# In the House of Representatives, U. S.,

December 9 (legislative day, December 8), 2006.

Resolved, That the bill from the Senate (S. 707) entitled "An Act to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity", do pass with the following

# **AMENDMENT:**

Strike out all after the enacting clause and insert:

### 1 SECTION 1. SHORT TITLE.

- 2 This Act may be cited as the "Prematurity Research
- 3 Expansion and Education for Mothers who deliver Infants
- 4 Early Act" or the "PREEMIE Act".
- 5 SEC. 2. PURPOSE.
- 6 It the purpose of this Act to—
- 7 (1) reduce rates of preterm labor and delivery;
- 8 (2) work toward an evidence-based standard of
- 9 care for pregnant women at risk of preterm labor or
- 10 other serious complications, and for infants born
- 11 preterm and at a low birthweight; and
- 12 (3) reduce infant mortality and disabilities
- caused by prematurity.

1	SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DE-										
2	LIVERY AND THE CARE, TREATMENT, AND										
3	OUTCOMES OF PRETERM AND LOW BIRTH-										
4	WEIGHT INFANTS.										
5	(a) General Expansion of CDC Research.—Sec-										
6	tion 301 of the Public Health Service Act (42 U.S.C. 241										
7	et seq.) is amended by adding at the end the following:										
8	"(e) The Secretary, acting through the Director of the										
9	Centers for Disease Control and Prevention, shall expand,										
10	intensify, and coordinate the activities of the Centers for										
11	Disease Control and Prevention with respect to preterm										
12	labor and delivery and infant mortality.".										
13	(b) Studies on Relationship Between Pre-										
14	MATURITY AND BIRTH DEFECTS.—										
15	(1) In general.—The Secretary of Health and										
16	Human Services, acting through the Director of the										
17	Centers for Disease Control and Prevention, shall,										
18	subject to the availability of appropriations, conduct										
19	ongoing epidemiological studies on the relationship										
20	between prematurity, birth defects, and developmental										
21	disabilities.										
22	(2) Report.—Not later than 2 years after the										
23	date of enactment of this Act, and every 2 years there-										
24	after, the Secretary of Health and Human Services,										
25	acting through the Director of the Centers for Disease										
26	Control and Prevention, shall submit to the appro-										

- 1 priate committees of Congress reports concerning the
- 2 progress and any results of studies conducted under
- $3 \quad paragraph (1).$
- 4 (c) Pregnancy Risk Assessment Monitoring Sur-
- 5 *VEY.*—
- 6 (1) In General.—The Secretary of Health and
- 7 Human Services, acting through the Director of the
- 8 Centers for Disease Control and Prevention, shall es-
- 9 tablish systems for the collection of maternal-infant
- 10 clinical and biomedical information, including elec-
- 11 tronic health records, electronic databases, and
- 12 biobanks, to link with the Pregnancy Risk Assessment
- 13 Monitoring System (PRAMS) and other epidemiolog-
- ical studies of prematurity in order to track preg-
- 15 nancy outcomes and prevent preterm birth.
- 16 (2) AUTHORIZATION OF APPROPRIATIONS.—
- 17 There is authorized to be appropriated to carry out
- paragraph (1) \$3,000,000 for each of fiscal years
- 19 2007 through 2011.
- 20 (d) Evaluation of Existing Tools and Meas-
- 21 URES.—The Secretary of Health and Human Services shall
- 22 review existing tools and measures to ensure that such tools
- 23 and measures include information related to the known risk
- 24 factors of low birth weight and preterm birth.

1	(e) Authorization of Appropriations.—There is
2	authorized to be appropriated to carry out this section, ex-
3	cept for subsection (c), \$5,000,000 for each of fiscal years
4	2007 through 2011.
5	SEC. 4. PUBLIC AND HEALTH CARE PROVIDER EDUCATION
6	AND SUPPORT SERVICES.
7	Part P of title III of the Public Health Service Act
8	(42 U.S.C. 280g et seq.) is amended—
9	(1) by redesignating the second section 3990 (re-
10	lating to grants to foster public health responses to
11	domestic violence, dating violence, sexual assault, and
12	stalking) as section 399P; and
13	(2) by adding at the end the following:
14	"SEC. 399Q. PUBLIC AND HEALTH CARE PROVIDER EDU-
15	CATION AND SUPPORT SERVICES.
16	"(a) In General.—The Secretary, directly or through
17	the awarding of grants to public or private nonprofit enti-
18	ties, may conduct demonstration projects for the purpose
19	of improving the provision of information on prematurity
20	to health professionals and other health care providers and
21	the public and improving the treatment and outcomes for
22	babies born preterm.
23	"(b) Activities.—Activities to be carried out under
24	the demonstration project under subsection (a) may include
25	the establishment of—

