

118TH CONGRESS  
1ST SESSION

# H. R. 4572

To provide for research and education with respect to uterine fibroids, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 12, 2023

Ms. CLARKE of New York (for herself, Mrs. WATSON COLEMAN, Mr. DAVID SCOTT of Georgia, and Ms. KELLY of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To provide for research and education with respect to uterine fibroids, 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 “Stephanie Tubbs Jones  
5 Uterine Fibroid Research and Education Act of 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) It is estimated that 20 percent to 50 per-  
9 cent of women of reproductive age currently have

1 uterine fibroids, and up to 77 percent of women will  
2 develop fibroids before menopause.

3 (2) In the United States, an estimated  
4 26,000,000 women between the ages of 15 and 50  
5 have uterine fibroids, and approximately 15,000,000  
6 of these individuals experience symptoms. Uterine  
7 fibroids may cause significant morbidity through  
8 their presence in the uterus and pelvic cavity, and  
9 symptoms can include pelvic pain, severe menstrual  
10 bleeding, iron-deficiency anemia, fatigue, bladder or  
11 bowel dysfunction, infertility, and pregnancy com-  
12 plications and loss.

13 (3) The pain, discomfort, stress, and other  
14 physical and emotional symptoms of living with  
15 fibroids may significantly interfere with a woman's  
16 quality of life, compromising her ability to function  
17 normally or work or care for her family, and may  
18 lead to more severe health and wellness issues.

19 (4) Most women will experience uterine fibroids  
20 by the age of 50, yet few data exist describing the  
21 overall patient experience with fibroids.

22 (5) Many people with fibroids are likely  
23 undiagnosed. Patients wait on average 3.6 years be-  
24 fore seeking treatment, and over 40 percent of pa-  
25 tients see two or more health care providers prior to

1 receiving a diagnosis, underscoring the need for im-  
2 proved awareness and education.

3 (6) People of color are more likely to develop  
4 uterine fibroids. It is estimated that more than 80  
5 percent of Black women and about 70 percent of  
6 White women develop fibroids by the time they reach  
7 menopause. Black individuals with fibroids have also  
8 been shown to have more severe symptoms and de-  
9 velop early-onset uterine fibroids that develop into  
10 larger tumors.

11 (7) Current research and available data do not  
12 provide adequate information on the prevalence and  
13 incidence of fibroids in Asian, Hispanic, and Black  
14 individuals.

15 (8) Symptomatic uterine fibroids can cause re-  
16 productive problems, including infertility. People  
17 with uterine fibroids are much more likely to mis-  
18 carry during early pregnancy than people without  
19 them.

20 (9) According to the Evidence Report Summary  
21 on the Management of Uterine Fibroids, as compiled  
22 by the Agency for Healthcare Research and Quality  
23 of the Department of Health and Human Services,  
24 there is a “remarkable lack of high-quality evidence

1 supporting the effectiveness of most interventions for  
2 symptomatic fibroids”.

3 (10) Most medical options for managing fibroid  
4 symptoms regulate or suppress menstruation and  
5 prevent pregnancy. There is a great need for mini-  
6 mally invasive, fertility-friendly therapies, as well as  
7 biomarkers, imaging assessments, or risk-based algo-  
8 rithms that can help predict patient response to  
9 therapy.

10 (11) The presence of symptomatic uterine  
11 fibroids is the most common reason for  
12 hysterectomies, accounting for 39 percent of  
13 hysterectomies annually in the United States. Ap-  
14 proximately 42 per 1,000 women are hospitalized  
15 annually because of uterine fibroids, but Black pa-  
16 tients have higher rates of hospitalization,  
17 hysterectomies, and myomectomies compared to  
18 White women. Uterine fibroids are also the leading  
19 cause of hospitalization related to a gynecological  
20 disorder.

21 (12) The personal and societal costs of uterine  
22 fibroids in the United States are significant. Uterine  
23 fibroid tumors have been estimated to cost the  
24 United States \$5,900,000,000 to \$34,400,000,000  
25 annually. The annual direct costs, including surgery,

1 hospital admissions, outpatient visits, and medica-  
2 tions, were estimated at \$4,100,000,000 to  
3 \$9,400,000,000 annually. Estimated lost work-hour  
4 costs ranged from \$1,550,000,000 to  
5 \$17,200,000,000 annually. Obstetric outcomes that  
6 were attributed to fibroid tumors resulted in costs of  
7 \$238,000,000 to \$7,760,000,000 annually.

8 (13) At the Federal level, uterine fibroid re-  
9 search remains drastically underfunded as compared  
10 to patient disease burden. In 2019, fibroid research  
11 received about \$17,000,000 in funding from the Na-  
12 tional Institutes of Health, putting it in the bottom  
13 50 of 292 funded conditions.

