



Uterine fibroids



Understanding how the policy, healthcare, and economic impact affect women's health

Key Takeaways

- **Fibroids are a major health concern for women.**
- **Symptoms include pelvic pain, heavy menstrual bleeding, mood swings, and reproductive health issues.**
- **Black women and women of lower socioeconomic status experience health disparities when getting treated from fibroids.**
- **Federal legislators have been advocating for uterine fibroid research, awareness, and funding. More legislation should be pushed at state and local levels.**

What are uterine fibroids?

Fibroids are benign tumors inside or outside the uterus. Women might have no symptoms, but the most common are cramping, pain, bleeding, and fertility issues. In the outer muscular layer of the uterus, fibroids might be as small as a seed (less than one centimeter) or as large as a watermelon (over 20 centimeters).¹ They are also controlled by progesterone and estrogen, essential hormones for women, tied often to pregnancy or menopausal fluctuations.

The cause of fibroids is unknown, but a woman can develop them if there is a family history of this health condition. Fibroids pose a significant health concern and it is important to understand how they limit a woman's quality of life and find appropriate ways to treat them. Many well-known Ohio women have been spreading awareness about this condition such as Ohio's own U.S. Representative Shontel Brown (D-OH-11) and the late Congresswoman Stephanie Tubbs Jones (D-OH-11). Given the significance of fibroids on women's health and wellbeing, there are questions about them that need to be answered.

- **How do fibroids appear across the lifespan?**
- **What does legislation look like across the U.S., Ohio, and northeast Ohio?**
- **How are fibroids shown as health disparities among racial groups and socioeconomic status?**
- **How does health insurance cover the treatment of fibroids?**
- **Are there solutions we should consider?**

Answering these questions will help policymakers, healthcare providers, patient advocates, and other citizens work together to handle this public health issue.



The impact of fibroids across the lifespan

Twenty-six million women between the ages of 15 and 50 in the U.S. are impacted by fibroids.² The symptoms of this complex condition adversely affect the daily livelihoods of women, with symptoms such as pelvic pain or heavy menstrual bleeding, potentially leading to anemia or the need for blood transfusion. Women may experience bloating, constipation, and frequent urination.³⁻⁴ Not all women diagnosed with this condition will experience all symptoms, but they may experience some, and when they do daily activity becomes disrupted and more uncomfortable.

The occurrence and severity of fibroids vary throughout the reproductive years.

Fibroids during pregnancy could change the baby's position, or increase the risk of miscarriages, c-sections, and premature delivery.⁵

Fibroids can negatively affect women's emotional health. As fibroids get bigger, hormone changes can cause severe mood fluctuations. Fibroids can also make a woman to gain weight and her stomach look swollen, which might affect how she feels about her body. Pain and hormone changes alter a woman's sleeping patterns, interfering with sleep.⁶

Fibroids can also impact a woman's work life. Due to the symptoms of uterine fibroids, women might need to take more time off. Women working in health care in the U.S. who had uterine fibroids lost about one-third of their productivity because they kept working even when they felt sick or unwell (also known as presenteeism).

Lost productivity resulted in an estimated cost of \$387 each week, affecting both employees and employers.⁷

Contributing further to emotional distress, women suffering from fibroids often fear losing their occupation(s) due to absences.⁸

Fibroid research at national, state, and local levels

Unfortunately, there is no research about fibroids in Ohio or locally, in northeast Ohio. However, various sources mentioned statistics about fibroids in the U.S.

In the U.S., 15 million women are impacted by fibroid-related symptoms (see note 2). Even though many women suffer from uterine fibroids, they wait, on average, 3.6 years before they seek treatment.⁹ Health care providers often dismiss their symptoms or concerns and explaining it is normal, leaving some women feeling disrespected and dismissed.¹⁰



Not only individual women are affected by delayed or denied treatment; the broader economy is impacted. Between 2010 and 2022, the economic burden of fibroids in the U.S. increased from \$34.4 billion to \$42.2 billion.¹¹

Health disparities: race and socioeconomic

Any woman can be diagnosed with fibroids, but there are wide disparities in experience based on race and socioeconomic income. By the time they have reached 50 years of age, almost 70 percent of Hispanic, white, and Asian women could experience uterine fibroids. Over 80 percent of Black women will be diagnosed with the health condition (see note 11).

