

Calendar No. 541

109TH CONGRESS
2^D SESSION

S. 707

[Report No. 109–298]

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.

IN THE SENATE OF THE UNITED STATES

APRIL 5, 2005

Mr. ALEXANDER (for himself, Mr. DODD, Mr. BENNETT, Mr. BINGAMAN, Mr. BOND, Mrs. CLINTON, Mr. COCHRAN, Mr. GRAHAM, Mr. HAGEL, Ms. LANDRIEU, Mr. OBAMA, Mr. INOUE, Mr. LIEBERMAN, Mr. LUGAR, Ms. COLLINS, Mr. LAUTENBERG, Mrs. LINCOLN, Mr. TALENT, Mr. DURBIN, Mr. BAYH, Mr. JOHNSON, Ms. MURKOWSKI, Mr. JEFFORDS, Mr. AKAKA, Ms. MIKULSKI, Mr. NELSON of Florida, Mr. ISAKSON, Mrs. HUTCHISON, Mr. SARBANES, Mr. COLEMAN, Mr. DORGAN, Ms. STABENOW, Mr. DOMENICI, Mr. MENENDEZ, Mr. DEWINE, Mr. SCHUMER, Mr. KENNEDY, Mr. CONRAD, Mr. PRYOR, Mr. HATCH, Mr. HARKIN, and Ms. SNOWE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JULY 31, 2006

Reported by Mr. ENZI, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

A BILL

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”.

7 **SEC. 2. FINDINGS AND PURPOSE.**

8 (a) FINDINGS.—Congress makes the following find-
 9 ings:

10 (1) Premature birth is a serious and growing
 11 problem. The rate of preterm birth increased 27 per-
 12 cent between 1982 and 2002 (from 9.4 percent to
 13 11.9 percent). In 2001, more than 480,000 babies
 14 were born prematurely in the United States.

15 (2) Preterm birth accounts for 24 percent of
 16 deaths in the first month of life.

17 (3) Premature infants are 14 times more likely
 18 to die in the first year of life.

19 (4) Premature babies who survive may suffer
 20 lifelong consequences, including cerebral palsy, men-
 21 tal retardation, chronic lung disease, and vision and
 22 hearing loss.

23 (5) Preterm and low birthweight birth is a sig-
 24 nificant financial burden in health care. The esti-
 25 mated charges for hospital stays for infants with any

1 diagnosis of prematurity/low birthweight were
 2 \$15,500,000,000 in 2002. The average lifetime med-
 3 ical costs of a premature baby are conservatively es-
 4 timated at \$500,000.

5 (6) The proportion of preterm infants born to
 6 African-American mothers (17.3 percent) was sig-
 7 nificantly higher compared to the rate of infants
 8 born to white mothers (10.6 percent). Prematurity
 9 or low birthweight is the leading cause of death for
 10 African-American infants.

11 (7) The cause of approximately half of all pre-
 12 mature births is unknown.

13 (8) Women who smoke during pregnancy are
 14 twice as likely as nonsmokers to give birth to a low
 15 birthweight baby. Babies born to smokers weigh, on
 16 average, 200 grams less than nonsmokers' babies.

17 (9) To reduce the rates of preterm labor and
 18 delivery more research is needed on the underlying
 19 causes of preterm delivery, the development of treat-
 20 ments for prevention of preterm birth, and treat-
 21 ments improving outcomes for infants born preterm.

22 (b) PURPOSES.—It the purpose of this Act to—

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

24 (2) work toward an evidence-based standard of
 25 care for pregnant women at risk of preterm labor or

1 other serious complications, and for infants born
 2 preterm and at a low birthweight; and
 3 ~~(3) reduce infant mortality and disabilities~~
 4 ~~caused by prematurity.~~

5 **SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DE-**
 6 **LIVERY AND THE CARE, TREATMENT, AND**
 7 **OUTCOMES OF PRETERM AND LOW BIRTH-**
 8 **WEIGHT INFANTS.**

9 ~~(a) GENERAL EXPANSION OF NIH RESEARCH.—~~
 10 Part B of title IV of the Public Health Service Act (42
 11 U.S.C. 284 et seq.) is amended by adding at the end the
 12 following:

13 **“SEC. 409J. EXPANSION AND COORDINATION OF RESEARCH**
 14 **RELATING TO PRETERM LABOR AND DELIV-**
 15 **ERY AND INFANT MORTALITY.**

