

Quality File

PROVISION	COMMISSION	NORWOOD	JEFFORDS
Information Disclosure	Yes.	Yes.	Yes.
Access to Specialists	Yes	Ambiguous.	No.
Giving women access to qualified providers to cover routine women's health services	Yes	No.	No.
Continuity of Care	Yes	Yes.	No.
Access to Emergency Services	Yes	Yes.	Yes.
Out of Network Referral When Network Inadequate	Yes	No.	No.
Anti-Gag/Conscience Clause	Yes	Yes.	Yes.
Financial Incentives	Yes. (disclosure only)	Yes.	No.
Whistleblower	No.	No.	Maybe?
Confidentiality	Yes	Yes.	Yes
Internal/External Appeals	Yes.	Yes.	Yes -- but only if for medical necessity.
ERISA Remedies	No Mention.	Yes.	No.
Provider Provisions	No.	Yes. Apply to become participating provider each calendar year, notification, appeal, and allow for corrective action plan if not, have to accept those that meet objective criteria. Etc.	Yes. Not nearly as extensive as Norwood.

Q&As on Dingell-Kennedy Patients' Bill of Rights

Q: Is the President endorsing the Democratic Leadership bill? Would the President sign this legislation?

A: The President believes this legislation represents a critically important step towards enacting a long overdue and eventually bipartisan "Patients' Bill of Rights." He looks forward to working with the Democrats and the many Republicans committed to passing a strong "Patients' Bill of Rights" before Congress adjourns later this year. The Democratic Leadership bill improves on other legislation before the Congress by dropping expensive protections to health care providers that have the potential to increase premiums excessively. Although he recognizes this bill will go through modifications as it gains bipartisan support, the President is confident that bipartisan legislation that he could sign will emerge.

Background. The Democrats' bill includes every consumer protection recommended by the President's Quality Commission (that is now being implemented by the Federal Government). It improves on Mr. Norwood's bill by dropping a number of excessive provider protection provisions that have very real potential to be costly (such as language that suggests allowing virtually "any willing provider" to be able to participate in health plans). And it makes a very thoughtful contribution to ensuring the enforcement of patients' rights by allowing for state-court-enforced remedies, which explicitly excludes employers from liability as long as they make no decisions on individual coverage matters. As such, any employer who simply contracts with an HMO or other insurer/plan to deliver health care would never have to fear being the target of a law suit under these provisions.

Q: Follow up: So the President is not explicitly endorsing this legislation?

A: If the Congress passed the legislation, the President would sign it. However, the President (and the Democratic Leadership) that the Democrats will have to work with Republicans to pass a bill through this Congress. As such, the bill will inevitably be modified before making it to the President's desk.

Q: Isn't this legislation going to cause premiums to rise and increase the number of uninsured Americans?

A: No. The Congressional Budget Office recently estimated that the consumer protections recommended by the President's Quality Commission would raise health insurance premiums by only one-third of one percent; as such it would have no significant impact on the number of uninsured. More importantly, the inexpensive patient protections would provide Americans with renewed confidence in their health care system.

Q: But aren't there some protections in the Democratic bill, including a remedies provision, that could prove to be far more costly?

A: The President will evaluate any legislation that he is sent with regard to both its potential to increase health care costs and the type of patient protections it would provide. While we do not believe the bill's enforcement provisions to be costly, we are still awaiting the final estimates from CBO. We do believe, however, that the internal and external appeals processes in the bill would significantly increase employee satisfaction with health plans, decrease the likelihood of consumer complaints, and decrease the cost of any enforcement provision.

Q: Do you support the remedies provision in the Democratic bill?

A: We have consistently said that we believe there must be an appropriate enforcement mechanism to make any patient protections real. The Democratic bill certainly provides one viable approach of doing that. In fact, we think the Democrats have drafted this provision quite responsibly, by exempting employers from suits that where the only decision they have made is which health plan they have contracted with for their employees. This provision ensures that health plans, not employers, are the focal point of grievance procedures. However, there may be other viable options for enforcement mechanisms, and we are open to considering them.

Q: The Democratic bill includes some "body part" mandates that are not included in the recommendations the President endorsed. Do you support those mandates?

A: Numerous concerns have been raised about the inadequacy of protections for women going through highly traumatic health procedures, such as mastectomies. The President and the First Lady have a longstanding record to improve women's health and access to needed health care procedures. Although some policy analysts raise concerns about benefit and coverage requirements, there are times

when reports of inappropriate care are so repugnant that Federal legislation is needed. Regardless, whether any such additional legislation is necessary in this case, we need to work with health plans, providers, and consumers to ensure that women do not have to fear inadequate health care when they enter the hospital.

Q: If the provisions in the Democratic bill were implemented in Medicare and Medicaid, what would the cost implications be?

A: The President has already asked the Federal health plans, including Medicare and Medicaid, to come into compliance with the “Consumer Bill of Rights” recommended by his Quality Commission. HHS reported back to the President on February 20 that both Medicare and Medicaid already have many of the protections in the “Consumer Bill of Rights” and can come into substantial compliance with the Commission’s recommendations by the end of next year without any major statutory changes or new costs.

