To provide for research and education with respect to uterine fibroids, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 24, 2020

Ms. CLARKE of New York (for herself, Ms. KELLY of Illinois, Mrs. WATSON COLEMAN, Mr. DAVID SCOTT of Georgia, Ms. LEE of California, Ms. PLASKETT, Ms. FUDGE, Ms. JOHNSON of Texas, Mr. RUSH, Mr. BROWN of Maryland, Ms. PRESSLEY, Mr. DANNY K. DAVIS of Illinois, Mr. THOMPSON of Mississippi, Mr. CLYBURN, Mr. RICHMOND, Mr. BUTTERFIELD, Mr. BISHOP of Georgia, Mr. CLEAVER, Mr. HASTINGS, Mr. JEFFRIES, Mr. MEEKS, Mr. CARSON of Indiana, Ms. JACKSON LEE, Mr. JOHNSON of Georgia, Mrs. LAWRENCE, Ms. BASS, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for research and education with respect to uterine fibroids, and for other purposes.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Uterine Fibroid Re-
5 search and Education Act of 2020”.


SEC. 2. FINDINGS.

Congress finds as follows:

(1) It is estimated that between 20 and 30 percent of women of reproductive age have clinically recognized uterine fibroids, and screening studies indicate the prevalence of uterine fibroids in women may be much higher.

(2) In the United States, an estimated 26,000,000 women between the ages of 15 and 50 have uterine fibroids. Uterine fibroids may cause significant morbidity through their presence in the uterus and pelvic cavity, causing significant pelvic pain, iron-deficiency anemia, miscarriages, infertility, and heavy bleeding—one of the most common and bothersome symptoms.

(3) The pain, discomfort, stress, and other physical and emotional symptoms of living with fibroids may significantly interfere with a woman’s quality of life, compromising her ability to function normally or work or care for her family, and may lead to more severe health and wellness issues.

(4) The development of uterine fibroids is a common and significant health problem, affecting women, primarily of reproductive age, across all ages, racial backgrounds, and socioeconomic levels.
(5) Most women will experience uterine fibroids by the age of 50, yet few data exist describing the overall patient experience with fibroids. Women with fibroids or symptoms suggestive of fibroids experience significant distress that reduces quality of life and many women are likely undiagnosed, underscoring the need for improved awareness and education.

(6) Minority women are more likely to develop uterine fibroids. It is estimated that more than 80 percent of African-American women and about 70 percent of Caucasian women develop fibroids by the time they reach menopause. African-American women have also been shown to have more severe symptoms and develop early-onset uterine fibroids that develop into larger tumors.

(7) The exact number of affected women is unknown, because only 1 out of 4 women who have a uterine fibroid tumor exhibit symptoms severe enough to require treatment.

(8) Current research and available data do not provide adequate information on the rates of prevalence and incidence of fibroids in Asian, Hispanic, and African-American minority women. There is no quantitative data available in regard to the costs as-
associated with treating fibroids, and the methods by
which fibroids may be prevented in these women
available.

(9) Symptomatic uterine fibroids can cause
heavy menstrual bleeding, pain, and reproductive
problems, including infertility. Women with uterine
fibroids are much more likely to miscarry during
early pregnancy than women without them.

(10) According to the Evidence Report Sum-
mary on the Management of Uterine Fibroids, as
compiled by the Agency for Healthcare Research and
Quality of the Department of Health and Human
Services, there is a “remarkable lack of high-quality
evidence supporting the effectiveness of most inter-
ventions for symptomatic fibroids”.

(11) The presence of symptomatic uterine
fibroids is the most common reason for
hysterectomies, accounting for approximately one-
third of hysterectomies, or 200,000 procedures an-
ually. Twenty-two percent of African-American
women and 7 percent of Caucasian women have
hysterectomies as a result of uterine fibroids. Lack
of patient and provider awareness of less invasive al-
ternatives to hysterectomies lead to an estimated
80,000 to 120,000 unnecessary hysterectomies an-
nually. Uterine fibroids are also the leading cause of
hospitalization related to a gynecological disorder.

(12) The personal and societal costs of uterine
fibroids in the United States are significant. Uterine
fibroid tumors have been estimated to cost the
United States $5,900,000,000 to $34,400,000,000
annually. The annual direct costs, including surgery,
hospital admissions, outpatient visits, and medica-
tions, were estimated at $4,100,000,000 to
$9,400,000,000 annually. Estimated lost work-hour
costs ranged from $1,550,000,000 to
$17,200,000,000 annually. Obstetric outcomes that
were attributed to fibroid tumors resulted in costs of
$238,000,000 to $7,760,000,000 annually.

SEC. 3. RESEARCH WITH RESPECT TO UTERINE FIBROIDS.

