

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.

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## 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

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## 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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