

106TH CONGRESS
1ST SESSION

H. R. 889

To amend the Public Health Service Act to establish a program for the collection and analysis of data on toxic shock syndrome.

IN THE HOUSE OF REPRESENTATIVES

MARCH 1, 1999

Mrs. MALONEY of New York (for herself, Mr. WAXMAN, Ms. NORTON, Mr. FORD, Mr. FROST, Mr. KENNEDY of Rhode Island, Mr. BROWN of California, Ms. JACKSON-LEE of Texas, Ms. KILPATRICK, Ms. LEE, Mr. MATSUI, Mrs. MCCARTHY of New York, Mr. MCGOVERN, Ms. MILLENDER-MCDONALD, Mr. GEORGE MILLER of California, Mrs. MINK of Hawaii, Ms. PELOSI, Mr. SANDLIN, Mr. SHOWS, Mrs. THURMAN, and Mrs. JONES of Ohio) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to establish a program for the collection and analysis of data on toxic shock syndrome.

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 “Robin Danielson Act”.

5 **SEC. 2. FINDINGS.**

6 The Congress finds as follows:

1 (1) Of the cases of toxic shock syndrome in the
2 United States, approximately 50 percent are related
3 to tampon use and approximately 50 percent occur
4 in nonmenstruating women and in men and children.

5 (2) The Centers for Disease Control and Pre-
6 vention (CDC) believes that women are at increased
7 risk for developing toxic shock syndrome due to a
8 false sense of security that there is no longer any
9 risk for developing the disease.

10 (3) The CDC has estimated that each year such
11 syndrome strikes more than 1,300 individuals.
12 Among women in the age group 12 through 44 who
13 use tampons or barrier contraceptives, between one
14 and two of every 100,000 will develop the syndrome.

15 (4) Epidemiological data on cases of toxic shock
16 syndrome are not systematically collected in the
17 United States, and information on cases seldom
18 travels beyond the victim's circle of family and
19 friends.

20 (5) The CDC and the States should cooperate
21 to collect and analyze such data. Increasing the
22 amount of information on toxic shock syndrome will
23 lead to increased awareness about the disease in the
24 medical community, and may also lead to an in-

3 SEC. 3. ESTABLISHMENT OF PROGRAM FOR COLLECTION
4 AND ANALYSIS OF DATA ON TOXIC SHOCK
5 SYNDROME.

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
8 tion 317G the following section:

9 “COLLECTION AND ANALYSIS OF DATA ON TOXIC SHOCK
10 SYNDROME

“SEC. 317H. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out a program to collect, analyze, and make available data on toxic shock syndrome, including data on the causes of such syndrome.

“(b) NATIONAL INCIDENCE AND PREVALENCE.—In carrying out the program under subsection (a), the Secretary shall to the extent practicable determine the national incidence and prevalence of toxic shock syndrome.

20 “(c) COOPERATION WITH STATES.—The Secretary
21 may carry out the program under subsection (a) directly
22 and through grants to States and local health depart-
23 ments.

24 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
25 purpose of carrying out this section, there are authorized

1 to be appropriated such sums as may be necessary for
2 each of the fiscal years 2000 through 2004.”.

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