available to all women, even though the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend increased access to emergency contraception, without an age restriction, as a back-up birth control option, as research shows it prevents unintended pregnancies and reduces the need for abortion;

Whereas a lack of adequate prenatal care increases the risks of having low birth-weight or preterm babies, neonatal mortality, infant mortality, and maternal mortality;

Whereas preterm births alone costs the United States health care system \$26,000,000,000 annually;

Whereas many women lack access to comprehensive, affordable insurance coverage, even though all women should have this for all pregnancy-related care, including prenatal care, miscarriage management, family planning services, abortion, labor and delivery services, and post-natal care;

Whereas in 2012, State legislatures passed 43 laws in 19 States to restrict access to abortion, the second-highest number of such measures passed in a single year;

Whereas efforts have been made to ban Graduate Medical Education funding from going towards abortion training, even though the Accreditation Council for Graduate Medical Education (ACGME) standards stipulate that programs in obstetrics and gynecology must have an established curriculum for family planning and managing complications of abortions, and must provide the opportunity for direct procedural training in abortions for those residents who desire it;

Whereas legislators have attempted to inappropriately interfere with the patient-physician relationship, often to satisfy political agendas without regard to established, evidence-based guidelines for care;

Whereas this type of interference can inhibit open and honest communication between patients and providers and also jeopardize patient safety;

Whereas exposure to environmental toxicants has the potential to impact the health of women, and the health of future generations;

Whereas intimate partner violence affects 1,500,000 women each year and 324,000 pregnant women each year; the direct effects can include miscarriage and fetal injury or death, and the indirect effects can include delayed prenatal care, smoking, and drug and alcohol abuse;

Whereas there is a known link between intimate partner violence and reproductive coercion, which occurs whenever a partner tries to stop a woman from making her own decisions about pregnancy, such as interfering with contra-

ception use, forcing sex, or pressuring her to continue or end a pregnancy;

Whereas a woman must be supported not only in the decision to carry a pregnancy to term, but be empowered to navigate the complexities of parenthood including the role as primary, and in some cases the sole breadwinner, active caregiver, employee trying to fulfill their job responsibilities, and primary health care decision maker within the family;

Whereas 80 percent of all caregivers are women, and approximately half of those women provide care and support for both children under the age of 18 and an older relative, and make health care decisions for at least one other person in the household besides themselves;

Whereas women are now the sole breadwinners or co-breadwinners in the majority of United States households;

Whereas the lack of pay equity forces women to choose between necessities for their family, like food, shelter, and clothing, and critical health care needs for family members in the home;

Whereas 43 percent of working women lack the workplace flexibility or have family friendly workplace policies that ensure that they can provide for their family during medical emergencies, effectively use the preventative health care services available to them and their dependents, and stay in the workforce as long as necessary to provide financial stability for their family;

Whereas less than half of working women have access to any paid parental leave, while paid leave after the birth of a child leads to better health outcomes, higher rates of

breastfeeding and for longer duration, and better maternal employment outcomes and higher wages;

Whereas more than 40 percent of working women do not have a single earned sick day to care for themselves or their family;

Whereas the Pregnancy Discrimination Act prevents discrimination of pregnant women in the workplace, yet many women still face pregnancy discrimination, such as being denied requests for reasonable workplace accommodations to continue working while pregnant; and

Whereas women rely on Social Security for a larger share of their retirement income including 23 percent of older women who rely on Social Security for 100 percent of their income: Now, therefore, be it

1       *Resolved*, That the House of Representatives supports  
2 efforts to—

3           (1) make improving women’s health a priority  
4       in the 113th Congress;

5           (2) ensure that all women have access to the  
6       best available, scientifically based health care;

7           (3) ensure that women have access to safe  
8       childbearing, with resources available to reduce ma-  
9       ternal and infant morbidity and mortality;

10          (4) ensure that women have the autonomy to  
11       decide whether to have children, the number and  
12       spacing of their children, and to have medically ac-  
13       curate information, education, and access to health  
14       services to make these decisions;

1           (5) ensure that women have access to afford-  
2           able insurance coverage for all of their pregnancy-re-  
3           lated health care needs, including contraception and  
4           abortion, as well as for their general health care  
5           needs including coverage through Medicare, Med-  
6           icaid, and the Affordable Care Act;

7           (6) work to end gender discrimination and im-  
8           prove the health of women by implementing the Af-  
9           fordable Care Act;

10          (7) ensure that women have autonomous deci-  
11          sionmaking, informed consent, privacy, and con-  
12          fidentiality regarding their health care;

13          (8) work to end health disparities for women,  
14          including with regard to ethnicity, race, gender, and  
15          sexual orientation;

16          (9) ensure that women are able to participate  
17          equally in ethically conducted clinical research;

18          (10) work to end gender-based violence, which  
19          disproportionately affects women, including  
20          transgender women;

21          (11) ensure parents have and can use earned  
22          sick days to care for one's self or one's family, have  
23          paid leave to prepare for and recover from preg-  
24          nancy and childbirth and to care for their children  
25          or a loved one, and may receive a social security

1 credit if they are forced to leave the workforce to  
2 care for a child or a loved one;

3 (12) eliminate discrimination and promote  
4 women's health and economic security by ensuring  
5 reasonable workplace accommodations for workers  
6 whose ability to perform the functions of a job are  
7 limited by pregnancy, childbirth, or a related medical  
8 condition;

9 (13) ensure that women receive equal pay for  
10 equal work; and

11 (14) ensure that older women have the re-  
12 sources needed to guarantee their financial and eco-  
13 nomic security as they age.

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