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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 2918

01/31/2022 Authored by Richardson and Hansen, R., The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; requiring research and education on uterine fibroids; establishing
1.3 a uterine fibroid database; appropriating money; proposing coding for new law in
1.4 Minnesota Statutes, chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. [144.6911] UTERINE FIBROID RESEARCH AND EDUCATION.

1.7 Subdivision 1. Findings. The legislature finds that:

1.8 (1) 20 to 50 percent of women of reproductive age currently have uterine fibroids, and
1.9 up to 77 percent of women will develop fibroids before menopause;

1.10 (2) in the United States, an estimated 26,000,000 women between the ages of 15 and 50
1.11 have uterine fibroids, and approximately 15,000,000 of these individuals experience
1.12 symptoms. Uterine fibroids may cause significant morbidity through their presence in the
1.13 uterus and pelvic cavity, and symptoms can include pelvic pain, severe menstrual bleeding,
1.14 iron-deficiency anemia, fatigue, bladder or bowel dysfunction, infertility, and pregnancy
1.15 complications and loss;

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

1.20 (4) many women with uterine fibroids are undiagnosed. Patients wait on average 3.6
1.21 years before seeking treatment, and over 40 percent of patients see two or more health care

2.1 providers prior to receiving a diagnosis, underscoring the need for improved awareness and  
2.2 education;

2.3 (5) people of color are more likely to develop uterine fibroids. It is estimated that more  
2.4 than 80 percent of Black women and some 70 percent of white women develop uterine  
2.5 fibroids by the time they reach menopause. Black women with uterine fibroids have more  
2.6 severe symptoms and develop early-onset uterine fibroids that develop into larger tumors;

2.7 (6) symptomatic uterine fibroids can cause reproductive problems, including infertility;

2.8 (7) there is a remarkable lack of evidence supporting the effectiveness of most  
2.9 interventions for symptomatic fibroids; and

2.10 (8) the personal and societal costs of uterine fibroids in the United States are significant.  
2.11 Uterine fibroid tumors are estimated to cost the United States \$5,900,000,000 to  
2.12 \$34,400,000,000 annually. The annual direct costs, including surgery, hospital admissions,  
2.13 outpatient visits, and medications, are estimated at \$4,100,000,000 to \$9,400,000,000.  
2.14 Estimated lost work-hour costs range from \$1,550,000,000 to \$17,200,000,000 annually.  
2.15 Obstetric outcomes that were attributed to uterine fibroid tumors resulted in costs of  
2.16 \$238,000,000 to \$7,760,000,000 annually.

2.17 Subd. 2. **Research and coordination.** The commissioner of health shall develop a  
2.18 program to conduct and support research relating to uterine fibroids. The commissioner  
2.19 shall consult with and coordinate with public and private entities in ongoing uterine fibroid  
2.20 research.

2.21 Subd. 3. **Uterine fibroid education program.** (a) The commissioner of health shall  
2.22 develop and disseminate to the public information pertaining to uterine fibroids, including  
2.23 information on:

2.24 (1) the awareness, incidence, and prevalence of uterine fibroids among individuals,  
2.25 including all minority individuals;

2.26 (2) the elevated risk for minority individuals to develop uterine fibroids; and

2.27 (3) the availability, as medically appropriate, of the range of treatment options for  
2.28 symptomatic uterine fibroids, including treatments and procedures other than hysterectomy.

2.29 (b) The commissioner of health shall disseminate information directly or through  
2.30 arrangement with intra-agency initiatives, nonprofit organizations, consumer groups,  
2.31 institutions of higher education, and local public-private partnerships.

3.1 (c) The commissioner of health shall, in consultation with and in accordance with  
3.2 guidelines from relevant medical societies and health professions, work with  
3.3 health-care-related specialty societies and health systems to promote evidence-based care  
3.4 for women with uterine fibroids. These efforts shall include identifying minority individuals  
3.5 who have an elevated risk to develop uterine fibroids. The commissioner shall disseminate  
3.6 information on the range of available options for the treatment of symptomatic uterine  
3.7 fibroids, including drugs and devices other than hysterectomy that are approved under the  
3.8 federal Food, Drug, and Cosmetic Act.

3.9 **Sec. 2. [144.6912] UTERINE FIBROID DATABASE.**

3.10 The commissioner of health shall establish a statewide population-based uterine fibroid  
3.11 surveillance system. The purpose of this system is to:

3.12 (1) monitor incidence trends of uterine fibroids to detect potential public health problems,  
3.13 predict risks, and assist in investigating incidence among minority populations;

3.14 (2) more accurately target intervention resources for communities and patients and their  
3.15 families;

3.16 (3) inform health professionals and citizens about risks, early detection, and treatment  
3.17 of uterine fibroid incidences; and

3.18 (4) promote research to provide better information about uterine fibroids and address  
3.19 public concerns and questions about uterine fibroids.

