

FLORIDA HOUSE OF REPRESENTATIVES FINAL BILL ANALYSIS

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BILL #: HB 327	COMPANION BILL: CS/SB 196 (Sharief)
TITLE: Uterine Fibroid Research Database	LINKED BILLS: HB 1515 (Dunkley)
SPONSOR(S): Dunkley and Valdés	RELATED BILLS: CS/SB 864 (Sharief)
FINAL HOUSE FLOOR ACTION: 103 Y's 0 N's	GOVERNOR'S ACTION: Approved

SUMMARY

Effect of the Bill:

The bill requires health care providers to submit identified information to the Department of Health for inclusion in the Uterine Fibroid Research Database, rather than the deidentified information required by current law.

Fiscal or Economic Impact:

The bill has a significant, negative fiscal impact on the Department of Health. See Fiscal or Economic Impact.

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ANALYSIS

EFFECT OF THE BILL:

Uterine Fibroid Research Database

The bill requires health care providers¹ to submit *identified* information to the Department of Health (DOH) for inclusion in the Uterine Fibroid Research Database. Currently, health care providers are submitting *deidentified* information relating to the diagnosis and treatment of patients with [uterine fibroids](#) to DOH for inclusion in the Uterine Fibroid Research Database.² DOH is unable to determine if the submitted *deidentified* information is related to a unique individual or related to the same individual whose information has been reported by other health care providers; as a result, DOH has been unable to implement the Uterine Fibroid Research Database. The bill will allow DOH to successfully implement the database. (Section [1](#))

The bill will also allow DOH to accurately identify and analyze trends for the incidence, prevalence, and treatment of uterine fibroids in Florida.

The bill was approved by the Governor on May 22, 2026, ch. 2026-104, L.O.F., and will become effective on July 1, 2026. (Section [2](#))

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

When the original law requiring DOH to establish the Uterine Fibroid Research Database passed in 2022³, the Legislature appropriated \$121,852 in recurring funds from the General Revenue Fund and \$681,048 in non-recurring funds from the General Revenue Fund to pay for the costs of establishing and maintaining the database.⁴ DOH only received deidentified data under the original law, and could not use the deidentified data to implement

¹ S. 381.00321, F.S., defines health care providers as physicians and physician assistants licensed under chapters 458 and 459, F.S., and advanced practice registered nurses licensed under chapter 464, F.S.

² S. [381.9312, F.S.](#)

³ Ch. 2022-50, Laws of Florida.

⁴ *Id.*

STORAGE NAME: h0327z

DATE: 5/26/2026

Diagnosis of Fibroids

Fibroids vary in size and weight¹² and can grow in different parts of the uterus.¹³ Although it is possible for just one fibroid to develop, most often there are multiple. Fibroids are not always easy to diagnose, as some women have no symptoms. However, common symptoms are bleeding between periods, heavy bleeding during periods, periods that last longer than normal, urinary frequency and urgency, pelvic cramping or pain with periods, feeling fullness or pressure in the lower belly, and painful intercourse.¹⁴

Fibroids can also be diagnosed through a pelvic exam, which may show a change in the shape of a woman's uterus, or through the following tests:¹⁵

- Ultrasound, which uses sound waves to create a picture of the uterus.
- Magnetic resonance imaging, which uses powerful magnets and radio waves to create a picture.
- Saline infusion sonogram, where saline is injected into the uterus to make it easier to see the uterus using ultrasound.
- Hysteroscopy, which uses a long, thin tube inserted through the vagina and into the uterus to examine the inside of the uterus.
- Endometrial biopsy, which removes a small piece of the lining of the uterus to check for cancer if a woman has unusual bleeding.

Treatment of Fibroids

Treatment of fibroids depends on a woman's age, general health, symptoms, type of fibroids, whether she is pregnant, and her desire to have children in the future. Treatment ranges from minimally invasive hormonal and medical treatments to major surgical interventions, such as hysterectomy.¹⁶

Non-Surgical Treatment

There are various treatments for the symptoms of fibroids, such as intrauterine devices (IUDs) that release hormones to help reduce heavy bleeding and pain and tranexamic acid to reduce the amount of blood flow.¹⁷ There are also medical or hormonal therapies to shrink fibroids,¹⁸ including a type of IUD that releases a low dose of the hormone progestin into the uterus each day.¹⁹ Medical procedures used to directly treat fibroids include:²⁰

- Endometrial ablation, a procedure used to treat heavy bleeding associated with fibroids; and
- Uterine artery embolization, a procedure that stops the blood supply to the fibroid, causing it to shrink and die.

¹² *Supra* note 8. Some fibroids are microscopic, while others fill the entire uterus and weigh several pounds.

¹³ *Supra* note 8. Fibroids can grow in the muscle wall of the uterus (myometrial); just under the surface of the uterine lining (submucosal); just under the outside lining of the uterus (subserosal); or on a long stalk on the outside the uterus or inside the uterus (pedunculated).

¹⁴ *Supra*, note 8.

¹⁵ *Id.*

¹⁶ *Supra*, note 7.

¹⁷ Other examples include iron supplements to prevent or treat anemia due to heavy periods; and pain relievers, such as ibuprofen or naproxen, for cramps or pain.

¹⁸ Other examples include birth control pills to help control heavy periods and hormone shots to help shrink fibroids by stopping ovulation.

¹⁹ *Supra*, note 8.

