105TH CONGRESS 1ST SESSION

H. R. 1788

To amend the Public Health Service Act to ensure adequate research and education regarding the drug DES.

IN THE HOUSE OF REPRESENTATIVES

June 4, 1997

Ms. Slaughter (for herself, Mrs. Mink of Hawaii, Ms. Christian-Green, Mr. Lafalce, Mr. Kanjorski, Mrs. Maloney of New York, Mrs. Morella, Mr. Nadler, Ms. Norton, Ms. Pelosi, Mr. Stark, Mr. Towns, Ms. Waters, Mr. Waxman, and Ms. Woolsey) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to ensure adequate research and education regarding the drug DES.

- 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 "DES Education and
- 5 Research Amendments of 1997".
- 6 SEC. 2. FINDINGS.
- With respect to diethylstilbestrol (a drug commonly
- 8 known as DES), the Congress finds as follows:

- 1 (1) DES was widely prescribed to American 2 women from 1938 to 1971 in the mistaken belief it 3 would prevent miscarriage. Approximately 5,000,000 4 pregnant women took the drug, resulting in DES ex-5 posure for approximately 5,000,000 daughters and 6 sons.
 - shown that DES damages the reproductive systems of those exposed in utero and increases the risk for cancer, infertility, and a wide range of other serious reproductive tract disorders. These disorders include a five-fold increased risk for ectopic pregnancy for DES daughters and a three-fold increase in risk for miscarriage and preterm labor. Studies have indicated that exposure to DES may increase the risk for autoimmune disorders and diseases.
 - (3) An estimated 1 in 1,000 women exposed to DES in utero will develop clear cell cancer of the vagina or cervix. While survival rates for clear cell cancer are over 80 percent when it is detected early, there is still no effective treatment for recurrences of this cancer.
 - (4) Studies also indicate a higher incidence of breast cancer among mothers who took DES during pregnancy.

- (5) While research on DES and its effects has produced important advances to date, much more remains to be learned.
 - (6) Two of the most pressing research concerns at present are whether estrogen replacement therapy is advisable for DES-exposed women and whether DES may have a genetic impact on the third generation—the children of parents exposed to DES in utero.
 - (7) All DES-exposed individuals have special screening and health care needs, especially during annual gynecological examinations and pregnancy for DES daughters, who should receive high risk care.
 - (8) Many Americans remain unaware of their DES exposure or ignorant about proper health care and screening. There remains a great need for a national education effort to inform both the public and health care providers about the health effects and proper health care practices for DES-exposed individuals.

1									
ı	SEC.	3.	REVISION	AND	EXTENSION	\mathbf{OF}	PROGRAM	FOR	\mathbf{RE}

- 2 SEARCH AND AUTHORIZATION OF NEW NA-
- 3 TIONAL PROGRAM OF EDUCATION REGARD-
- 4 ING DRUG DES.
- 5 (a) Permanent Extension of General Pro-
- 6 GRAM.—Section 403A(e) of the Public Health Service Act
- 7 (42 U.S.C. 283a(e)) is amended by striking "for each of
- 8 the fiscal years 1993 through 1996" and inserting "for
- 9 fiscal year 1997 and each subsequent fiscal year".
- 10 (b) National Program for Education of
- 11 HEALTH PROFESSIONALS AND PUBLIC.—From amounts
- 12 appropriated for carrying out section 403A of the Public
- 13 Health Service Act, the Secretary of Health and Human
- 14 Services, acting through the heads of the appropriate
- 15 agencies of the Public Health Service, shall carry out a
- 16 national program for the education of health professionals
- 17 and the public with respect to the drug diethylstilbestrol
- 18 (commonly know as DES). To the extent appropriate,
- 19 such national program shall use methodologies developed
- 20 through the education demonstration program carried out
- 21 under such section 403A. In developing and carrying out
- 22 the national program, the Secretary shall consult closely
- 23 with representatives of nonprofit private entities that rep-
- 24 resent individuals who have been exposed to DES and that
- 25 have expertise in community-based information campaigns
- 26 for the public and for health care providers. The imple-

- 1 mentation of the national program shall begin during fis-
- 2 cal year 1998.

 \bigcirc