3.20 **Sec. 3. [144.6913] DUTIES OF COMMISSIONER; RULES.**

3.21 Subdivision 1. **Rule authority.** The commissioner of health shall collect uterine fibroid  
3.22 incidence information, analyze the information, and conduct special studies designed to  
3.23 determine the potential public health significance of an increase in uterine fibroid incidence.  
3.24 The commissioner shall adopt rules to administer the system, collect information, and  
3.25 distribute data. The rules must include but not be limited to:

3.26 (1) the type of data to be reported;

3.27 (2) standards for reporting specific types of data;

3.28 (3) payments allowed to hospitals, pathologists, and registry systems to defray their  
3.29 costs in providing information to the system;

3.30 (4) criteria relating to contracts made with outside entities to conduct studies using data  
3.31 collected by the system. The criteria may include requirements for a written protocol outlining

4.1 the purpose and public benefit of the study; the description, methods, and projected results  
 4.2 of the study; peer review by other scientists; the methods and facilities to protect the privacy  
 4.3 of the data; and the qualifications of the researcher proposing to undertake the study; and  
 4.4 (5) specification of fees to be charged under section 13.03, subdivision 3, for all  
 4.5 out-of-pocket expenses for data summaries or specific analyses of data requested by public  
 4.6 and private agencies, organizations, and individuals that are not otherwise included in the  
 4.7 commissioner's annual summary reports. Fees collected are appropriated to the commissioner  
 4.8 to offset the cost of providing the data.

4.9 Subd. 2. **Biennial report required.** The commissioner of health shall prepare and  
 4.10 transmit to the governor and to members of the legislature under section 3.195 a biennial  
 4.11 report on the incidence of uterine fibroids in Minnesota and a compilation of summaries  
 4.12 and reports from special studies and investigations performed to determine the potential  
 4.13 public health significance of an increase in uterine fibroid incidence, together with any  
 4.14 findings and recommendations. The first report shall be delivered by February 2024, with  
 4.15 subsequent reports due in February of each of the following odd-numbered years.

4.16 **Sec. 4. [144.6914] RECORDS AND REPORTS REQUIRED.**

4.17 Subdivision 1. **Person practicing healing arts.** A person licensed to practice the healing  
 4.18 arts in any form, upon request of the commissioner of health, shall prepare and forward to  
 4.19 the commissioner, in the manner and at times the commissioner designates, a detailed record  
 4.20 of each case of uterine fibroids professionally treated or seen by the person.

4.21 Subd. 2. **Hospitals and similar institutions.** A hospital, medical clinic, medical  
 4.22 laboratory, or other institution for the hospitalization, clinical or laboratory diagnosis, or  
 4.23 care of human beings, upon request of the commissioner of health, shall prepare and forward  
 4.24 to the commissioner, in the manner and at times designated by the commissioner, a detailed  
 4.25 record of each case of uterine fibroids.

4.26 Subd. 3. **Reporting without liability.** Furnishing the information required under  
 4.27 subdivisions 1 and 2 shall not subject the person, hospital, medical clinic, medical laboratory,  
 4.28 or other institution furnishing the information, to any action for damages or other relief.

4.29 **Sec. 5. [144.6915] CLASSIFICATION OF DATA ON INDIVIDUALS.**

4.30 Notwithstanding any law to the contrary, including section 13.05, subdivision 9, data  
 4.31 collected on individuals by the uterine fibroid surveillance system, including the names and  
 4.32 personal identifiers of persons required in section 144.6914 to report, shall be private and

5.1 may only be used for the purposes set forth in this section and sections 144.6911, 144.6912,  
5.2 and 144.6913. Any disclosure other than is provided for in this section and sections 144.6911,  
5.3 144.6912, and 144.6913 is a misdemeanor and punishable as such. Except as provided by  
5.4 rule and as part of an epidemiologic investigation, an officer or employee of the commissioner  
5.5 of health may interview patients named in any such report, or relatives of any such patient,  
5.6 only after obtaining the consent of the attending physician, advanced practice registered  
5.7 nurse, or surgeon.

5.8       Sec. 6. **APPROPRIATION FOR UTERINE FIBROID RESEARCH AND**  
5.9 **EDUCATION.**

5.10       \$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of  
5.11 health for the purposes of Minnesota Statutes, sections 144.6911, 144.6912, 144.6913, and  
5.12 144.6914.