In some cases, such as remedies and some benefits requirements, the Democratic bill goes beyond the Quality Commission’s recommendations. We are currently in the process of finalizing estimates on these differences. It is important to point out, however, that Medicare and Medicaid beneficiaries currently have access to remedies through the state court system, so there should be no significant cost to these programs as the result of the Democrat’s enforcement provision.

Q: What are the implications of the anti-gag provisions for abortion? Does this mean that Catholic plans and physicians are required to discuss the option of abortion. If not, how will women know all of their medical options?

A: Anti-gag legislation has already been passed in 41 states and is now effective in the Medicare and Medicaid programs. As currently implemented, however, health plans and physicians have conscience clauses, and consumers are assured access to providers who can provide a full range of medical information.

Q: A group of House Republicans are working on a bill as well. Do you plan on supporting their legislation?

A: We are very encouraged that the House Republicans are working on a patients’ rights bill. We look forward to working with them closely in this regard. If the legislation they introduce is consistent with the priorities the President supports, we certainly would support their bill. As the President has continually said, he is committed to signing a bipartisan bill into law this year.

Q: If health plans intend to implement these rights voluntarily, then why do we need to pass legislation in this area?

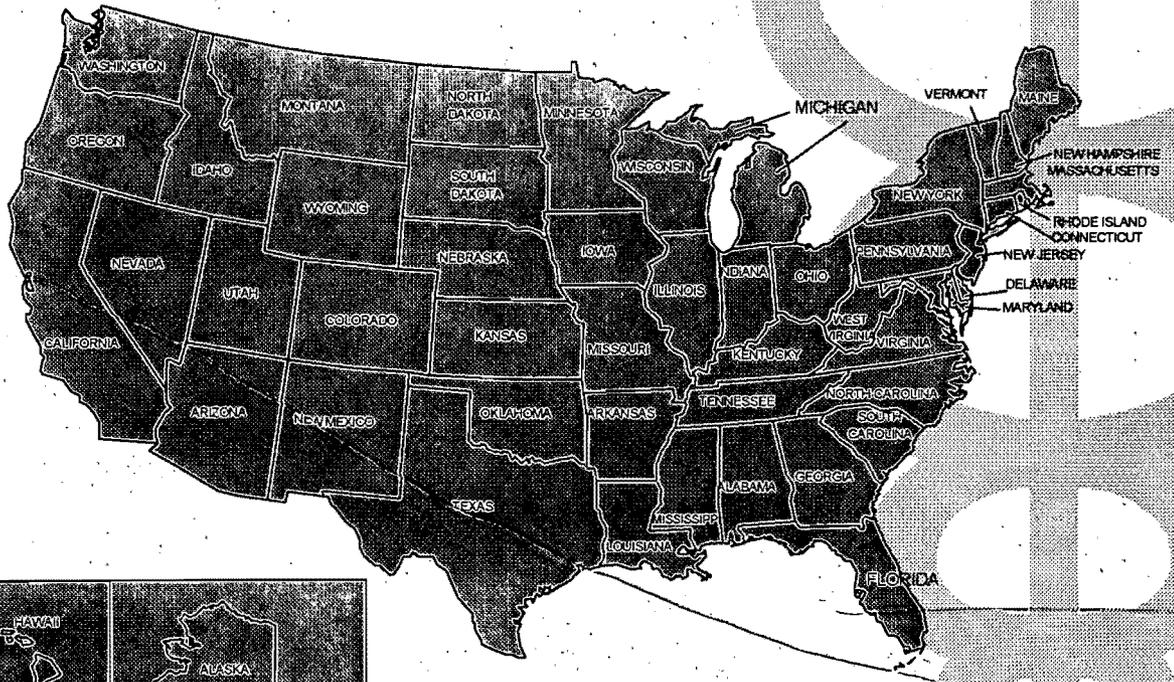
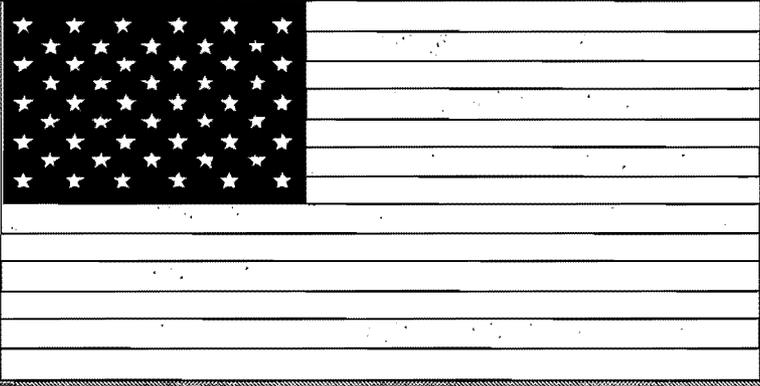
A: We applaud the efforts of some health plans who have agreed to implement these rights voluntarily. However, the President believes that these rights need to be assured for all Americans. He has taken steps to make sure the Federal government is in compliance. Moreover, 44 states have enacted at least one of these protections, including 28 states with Republican Governors. However, a patchwork of non-comprehensive state laws cannot provide Americans with the protections they need -- especially because state laws do not even have jurisdiction over more than 100 million Americans. These are common sense reasonable protections that both Republicans and Democrats can support. However, to ensure that all Americans receive these protections, it is necessary to pass a Federal patients' bill of rights into law.

