

119TH CONGRESS
1ST SESSION

H. R. 6897

To advance research, promote awareness and education, and improve health care, with respect to thyroid disease, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 18, 2025

Ms. STEVENS (for herself and Ms. UNDERWOOD) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To advance research, promote awareness and education, and improve health care, with respect to thyroid disease, and for other purposes.

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 “Thyroid Disease Cov-
5 erage, Awareness, Research, and Education Act of 2025”
6 or the “Thyroid Disease CARE Act of 2025”.

7 **SEC. 2. THYROID DISEASE RESEARCH.**

8 (a) IN GENERAL.—The Secretary, in consultation
9 with the National Academies of Sciences, Engineering,
10 and Medicine, shall—

1 (1) conduct or support research and related ac-
2 tivities regarding thyroid disease, including re-
3 search—

4 (A) to investigate the root causes of thy-
5 roid disease;

6 (B) to improve diagnostic techniques and
7 develop improved treatments;

8 (C) to improve thyroid cancer-related care,
9 including the prevention, diagnosis, and treat-
10 ment of thyroid nodules and thyroid cancer;

11 (D) to enhance the quality of thyroid can-
12 cer survivorship, including understanding how a
13 thyroid cancer diagnosis impacts women of re-
14 productive years and beyond;

15 (E) to understand the symptoms of pa-
16 tients treated for thyroid disease and to design
17 studies to improve symptom management;

18 (F) to assess—

19 (i) thyroid disease prevalence, detec-
20 tion, treatment, and outcome disparities by
21 race, ethnicity, geography, primary lan-
22 guage, sex, sexual orientation, gender iden-
23 tity, disability status, and insurance status,
24 and related topics as determined by the
25 Secretary; and

1 (ii) with respect to thyroid cancer pa-
2 tients, such disparities relating to primary
3 tumor site, tumor morphology, stage at di-
4 agnosis, and first course of treatment; and
5 (G) to study the effects of thyroid disease,
6 including subclinical hypothyroidism, in patients
7 who continue to experience symptoms despite
8 their test results becoming normal; and

9 (2) propose recommendations on how to address
10 research gaps relating to disparities referred to in
11 paragraph (1)(F).

12 (b) INTERIM REPORT.—The Secretary shall—

13 (1) not later than 24 months after the date of
14 enactment of this Act, transmit an interim report on
15 the status and results of the research and related ac-
16 tivities under this section to the Committee on En-
17 ergy and Commerce of the House of Representatives
18 and the Committee on Health, Education, Labor,
19 and Pensions of the Senate; and

20 (2) make such report publicly available.

21 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
22 out this section, there is authorized to be appropriated
23 \$30,000,000 for each of fiscal years 2026 through 2030.

1 **SEC. 3. ANALYZING RESEARCH GAPS AND DISPROPOR-**
2 **TIONATE IMPACTS WITH RESPECT TO THY-**
3 **ROID DISEASE.**

4 (a) RESEARCH.—The Secretary shall—

5 (1) identify and analyze gaps in research on di-
6 agnosing and treating thyroid disease;

7 (2) analyze—

8 (A) the disproportionate impacts of thyroid
9 disease on specific populations, disaggregated
10 by race, ethnicity, geography, primary language,
11 sex, sexual orientation, gender identity, dis-
12 ability status, and insurance status, with a par-
13 ticular focus on such disproportionate impacts
14 on women;

15 (B) the reasons for the disproportionate
16 impacts referred to in subparagraph (A) in such
17 specific populations, including with respect to
18 disproportionate access to specialized care; and

19 (C) the level of knowledge of health care
20 professionals about such disproportionate im-
21 pacts; and

22 (3) analyze, and formulate recommendations
23 with respect to, better options for—

24 (A) diagnosing and treating thyroid disease
25 in such populations; and

1 (B) paying for such diagnosis and treat-
2 ment.

3 (b) TOPICS.—In carrying out the analysis under sub-
4 section (a), the Secretary may assess—

5 (1) data from the Transformed Medicaid Statis-
6 tical Information System related to services fur-
7 nished to individuals diagnosed with thyroid disease
8 for the treatment of thyroid disease symptoms under
9 State Medicaid programs and State children’s health
10 insurance programs;

11 (2) data collected through the Surveillance, Epi-
12 demiology, and End Results (SEER) program of the
13 National Cancer Institute;

14 (3) data collected through the Medicare pro-
15 gram under title XVIII of the Social Security Act
16 (42 U.S.C. 1395 et seq.);

17 (4) data related to services furnished to individ-
18 uals diagnosed with thyroid disease for the treat-
19 ment of thyroid disease symptoms under group
20 health plans or group or individual health insurance
21 coverage offered by a health insurance issuer;

22 (5) data from nationally representative sample
23 surveys (such as the National Health Interview Sur-
24 vey of the Centers for Disease Control and Preven-
25 tion (or any successor survey)); and

1 (6) such other data as the Secretary determines
2 relevant.

