

107TH CONGRESS  
1ST SESSION

# H. R. 360

To amend the Public Health Service Act to establish a program of research regarding the risks posed by the presence of dioxin, synthetic fibers, and other additives in feminine hygiene products, and to establish a program for the collection and analysis of data on toxic shock syndrome.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 31, 2001

Mrs. MALONEY 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 establish a program of research regarding the risks posed by the presence of dioxin, synthetic fibers, and other additives in feminine hygiene products, and to establish a program for the collection and analysis of data on toxic shock syndrome.

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 “Robin Danielson Act”.

1 **TITLE I—RESEARCH REGARDING**  
2 **RISKS POSED BY DIOXIN, SYN-**  
3 **THETIC FIBERS, AND OTHER**  
4 **ADDITIVES IN FEMININE HY-**  
5 **GIENE PRODUCTS**

6 **SEC. 101. FINDINGS.**

7 The Congress finds as follows:

8 (1) Tampons are used by approximately  
9 73,000,000 women in the United States today, and  
10 the average woman may use as many as 16,800  
11 tampons in her lifetime. A woman on estrogen re-  
12 placement therapy may use as many as 24,360 tam-  
13 pons in her lifetime.

14 (2) The Environmental Protection Agency and  
15 the International Agency for Research on Cancer, an  
16 arm of the World Health Organization, have con-  
17 cluded that dioxins are a probable human carcinogen  
18 (cancer causing agent).

19 (3) Dioxin is a byproduct of chlorine-bleaching  
20 processes used in the manufacture of paper prod-  
21 ucts, including tampons, sanitary pads, panty liners,  
22 and diapers.

23 (4) While bleaching processes that do not  
24 produce dioxin in any amount are available, most  
25 pulp and paper manufacturers, which produce the

1 raw materials used in tampons, currently use either  
2 elemental-chlorine or chlorine-dioxide bleaching proc-  
3 esses. Both of these bleaching processes use chlorine  
4 and therefore produce dioxin.

5 (5) The effects of dioxin from various sources  
6 are cumulative and can be measured 20 to 30 years  
7 after exposure. Women may be exposed to dioxin in  
8 tampons and other menstrual products for as long  
9 as 60 years over the course of their reproductive  
10 lives.

11 (6) Internal documents of the Food and Drug  
12 Administration suggest the agency has not ade-  
13 quately investigated the danger of dioxin in tam-  
14 pons, according to a 1992 staff report of a sub-  
15 committee of the Committee on Government Oper-  
16 ations of the House of Representatives.

17 (7) The Food and Drug Administration has his-  
18 torically relied on data provided by manufacturers of  
19 feminine hygiene products in determining product  
20 safety.

21 (8) Although the Food and Drug Administra-  
22 tion currently requires tampon manufacturers to  
23 monitor dioxin levels in their finished products, the  
24 information is not readily available to the public.

1           (9) Recent studies have produced conflicting in-  
2           formation about the link between dioxin exposure  
3           and increased risks for endometriosis.

4           (10) The Environmental Protection Agency has  
5           concluded that people with high levels of exposure to  
6           dioxins may be at risk for other noncancer effects  
7           that could suppress the immune system, increase the  
8           risk of pelvic inflammatory disease, reduce fertility,  
9           and interfere with fetal and childhood development.

10          (11) An independent study in 1991 found that  
11          tampons commonly included one or more of the fol-  
12          lowing additives: Chlorine compounds, absorbency  
13          enhancers (such as surfactants like polysorbate-20),  
14          natural and synthetic fibers (such as cotton, rayon,  
15          polyester, and polyacrylate), deodorant, and fra-  
16          grance.

17          (12) Toxic Shock Syndrome (TSS) has been  
18          linked to tampon use and the absorbency of the tam-  
19          pon. TSS is a rare bacterial illness that occurs most-  
20          ly in menstruating women. During 1979 and 1980,  
21          the syndrome was responsible for at least 55 deaths  
22          and 1,066 nonfatal cases.

23          (13) In response to a 1988 lawsuit, the Food  
24          and Drug Administration has required tampons to  
25          be labeled with reference to an absorbency standard

1 (e.g., super tampons must absorb between 9 and 12  
2 grams of liquid).

3 (14) Independent research has shown that syn-  
4 thetic fiber additives in tampons amplify toxin pro-  
5 duction, which is associated with toxic shock syn-  
6 drome.