Q: What do you think about Senator Kennedy's legislation to impose rating bans on the individual market?

A: We know that there are some real shortcomings in the individual market, including the fact that too often insurers can charge excessively high premiums, particularly to individuals with pre-existing conditions. The Administration is extremely concerned about some of the current problems in this market. We believe that the President's proposal to allow Americans ages 55 to 64 buy into Medicare is one solution. This older population is more likely to rely on the individual market and face excessive premiums. The President's proposal gives them a more affordable option to access health insurance.

However, that is not the only solution, and we commend Senator Kennedy on his efforts to find other ways to improve the individual insurance market. We are carefully reviewing his proposal and will evaluate it, as we evaluate all proposals -- on the extent to which it would improve the individual market and whether it would raise health care costs. We look forward to working with Senator Kennedy and others to determine the best ways to improve the individual insurance market.

STATE-BY-STATE ANALYSIS OF THE PATIENTS' BILL OF RIGHTS AND ITS IMPACT ON WOMEN



EXECUTIVE SUMMARY

Overview

Approximately 60 million women cannot be assured access to all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state were to enact all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state laws and many of the protections these laws afford. More than one-third of these 60 million women have extremely limited protections because their employers "self-insure," which means they underwrite their own health plans. Such plans have no state oversight and very limited protections under Federal law. The remainder are in fully-insured health plans but still would not be afforded the full range of protections recommended by the President's Quality Commission.

States across the country have begun to enact patient protection laws. In fact, 44 states have enacted at least one of the protections recommended by the President's Quality Commission. But even for those Americans in fully insured, state-regulated plans where certain important protections may apply, most states have not enacted all of the patient protections that the Quality Commission recommended. Clearly, a patchwork of state laws cannot and will not provide millions of Americans the protections the Commission felt were necessary to assure basic consumer protections.

As a result, tens of millions of women have insufficient protections to help assure high quality care and navigate a rapidly changing health care system. While at least as many men find themselves in a similar situation, women are particularly vulnerable without these protections: they see physicians more frequently, suffer from many chronic illnesses at a higher rate, and make three-quarters of the health care decisions for their families. The following state-by-state report illustrates how many women in each state are in ERISA plans and therefore need a Federal patients' bill of rights to assure the patient protections the Quality Commission recommended.

The "Consumer Bill of Rights"

Last November, the President received and endorsed the "Consumer Bill of Rights" recommended by his Advisory Commission on Consumer Protection and Quality. At that time, he called on the Congress to pass an enforceable set of Federal standards to ensure that all Americans could be confident they were covered by these protections.

The protections in the "Consumer Bill of Rights" include: access to easily understood information; access to specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; confidentiality of medical records; and an internal and external appeals process to address grievances with health plans and health care providers. It also would require providers to disclose any incentives, financial or otherwise, that might influence their decisions, prohibition of "gag clauses," and anti-discrimination protections.

Why State Laws Are Not Enough

Many states -- with both Republican and Democratic Governors -- have started to enact patient protections. For example, at least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises, and at least 30 states have enacted provisions to give patients greater access to needed specialists, including giving women greater access to qualified specialists for women's health services.

However, as this report clearly documents, a patchwork of non-comprehensive state laws cannot provide Americans with the protections the Quality Commission recommended. Even if states were to pass all of the patient protections in the "Consumer Bill of Rights," states do not have full authority over the 122 million Americans who are in health plans that are governed by ERISA. States have no ability to protect the 50 million Americans in ERISA self-funded health plans, and states have limited authority over the 72 million Americans in fully-insured ERISA plans. Therefore, even if each state in the nation were to pass a comprehensive patients' bill of rights, millions of Americans would be without the full range of patient protections recommended by the Quality Commission. This report documents how many Americans in each state would still be without this full range of patient protections.

Why a Patients' Bill of Rights is Particularly Important for Women

While all Americans need patient protections to assure high quality health care, women have a unique role in the health care system that makes these protections particularly important for them. Women are greater users of health care services; in fact, over 60 percent of physician visits are made by women. Women also have specific health needs that are directly addressed by the patients' bill of rights. For example, the Quality Commission's recommendation that women have direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure that women obtain important preventive services. Studies show that gynecologists are almost two times as likely as internists to perform needed women's preventive services, such as pelvic exams, Pap tests, and breast exams.