3 (c) DATA COLLECTION.—To carry out the analysis
4 under subsection (a), the Secretary may request—

5 (1) group health plans (as defined in section
6 2791 of the Public Health Service Act (42 U.S.C.
7 300gg–91)), health insurance issuers offering group
8 or individual health insurance coverage (as so de-
9 fined), and health benefits plans offered under the
10 Federal Employee Health Benefits Program under
11 chapter 89 of title 5, United States Code, to provide
12 such information as may be required to assess bar-
13 riers that individuals diagnosed with thyroid disease
14 face in accessing treatments for thyroid disease
15 symptoms, including a lack of insurance coverage
16 and cost-sharing requirements for such treatments;
17 and

18 (2) State Medicaid programs and State chil-
19 dren’s health insurance programs to collect and re-
20 port, through the Transformed Medicaid Statistical
21 Information System, data related to services fur-
22 nished to individuals diagnosed with thyroid disease
23 for the treatment of thyroid disease symptoms, in-
24 cluding data stratified by relevant demographic
25 characteristics.

1 (d) PRIVACY REQUIREMENTS.—In carrying out the
2 analysis under subsection (a), including making requests
3 under subsection (c), and in submitting the report under
4 subsection (e), the Secretary shall ensure that the privacy
5 and confidentiality of individual patients are protected in
6 a manner consistent with relevant privacy and confiden-
7 tiality laws.

8 (e) REPORT.—The Secretary shall—

9 (1) not later than 2 years after the date of en-
10 actment of this Act, submit to Congress and make
11 publicly available on the website of the Department
12 of Health and Human Services a preliminary report
13 on the analysis carried out under this section; and

14 (2) not later than the end of fiscal year 2030,
15 submit to Congress and make publicly available on
16 the website of the Department of Health and
17 Human Services a final report on such analysis.

18 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
19 out this section, there is authorized to be appropriated
20 \$30,000,000 for each of fiscal years 2026 through 2030.

21 **SEC. 4. PUBLIC AWARENESS CAMPAIGN WITH RESPECT TO**
22 **THYROID DISEASE.**

23 (a) IN GENERAL.—The Secretary shall carry out a
24 public awareness campaign regarding thyroid disease, in-
25 cluding by developing and disseminating information on—

1 (1) the awareness, incidence, and prevalence of
2 thyroid disease and associated impacts, with a par-
3 ticular focus on the disparities and disproportionate
4 impacts described in sections 2(a)(1)(F) and
5 3(a)(2), especially on women;

6 (2) the availability, as medically appropriate, of
7 the range of treatment options for symptoms of thy-
8 roid disease;

9 (3) how patients can better recognize the signs
10 and symptoms of thyroid disease; and

11 (4) whether there are benefits of routine screen-
12 ing, especially during pregnancy and reproductive
13 stages.

14 (b) INFORMATION TO HEALTH CARE PROVIDERS.—

15 In carrying out the public awareness campaign under sub-
16 section (a), the Secretary, in consultation with relevant
17 health care professional societies and associations, shall
18 disseminate information to health care professionals,
19 health care-related organizations, and health systems to
20 promote evidence-based care for individuals with thyroid
21 disease, including information related to—

22 (1) detecting and diagnosing thyroid disease
23 with an emphasis on better addressing thyroid dis-
24 ease in populations at increased risk for the disease;

1 (2) providing care for individuals with thyroid
2 disease;

3 (3) communicating with patients about thyroid
4 disease;

5 (4) enhancing the prevention of implicit bias in
6 the provision of care; and

7 (5) related topics, including research on the
8 reasons why thyroid disease occurs.

9 (c) DISSEMINATION OF INFORMATION.—The Sec-
10 retary may disseminate information under subsection (a)
11 directly or through arrangements with intra-agency initia-
12 tives, nonprofit organizations, consumer groups, institu-
13 tions of higher education, or Federal, State, or local pub-
14 lic-private partnerships.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
16 out this section, there is authorized to be appropriated
17 \$3,000,000 for each of fiscal years 2026 through 2030.

18 **SEC. 5. COLLABORATION WITH RELEVANT PROFESSIONAL**
19 **SOCIETIES.**

20 In carrying out this Act, the Secretary shall collabo-
21 rate with—

22 (1) relevant professional societies; and

23 (2) relevant agencies of the Department of
24 Health and Human Services, including the National
25 Institutes of Health.

1 **SEC. 6. DEFINITIONS.**

2 In this Act:

3 (1) INSTITUTION OF HIGHER EDUCATION.—The
4 term “institution of higher education” has the
5 meaning given to such term in section 101 of the
6 Higher Education Act of 1965 (20 U.S.C. 1001).

7 (2) RACIAL AND ETHNIC MINORITY GROUP.—
8 The term “racial and ethnic minority group” has the
9 meaning given such term in section 1707(g) of the
10 Public Health Service Act (42 U.S.C. 300u–6(g)).

11 (3) SECRETARY.—The term “Secretary” means
12 the Secretary of Health and Human Services.

13 (4) THYROID DISEASE.—The term “thyroid dis-
14 ease” means—

15 (A) disorders and abnormalities of thyroid
16 gland function; and

17 (B) abnormalities of thyroid structure, in-
18 cluding thyroid nodules and thyroid cancer.

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