

109TH CONGRESS
1ST SESSION

H. R. 2727

To amend the Public Health Service Act to provide for educational activities and research with respect to women’s pelvic floor health through the Centers for Disease Control and Prevention and the National Institutes of Health.

IN THE HOUSE OF REPRESENTATIVES

MAY 26, 2005

Mr. SESSIONS (for himself, Mrs. DAVIS of California, Mrs. CHRISTENSEN, Mr. SANDERS, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for educational activities and research with respect to women’s pelvic floor health through the Centers for Disease Control and Prevention and the National Institutes of Health.

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 “Quality of Life for
5 Women Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) Women’s pelvic floor disorders are a group
2 of common conditions that cause considerable dis-
3 ability and pain.

4 (2) Such disorders include bladder and bowel
5 dysfunction, including incontinence. Another such
6 disorder is pelvic organ prolapse, which involves a
7 downward shift of uterine or vaginal structures from
8 their normal positions. Often these conditions coex-
9 ist.

10 (3) Women’s pelvic floor disorders are ex-
11 tremely common and are barriers to healthy living.

12 (4) Women often suffer from a broad overlap of
13 all pelvic floor disorders, usually experiencing several
14 disorders simultaneously.

15 (5) Thirty percent of American women will suf-
16 fer from a form of urinary incontinence.

17 (6) Eleven percent of women in the United
18 States have surgery for urinary incontinence or pel-
19 vic organ prolapse during their lifetime, and close to
20 one third will have a second surgery. Many more
21 women are treated with nonsurgical techniques or
22 remain untreated.

23 (7) Of the 3 million vaginal deliveries that
24 occur each year in the United States, 900,000
25 women will develop symptomatic urinary inconti-

1 nence and a smaller number will develop pelvic
2 organ prolapse and bowel incontinence.

3 (8) An estimated \$26.3 billion is spent annually
4 to either treat or compensate for urinary inconti-
5 nence.

6 (9) Many health care providers are not pre-
7 pared to evaluate urinary pelvic floor disorders, in-
8 cluding incontinence, and are unaware of treatment
9 options.

10 (10) To address the public health threat posed
11 by women's pelvic floor disorders, there is a need for
12 the establishment of awareness and education pro-
13 grams directed at the public and primary-care pro-
14 viders, including the authorization of research fo-
15 cused on urinary incontinence and other pelvic floor
16 disorders. Such programs will greatly help promote
17 better care and treatment to those women afflicted
18 with these disorders.

19 **SEC. 3. EDUCATION REGARDING WOMEN'S PELVIC FLOOR**
20 **DISORDERS.**

21 (a) IN GENERAL.—Part P of title III of the Public
22 Health Service Act (42 U.S.C. 280g et seq.) is amended
23 by adding at the end the following section:

1 **“SEC. 3990. EDUCATION REGARDING WOMEN’S PELVIC**
2 **FLOOR DISORDERS.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Administrator of the Health Resources and Services
5 Administration and the Director of the Centers for Dis-
6 ease Control and Prevention, shall carry out a program
7 to provide education regarding bladder and bowel dysfunc-
8 tion (including incontinence), pelvic organ prolapse, and
9 other pelvic floor disorders to health professionals and the
10 general public. Activities under such program shall be car-
11 ried out directly by the Secretary and through awards of
12 grants or contracts to States, political subdivisions of
13 States, and other public or nonprofit private entities.

14 “(b) CERTAIN INFORMATION.—The Secretary shall
15 ensure that education under subsection (a) includes, at a
16 minimum—

17 “(1) information describing the prevalence of
18 pelvic floor disorders in women; and

19 “(2) information regarding treatment options
20 for such disorders.

21 “(c) USE OF INTERNET.—The Secretary shall ensure
22 that the means through which education under subsection
23 (a) is provided includes the posting of information on the
24 Internet site of the Centers for Disease Control and Pre-
25 vention. The Secretary shall ensure that, in the case of

1 health professionals, such means includes means in addi-
2 tion to the posting of information on such site.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of carrying out this section, there are authorized
5 to be appropriated such sums as may be necessary for
6 each of the fiscal years 2006 through 2010.”.

7 (b) SENSE OF CONGRESS.—It is the sense of the
8 Congress that the Director of the Centers for Disease
9 Control and Prevention should establish a national reg-
10 istry for surgical treatment of pelvic floor disorders, espe-
11 cially procedures using new technology.

12 **SEC. 4. RESEARCH THROUGH NATIONAL INSTITUTES OF**
13 **HEALTH.**

14 (a) IN GENERAL.—Part B of title IV of the Public
15 Health Service Act (42 U.S.C. 284 et seq.) is amended
16 by adding at the end the following:

17 **“SEC. 409J. WOMEN’S PELVIC FLOOR DISORDERS.**

18 “(a) IN GENERAL.—The Directors of the National
19 Institute of Diabetes and Digestive and Kidney Diseases
20 and the National Institute of Child Health and Human
21 Development shall expand and intensify the activities of
22 such Institutes with respect to women’s pelvic floor dis-
23 orders, including proposals for research on such disorders
24 that are developed independently of solicitations by the
25 National Institutes of Health for research proposals.