There are other patient protections that would enhance the quality of health care for women. Women of all ages are at least twice as likely as men to have a disability that does not require institutionalization. Women are also more likely than men to suffer from many other chronic conditions, such as arthritis and osteoporosis. Many managed care plans have had

difficulty managing patients with chronic or disabling conditions. The "Consumer Bill of Rights" contains a number of protections that are extremely important for people with disabilities and chronic conditions, including assuring patients with complex or serious medical conditions direct access to a qualified specialist of their choice, assuring continuity of care for patients undergoing a course of treatment for a chronic or disabling condition (including pregnancy) when their health provider is unexpectedly dropped from a plan, and appeals rights to address their grievances.

In addition to their own health needs, women are also more likely to be responsible for the health care of others. Women make three-quarters of the health care decisions for their families and are more likely to be caregivers when a child, parent, or spouse is ill. Therefore, patient protections that assure that health plans and health providers provide information and appeals rights are particularly important for women in their roles as decision makers. These protections include information disclosure requirements, as well as measures preventing "gag rules" and the assurance that patients would know any financial incentives that may impact a health provider's decision about care. Women are also likely to be involved when a family member has a grievance with a health plan or provider and are likely to be involved in helping manage the difficult transition for a chronically ill patient who has an abrupt transition in care.

Women Are Dissatisfied With The Quality of Their Health Care

Women are increasingly dissatisfied with the current protections they have in the nation's rapidly changing health care system. Currently, nearly 70 percent of women ages 18 to 65 with private health insurance are in managed care plans. A recent Commonwealth Fund analysis reported that twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure when they need it, and almost two-fifths of women in managed care plans are worried that they will not be able to get speciality care when they need it. Also, sixteen percent of women in managed care plans report that the availability of emergency room services is only fair or poor.

The only way to assure that all women, and all Americans, have the patient protections they need in a rapidly changing health care system is to pass and enact a comprehensive Federally-enforceable patients' bill of rights. This report again underscores the need for Congress to pass a bipartisan Federally-enforceable patients' bill of rights this year.

Report Outline

The first part of this report provides more detailed information about some of the health care issues that are unique to women and how the patients' bill of rights directly addresses these issues. The second part of the report provides a state-by-state analysis of the number of Americans, and women specifically, in each state who will not be afforded the full range of patient protections unless Congress passes a Federally-enforceable patients' bill of rights.

WOMEN AND THE PATIENTS' BILL OF RIGHTS

I. WOMEN HAVE UNIQUE HEALTH CARE NEEDS THAT ARE ADDRESSED BY THE "CONSUMER BILL OF RIGHTS."

ISSUE: Women suffer from many chronic and disabling conditions at a higher rate than men.

- **Women suffer from many chronic diseases at a higher rate than men.**
 - **Rheumatoid Arthritis:** Women are four times more likely to suffer from rheumatoid arthritis.¹
 - **Osteoporosis:** Women suffer from osteoporosis at far higher rates than men.²
 - **Multiple Sclerosis:** Women suffer from multiple sclerosis at three times the rate of men.³
 - **Type I Diabetes:** Women are six times as likely to have type I diabetes.⁴
- **The proportion of non-institutionalized disabled women is nearly twice as high as for men of all ages.⁵**

RESPONSE: *The "Consumer Bill of Rights" provides many important protections for people with disabling or chronic conditions, including:*

- *Assuring that patients with complex or serious medical conditions who require frequent speciality care have direct access to a qualified specialist of their choice;*
- *Assuring continuity of care for patients who are undergoing a course of treatment for a chronic or disabling condition (including pregnancy) if their health plan unexpectedly drops their provider;*
- *Anti-discrimination provisions to assure patients are not discriminated against in the delivery of health care services consistent with the benefits covered in their policy; and*
- *An internal and external appeals process for patients to address grievances with their health plans.*

ISSUE: Women often have specific health needs that require access to a specialist to address women's health needs.

- Regular mammography screening has decreased the breast cancer mortality rate in women by 25 to 30 percent.⁶ Early detection of cervical cancer through the use of a Pap test has resulted in a 40 percent reduction in cervical cancer over the last several decades.⁷
- Gynecologists are almost twice as likely as family physicians and internists to perform needed women's preventive services, such as pelvic exams, Pap tests, and breast exams.⁸
- Seventy-eight percent of women say it is critical that they are able to schedule an appointment directly with a gynecologist or obstetrician without having been referred by their primary care doctor.⁹

RESPONSE: *The "Consumer Bill of Rights" assures that women have access to the specialists they need, including access to qualified specialists for women's health services.*

II. WOMEN ARE MORE LIKELY THAN MEN TO BE INVOLVED IN HEALTH CARE DECISIONS AND CAREGIVING FOR OTHERS.

ISSUE: Women need good information to help fulfill their roles as the primary health care decision makers and caregivers.