Research shows that Black women can experience an earlier onset of fibroids.

In a systemic review about fibroids across the lifespan for Black women, researchers identified that disproportionate exposures to stress, childhood adversity, and/or environmental exposures increase likelihood for Black women to experience greater likelihood of an early first menstrual period.¹²

Early onset of a girl's first period could increase the risk of fibroids. Researchers found that if a girl's period starts just one year later, the risk of fibroids will be lowered by 13 percent. In addition, early onset of menarche was correlated with a higher probability of developing *multiple* fibroids.¹³

Another health disparity is how Black women receive treatment and deal with recovery from those treatments. Black women tend to have hysterectomies—surgery to remove the uterus— at earlier ages than white women (see note 1). Compared to other racial groups, African American* women are two to three times more likely to experience a hysterectomy for treating fibroid tumors.¹⁴

Black women experience a more difficult recovery process.

In a qualitative study, African American women were more likely to report a difficult recovery process than women from other racial groups. One African American* woman said she could not do much physical activity, needed a lot of help, and that it took 6-8 weeks to heal due to her treatment.¹⁵ In contrast, a white woman expressed that her recovery was “pretty good”, and she felt better four weeks after her treatment.

In yet another study, Black women had significantly higher odds of suffering from a complication from hysterectomies compared to white women.^{1,16} Specifically, the odds for Black women to experience a complication from an abdominal hysterectomy is 17.3



percent compared to 11.1 percent for white women. Black women had higher odds of dealing with a complication from a vaginal hysterectomy at 10.8 percent than white women at 7.1 percent.

Women of all races of a lower socioeconomic status experience challenges receiving uterine fibroid care.

In one report about the SES disparities and inequities, researchers determined that low-income women were more likely to endure invasive treatments, such as hysterectomies.¹⁷ The more invasive procedures resulted in women of low SES status needing to take more time off work and saw an increase in medical bills.

Women with lower incomes visited the emergency department at a greater frequency compared to higher SES statuses.¹⁸ Women who visited the emergency department were most likely to be in the lowest income quartile at 36.1 percent.¹⁹ In contrast, only 16.4 percent of these women belonged in the highest income quartile.

Women may visit emergency departments visits more often due to lack of access to primary care services and providers. In addition, as women's income and education levels increased, there was a greater chance of them choosing less invasive treatment options. Individuals who either have less than a bachelor's degree, less than a high school education, or only acquired a high school diploma, had a lower probability of experiencing the least invasive procedures.²⁰ The less invasive treatment options are:²¹⁻²²

- **Uterine artery embolization (UAE):** A radiologist injects tiny particles into the uterine arteries in order to obstruct blood flow.
- **Endometrial ablation:** A physician conducts a procedure to use cold, heat, or various types of energy to destroy part of the lining in the uterus.
- **Myomectomy:** A surgery where an obstetrician or gynecologist removes fibroids laparoscopically (making small incisions with tiny instruments) or with open surgery.



Legislation promoting awareness and research

A few bills have been introduced in Congress to recognize the impacts of uterine fibroids and promoting research.

The Uterine Fibroid Intervention and Gynecological Health and Treatment Act

U.S. Representative Shontel Brown (D-OH-11) introduced The Uterine Fibroid Intervention and Gynecological Health and Treatment Act (U-FIGHT) in 2024²³[?](#)

- Allows the Secretary of Health and Human Services to award grants to increase early screening and intervention for uterine fibroids, research, education, and awareness programs.
- Addresses disparities in pain control and management.
- Addresses Asherman's syndrome (when uterine scar tissue appears after surgery).

The bill is now introduced as The Uterine Fibroid Intervention and Gynecological Treatment Act of 2025 and is assigned to the House Committee on Energy and Commerce.²⁴

Senator Angela D. Alsobrooks (D-MD) introduced a companion bill in Senate, and it is currently in the Senate Committee on Health, Education, Labor, and Pensions.²⁵

Uterine Fibroids Research and Education Act

The late U.S. Representative Stephanie Tubbs Jones (D-OH-11) introduced a bill called the Uterine Fibroids Research and Education Act between 2001 and 2008.