(a) Research.—The Director of the National Insti-
tutes of Health (in this section referred to as the “Direc-
tor of NIH”) shall expand, intensify, and coordinate pro-
grams for the conduct and support of research with re-
spect to uterine fibroids.

(b) Administration and Coordination.—The Di-
rector of NIH, acting through Director of the Office of
Research on Women’s Health, shall carry out research
conducted pursuant to subsection (a), in coordination with
the appropriate institutes, offices, and centers of the Na-
tional Institutes of Health, including the National Insti-
tute of Child Health and Human Development, the Na-
tional Institute of Environmental Health Sciences, the Of-

cice of Women’s Health, the Office of Minority Health, 

and the National Center on Minority Health and Health 

Disparities, and any other relevant Federal agency, as de-
termined by the Director.

(c) Authorization of Appropriations.—For the 
purpose of carrying out this section, there are authorized 
to be appropriated $30,000,000 for each of fiscal years 

2021 through 2025.

SEC. 4. RESEARCH WITH RESPECT TO MEDICAID COV-

ERGE OF UTERINE FIBROIDS TREATMENT.

(a) Research.—The Administrator of the Centers 

for Medicare & Medicaid Services (referred to in this sec-
tion as the “Administrator”) shall expand the Chronic 
Conditions Data Warehouse research database of such 

Centers for Medicare & Medicaid Services to collect data 
on items and services furnished to women diagnosed with 

uterine fibroids and fibroids-related symptoms under a 

State plan (or a waiver of such a plan) under the Medicaid 

program under title XIX of the Social Security Act (42 

U.S.C. 1396 et seq.) or under a State child health plan 

(or a waiver of such a plan) under the Children’s Health 

Insurance Program under title XXI of such Act (42
U.S.C. 1397aa et seq.) for the treatment of such fibroids
and symptoms for purposes of assessing the frequency at
which such women are furnished such items and services.

(b) REPORT.—

(1) IN GENERAL.—Not later than the date that
is one year after the date of the enactment of this
Act, the Administrator shall submit to Congress a
report on the amount of Federal and State expendi-
tures with respect to items and services furnished
for the treatment of uterine fibroids and fibroids-re-
lated symptoms under State plans (or waivers of
such plans) under the Medicaid program under such
title XIX and State child health plans (or waivers of
such plans) under the Children’s Health Insurance
Program under such title XXI.

(2) COORDINATION.—The Administrator shall
coordinate the development and submission of the
report required under paragraph (1) with each of
the following:

(A) Within the Centers for Medicare &
Medicaid Services—

(i) the Office of Minority Health;

(ii) the Center for Medicaid and

CHIP Services;
(iii) the Office of Enterprise Data and Analytics; and
(iv) any other office or center determined appropriate by the Administrator.

(B) Any other relevant Federal agency, as determined by the Administrator.

(c) Authorization of Appropriations.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2021 through 2025.

SEC. 5. EDUCATION AND DISSEMINATION OF INFORMATION WITH RESPECT TO UTERINE FIBROIDS.

(a) Uterine Fibroids Public Education Program.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall develop and disseminate to the public information regarding uterine fibroids, including information on—

(1) the awareness, incidence, and prevalence of uterine fibroids among women, including all minority women;
(2) the elevated risk for minority women to develop uterine fibroids; and
(3) the availability, as medically appropriate, of the range of treatment options for symptomatic
uterine fibroids, including non-hysterectomy treatments and procedures.

(b) Dissemination of Information.—The Secretary may disseminate information under subsection (a) directly or through arrangements with intra-agency initiatives, nonprofit organizations, consumer groups, institutions of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)), or Federal, State, or local public private partnerships.

(c) Authorization of Appropriations.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2021 through 2025.

SEC. 6. INFORMATION TO HEALTH CARE PROVIDERS WITH RESPECT TO UTERINE FIBROIDS.

(a) Dissemination of Information.—The Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration and the Director of the Agency for Healthcare Research and Quality shall, in consultation and in accordance with guidelines from relevant medical societies, develop and disseminate to health care providers information on uterine fibroids for the purpose of ensuring that health care providers remain informed about current information on uterine fibroids. Such information shall in-
clude the elevated risk for minority women to develop uter-
ine fibroids and the range of available options for the
Treatment of symptomatic uterine fibroids, including non-
hysterectomy drugs and devices approved under the Fed-

(b) AUTHORIZATION OF APPROPRIATIONS.—For the
purpose of carrying out this section, there are authorized
to be appropriated such sums as may be necessary for
each of the fiscal years 2021 through 2025.

SEC. 7. DEFINITION.

In this Act, the term “minority women” means
women who are members of a racial and ethnic minority
group, as defined in section 1707(g) of the Public Health
Service Act (42 U.S.C. 300u–6(g)).