- Women make three quarters of health care decisions in American households.¹⁰
- Women spend almost two out of three health care dollars on themselves and their families.¹¹
- Women are typically the primary care givers when a child, spouse, or parent is incapacitated.¹²

RESPONSE: *The "Consumer Bill of Rights" would assure that women who are decision makers and caregivers have the information they need to make good health care decisions. These protections include:*

- *Requiring information disclosure;*
- *Prohibiting "gag rules" that restrict health care providers' ability to communicate with and advise patients about medically necessary options;*

- *Assuring patients know any financial incentives that may impact a health providers decision about care;*
- *An internal and external appeals process to address grievances with their health plans or provider;*
- *Continuity of care protections to help manage the difficult transition for a chronically ill patient who has an abrupt transition in care.*

III. WOMEN DO NOT BELIEVE THEY CURRENTLY HAVE THE PROTECTIONS THEY NEED.

ISSUE: Almost two-fifths of women in managed care plans are worried that they will not be able to get speciality care when they need it.¹³ One quarter of women in managed care plans report that their access to speciality care is either fair or poor.¹⁴

RESPONSE: *The "Consumer Bill of Rights" would assure women access to the specialists they need, including qualified specialists for women's health needs.*

ISSUE: Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure when they need it.¹⁵

RESPONSE: *The "Consumer Bill of Rights" includes a number of protections to help assure that women are not denied needed medical procedures, including:*

- *An internal and external appeals process to address their grievances with health plans providers, including an expedited appeals process for emergency situations;*
- *Prohibiting "gag rules" which restrict communications between patients and doctors or other health professionals;*
- *Requiring providers to disclose any incentives, financial or otherwise, that might influence their decisions;*
- *Access to emergency services when and where the need arises.*

ISSUE: Twelve percent of women in managed care reported that their plans delayed care while they waited for approval.¹⁶

RESPONSE: *The "Consumer Bill of Rights" gives patients the right to a fair and efficient process for resolving differences with health plans and providers. It requires health plans to have an internal appeals system that provides timely written notification of a decision to deny, reduce, or terminate services or deny payment for services.*

ISSUE: Sixteen percent of women in managed care plans report that the availability of emergency room services as fair or poor.¹⁷

RESPONSE: *The "Consumer Bill of Rights" would assure women get access to emergency room services when and where the need arises. It also requires health plans to have a sufficient number and type of providers to assure that all covered services will be accessible without unreasonable delay, including access to emergency room services 24 hours a day and seven days a week.*

ISSUE: Thirty percent of women rank their managed care as fair or poor with regard to waiting times for a routine appointment.¹⁸

RESPONSE: *The "Consumer Bill of Rights" requires health plans to have a sufficient number and type of providers to assure that all covered services will be accessible without unreasonable delay.*

IV. MILLIONS OF WOMEN DO NOT CURRENTLY HAVE THE PATIENTS' PROTECTIONS THEY NEED TO ASSURE HIGH QUALITY HEALTH CARE.

ISSUE: Millions of women do not have the protections they need either because they are in ERISA plans or because they live in states that have not passed the protections they need.

- Nearly 60 million women are in ERISA plans, which means that they do not have all of the protections afforded by the patients' bill of rights.¹⁹
- Millions more women are in plans that are under state jurisdiction but live in states that have not passed the patients' protections they need. For example:
 - At least seventeen states have passed protections that provide some type of protection for enrollees who are involuntarily forced to change providers. There are significant differences in the nature and amount of services provided.²⁰

- At least thirty states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services.²¹
- At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises.²²

RESPONSE: *A Federal "Consumer Bill of Rights" would assure that all Americans have the protections they need to assure high quality health care.*

SOURCES

1. Conkling, W. "Are Women the Weaker Sex." *American Health*. July 1996.
2. U.S. Public Health Services Office on Women's Health. *Older Women's Health*. April 28, 1995:2,5.
3. Conkling, W. "Are Women the Weaker Sex." *American Health*. July 1996.
4. Conkling, W. "Are Women the Weaker Sex." *American Health*. July 1996.
5. National Center for Health Statistics. *Health, United States, 1995*. Hyattsville, Maryland: Public Health Service. 1996.
6. Breast Cancer Fact Sheet, PHS Office of Women's Health 1997.
7. E.R. Brown et. al., "Women's Health-Related Behaviors and Use of Clinical Preventive Services: A Report to the Commonwealth Fund," UCLA Center for Health Policy Research, October, 1995).
8. Bartmen BA, Weiss KB. "Women's Health Care in the Ambulatory Care Setting." *Clinical Research*. 1991;39:595A, using the National Ambulatory Medical Care Survey data.
9. *Family Matters: A National Survey of Women and Men*. Washington, DC: The National Partnership for Women and Families; February 1998.
10. Smith Barney Research. "The New Women's Movement: Women's Healthcare," April 1997, reported in the "Women's Health Fact Sheet" by the Society for the Advancement of Women's Health Research.
11. Smith Barney Research. "The New Women's Movement: Women's Healthcare," April 1997, reported in the "Women's Health Fact Sheet" by the Society for the Advancement of Women's Health Research.
12. PHS, Office of Women's Health
13. Commonwealth Fund Analysis from the Kaiser/Commonwealth Survey of Health Insurance, 1997.
14. Wyn R, Collins KS, Brown ER. Women and Managed Care: Satisfaction with Provider Choice, Access to Care, Plan Costs and Coverage. *JAMWA*. 1997;52 No. 2:60-64.
15. Commonwealth Fund Analysis from the Kaiser/Commonwealth Survey of Health Insurance, 1997.

