

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5284

To establish an interagency task force to develop a national strategy to combat the increase in infertility in the United States.

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IN THE HOUSE OF REPRESENTATIVES

MAY 3, 2006

Mr. PALLONE introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish an interagency task force to develop a national strategy to combat the increase in infertility in the United States.

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. FINDINGS.**

4       The Congress finds as follows:

5               (1) The number of couples reporting infertility  
6       has increased from 6.1 million in 2002 to more than  
7       7.5 million currently.

8               (2) Studies reveal that 80 to 90 percent of in-  
9       fertility is acquired and could be prevented.

1           (3) Sexually transmitted diseases (“STDs”) are  
2           the most preventable causes of infertility and poten-  
3           tially fatal tubal pregnancies.

4           (4) The Centers for Disease Control and Pre-  
5           vention estimates that 19 million new STD infec-  
6           tions occur each year, with almost half of them  
7           among young people ages 15 to 24 and with an in-  
8           creased incidence in minority populations.

9           (5) New data reveals that environmental toxins,  
10          including lead and mercury, as well as tobacco and  
11          alcohol, are a direct threat to reproductive health.

12          (6) The Nation’s expanding aging population  
13          requires that health care providers and government  
14          agencies be prepared to address the fertility com-  
15          plications of aging.

16          (7) In 10 percent of infertility cases, the causes  
17          cannot be explained.

18          (8) Public awareness of the causes of infertility  
19          can reduce its incidence.

20          (9) Many medical schools lack the resources to  
21          adequately train students in the causes, treatment,  
22          and patient counseling needed to reduce the inci-  
23          dence of infertility.

1 **SEC. 2. INTERAGENCY INFERTILITY PREVENTION TASK**  
2 **FORCE.**

3 (a) ESTABLISHMENT.—There is established a task  
4 force to be known as the “Infertility Prevention Task  
5 Force” (in this section referred to as the “Task Force”).

6 (b) DUTIES.—The Task Force shall develop a strat-  
7 egy for the Federal Government to facilitate activities to  
8 prevent infertility, including strategies for—

9 (1) maximizing cooperation among departments  
10 and agencies of the Federal Government and the use  
11 of resources of the Federal Government in compiling  
12 data on the incidence of infertility and the incidence  
13 and impact of the various contributing factors;

14 (2) coordinating and encouraging research in  
15 the public and private sector on the causes and  
16 treatment of infertility;

17 (3) developing integrated Federal policies to  
18 promote public awareness of the causes of infertility  
19 that would include substantial participation by the  
20 private sector;

21 (4) creating an infertility prevention curriculum  
22 to serve as a model for the Nation’s medical schools;  
23 and

24 (5) establishing partnerships with industry, or-  
25 ganized labor, academia, and State and local govern-  
26 ments—

1 (A) to collect and disseminate information  
2 on infertility prevention; and

3 (B) to coordinate appropriate agency re-  
4 sources, including grants, loans, and scholar-  
5 ships in the area of infertility prevention, in-  
6 cluding research on the causes and treatment,  
7 increased public awareness and improved med-  
8 ical education.

9 (c) MEMBERSHIP.—

10 (1) NUMBER AND APPOINTMENT.—The Task  
11 Force shall be composed of 10 members, as follows:

12 (A) One member shall be the Assistant  
13 Secretary for Health.

14 (B) One member shall be a representative  
15 of the National Institutes of Health and shall  
16 be designated by the Director of such agency.

17 (C) One member shall be a representative  
18 of the Centers for Disease Control and Preven-  
19 tion and shall be designated by the Director of  
20 such agency.

21 (D) One member shall be a representative  
22 of the Agency for Healthcare Research and  
23 Quality and shall be designated by the Director  
24 of such agency.

1 (E) One member shall be a representative  
2 of the Environmental Protection Agency and  
3 shall be designated by the Administrator of  
4 such agency.

5 (F) One member shall be a representative  
6 of the Association of American Medical Colleges  
7 and shall be appointed by the Secretary of  
8 Health and Human Services.

9 (G) Four members shall be practicing or  
10 retired obstetrics-and-gynecology physicians  
11 specializing in fertility techniques and infertility  
12 prevention. Of such members—

13 (i) one shall be appointed by the  
14 Speaker of the House of Representatives;

15 (ii) one shall be appointed by the mi-  
16 nority leader of the House;

17 (iii) one shall be appointed by the ma-  
18 jority leader of the Senate; and

19 (iv) one shall be appointed by the mi-  
20 nority leader of the Senate.

21 (2) CHAIRPERSON.—The Assistant Secretary  
22 for Health shall serve as the chairperson of the Task  
23 Force.

24 (3) DEADLINE FOR APPOINTMENT.—Each of  
25 the members of the Task Force shall be designated

1 or appointed under subsection (c) for service on the  
2 Task Force not later than 90 days after the date of  
3 the enactment of this Act.

4 (4) VACANCIES.—A vacancy in the Task Force  
5 shall be filled in the manner in which the original  
6 appointment was made.

7 (5) PROHIBITION OF COMPENSATION.—Mem-  
8 bers of the Task Force may not receive pay, allow-  
9 ances, or benefits by reason of their service on the  
10 Task Force.

11 (d) MEETINGS.—

12 (1) IN GENERAL.—The Task Force shall meet  
13 at the call of the Chairperson.

14 (2) FREQUENCY.—The Task Force shall meet  
15 not less than four times each year.

16 (3) QUORUM.—Six members of the Task Force  
17 shall constitute a quorum.

18 (e) ANNUAL REPORTS.—Not later than one year  
19 after the date of the enactment of this Act, and annually  
20 thereafter for the succeeding four years, the Task Force  
21 shall submit to the Congress, and make available to the  
22 public, a report detailing the activities of the Task Force  
23 and containing the findings, strategies, recommendations,  
24 policies, and initiatives developed pursuant to the duties  
25 of the Task Force under subsection (b).

1           (f) TERMINATION.—The Task Force shall terminate  
2 on the date of the submission of the final report under  
3 subsection (e).

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