

112TH CONGRESS  
1ST SESSION

# H. R. 2332

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

JUNE 23, 2011

Mrs. MALONEY (for herself, Mr. FARR, and Mr. CONYERS) 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) According to the Food and Drug Adminis-  
20 tration, dioxins are formed as a result of combustion  
21 processes such as commercial and municipal waste  
22 incineration and from burning fuels (like wood, coal,  
23 or oil). Dioxins are a byproduct of chlorine bleaching  
24 of pulp and paper.

1           (4) Tampons currently sold in the United  
2 States are composed of cotton, rayon, or of a com-  
3 bination of cotton and rayon. Rayon is produced  
4 from cellulose fibers derived from bleached wood  
5 pulp.

6           (5) While bleaching processes that do not  
7 produce dioxin in any amount are available, most  
8 wood pulp manufacturers currently use elemental-  
9 chlorine free bleaching processes. This process uses  
10 chlorine dioxide as a bleaching agent and still pro-  
11 duces dioxins.

12           (6) The Food and Drug Administration has not  
13 explicitly forbidden the use of chlorine in tampon  
14 manufacturing.

15           (7) Trace amounts of dioxins can also be found  
16 in tampons that use a chlorine-free bleaching proc-  
17 ess as well as 100 percent cotton tampons as the  
18 Environmental Protection Agency states that due to  
19 decades of pollution, dioxin can be found in the air,  
20 water, and ground and thus can be found in both  
21 cotton and wood pulp raw materials used in tampon  
22 production.

23           (8) The effects of dioxin from various sources  
24 are cumulative. Women may be exposed to dioxin in  
25 tampons and other menstrual products for as long

1 as 60 years over the course of their reproductive  
2 lives.

3 (9) The Food and Drug Administration has his-  
4 torically relied on data provided by manufacturers of  
5 feminine hygiene products in determining product  
6 safety.

7 (10) Although the Food and Drug Administra-  
8 tion currently requires tampon manufacturers to  
9 monitor dioxin levels in their finished products, they  
10 do not generally collect this information and it is not  
11 readily available to the public.

12 (11) Recent studies have produced conflicting  
13 information about the link between dioxin exposure  
14 and increased risks for endometriosis.

15 (12) The Environmental Protection Agency has  
16 concluded that people with high levels of exposure to  
17 dioxins may be at risk for other noncancer effects  
18 that could suppress the immune system, increase the  
19 risk of pelvic inflammatory disease, reduce fertility,  
20 and interfere with fetal and childhood development.

21 (13) Toxic Shock Syndrome (TSS) has been  
22 linked to tampon use especially those tampons con-  
23 taining synthetic fibers and the absorbency of the  
24 tampon. TSS is a rare bacterial illness that occurs  
25 mostly in menstruating women. During 1979 and

1 1980, the syndrome was responsible for at least 55  
2 deaths and 1,066 nonfatal cases.

3 (14) In response to a 1988 lawsuit, the Food  
4 and Drug Administration has required tampons to  
5 be labeled with reference to an absorbency standard  
6 (e.g., super tampons must absorb between 9 and 12  
7 grams of liquid).

8 (15) As a result of independent research that  
9 showed that synthetic fiber additives in tampons am-  
10 plify toxin production, which is associated with toxic  
11 shock syndrome, manufacturers have ceased to in-  
12 clude three of the four synthetic ingredients once  
13 often used to increase tampon absorbency. Highly  
14 absorbent viscose rayon is still used in tampon pro-  
15 duction. According to some TSS researchers inci-  
16 dence of menstrually related TSS is creeping up and  
17 strains of *Staphylococcus aureus* causing it are be-  
18 coming more antibiotic resistant and more virulent.

19 **SEC. 102. NATIONAL INSTITUTES OF HEALTH; RESEARCH**  
20 **ON DIOXIN PURSUANT TO OFFICE OF RE-**  
21 **SEARCH ON WOMEN'S HEALTH.**

22 Part F of title IV of the Public Health Service Act  
23 (42 U.S.C. 287d et seq.) is amended by adding at the end  
24 the following section:

1 **“SEC. 486C. CERTAIN PROJECTS REGARDING WOMEN’S**  
2 **HEALTH.**

3 “(a) DIOXIN IN FEMININE HYGIENE PRODUCTS.—

4 “(1) IN GENERAL.—The Director of NIH, in  
5 collaboration with the Director of the Office, shall  
6 provide for the conduct or support of research to de-  
7 termine the extent to which the presence of dioxin,  
8 synthetic fibers, and other additives in tampons and  
9 other feminine hygiene products—

10 “(A) poses any risks to the health of  
11 women who use the products, including risks re-  
12 lating to cervical cancer, endometriosis, infer-  
13 tility, ovarian cancer, breast cancer, immune  
14 system deficiencies, pelvic inflammatory disease,  
15 and toxic shock syndrome; and

16 “(B) poses any risks to the health of chil-  
17 dren of women who used such products during  
18 or before the pregnancies involved, including  
19 risks relating to fetal and childhood develop-  
20 ment.

