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- State-by-State Analysis of the Patients' Bill of Rights and Its Impact on Women
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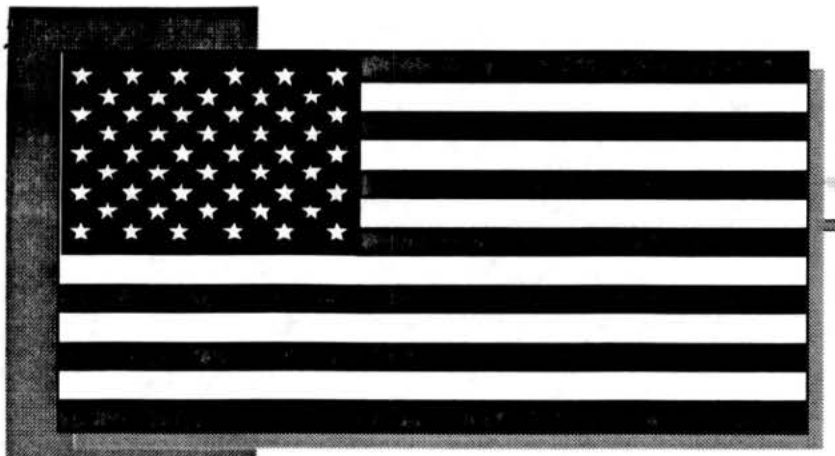
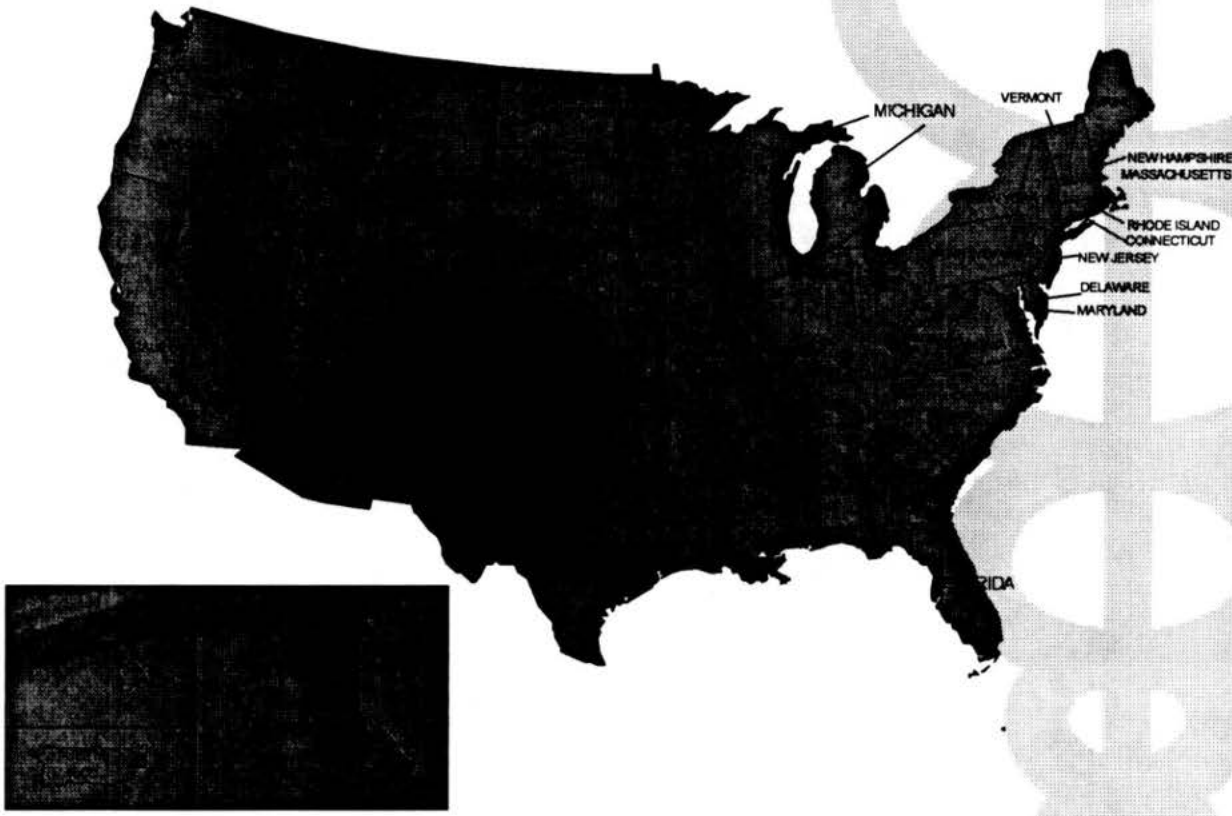
STATE-BY-STATE ANALYSIS OF THE PATIENTS' BILL OF RIGHTS AND ITS IMPACT ON WOMEN





DOMESTIC POLICY COUNCIL/NATIONAL ECONOMIC COUNCIL, THE WHITE HOUSE

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 states 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 a 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.*

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.

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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.

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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.

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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.

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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.

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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.

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The state-by-state numbers are derived from estimates made by the Department of Labor based on Employee Benefits Research Institute (EBRI) Tabulations of March 1997 CPS Data.