16. Commonwealth Fund Analysis from the Kaiser/Commonwealth Survey of Health Insurance, 1997.
17. Wyn R, Collins KS, Brown ER. Women and Managed Care: Satisfaction with Provider Choice, Access to Care, Plan Costs and Coverage. *JAMWA*. 1997;52 No. 2:60-64.
18. Wyn R, Collins KS, Brown ER. Women and Managed Care: Satisfaction with Provider Choice, Access to Care, Plan Costs and Coverage. *JAMWA*. 1997;52 No. 2:60-64.
19. Department of Labor Analysis of Employee Benefits and Retirement Income (EBRI) Data, 1997.
20. Patients' Protections in the States: A White House Report by the Domestic Policy Council. March 9, 1998.
21. Patients' Protections in the States: A White House Report by the Domestic Policy Council. March 9, 1998.
22. Patients' Protections in the States: A White House Report by the Domestic Policy Council. March 9, 1998.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR ALABAMA

2,050,000 Americans in Alabama cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Alabama has enacted a number of patient protections, including information disclosure requirements and direct access for women's health services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,040,000 women in Alabama are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR ALASKA

210,000 Americans in Alaska cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

States have enacted a number of patient protections. At least 30 states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services. At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises. However, states do not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **100,000 women in Alaska are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR ARIZONA

1,720,000 Americans in Arizona cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Arizona has enacted a number of patient protections, including anti-gag clauses, disclosure of physician incentive arrangements, and access to external appeals. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **830,000 women in Arizona are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR ARKANSAS

1,000,000 Americans in Arkansas cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Arkansas has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, and continuity of care protections. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **500,000 women in Arkansas are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR CALIFORNIA

13,090,000 Americans in California cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

California has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, access to emergency room services, and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **6,230,000 women in California are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR COLORADO

1,810,000 Americans in Colorado cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Colorado has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, continuity of care provisions, and access to emergency room services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **890,000 women in Colorado are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR CONNECTICUT

1,740,000 Americans in Connecticut cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Connecticut has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, and access to emergency room services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **910,000 women in Connecticut are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR DELAWARE

370,000 Americans in Delaware cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Delaware has enacted a number of patient protections, including direct access for women's health services and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **190,000 women in Delaware are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR THE DISTRICT OF COLUMBIA

160,000 Americans in the District of Columbia cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

States have enacted a number of patient protections. At least 30 states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services. At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises. However, states do not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **80,000 women in the District of Columbia are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR FLORIDA

5,470,000 Americans in Florida cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Florida has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, continuity of care provisions, and access to emergency room services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **2,710,000 women in Florida are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR GEORGIA

3,440,000 Americans in Georgia cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Georgia has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, prohibiting "gag clauses, and disclosure of physician incentive arrangements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,700,000 women in Georgia are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR HAWAII

500,000 Americans in Hawaii cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Hawaii has enacted a number of patient protections, including information disclosure requirements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **250,000 women in Hawaii are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR IDAHO

500,000 Americans in Idaho cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Idaho has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, access to emergency room services, prohibiting "gag clauses" and confidentiality of health information. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **240,000 women in Idaho are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR ILLINOIS

6,220,000 Americans in Illinois cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Illinois has enacted a number of patient protections, including direct access for women's health services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **3,120,000 women in Illinois are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR INDIANA

3,330,000 Americans in Indiana cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Indiana has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,600,000 women in Indiana are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR IOWA

1,420,000 Americans in Iowa cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

States have enacted a number of patient protections. At least 30 states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services. At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises. However, states do not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **700,000 women in Iowa are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR KANSAS

1,250,000 Americans in Kansas cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Kansas has enacted a number of patient protections, including information disclosure requirements, continuity of care protections, access to emergency room services, and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **600,000 women in Kansas are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR KENTUCKY

1,730,000 Americans in Kentucky cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

States have enacted a number of patient protections. At least 30 states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services. At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises. However, states do not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **860,000 women in Kentucky are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR LOUISIANA

1,700,000 Americans in Louisiana cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Louisiana has enacted a number of patient protections, including information disclosure requirements, direct access for women's health care services, access to emergency room services, disclosure of physician incentive arrangements, and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **830,000 women in Louisiana are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MAINE

630,000 Americans in Maine cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Maine has enacted a number of patient protections, including information disclosure requirements, access to specialists, continuity of care protections, access to emergency room services, prohibiting "gag clauses," confidentiality of health information, and disclosure of physician incentive arrangements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **310,000 women in Maine are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MARYLAND

2,230,000 Americans in Maryland cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Maryland has enacted a number of patient protections, including continuity of care protections, access to emergency room services, prohibiting "gag clauses," confidentiality of health information, and disclosure of physician incentive arrangements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,130,000 women in Maryland are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MASSACHUSETTS