14 **SEC. 3. RESEARCH WITH RESPECT TO UTERINE FIBROIDS.**

15 (a) RESEARCH.—The Secretary of Health and  
16 Human Services (referred to in this Act as the “Sec-  
17 retary”) shall expand, intensify, and coordinate programs  
18 for the conduct and support of research with respect to  
19 uterine fibroids.

20 (b) ADMINISTRATION AND COORDINATION.—The  
21 Secretary shall carry out the conduct and support of re-  
22 search pursuant to subsection (a), in coordination with the  
23 appropriate institutes, offices, and centers of the National  
24 Institutes of Health and any other relevant Federal agen-

1 cy, as determined by the Director of the National Insti-  
2 tutes of Health.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—For the  
4 purpose of carrying out this section, there are authorized  
5 to be appropriated \$30,000,000 for each of fiscal years  
6 2024 through 2028.

7 **SEC. 4. RESEARCH WITH RESPECT TO MEDICAID COV-**  
8 **ERAGE OF UTERINE FIBROIDS TREATMENT.**

9 (a) RESEARCH.—The Secretary (or the Secretary’s  
10 designee) shall establish a research database, or expand  
11 an existing research database, to collect data on services  
12 furnished to individuals diagnosed with uterine fibroids  
13 under a State plan (or a waiver of such a plan) under  
14 the Medicaid program under title XIX of the Social Secu-  
15 rity Act (42 U.S.C. 1396 et seq.) or under a State child  
16 health plan (or a waiver of such a plan) under the Chil-  
17 dren’s Health Insurance Program under title XXI of such  
18 Act (42 U.S.C. 1397aa et seq.) for the treatment of such  
19 fibroids for purposes of assessing the frequency at which  
20 such individuals are furnished such services.

21 (b) REPORT.—

22 (1) IN GENERAL.—Not later than the date that  
23 is two years after the date of the enactment of this  
24 Act, the Secretary shall submit to Congress a report  
25 on the amount of Federal and State expenditures

1 with respect to services furnished for the treatment  
2 of uterine fibroids under State plans (or waivers of  
3 such plans) under the Medicaid program under such  
4 title XIX and State child health plans (or waivers of  
5 such plans) under the Children’s Health Insurance  
6 Program under such title XXI.

7 (2) COORDINATION.—The Secretary shall co-  
8 ordinate the development and submission of the re-  
9 port required under paragraph (1) with any other  
10 relevant Federal agency, as determined by the Sec-  
11 retary.

12 **SEC. 5. EDUCATION AND DISSEMINATION OF INFORMATION**  
13 **WITH RESPECT TO UTERINE FIBROIDS.**

14 (a) UTERINE FIBROIDS PUBLIC EDUCATION PRO-  
15 GRAM.—The Secretary shall develop and disseminate to  
16 the public information regarding uterine fibroids, includ-  
17 ing information on—

18 (1) the awareness, incidence, and prevalence of  
19 uterine fibroids among individuals, including all mi-  
20 nority individuals;

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

23 (3) the availability, as medically appropriate, of  
24 the range of treatment options for symptomatic

1 uterine fibroids, including non-hysterectomy treat-  
2 ments and procedures.

3 (b) DISSEMINATION OF INFORMATION.—The Sec-  
4 retary may disseminate information under subsection (a)  
5 directly or through arrangements with intra-agency initia-  
6 tives, nonprofit organizations, consumer groups, institu-  
7 tions of higher education (as defined in section 101 of the  
8 Higher Education Act of 1965 (20 U.S.C. 1001)), or Fed-  
9 eral, State, or local public private partnerships.

10 (c) AUTHORIZATION OF APPROPRIATIONS.—For the  
11 purpose of carrying out this section, there are authorized  
12 to be appropriated such sums as may be necessary for  
13 each of fiscal years 2024 through 2028.

14 **SEC. 6. INFORMATION TO HEALTH CARE PROVIDERS WITH**  
15 **RESPECT TO UTERINE FIBROIDS.**

16 (a) DISSEMINATION OF INFORMATION.—The Sec-  
17 retary shall, in consultation and in accordance with guide-  
18 lines from relevant medical societies, work with health  
19 care-related specialty societies and health systems to pro-  
20 mote evidence-based care for individuals with fibroids.  
21 Such efforts shall include minority individuals who have  
22 an elevated risk to develop uterine fibroids and the range  
23 of available options for the treatment of symptomatic uter-  
24 ine fibroids, including non-hysterectomy drugs and devices



1 approved under the Federal Food, Drug, and Cosmetic  
2 Act (21 U.S.C. 301 et seq.).

3 (b) 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 2024 through 2028.

7 **SEC. 7. DEFINITION.**

8 In this Act, the term “minority individuals” means  
9 individuals who are members of a racial and ethnic minor-  
10 ity group, as defined in section 1707(g) of the Public  
11 Health Service Act (42 U.S.C. 300u–6(g)).

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