

119TH CONGRESS
2^D SESSION

H. R. 8160

To expand research, improve awareness, and increase access to treatment for individuals affected by Premenstrual Dysphoric Disorder, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 30, 2026

Ms. ANSARI (for herself, Mrs. BEATTY, Mr. BELL, Ms. BROWNLEY, Mr. CARTER of Louisiana, Ms. CLARKE of New York, Mr. CONAWAY, Mr. GOLDMAN of New York, Mrs. GRIJALVA, Mr. JACKSON of Illinois, Mr. JOHNSON of Georgia, Mr. KENNEDY of New York, Mr. KRISHNAMOORTHY, Mr. MCGARVEY, Ms. NORTON, Ms. PRESSLEY, Ms. ROSS, Mr. THANEDAR, Ms. TLAIB, Mr. TONKO, Mrs. TRAHAN, Ms. VELÁZQUEZ, Ms. WILLIAMS of Georgia, and Ms. WILSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To expand research, improve awareness, and increase access to treatment for individuals affected by Premenstrual Dysphoric Disorder, 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 “Premenstrual
5 Dysphoric Disorder Awareness and Research Act of
6 2026”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Premenstrual Dysphoric Disorder (referred
4 to in this section as “PMDD”) is a severe, chronic,
5 and often disabling medical condition affecting an
6 estimated 5 to 8 percent of women and people as-
7 signed female at birth of reproductive age.

8 (2) PMDD is characterized by extreme mood
9 shifts, irritability, depression, anger, hopelessness,
10 tension, anxiety, and physical symptoms, such as dif-
11 ficulty concentrating, change in appetite, decreased
12 energy, over or under sleeping, or joint and muscle
13 aches, in the luteal phase of the menstrual cycle, sig-
14 nificantly impairing work, education, and daily life.

15 (3) Despite its prevalence and debilitating im-
16 pact, PMDD remains under-diagnosed, under-re-
17 searched, and stigmatized.

18 (4) Early detection, effective treatment, and in-
19 creased public and provider awareness are essential
20 to improving quality of life for individuals living with
21 PMDD.

22 **SEC. 3. RESEARCH WITH RESPECT TO PREMENSTRUAL**
23 **DYSPHORIC DISORDER (PMDD).**

24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services (in this section referred to as the “Sec-

1 retary”), acting through the Director of the National In-
2 stitutes of Health, shall—

3 (1) expand and intensify research on Pre-
4 menstrual Dysphoric Disorder (referred to in this
5 section as “PMDD”), including the causes, risk fac-
6 tors, diagnosis, and treatment of PMDD;

7 (2) support clinical trials to develop improved
8 treatment options for PMDD; and

9 (3) ensure adequate representation of diverse
10 racial, ethnic, and socioeconomic populations in
11 PMDD-related research.

12 (b) SURVEILLANCE AND DATA COLLECTION.—The
13 Secretary shall collect and publish data on—

14 (1) the prevalence and incidence of PMDD
15 across populations;

16 (2) the economic and workforce impact of
17 PMDD; and

18 (3) barriers to diagnosis and treatment of
19 PMDD.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section there are authorized to be appropriated
22 such sums as is necessary for each of fiscal years 2027
23 through 2031.

1 **SEC. 4. EDUCATION AND DISSEMINATION OF INFORMATION**
2 **WITH RESPECT TO PREMENSTRUAL**
3 **DYSPHORIC DISORDER (PMDD).**

4 (a) **IN GENERAL.**—The Secretary shall carry out a
5 public health awareness campaign that is designed to—

6 (1) raise patient and health care provider
7 awareness of PMDD symptoms and treatment op-
8 tions;

9 (2) reduce stigma associated with menstrual
10 health conditions; and

11 (3) encourage individuals to seek timely medical
12 care.

13 (b) **PROVIDER EDUCATION.**—The Secretary, acting
14 through the Administrator of the Health Resources and
15 Services Administration, shall develop, and disseminate,
16 continuing medical education materials to ensure that
17 health care providers have sufficient knowledge—

18 (1) to accurately diagnose PMDD;

19 (2) to distinguish PMDD from other mental
20 health and gynecological conditions; and

21 (3) to provide evidence-based care.

22 (c) **COORDINATION.**—In carrying out this section, the
23 Secretary shall coordinate with existing awareness, edu-
24 cation, and outreach programs and activities of the De-
25 partment of Health and Human Services.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section there are authorized to be appropriated
3 such sums as is necessary for each of fiscal years 2026
4 through 2030.

5 **SEC. 5. GRANTS TO TRAIN HEALTH PROFESSIONALS WITH**
6 **RESPECT TO PMDD.**

7 (b) IN GENERAL.—The Secretary shall award grants
8 to eligible entities for the purpose described in subsection
9 (b).

10 (c) USE OF FUNDS.—A grant awarded under this
11 subsection shall be used to develop, establish, or expand
12 training programs (including accredited residency pro-
13 grams, fellowships, or other related clinical training) for
14 physicians, registered nurses, nurse practitioners, physi-
15 cian assistants, pharmacists, other health care providers,
16 and students and trainees to improve care, treatment, or
17 management services for PMDD.

18 (d) ELIGIBILITY.—To be eligible to receive a grant
19 under this subsection, an entity shall—

20 (1) be—

21 (A) an accredited school of medicine or os-
22 teopathic medicine;

23 (B) an accredited nursing school;

24 (C) an accredited school of pharmacy;

1 (D) an accredited public or nonprofit pri-
2 vate hospital;

3 (E) an accredited medical residency pro-
4 gram;

5 (F) an accredited nurse practitioner resi-
6 dency program; or

7 (G) a related training program for clini-
8 cians, allied health professionals, or social work-
9 ers that interface with affected populations,
10 which may include hospitals and research insti-
11 tutions, as determined by the Secretary; and

12 (2) submit an application to the Secretary at
13 such time, in such manner, and containing such in-
14 formation as the Secretary may require.

15 (e) TRAINING OPPORTUNITIES.—In carrying out this
16 section, the Secretary shall expand outreach activities to
17 support and expand training programs, fellowships, and
18 other opportunities for students, faculty, and trainees (in-
19 cluding continuing medical education) or establish new
20 training opportunities to address barriers to access to—

21 (1) primary and specialty care services to sup-
22 port mid-life women’s health; and

23 (2) early detection, diagnosis, treatment, and
24 care services for perimenopause, menopausal symp-
25 toms, and related chronic conditions.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section there are authorized to be appropriated
3 such sums as is necessary for each of fiscal years 2027
4 through 2031.

5 **SEC. 6. REPORT ON IMPACTS ON PMDD RESEARCH AND**
6 **TREATMENT.**

7 (a) REPORT.—Not later than 2 years after the date
8 of the enactment of this Act, the Secretary shall submit
9 to Congress a report on progress made in—

10 (1) expanding PMDD research;

11 (2) improving awareness of, and education on,
12 PMDD; and

13 (3) increasing access to diagnosis of, and treat-
14 ment for, PMDD.

15 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
16 out this section there are authorized to be appropriated
17 such sums as is necessary for each of fiscal years 2027
18 through 2031.

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