- This bill proposed a budget to increase public awareness about uterine fibroid health education and for the National Institutes of Health (NIH) to provide research about the health issue.²⁶⁻²⁷ Over the years, this act has evolved into the Stephanie Tubbs Jones Uterine Fibroid Research and Education Act, which was currently introduced by Representative Yvette D. Clarke (D-NY-9).
- In its 2025 iteration, the act orders the Secretary of Health and Human Services to increase and coordinate programs that support uterine fibroid research.²⁸
- Sets up a research database for those diagnosed with fibroids. U.S. Representative David Scott (D-GA-13) sponsors House Resolution 579, which designates July as Uterine Fibroid Awareness Month; it is currently in House Committee on Energy and Commerce.²⁹

Policies have been introduced at the federal level, not at state or local levels.



How does health insurance cover fibroid treatment?

Fibroid treatment varies based on the type of health insurance a woman has. Ohio Medicaid is operated through the managed care plans. Ohio managed care plans cover less invasive fibroid treatments. For instance, UnitedHealthcare and CareSource in Ohio will cover UAE and transcervical ultrasound radiofrequency ablation (a surgeon using a tool that has radiofrequency energy to treat a fibroid) if they are considered medically necessary.³⁰⁻³¹

A study from the Harvey L. Neiman Health Policy Institute noted that individuals with Medicaid were more likely to get treated with UAE than those with commercial insurance.³²⁻³³ However, among women who received a hysterectomy or myomectomy, those with Medicaid were 20 percent less likely to receive the less invasive laparoscopic procedure than people with commercial insurance.

Although the study presents some conflicting findings, the type of treatment ultimately depends on the reimbursement rate of insurance and if a gynecologist decides to treat or refer the patient (see note 33).

More needs to be studied to understand the conflicts and complexity of health insurance covering fibroid treatment.

Policy and community solutions to address uterine fibroids

Are there practical solutions to address uterine fibroids, especially when health disparities are present? The following list presents a list of some solutions to consider:

Support the current federal legislation and introduce more local legislation about fibroid research and support

As mentioned earlier, many potential policies happen at the federal level, but none have been enacted yet. Statewide or local policies have not been explored. Advocates and nonprofits can collaborate with policymakers to introduce bills or ordinances to recognize the importance of fibroid research and support. They can also advocate for the current bills at the federal level by engaging with policymakers or writing testimonies.

Improve quality and access to healthcare options

According to Rhea Manohar and Brianna Clark, and Vashti Price (2025), hospitals and insurers should expand access to minimally invasive treatments, regardless of income or race.³⁴ The data shows that some women receive more invasive treatments that are more



complicated and costly. In addition, researchers made a call to action for doctors to properly treat patients. Doctors should recognize and acknowledge symptoms, conduct appropriate interventions to diagnose, and consider the patient's needs like effects on quality of life or providing specific interventions.³⁵

Build trust through community engagement

Some researchers expressed the need for healthcare to collaborate with patient advocates and trusted organizations to reduce mistrust and stigma. Community health workers (CHWs) are excellent examples of patient advocates. They provide health education, make referrals, and support patients in medical appointments. They also build trust with patients because they are sometimes from the same communities. To learn more about how CHWs help the patients' healthcare experience, please refer to The Center for Community Solutions report called *How community health workers navigate the Infant and maternal health space in Ohio*.³⁶ The report focuses on CHWs specializing in infant and maternal health, but some of the information can be applied to other CHWs.

Conclusion

Uterine fibroids affect women's health and their quality of life. Even though this health problem is common in the U.S., Black women and those with lower SES status suffer from greater health disparities when seeking fibroid treatment. Despite increased federal attention, there is a need for greater state and local advocacy, improved healthcare access, and stronger community engagement to ensure equitable outcomes for all women affected by uterine fibroids.

Continued collaboration among policymakers, healthcare providers, and patient advocates is essential to advance research, education, and support for those affected by this health issue.

*The term African American women was used in reports previously cited.



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REPRODUCTIVE HEALTH ISSUE BRIEF 2

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