7 **SEC. 102. NATIONAL INSTITUTES OF HEALTH; RESEARCH**  
8 **ON DIOXIN PURSUANT TO OFFICE OF RE-**  
9 **SEARCH ON WOMEN'S HEALTH.**

10 Part F of title IV of the Public Health Service Act  
11 (42 U.S.C. 287d et seq.) is amended by adding at the end  
12 the following section:

13 **"SEC. 486C. CERTAIN PROJECTS REGARDING WOMEN'S**  
14 **HEALTH.**

15 "(a) DIOXIN IN FEMININE HYGIENE PRODUCTS.—

16 "(1) IN GENERAL.—The Director of NIH, in  
17 collaboration with the Director of the Office, shall  
18 provide for the conduct or support of research to de-  
19 termine the extent to which the presence of dioxin,  
20 synthetic fibers, and other additives in tampons and  
21 other feminine hygiene products—

22 "(A) poses any risks to the health of  
23 women who use the products, including risks re-  
24 lating to cervical cancer, endometriosis, infer-  
25 tility, ovarian cancer, breast cancer, immune

1 system deficiencies, pelvic inflammatory disease,  
2 and toxic shock syndrome; and

3 “(B) poses any risks to the health of chil-  
4 dren of women who used such products during  
5 or before the pregnancies involved, including  
6 risks relating to fetal and childhood develop-  
7 ment.

8 “(2) REQUIREMENT REGARDING DATA FROM  
9 MANUFACTURERS.—Research under paragraph (1)  
10 shall include research to confirm the data on tam-  
11 pons and other feminine hygiene products submitted  
12 to the Commissioner of Food and Drugs by manu-  
13 facturers of such products.

14 “(3) DEFINITION.—For purposes of paragraph  
15 (1), the term ‘feminine hygiene products’ means  
16 tampons, pads, liners, and similar products used by  
17 women with respect to menstruation or other gen-  
18 ital-tract secretions.

19 “(b) REPORTS.—Reports on the results of research  
20 under subsection (a) shall be periodically submitted to the  
21 Congress, the Commissioner of Food and Drugs, the Ad-  
22 ministrator of the Environmental Protection Agency, and  
23 the Chairman of the Consumer Product Safety Commis-  
24 sion. Such reports shall be made available to the public  
25 through the data system and clearinghouse program es-

1 tablished under section 486A, or through other appro-  
2 priate means.”.

3 **TITLE II—COLLECTION AND**  
4 **ANALYSIS OF DATA ON TOXIC**  
5 **SHOCK SYNDROME**

6 **SEC. 201. FINDINGS.**

7 The Congress finds as follows:

8 (1) Of the cases of toxic shock syndrome in the  
9 United States, approximately 50 percent are related  
10 to tampon use and approximately 50 percent occur  
11 in nonmenstruating women and in men and children.

12 (2) The Centers for Disease Control and Pre-  
13 vention (CDC) believes that women are at increased  
14 risk for developing toxic shock syndrome due to a  
15 false sense of security that there is no longer any  
16 risk for developing the disease.

17 (3) The CDC has estimated that each year such  
18 syndrome strikes more than 1,300 individuals.  
19 Among women in the age group 12 through 44 who  
20 use tampons or barrier contraceptives, between one  
21 and two of every 100,000 will develop the syndrome.

22 (4) Epidemiological data on cases of toxic shock  
23 syndrome are not systematically collected in the  
24 United States, and information on cases seldom

1 travels beyond the victim's circle of family and  
2 friends.

3 (5) The CDC and the States should cooperate  
4 to collect and analyze such data. Increasing the  
5 amount of information on toxic shock syndrome will  
6 lead to increased awareness about the disease in the  
7 medical community, and may also lead to an in-  
8 creased understanding of the causes of the syn-  
9 drome.

10 **SEC. 202. CENTERS FOR DISEASE CONTROL AND PREVEN-**  
11 **TION; ESTABLISHMENT OF PROGRAM FOR**  
12 **COLLECTION AND ANALYSIS OF DATA ON**  
13 **TOXIC SHOCK SYNDROME.**

14 Part B of title III of the Public Health Service Act  
15 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
16 tion 317O the following section:

17 “COLLECTION AND ANALYSIS OF DATA ON TOXIC SHOCK  
18 SYNDROME

19 “SEC. 317P. (a) IN GENERAL.—The Secretary, act-  
20 ing through the Director of the Centers for Disease Con-  
21 trol and Prevention, shall carry out a program to collect,  
22 analyze, and make available data on toxic shock syndrome,  
23 including data on the causes of such syndrome.

24 “(b) NATIONAL INCIDENCE AND PREVALENCE.—In  
25 carrying out the program under subsection (a), the Sec-

1 retary shall to the extent practicable determine the na-  
2 tional incidence and prevalence of toxic shock syndrome.

3 “(c) COOPERATION WITH STATES.—The Secretary  
4 may carry out the program under subsection (a) directly  
5 and through grants to States and local health depart-  
6 ments.

7 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the  
8 purpose of carrying out this section, there are authorized  
9 to be appropriated such sums as may be necessary for  
10 each of the fiscal years 2002 through 2006.”.

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