

118TH CONGRESS
1ST SESSION

H. R. 6746

To amend the Public Health Service Act to provide for a public awareness campaign with respect to iron deficiency.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2023

Ms. CARAVEO (for herself, Ms. BUDZINSKI, Ms. SEWELL, Ms. CLARKE of New York, Ms. PETTERSEN, Mr. CARTER of Louisiana, Mr. GRIJALVA, Mr. DAVIS of North Carolina, and Mr. GARCÍA of Illinois) 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 a public awareness campaign with respect to iron deficiency.

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 “Iron Deficiency Edu-
5 cation and Awareness Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Iron deficiency occurs when there are insuf-
9 ficient amounts of iron in the body. Without enough

1 iron, the body cannot produce sufficient amounts of
2 hemoglobin, which is the protein that enables red
3 blood cells to carry oxygen.

4 (2) Menstrual bleeding and pregnancy are
5 major reasons for lower levels of iron in the body.
6 The symptoms of iron deficiency include fatigue,
7 cold extremities, hair loss, cognitive issues, shortness
8 of breath, headaches, and sleep disorders.

9 (3) Iron deficiency often goes undiagnosed due
10 to difficulty recognizing symptoms and lack of ur-
11 gency in diagnosing. When left untreated, the condi-
12 tion can progress to iron-deficiency anemia. This
13 may increase the risk of developing organ complica-
14 tions, such as an abnormally fast heartbeat, or tach-
15 ycardia, and heart failure.

16 (4) Among pregnant women, iron deficiency
17 and iron-deficiency anemia has been linked to in-
18 creased maternal illness, premature birth and low
19 birth weight among babies, and intrauterine growth
20 restriction.

21 (5) Approximately 35 percent of women of re-
22 productive age in the United States do not have a
23 sufficient amount of iron in their bodies. Addition-
24 ally, nearly 40 percent of girls and young women

1 ages 12 to 21 are affected by iron deficiency, and 6
2 percent are iron-deficient anemic.

3 (6) Children under the age of two are at a high
4 risk for iron deficiency. About 6 percent of children
5 ages 1–2 have iron deficiency.

6 (7) Eliminating barriers to awareness, edu-
7 cation, and screening will assist in preventing and
8 treating iron deficiency, iron deficiency anemia, and
9 related health issues among women and children
10 under the age of two.

11 **SEC. 3. IRON DEFICIENCY AWARENESS CAMPAIGN.**

12 (a) IN GENERAL.—Section 317 of the Public Health
13 Service Act (42 U.S.C. 247b) is amended by adding at
14 the end the following:

15 “(o) IRON DEFICIENCY PUBLIC AWARENESS CAM-
16 PAIGN.—

17 “(1) IN GENERAL.—The Secretary shall carry
18 out a national campaign to—

19 “(A) increase awareness of the importance
20 of iron deficiency screening;

21 “(B) combat misconceptions about iron de-
22 ficiency, including misconceptions in diagnosis
23 and management of iron deficiency;

24 “(C) increase awareness about missed di-
25 agnoses due to inadequate screening tests; and

1 “(D) increase iron deficiency screening
2 among women and children under the age of
3 two.

4 “(2) CONSULTATION.—In carrying out the na-
5 tional campaign required by paragraph (1), the Sec-
6 retary shall consult with the National Academy of
7 Medicine, health care providers, public health asso-
8 ciations, nonprofit organizations, State and local
9 public health departments, and institutions of higher
10 education to solicit advice on evidence-based infor-
11 mation for policy development and program develop-
12 ment, implementation, and evaluation.

13 “(3) REQUIREMENTS.—The national campaign
14 required by paragraph (1) shall—

15 “(A) include the use of evidence-based
16 media and public engagement;

17 “(B) be carried out through competitive
18 grants or cooperative agreements awarded to 1
19 or more private, nonprofit entities with a his-
20 tory developing and implementing similar cam-
21 paigns;

22 “(C) include the development of culturally
23 and linguistically competent resources that shall
24 be tailored for—

1 “(i) women who are pregnant, re-
2 cently gave birth, or are breastfeeding;

3 “(ii) women who menstruate, espe-
4 cially if menstrual periods are heavy;

5 “(iii) women who have undergone
6 major surgery or physical trauma;

7 “(iv) women with limited English pro-
8 ficiency;

9 “(v) women with gastrointestinal dis-
10 eases, such as Celiac disease and inflam-
11 matory bowel diseases such as ulcerative
12 colitis and Crohn’s disease;

13 “(vi) women with peptic ulcer disease;

14 “(vii) populations with a high preva-
15 lence of iron deficiency (such as Black and
16 Hispanic women);

17 “(viii) parents with children under the
18 age of two;

19 “(ix) rural communities; and

20 “(x) such other communities as the
21 Secretary determines appropriate;

22 “(D) include the dissemination of iron defi-
23 ciency information and communication re-
24 sources to health care providers and health care
25 facilities (including pediatricians, primary care

1 providers, community health centers, dentists,
2 obstetricians, and gynecologists), State and
3 local public health departments, elementary and
4 secondary schools, child care centers, and col-
5 leges and universities;

6 “(E) be complementary to, and coordi-
7 nated with, any other Federal efforts with re-
8 spect to iron deficiency awareness;

9 “(F) include message testing to identify
10 culturally competent and effective messages for
11 behavioral change; and

12 “(G) include the award of grants or coop-
13 erative agreements to State, local, and Tribal
14 public health departments to engage with—

15 “(i) communities specified in subpara-
16 graph (C);

17 “(ii) local educational agencies;

18 “(iii) health care providers;

19 “(iv) community organizations; or

20 “(v) other groups the Secretary deter-
21 mines are appropriate to develop and de-
22 liver effective strategies to decrease iron
23 deficiency rates.

1 “(4) OPTIONS FOR DISSEMINATION OF INFOR-
2 MATION.—The national campaign required by para-
3 graph (1) may—

4 “(A) include the use of—

5 “(i) social media, television, radio,
6 print, the internet, and other media;

7 “(ii) in-person or virtual public com-
8 munications; and

9 “(iii) recognized, trusted figures;

10 “(B) be targeted to specific communities
11 specified in paragraph (3)(C); and

12 “(C) include the dissemination of informa-
13 tion highlighting—

14 “(i) appropriate screening for iron de-
15 ficiency, including the recommended popu-
16 lations to be screened by age range or
17 other criteria;

18 “(ii) the prevalence of iron deficiency;

19 “(iii) symptoms of iron deficiency; and

20 “(iv) mechanisms of preventing and
21 managing iron deficiency.

22 “(5) AUTHORIZATION OF APPROPRIATIONS.—

23 There is authorized to be appropriated to carry out
24 this subsection \$7,000,000 for each of fiscal years
25 2024 through 2028.”.

1 (b) REPORT TO CONGRESS.—

2 (1) IN GENERAL.—Not later than the end of
3 fiscal year 2027, the Secretary of Health and
4 Human Services shall submit to the Committee on
5 Energy and Commerce of the House of Representa-
6 tives and the Committee on Health, Education,
7 Labor, and Pensions of the Senate a report on the
8 campaign under section 317(o) of the Public Health
9 Service Act, as added by subsection (a).

10 (2) QUALITATIVE ASSESSMENT.—The report
11 under paragraph (1) shall include a qualitative as-
12 sessment of—

13 (A) the overall campaign under section
14 317(o) of the Public Health Service Act, as
15 added by subsection (a); and

16 (B) the impacts of the activities conducted
17 through the campaign, including such impacts
18 on iron deficiency, and iron deficiency anemia,
19 among women and children under the age of
20 two.

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