

115TH CONGRESS
2D SESSION

S. RES. 508

Supporting the goals of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
International Awareness Day.

IN THE SENATE OF THE UNITED STATES

MAY 15, 2018

Mr. MARKEY (for himself, Mr. KING, Mr. VAN HOLLEN, and Ms. COLLINS)
submitted the following resolution; which was referred to the Committee
on Health, Education, Labor, and Pensions

RESOLUTION

Supporting the goals of Myalgic Encephalomyelitis/Chronic
Fatigue Syndrome International Awareness Day.

Whereas the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (referred to in this preamble as “HMD”), formerly known as the Institute of Medicine, has found Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (referred to in this preamble as “ME/CFS”) to be “a serious, chronic, complex, and systemic disease that frequently and dramatically limits the activities of affected patients”;

Whereas between 836,000 and 2,500,000 individuals of all ages, races, and sexes in the United States are believed to be afflicted with ME/CFS, with millions more afflicted

by ME/CFS worldwide, and the vast majority of individuals with ME/CFS are undiagnosed or misdiagnosed;

Whereas ME/CFS is approximately 4 times more prevalent in women than in men;

Whereas ME/CFS is a chronic disease that persists for decades and leaves $\frac{1}{4}$ of individuals with ME/CFS housebound or bedbound, often for years;

Whereas 50 to 75 percent of individuals with ME/CFS cannot work or attend school;

Whereas medical expenses and lost productivity related to ME/CFS cost the economy of the United States \$17,000,000,000 to \$24,000,000,000 annually;

Whereas the cause of ME/CFS is unknown, there is no diagnostic test for ME/CFS, and there is no treatment for ME/CFS that is approved by the Food and Drug Administration;

Whereas HMD has noted a “paucity of research” on ME/CFS and that “more research is essential”;

Whereas individuals with ME/CFS struggle to find doctors who are willing and able to care for them and ME/CFS is included in less than $\frac{1}{3}$ of medical curricula;

Whereas, in recognition of the dearth of research on ME/CFS and the profound impact that the disease has on individuals with ME/CFS and their loved ones and caretakers, the National Institutes of Health (referred to in this preamble as the “NIH”) is “committed to unraveling the underlying biologic cause(s) of ME/CFS as swiftly as possible, and promoting research that will inform the development of effective strategies for treatment and prevention of this devastating condition”;

Whereas, in 2017, 11 Institutes at the NIH that participate in the Trans-NIH Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Working Group and the Office of the Director of the NIH contributed more than \$7,000,000 in grants to assist in establishing Collaborative Research Centers and a Data Management Coordinating Center to improve the coordination of ME/CFS research and help accelerate understanding of ME/CFS; and

Whereas, in 2018, May 12 is recognized as International Awareness Day for ME/CFS and other neurological conditions: Now, therefore, be it

1 *Resolved*, That the Senate—

2 (1) supports the goals of Myalgic
3 Encephalomyelitis/Chronic Fatigue Syndrome Inter-
4 national Awareness Day;

5 (2) recognizes and affirms the commitment of
6 the United States to—

7 (A) discovering the cause of, and a cure
8 for, Myalgic Encephalomyelitis/Chronic Fatigue
9 Syndrome; and

10 (B) improving the availability and quality
11 of medical care for individuals with Myalgic
12 Encephalomyelitis/Chronic Fatigue Syndrome;
13 and

14 (3) encourages—

15 (A) the National Institutes of Health and
16 other Federal agencies to work with experts,
17 stakeholders, and individuals with Myalgic

1 Encephalomyelitis/Chronic Fatigue Syndrome
2 to—

3 (i) consider the recommendations of
4 the National Academies of Sciences, Engi-
5 neering, and Medicine relating to Myalgic
6 Encephalomyelitis/Chronic Fatigue Syn-
7 drome; and

8 (ii) support research to discover the
9 cause of, and a cure for, Myalgic
10 Encephalomyelitis/Chronic Fatigue Syn-
11 drome; and

12 (B) the medical community to enhance
13 practitioner training to provide appropriate and
14 accessible care for individuals with Myalgic
15 Encephalomyelitis/Chronic Fatigue Syndrome.

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