radic...or among racial and ethnic minority females in Nebraska appear to be rising, and are much higher than rates for white females. Among Native American females, for example, the diabetes-related death rate was five times the rate for white females. The low birth rate weight for African-American babies in Nebraska is more than double the rate for white babies, and much higher than rates for other racial and ethnic groups as well. Babies born to teenage mothers are at greater risk of dying before their first birthday than infants born to older mothers. Each year nationwide, 36 of every 1,000 women, age 12 or older, are targets of violent crime--rape, assault, robbery and sexual assault. Racial and ethnic minority women in Nebraska are much less likely to have health insurance than Nebraska women in general. These statistics are shocking. Considering women make over 80 percent of the health care decisions in the family, it is only logical that, if the woman is healthy and accessing health care, her family will also be healthier. For a number of years the Legislature has attempted to pass various pieces of legislation pertaining to the health of women...has attempted and has passed, I should say. We have reviewed issues ranging from breast cancer to teen pregnancy. In 1997, an interim study focused on osteoporosis. During these discussions the idea of a women's health initiative was born. Senator Suttle and I introduced LR 466 to develop this concept. An interim study was conducted. At the same time the Women's Commission on the Status of Women and the Department of Health and Human Services arranged a symposium on women's health issues. One panel discussion featured the Director of the Women's Health Office in California, and the Director of the Women's Health Office in North Carolina. A great deal of interest in this approach was expressed at the time. As a result, a work group was formed with representatives from various medical fields, public and private organizations and the public health arena. In addition, health statisticians, minority representatives, health educators, and insurance providers were included. Three potential models were presented to the group. One approach was a medical model. This model would focus on working with communities to identify providers who would work with low and moderate-income women. It would identify community-specific barriers to care for women and provide funding to implement a comprehensive preventative health program for women that would address barriers that exist. This