

109TH CONGRESS
2D SESSION

S. 707

IN THE HOUSE OF REPRESENTATIVES

AUGUST 2, 2006

Referred to the Committee on Energy and Commerce

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.

1 *Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. PURPOSE.**

2 It the purpose of this Act to—

3 (1) reduce rates of preterm labor and delivery;

4 (2) work toward an evidence-based standard of
5 care for pregnant women at risk of preterm labor or
6 other serious complications, and for infants born
7 preterm and at a low birthweight; and8 (3) reduce infant mortality and disabilities
9 caused by prematurity.10 **SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DE-**
11 **LIVERY AND THE CARE, TREATMENT, AND**
12 **OUTCOMES OF PRETERM AND LOW BIRTH-**
13 **WEIGHT INFANTS.**14 (a) **GENERAL EXPANSION OF NIH RESEARCH.—**
15 Part B of title IV of the Public Health Service Act (42
16 U.S.C. 284 et seq.) is amended by adding at the end the
17 following:18 **“SEC. 409J. EXPANSION AND COORDINATION OF RESEARCH**
19 **RELATING TO PRETERM LABOR AND DELIV-**
20 **ERY AND INFANT MORTALITY.**21 “(a) **IN GENERAL.**—The Secretary, acting through
22 the Director of NIH, shall expand, intensify, and coordi-
23 nate the activities of the National Institutes of Health
24 with respect to research on the causes of preterm labor
25 and delivery, infant mortality, and improving the care and
26 treatment of preterm and low birthweight infants.

1 “(b) AUTHORIZATION OF RESEARCH NETWORKS.—

2 There shall be established within the National Institutes
3 of Health a multi-center clinical program (that shall be
4 initially established utilizing existing networks) designed
5 to—

6 “(1) investigate problems in clinical obstetrics,
7 particularly those related to prevention of low birth
8 weight, prematurity, and medical problems of preg-
9 nancy;

10 “(2) improve the care and outcomes of neo-
11 nates, especially very-low-birth weight infants; and

12 “(3) enhance the understanding of DNA and
13 proteins as they relate to the underlying processes
14 that lead to preterm birth to aid in formulating
15 more effective interventions to prevent preterm
16 birth.”.

17 (b) GENERAL EXPANSION OF CDC RESEARCH.—

18 Section 301 of the Public Health Service Act (42 U.S.C.
19 241 et seq.) is amended by adding at the end the fol-
20 lowing:

21 “(e) The Secretary, acting through the Director of
22 the Centers for Disease Control and Prevention, shall ex-
23 pand, intensify, and coordinate the activities of the Cen-
24 ters for Disease Control and Prevention with respect to
25 preterm labor and delivery and infant mortality.”.

1 (c) STUDIES ON RELATIONSHIP BETWEEN PRE-
2 Maturity and Birth Defects.—

3 (1) IN GENERAL.—The Secretary of Health and
4 Human Services, acting through the Director of the
5 Centers for Disease Control and Prevention, shall,
6 subject to the availability of appropriations, conduct
7 ongoing epidemiological studies on the relationship
8 between prematurity, birth defects, and develop-
9 mental disabilities.

10 (2) REPORT.—Not later than 2 years after the
11 date of enactment of this Act, and every 2 years
12 thereafter, the Secretary of Health and Human
13 Services, acting through the Director of the Centers
14 for Disease Control and Prevention, shall submit to
15 the appropriate committees of Congress reports con-
16 cerning the progress and any results of studies con-
17 ducted under paragraph (1).

18 (d) PREGNANCY RISK ASSESSMENT MONITORING
19 SURVEY.—

20 (1) IN GENERAL.—The Secretary of Health and
21 Human Services, acting through the Director of the
22 Centers for Disease Control and Prevention, shall
23 establish systems for the collection of maternal-in-
24 fant clinical and biomedical information, including
25 electronic health records, electronic databases, and

1 biobanks, to link with the Pregnancy Risk Assess-
2 ment Monitoring System (PRAMS) and other epidemi-
3 ological studies of prematurity in order to track
4 pregnancy outcomes and prevent preterm birth.

9 (e) EVALUATION OF EXISTING TOOLS AND MEAS-
10 URES.—The Secretary of Health and Human Services
11 shall review existing tools and measures to ensure that
12 such tools and measures include information related to
13 some of the known risk factors of low birth weight and
14 preterm birth.