1 “(b) NETWORKS.—

2 “(1) URINARY INCONTINENCE TREATMENT
3 NETWORK.—The Director of the National Institute
4 of Diabetes and Digestive and Kidney Diseases, in
5 consultation with the Director of the National Insti-
6 tute of Child Health and Human Development, shall
7 provide for the continuing operation of the Urinary
8 Incontinence Treatment Network. The Network was
9 established pursuant to financial awards from such
10 Institutes, and includes multiple continence treat-
11 ment centers and a single biostatistical coordinating
12 committee. The Director shall ensure that not fewer
13 than eight such treatment centers are in operation
14 and may provide for the establishment of additional
15 treatment centers, subject to appropriations Acts.

16 “(2) CLINICAL TRIALS NETWORK FOR FEMALE
17 PELVIC DISORDERS.—The Director of the National
18 Institute of Child Health and Human Development,
19 in consultation with the Director of the National In-
20 stitute of Diabetes and Digestive and Kidney Dis-
21 eases, shall provide for the continuing operation of
22 the Clinical Trials Network for Female Pelvic Dis-
23 orders. The Network was established pursuant to fi-
24 nancial awards from such Institutes, and includes
25 multiple clinical sites and a single data coordinating

1 committee. The Director shall ensure that not fewer
2 than seven such clinical sites are in operation and
3 may provide for the establishment of additional clin-
4 ical sites, subject to appropriations Acts.

5 “(c) PEER REVIEW.—With respect to technical and
6 scientific peer review under section 492, the Director of
7 NIH shall ensure that groups that review research pro-
8 posals under this section include urogynecologists and
9 other pelvic floor specialists.”.

10 (b) SENSE OF CONGRESS.—

11 (1) IN GENERAL.—The Congress commends—

12 (A) the National Institute of Diabetes and
13 Digestive and Kidney Diseases for its financial
14 support of the Urinary Incontinence Treatment
15 Network;

16 (B) the National Institute of Child Health
17 and Human Development for its financial sup-
18 port of the Clinical Trials Network for Female
19 Pelvic Disorders;

20 (C) the successful collaboration of such In-
21 stitutes with respect to the Networks; and

22 (D) each of such Networks for the re-
23 search it is conducting toward improving wom-
24 en’s pelvic health.

1 (2) CERTAIN ACTIVITIES.—It is the sense of the
2 Congress that the Directors of the National Institute
3 of Diabetes and Digestive and Kidney Diseases and
4 the National Institute of Child Health and Human
5 Development should—

6 (A) increase the size, scope, number, and
7 funding for multidisciplinary research through
8 centers and clinical sites of the Networks re-
9 ferred to in paragraph (1);

10 (B) encourage industry relationships in
11 women’s pelvic floor health related research;

12 (C) recruit established scientists from
13 other relevant areas (such as cardiac or gastro-
14 intestinal physiology, cell signaling, biomechan-
15 ical engineering, genomics, and proteomics) to
16 apply their work to the urinary tract and incon-
17 tinence by encouraging collaborative efforts be-
18 tween basic and clinical scientists;

19 (D) increase research funding for studies
20 that use cellular and molecular techniques to
21 examine the basic mechanisms of bladder and
22 urethral interactions that create urinary con-
23 tinence and incontinence;

24 (E) support research to develop appro-
25 priate animal models of urinary incontinence;

1 (F) develop novel techniques (both invasive
2 and noninvasive) for measuring neural, mus-
3 cular (striated and smooth), and vascular func-
4 tion relating to pelvic floor health;

5 (G) identify risk factors for pelvic floor dis-
6 orders and urinary incontinence related to
7 childbirth and aging so that prevention meas-
8 ures and improved disease-specific treatment
9 can be developed;

10 (H) initiate research to develop preventive
11 and therapeutic approaches to urinary inconti-
12 nence that are sensitive to gender, race, and
13 culture, and develop the means of measuring
14 outcomes for treatments in these varied set-
15 tings;

16 (I) develop a national data registry and tis-
17 sue bank of people suffering from incontinence
18 to meet the needs of researchers for well-char-
19 acterized tissue samples; and

20 (J) research the relationship between the
21 anatomic changes of pelvic organ prolapse and
22 the functional derangement's commonly seen in
23 association with them, including voiding dys-
24 function and incontinence.

1 **SEC. 5. INCLUSION OF WOMEN'S PELVIC FLOOR HEALTH IN**
2 **NATIONAL CHILDREN'S STUDY.**

3 The Director of the National Institute of Child
4 Health and Human Development shall include women's
5 pelvic floor health as one of the matters studied in the
6 prospective cohort study regarding child health and
7 human development that is being conducted under section
8 1004(b) of the Children's Health Act of 2000 (Public Law
9 106–310; 114 Stat. 1130) and is known as the National
10 Children's Study.

11 **SEC. 6. CONSULTATION.**

12 In carrying out this Act, the Secretary of Health and
13 Human Services shall consult with the American
14 Urogynecologic Society and such other qualified profes-
15 sional and patient organizations as the Secretary deter-
16 mines to be appropriate.

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