3,300,000 Americans in Massachusetts cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Massachusetts has enacted a number of patient protections, including prohibiting "gag clauses" and confidentiality of health information. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,600,000 women in Massachusetts are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MICHIGAN

5,320,000 Americans in Michigan cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Michigan has enacted a number of patient protections, including information disclosure requirements, access to emergency room services and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **2,560,000 women in Michigan are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MINNESOTA

2,390,000 Americans in Minnesota cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Minnesota has enacted a number of patient protections, including information disclosure requirements, direct access for women's health specialists, continuity of care protections, and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,120,000 women in Minnesota are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MISSOURI

2,360,000 Americans in Missouri cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Missouri has enacted a number of patient protections, including information disclosure requirements, access to specialists, access to emergency room services, disclosure of physician incentive arrangements and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,160,000 women in Missouri are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MISSISSIPPI

1,130,000 Americans in Mississippi cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

States have enacted a number of patient protections. At least 30 states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services. At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises. However, states do not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **570,000 women in Mississippi are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR MONTANA

340,000 Americans in Montana cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Montana has enacted a number of patient protections, including information disclosure requirements, access to specialists, continuity of care protections, access to emergency room services, and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **170,000 women in Montana are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NEBRASKA

740,000 Americans in Nebraska cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Nebraska has enacted a number of patient protections, including information disclosure requirements, access to emergency room services, and prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **340,000 women in Nebraska are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NEVADA

860,000 Americans in Nevada cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Nevada has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses", and access to emergency room services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **400,000 women in Nevada are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NEW HAMPSHIRE

610,000 Americans in New Hampshire cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

New Hampshire has enacted a number of patient protections, including prohibiting "gag clauses", access to emergency room services, and confidentiality of health information. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **290,000 women in New Hampshire are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NEW JERSEY

3,820,000 Americans in New Jersey cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

New Jersey has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses", access to emergency room services, anti-discrimination provisions, and disclosure of physician incentive arrangements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,920,000 women in New Jersey are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NEW MEXICO.

540,000 Americans in New Mexico cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

New Mexico has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, prohibiting "gag clauses", and confidentiality of health information. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **260,000 women in New Mexico are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NEW YORK

7,570,000 Americans in New York cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

New York has enacted a number of patient protections, including information disclosure requirements, direct access for women's health services, prohibiting "gag clauses", access to emergency room services, and disclosure of physician incentive arrangements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **3,800,000 women in New York are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NORTH CAROLINA

3,470,000 Americans in North Carolina cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

North Carolina has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses", access to emergency room services, anti-discrimination provisions, and external appeals entities. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,730,000 women in North Carolina are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR NORTH DAKOTA

280,000 Americans in North Dakota cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

North Dakota has enacted a number of patient protections, including prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **130,000 women in North Dakota are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR OHIO

5,960,000 Americans in Ohio cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Ohio has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses", access to emergency room services, disclosure of physician incentive arrangements, and external appeals entities. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **2,940,000 women in Ohio are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR OKLAHOMA

1,240,000 Americans in Oklahoma cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Oklahoma has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses", and access to emergency room services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **630,000 women in Oklahoma are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR OREGON

1,520,000 Americans in Oregon cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Oregon has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses", access to emergency room services, and direct access for women's health services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **750,000 women in Oregon are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR PENNSYLVANIA

6,160,000 Americans in Pennsylvania cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Pennsylvania has enacted a number of patient protections, including prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **3,120,000 women in Pennsylvania are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR RHODE ISLAND

460,000 Americans in Rhode Island cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Rhode Island has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses" and disclosure of physician incentive arrangements, and external appeals entities. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **230,000 women in Rhode Island are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR SOUTH CAROLINA

1,690,000 Americans in South Carolina cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

States have enacted a number of patient protections. At least 30 states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services. At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises. However, states do not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **840,000 women in South Carolina are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR SOUTH DAKOTA

300,000 Americans in South Dakota cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

States have enacted a number of patient protections. At least 30 states have enacted provisions to give patients access to needed specialists -- including giving women greater access to qualified health specialists for women's services. At least 28 states have enacted legislation to help ensure that patients have access to emergency room services when and where the need arises. However, states do not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **150,000 women in South Dakota are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR TENNESSEE

2,300,000 Americans in Tennessee cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Tennessee has enacted a number of patient protections, including prohibiting "gag clauses", and access to emergency room services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,180,000 women in Tennessee are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR TEXAS

8,060,000 Americans in Texas cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Texas has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses", access to emergency room services, and external appeals entities. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **3,900,000 women in Texas are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR UTAH

950,000 Americans in Utah cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Utah has enacted a number of patient protections, including prohibiting "gag clauses" and direct access for women's health services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **470,000 women in Utah are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR VERMONT

290,000 Americans in Vermont cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Vermont has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses," disclosure of physician incentive arrangements, and external appeals entities. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **140,000 women in Vermont are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR VIRGINIA