15 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated to carry out this section,
17 except for subsection (d), \$10,000,000 for each of fiscal
18 years 2007 through 2011.

19 SEC. 4. PUBLIC AND HEALTH CARE PROVIDER EDUCATION
20 AND SUPPORT SERVICES.

21 Part P of title III of the Public Health Service Act
22 (42 U.S.C. 280g et seq.) is amended—

23 (1) by redesignating the second section 3990
24 (relating to grants to foster public health responses

1 to domestic violence, dating violence, sexual assault,
2 and stalking) as section 399P; and
3 (2) by adding at the end the following:

4 **“SEC. 399Q. PUBLIC AND HEALTH CARE PROVIDER EDU-**
5 **CATION AND SUPPORT SERVICES.**

6 “(a) IN GENERAL.—The Secretary, directly or
7 through the awarding of grants to public or private non-
8 profit entities, may conduct demonstration projects to im-
9 prove the provision of information on prematurity to
10 health professionals and other health care providers and
11 the public and to improve the treatment and outcomes for
12 babies born preterm.

13 “(b) ACTIVITIES.—Activities to be carried out under
14 the demonstration project under subsection (a) may in-
15 clude the establishment of programs—

16 “(1) to test and evaluate various strategies to
17 provide information and education to health profes-
18 sionals, other health care providers, and the public
19 concerning—

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

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

24 “(C) counseling on optimal weight and
25 good nutrition, including folic acid;

1 “(D) smoking cessation education and
2 counseling;

3 “(E) stress management; and

4 “(F) appropriate prenatal care;

5 “(2) to improve the treatment and outcomes for
6 babies born premature, including the use of evi-
7 dence-based standards of care by health care profes-
8 sionals for pregnant women at risk of preterm labor
9 or other serious complications and for infants born
10 preterm and at a low birthweight; and

11 “(3) to respond to the informational needs of
12 families during the stay of an infant in a neonatal
13 intensive care unit, during the transition of the in-
14 fant to the home, and in the event of a newborn
15 death.

16 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this section,
18 \$5,000,000 for each of fiscal years 2007 through 2011.”.

19 **SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PRE-
20 MATURITY AND LOW BIRTHWEIGHT.**

21 (a) PURPOSE.—It is the purpose of this section to
22 stimulate multidisciplinary research, scientific exchange,
23 and collaboration among the agencies of the Department
24 of Health and Human Services and to assist the Depart-
25 ment in targeting efforts to achieve the greatest advances

1 toward the goal of reducing prematurity and low birth-
2 weight.

3 (b) ESTABLISHMENT.—The Secretary of Health and
4 Human Services shall establish an Interagency Coordi-
5 nating Council on Prematurity and Low Birthweight (re-
6 ferred to in this section as the Council) to carry out the
7 purpose of this section.

8 (c) COMPOSITION.—The Council shall be composed of
9 members to be appointed by the Secretary, including rep-
10 resentatives of the agencies of the Department of Health
11 and Human Services.

12 (d) ACTIVITIES.—The Council shall—

13 (1) annually report to the Secretary of Health
14 and Human Services and Congress on current De-
15 partmental activities relating to prematurity and low
16 birthweight;

17 (2) carry out other activities determined appro-
18 priate by the Secretary of Health and Human Serv-
19 ices; and

20 (3) oversee the coordination of the implemen-
21 tation of this Act.

22 **SEC. 6. SURGEON GENERAL'S CONFERENCE ON PRETERM**

23 **BIRTH.**

24 (a) CONVENING OF CONFERENCE.—Not later than 1
25 year after the date of enactment of this Act, the Secretary

1 of Health and Human Services, acting through the Sur-
2 geon General, shall convene a conference on preterm birth.

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

5 (1) increase awareness of preterm birth as a se-
6 rious, common, and costly public health problem in
7 the United States;

8 (2) review the findings and reports issued by
9 the Interagency Coordinating Council, key stake-
10 holders, and any other relevant entity; and

11 (3) establish an agenda, and report such agen-
12 da to Congress, for activities in both the public and
13 private sectors that will speed the identification of,
14 and treatments for, the causes of preterm labor and
15 delivery.

16 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section,
18 \$1,000,000.

Passed the Senate August 1, 2006.

Attest: EMILY J. REYNOLDS,
Secretary.