1	"(1) programs to test and evaluate various strat-
2	egies to provide information and education to health
3	professionals, other health care providers, and the
4	public concerning—
5	"(A) the signs of preterm labor, updated as
6	new research results become available;
7	"(B) the screening for and the treating of
8	infections;
9	"(c) counseling on optimal weight and good
10	nutrition, including folic acid;
11	"(D) smoking cessation education and coun-
12	seling;
13	"( $E$ ) stress management; and
14	"(F) appropriate prenatal care;
15	"(2) programs to improve the treatment and out-
16	comes for babies born premature, including the use of
17	evidence-based standards of care by health care profes-
18	sionals for pregnant women at risk of preterm labor
19	or other serious complications and for infants born
20	preterm and at a low birthweight;
21	"(3) programs to respond to the informational
22	needs of families during the stay of an infant in a
23	neonatal intensive care unit, during the transition of
24	the infant to the home, and in the event of a newborn
25	death; and

- 1 "(4) such other programs as the Secretary deter-
- 2 mines appropriate to achieve the purpose specified in
- 3 subsection (a).
- 4 "(c) Authorization of Appropriations.—There is
- 5 authorized to be appropriated to carry out this section
- 6 \$5,000,000 for each of fiscal years 2007 through 2011.".

## 7 SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PRE-

- 8 *MATURITY AND LOW BIRTHWEIGHT*.
- 9 (a) Purpose.—It is the purpose of this section to
- 10 stimulate multidisciplinary research, scientific exchange,
- 11 and collaboration among the agencies of the Department of
- 12 Health and Human Services and to assist the Department
- 13 in targeting efforts to achieve the greatest advances toward
- 14 the goal of reducing prematurity and low birthweight.
- 15 (b) Establishment.—The Secretary of Health and
- 16 Human Services shall establish an Interagency Coordi-
- 17 nating Council on Prematurity and Low Birthweight (re-
- 18 ferred to in this section as the Council) to carry out the
- 19 purpose of this section.
- 20 (c) Composition.—The Council shall be composed of
- 21 members to be appointed by the Secretary, including rep-
- 22 resentatives of the agencies of the Department of Health and
- 23 Human Services.
- 24 (d) Activities.—The Council shall—

1	(1) annually report to the Secretary of Health
2	and Human Services and Congress on current De-
3	partmental activities relating to prematurity and low
4	birthweight;
5	(2) carry out other activities determined appro-
6	priate by the Secretary of Health and Human Serv-
7	ices; and
8	(3) oversee the coordination of the implementa-
9	tion of this Act.
10	SEC. 6. SURGEON GENERAL'S CONFERENCE ON PRETERM
11	BIRTH.
12	(a) Convening of Conference.—Not later than 1
13	year after the date of enactment of this Act, the Secretary
14	of Health and Human Services, acting through the Surgeon
15	General of the Public Health Service, shall convene a con-
16	ference on preterm birth.
17	(b) Purpose of Conference.—The purpose of the
18	conference convened under subsection (a) shall be to—
19	(1) increase awareness of preterm birth as a seri-
20	ous, common, and costly public health problem in the
21	United States;
22	(2) review the findings and reports issued by the
23	Interagency Coordinating Council, key stakeholders,
24	and any other relevant entities; and

1	(3)	establish	an	agenda	for	activities	in	both	the

- 2 public and private sectors that will speed the identi-
- 3 fication of, and treatments for, the causes of and risk
- 4 factors for preterm labor and delivery.
- 5 (c) Report.—The Secretary of Health and Human
- 6 Services shall submit to the Congress and make available
- 7 to the public a report on the agenda established under sub-
- 8 section (b)(3), including recommendations for activities in
- 9 the public and private sectors that will speed the identifica-
- 10 tion of, and treatments for, the causes of and risk factors
- 11 for preterm labor and delivery.
- 12 (d) Authorization of Appropriations.—There is
- 13 authorized to be appropriated to carry out this section
- 14 (other than subsection (c)) \$125,000.
- 15 SEC. 7. EFFECTIVE DATE OF CERTAIN HEAD START REGU-
- 16 LATIONS.
- 17 Section 1310.12(a) of title 45 of the Code of Federal
- 18 Regulations (October 1, 2004) shall not be effective until
- 19 June 30, 2007, or 60 days after the date of the enactment
- 20 of a statute that authorizes appropriations for fiscal year

1	2007	to	carry	out	the	Head	Start	Act,	whichever	date	is
---	------	----	-------	-----	-----	------	-------	------	-----------	------	----

2 earlier.

Attest:

Clerk.

# 109TH CONGRESS S. 707 AMENDMENTS