3,060,000 Americans in Virginia cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Virginia has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses," and disclosure of physician incentive arrangements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,540,000 women in Virginia are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR WASHINGTON

2,550,000 Americans in Washington cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Washington has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses," access to emergency room services, and disclosure of physician incentive arrangements. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,240,000 women in Washington are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR WEST VIRGINIA

670,000 Americans in West Virginia cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

West Virginia has enacted a number of patient protections, including information disclosure requirements, prohibiting "gag clauses," and access to emergency room services. However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **350,000 women in West Virginia are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR WISCONSIN

2,900,000 Americans in Wisconsin cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Wisconsin has enacted a number of patient protections, including prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **1,440,000 women in Wisconsin are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

WHY PASSING A FEDERAL PATIENTS' BILL OF RIGHTS IS IMPORTANT FOR WYOMING

190,000 Americans in Wyoming cannot be assured all of the patient protections recommended by the President's Advisory Commission on Consumer Protection and Quality, even if their state enacts all of these protections into law. This is because the Employee Retirement Income Security Act of 1974 (ERISA) is frequently used to preempt state-enacted protections. Because of ERISA, self-insured plans (plans directly underwritten by employers) are not covered under state law and are not required to abide by state-enacted protections. Moreover, ERISA can even preempt important patient protections for health plans directly regulated by states.

Wyoming has enacted a number of patient protections, including prohibiting "gag clauses." However, the state does not provide for the full range of patients' rights recommended by the Quality Commission. Also, as outlined above, these state-enacted protections do not fully apply to patients in ERISA plans.

Passing a patients' bill of rights is particularly important for women.

- **100,000 women in Wyoming are in ERISA health plans** and Federal legislation is necessary to assure they get the range of protections recommended by the Quality Commission.
- **Over 60 percent of physician visits are made by women, and women make three quarters of the health care decisions in American households.** Therefore, patient protections that help consumers make informed decisions are particularly important for women.
- **Women in managed care plans are increasingly dissatisfied with the quality of care.** Nearly 70 percent of privately insured women ages 18 to 65 are in managed care plans. Almost two-fifths of women in managed care plans worry that they will not be able to get speciality care when they need it. Twenty-seven percent of women in managed care plans worry that they will be denied a medical procedure they need.
- **Without the patients' bill of rights, women may not receive important preventive services.** The patient protection that gives women direct access to an obstetrician/gynecologist is not only necessary to make sure that pregnant women get the care they need, but is also important to assure women get important preventive services. Studies show that gynecologists are almost two times as likely to perform timely, needed women's preventive services.

Congress must pass a Federally-enforceable patients' bill of rights to assure high quality care for all patients. The President has called on Congress to enact the Quality Commission's recommendations including: assuring patients access to easily understood information; access to the specialists, including specialists for women's health needs; continuity of care for those undergoing a course of treatment for a chronic or disabling condition; access to emergency services when and where the need arises; disclosure of financial incentives that could influence medical decisions; prohibition of "gag clauses"; anti-discrimination protections; and an internal and external appeals process to address grievances with health decisions.

Janet Carrigan, Richard Swain
Alexis Herman, Sandra Hernandez

Donna Shataria,

Protecting Vulnerable Populations

Kaiser, Mass. Dept, National Alliance for Mentally Ill

3 - Access to Emergency Care very grave for Mentally ill
new, public/private - chronic need encouraged to continue treatment
effective treatments - expensive, but first advancements for
Schiz 20-25 years; Policies which reduce access to Inpatient care
Need safe & secure environment

70% of cases did not provide access in suicide attempts

Medicaid covers some / public health dollars

Shocking developments of S being missed,
Narrow scope of diagnosis

Managed Care

NO CARE of
Restraining most often

Customer-oriented - who are the Vulnerable Populations - improving outcome
of pregnancy - Problem: Entering plan of second trimester - no info
Can't be held accountable for them in Quality Reports

LACK of continuity / were all vulnerable (poor, changing jobs)
looking for quality measures / solutions which enhance coverage,
provide stability - DATA exchange between HC plans w/
privacy still kept -> NS

Reasonable later / problem of Medicaid Managed Care. can't
Just cut rates like that no expect Managed Care can
do well

Desacry Klein Walker - special health care needs, suggesting
to Congress who they are -> Kids of chronic illnesses conditions
1. Diagnosis specific 2. Functional non-categorical 3. Program Specific
2-15% (chronic or disabling cond) of KIDS - dependent on Medical tech < 2%
we 6

chris
2/28/02
13 weeks
15 weeks
18 weeks
21 weeks
24 weeks
27 weeks
30 weeks
33 weeks
36 weeks
39 weeks
42 weeks
45 weeks
48 weeks
51 weeks
54 weeks
57 weeks
60 weeks
63 weeks
66 weeks
69 weeks
72 weeks
75 weeks
78 weeks
81 weeks
84 weeks
87 weeks
90 weeks
93 weeks
96 weeks
99 weeks
100 weeks