21 “(2) REQUIREMENT REGARDING DATA FROM  
22 MANUFACTURERS.—Research under paragraph (1)  
23 shall include research to confirm the data on tam-  
24 pons and other feminine hygiene products submitted  
25 to the Commissioner of Food and Drugs by manu-  
26 facturers of such products.

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

6           “(b) REPORTS.—Reports on the results of research  
7           under subsection (a) shall be periodically submitted to the  
8           Congress, the Commissioner of Food and Drugs, the Ad-  
9           ministrators of the Environmental Protection Agency, and  
10          the Chairman of the Consumer Product Safety Commis-  
11          sion. Such reports shall be made available to the public  
12          through the data system and clearinghouse program es-  
13          tablished under section 486A, or through other appro-  
14          priate means.”.

15       **TITLE        II—COLLECTION        AND**  
16       **ANALYSIS OF DATA ON TOXIC**  
17       **SHOCK SYNDROME**

18       **SEC. 201. FINDINGS.**

19       The Congress finds as follows:

20           (1) Of the cases of toxic shock syndrome in the  
21           United States, approximately 50 percent are related  
22           to tampon use and approximately 50 percent occur  
23           in nonmenstruating women and in men and children.

24           (2) The Centers for Disease Prevention and  
25           Control has estimated that between one and two of

1 every 100,000 women 15 to 44 years of age will de-  
2 velop the syndrome.

3 (3) Epidemiological data on cases of toxic shock  
4 syndrome are not systematically collected in the  
5 United States, and information on cases seldom  
6 travels beyond the victim's circle of family and  
7 friends. Toxic Shock Syndrome is a nationally  
8 notifiable disease that States report to the Centers  
9 for Disease Prevention and Control, but the report-  
10 ing by the States is voluntary.

11 (4) According to the Council of State and Ter-  
12 ritorial Epidemiologists, as of 2006, only 39 States  
13 required reporting of streptococcal and non-strepto-  
14 coccal toxic shock syndrome to State health officials.

15 (5) The last active surveillance of toxic shock  
16 syndrome occurred in 1987 only in four States and  
17 surveying 12 million people. National surveillance is  
18 conducted through the National Electronic Tele-  
19 communications Systems.

20 (6) The Centers for Disease Prevention and  
21 Control and the States should cooperate to collect  
22 and analyze such data. Increasing the amount of in-  
23 formation on toxic shock syndrome will lead to in-  
24 creased awareness about the disease in the medical



1 community, and may also lead to an increased un-  
2 derstanding of the causes of the syndrome.

3 **SEC. 202. CENTERS FOR DISEASE CONTROL AND PREVEN-**  
4 **TION; ESTABLISHMENT OF PROGRAM FOR**  
5 **COLLECTION AND ANALYSIS OF DATA ON**  
6 **TOXIC SHOCK SYNDROME.**

7 Part B of title III of the Public Health Service Act  
8 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
9 tion 317T the following section:

10 **“SEC. 317U. COLLECTION AND ANALYSIS OF DATA ON**  
11 **TOXIC SHOCK SYNDROME.**

12 “(a) IN GENERAL.—The Secretary, acting through  
13 the Director of the Centers for Disease Control and Pre-  
14 vention, shall carry out a program to collect, analyze, and  
15 make available data on toxic shock syndrome, including  
16 data on the causes of such syndrome.

17 “(b) NATIONAL INCIDENCE AND PREVALENCE.—In  
18 carrying out the program under subsection (a), the Sec-  
19 retary shall to the extent practicable determine the na-  
20 tional incidence and prevalence of toxic shock syndrome.

21 “(c) COOPERATION WITH STATES.—The Secretary  
22 may carry out the program under subsection (a) directly  
23 and through grants to States and local health depart-  
24 ments.

1       “(d) AUTHORIZATION OF APPROPRIATIONS.—For the  
2 purpose of carrying out this section, there are authorized  
3 to be appropriated such sums as may be necessary for  
4 each of the fiscal years 2012 through 2016.”.

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