²⁰ *Id.*

Surgical Treatments

Surgical procedures used to treat fibroids include:²¹

- Hysteroscopy, a procedure that removes fibroids growing inside the uterus;
- Myomectomy, a procedure that removes fibroids from the uterus, but does not prevent new fibroids from growing; and
- Hysterectomy.

Hysterectomy is a major surgery to remove all or part of a woman’s uterus. The fallopian tubes and ovaries may also be removed during the surgery.²² Hysterectomy is the second most frequently performed surgical procedure, after cesarean section, for women of reproductive age in the United States. Between 2012-2020, one in five women, and half of the women aged 70 years or older, reported undergoing a hysterectomy in the United States;²³ fibroids are the number one reason for hysterectomies in the United States.²⁴

In addition to the general risks of surgery,²⁵ hysterectomy specific risks include:²⁶

- Injury to the bladder or ureters;
- Pain during sexual intercourse;
- Early menopause if the ovaries are removed;
- Decreased interest in sex; and
- Increased risk of heart disease if the ovaries are removed before menopause.

Uterine Fibroids Data

Currently, the main uterine fibroids data source in the state is through a data-sharing agreement between Department of Health (DOH) and the Agency for Health Care Administration (AHCA). If a woman has a hospitalization related to fibroids, this information is captured via the hospital discharge record. Current law requires hospitals to submit hospital discharge data to AHCA,²⁷ which AHCA then transmits to DOH per the data-sharing agreement.

In 2024, there were 18,154 hospitalizations related to uterine fibroids among Florida women ages 15-54 years.²⁸ Uterine fibroids place significant financial burdens on the United States health care system and economy, with an estimated \$34 billion in associated annual health care costs.²⁹

²¹ *Id.*

²² UFHealth, *Hysterectomy*, <https://ufhealth.org/hysterectomy> (last visited March 16, 2026).

²³ Sameer V. Gopalani, Sabitha R. Dasari, Emily E. Adam, Trevor D. Thompson, Mary C. White, and Mona Saraiya, *Variation in Hysterectomy Prevalence and Trends Among U.S. States and Territories—Behavioral Risk Factor Surveillance System, 2012-2020*, (Oct. 2023), available at <https://stacks.cdc.gov/view/cdc/135504> (last visited March 16, 2026).

²⁴ Johns Hopkins Medicine, *Fibroids*, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/uterine-fibroids#:~:text=Hysterectomy%20for%20Fibroids,eliminates%20the%20possibility%20of%20recurrence> (last visited March 16, 2026).

²⁵ Risks include blood clots, which may cause death if they travel to the lungs, allergic reactions to medicines, breathing problems, bleeding, infection, and injury to nearby body areas.

²⁶ *Supra*, note 22.

²⁷ S. 408.061, F.S.

²⁸ FLHealthCharts, *Hospitalization from Uterine Fibroids*, <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=UterineFibroids.Dataviewer&cid=0901> (last visited January 15, 2026).

²⁹ Yang Q, Ciebiera M, Bariani M, Ali M, Elkafas H, Boyer T, and Al-Hendy A, *Endocrine Society Oxford, Endocrine Reviews*, 2022, Vol. XX, No. XX, 1–43 *Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment*, (Nov. 2021) available at <https://academic.oup.com/edrv/advance-article/doi/10.1210/endrev/bnab039/6422392> (last visited March 16, 2026).

Uterine Fibroid Research Database

In 2022, the Legislature required DOH to establish a Uterine Fibroid Research Database, which includes, but is not limited to:³⁰

- Incidence and prevalence of women diagnosed with fibroids in Florida;
- Demographic attributes of women diagnosed with fibroids in Florida; and
- Treatments and procedures for fibroids in Florida.

To populate the database, physicians and physician assistants licensed under chapters 458³¹ and 459,³² F.S., and advanced practice registered nurses (APRNs) licensed under ch. 464,³³ F.S., must submit to DOH deidentified information relating to their diagnoses and treatments of women with fibroids to DOH, for inclusion in the database.³⁴ DOH is prohibited from including any personal identifying information of women diagnosed with or treated with uterine fibroids in the database.³⁵

As a result of not being able to include any personal identifying information in the database, DOH has not been able to implement it. A woman may see many doctors before receiving a diagnosis and treatment for uterine fibroids. Without collecting personal identifying information, DOH is unable to deduplicate the data. If DOH were to add the information to the database, it can lead to an over or under representation of the public health issue.³⁶

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2025	CS/HB 1553 - Uterine Fibroid Research Database	Dunkley, Valdés/ Rodriguez	Died in Senate
2022	CS/CS/CS/HB 543 - Uterine Fibroid Research and Education	Omphroy/ Gibson	The bill was enacted, but it has not been fully implemented.

³⁰ *Id.*
³¹ Ch. 458, F.S., governs licensure and regulation of allopathic physicians (medical doctors) and physician assistants by the Florida Board of Medicine, in conjunction with DOH.
³² Ch. 459, F.S., governs licensure and regulation of osteopathic physicians and physician assistants by the Florida Board of Osteopathic Medicine, in conjunction with DOH.
³³ Ch. 464, F.S., governs licensure and regulation of APRNs by the Board of Nursing, in conjunction with DOH.
³⁴ *Supra*, note 2.
³⁵ *Id.*
³⁶ *Supra*, note 5.