

One Hundred Ninth Congress  
of the  
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Tuesday,  
the third day of January, two thousand and six*

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.

*Be it enacted by the Senate and House of Representatives of  
the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act” or the “PREEMIE Act”.

**SEC. 2. PURPOSE.**

It is the purpose of this Act to—

- (1) reduce rates of preterm labor and delivery;
- (2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birth-weight; and
- (3) reduce infant mortality and disabilities caused by prematurity.

**SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.**

(a) GENERAL EXPANSION OF CDC RESEARCH.—Section 301 of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

“(e) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall expand, intensify, and coordinate the activities of the Centers for Disease Control and Prevention with respect to preterm labor and delivery and infant mortality.”.

(b) STUDIES ON RELATIONSHIP BETWEEN PREMATUREITY AND BIRTH DEFECTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, conduct ongoing epidemiological studies on the relationship between prematurity, birth defects, and developmental disabilities.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit

to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).

(c) **PREGNANCY RISK ASSESSMENT MONITORING SURVEY.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track pregnancy outcomes and prevent preterm birth.

(2) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out paragraph (1) \$3,000,000 for each of fiscal years 2007 through 2011.

(d) **EVALUATION OF EXISTING TOOLS AND MEASURES.**—The Secretary of Health and Human Services shall review existing tools and measures to ensure that such tools and measures include information related to the known risk factors of low birth weight and preterm birth.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, except for subsection (c), \$5,000,000 for each of fiscal years 2007 through 2011.

**SEC. 4. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.**

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended—

(1) by redesignating the second section 399O (relating to grants to foster public health responses to domestic violence, dating violence, sexual assault, and stalking) as section 399P; and

(2) by adding at the end the following:

**“SEC. 399Q. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.**

“(a) **IN GENERAL.**—The Secretary, directly or through the awarding of grants to public or private nonprofit entities, may conduct demonstration projects for the purpose of improving the provision of information on prematurity to health professionals and other health care providers and the public and improving the treatment and outcomes for babies born preterm.

“(b) **ACTIVITIES.**—Activities to be carried out under the demonstration project under subsection (a) may include the establishment of—

“(1) programs to test and evaluate various strategies to provide information and education to health professionals, other health care providers, and the public concerning—

“(A) the signs of preterm labor, updated as new research results become available;

“(B) the screening for and the treating of infections;

“(c) counseling on optimal weight and good nutrition, including folic acid;

“(D) smoking cessation education and counseling;

“(E) stress management; and

“(F) appropriate prenatal care;

“(2) programs to improve the treatment and outcomes for babies born premature, including the use of evidence-based standards of care by health care professionals for pregnant women at risk of preterm labor or other serious complications and for infants born preterm and at a low birthweight;

“(3) programs to respond to the informational needs of families during the stay of an infant in a neonatal intensive care unit, during the transition of the infant to the home, and in the event of a newborn death; and

“(4) such other programs as the Secretary determines appropriate to achieve the purpose specified in subsection (a).

“(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2007 through 2011.”.

**SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PREMATURITY AND LOW BIRTHWEIGHT.**

(a) PURPOSE.—It is the purpose of this section to stimulate multidisciplinary research, scientific exchange, and collaboration among the agencies of the Department of Health and Human Services and to assist the Department in targeting efforts to achieve the greatest advances toward the goal of reducing prematurity and low birthweight.

(b) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish an Interagency Coordinating Council on Prematurity and Low Birthweight (referred to in this section as the Council) to carry out the purpose of this section.

(c) COMPOSITION.—The Council shall be composed of members to be appointed by the Secretary, including representatives of the agencies of the Department of Health and Human Services.

(d) ACTIVITIES.—The Council shall—

(1) annually report to the Secretary of Health and Human Services and Congress on current Departmental activities relating to prematurity and low birthweight;

(2) carry out other activities determined appropriate by the Secretary of Health and Human Services; and

(3) oversee the coordination of the implementation of this Act.

**SEC. 6. SURGEON GENERAL’S CONFERENCE ON PRETERM BIRTH.**

(a) CONVENING OF CONFERENCE.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Surgeon General of the Public Health Service, shall convene a conference on preterm birth.

(b) PURPOSE OF CONFERENCE.—The purpose of the conference convened under subsection (a) shall be to—

(1) increase awareness of preterm birth as a serious, common, and costly public health problem in the United States;

(2) review the findings and reports issued by the Interagency Coordinating Council, key stakeholders, and any other relevant entities; and

(3) establish an agenda for activities in both the public and private sectors that will speed the identification of, and treatments for, the causes of and risk factors for preterm labor and delivery.

(c) REPORT.—The Secretary of Health and Human Services shall submit to the Congress and make available to the public a report on the agenda established under subsection (b)(3), including

recommendations for activities in the public and private sectors that will speed the identification of, and treatments for, the causes of and risk factors for preterm labor and delivery.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section (other than subsection (c)) \$125,000.

**SEC. 7. EFFECTIVE DATE OF CERTAIN HEAD START REGULATIONS.**

Section 1310.12(a) of title 45 of the Code of Federal Regulations (October 1, 2004) shall not be effective until June 30, 2007, or 60 days after the date of the enactment of a statute that authorizes appropriations for fiscal year 2007 to carry out the Head Start Act, whichever date is earlier.

*Speaker of the House of Representatives.*

*Vice President of the United States and  
President of the Senate.*