16 ~~“(a) IN GENERAL.—The Director of NIH shall ex-~~
 17 ~~pand, intensify, and coordinate the activities of the Na-~~
 18 ~~tional Institutes of Health with respect to research on the~~
 19 ~~causes of preterm labor and delivery, infant mortality, and~~
 20 ~~improving the care and treatment of preterm and low~~
 21 ~~birthweight infants.~~

22 ~~“(b) AUTHORIZATION OF RESEARCH NETWORKS.—~~
 23 ~~There shall be established within the National Institutes~~
 24 ~~of Health a Maternal-Fetal Medicine Units Network and~~
 25 ~~a Neonatal Research Units Network. In complying with~~

1 this subsection, the Director of NIH shall utilize existing
 2 networks.

3 “(e) ~~AUTHORIZATION OF APPROPRIATIONS.~~—There
 4 are authorized to be appropriated to carry out this section,
 5 such sums as may be necessary for each of fiscal years
 6 ~~2005 through 2009.~~”.

7 (b) ~~GENERAL EXPANSION OF CDC RESEARCH.~~—
 8 Section ~~301~~ of the Public Health Service Act (42 U.S.C.
 9 ~~241 et seq.~~) is amended by adding at the end the fol-
 10 lowing:

11 “(e) The Director of the Centers for Disease Control
 12 and Prevention shall expand, intensify, and coordinate the
 13 activities of the Centers for Disease Control and Preven-
 14 tion with respect to preterm labor and delivery and infant
 15 mortality.”.

16 (c) ~~STUDY ON ASSISTED REPRODUCTION TECH-~~
 17 ~~NOLOGIES.~~—Section 1004(e) of the Children’s Health Act
 18 of 2000 (Public Law 106–310) is amended—

19 (1) in paragraph (2), by striking “and” at the
 20 end;

21 (2) in paragraph (3), by striking the period and
 22 inserting “; and”; and

23 (3) by adding at the end the following:

1 “(4) consider the impact of assisted reproduction
2 technologies on the mother’s and children’s
3 health and development.”.

4 (d) STUDY ON RELATIONSHIP BETWEEN PRE-
5 MATURITY AND BIRTH DEFECTS.—

6 (1) IN GENERAL.—The Director of the Centers
7 for Disease Control and Prevention shall conduct a
8 study on the relationship between prematurity, birth
9 defects, and developmental disabilities.

10 (2) REPORT.—Not later than 2 years after the
11 date of enactment of this Act, the Director of the
12 Centers for Disease Control and Prevention shall
13 submit to the appropriate committees of Congress a
14 report concerning the results of the study conducted
15 under paragraph (1).

16 (e) REVIEW OF PREGNANCY RISK ASSESSMENT
17 MONITORING SURVEY.—The Director of the Centers for
18 Disease Control and Prevention shall conduct a review of
19 the Pregnancy Risk Assessment Monitoring Survey to en-
20 sure that the Survey includes information relative to med-
21 ical care and intervention received, in order to track preg-
22 nancy outcomes and reduce instances of preterm birth.

23 (f) STUDY ON THE HEALTH AND ECONOMIC CON-
24 SEQUENCES OF PRETERM BIRTH.—

1 (1) IN GENERAL.—The Director of the National
2 Institutes of Health in conjunction with the Director
3 of the Centers for Disease Control and Prevention
4 shall enter into a contract with the Institute of Med-
5 icine of the National Academy of Sciences for the
6 conduct of a study to define and address the health
7 and economic consequences of preterm birth. In con-
8 ducting the study, the Institute of Medicine shall—

9 (A) review and assess the epidemiology of
10 premature birth and low birthweight, and the
11 associated maternal and child health effects in
12 the United States, with attention paid to cat-
13 egories of gestational age, plurality, maternal
14 age, and racial or ethnic disparities;

15 (B) review and describe the spectrum of
16 short and long-term disability and health-re-
17 lated quality of life associated with premature
18 births and the impact on maternal health,
19 health care and quality of life, family employ-
20 ment, caregiver issues, and other social and fi-
21 nancial burdens;

22 (C) assess the direct and indirect costs as-
23 sociated with premature birth, including mor-
24 bidity, disability, and mortality;

1 (D) identify gaps and provide rec-
2 ommendations for feasible systems of moni-
3 toring and assessing associated economic and
4 quality of life burdens associated with pre-
5 maturity;

6 (E) explore the implications of the burden
7 of premature births for national health policy;

8 (F) identify community outreach models
9 that are effective in decreasing prematurity
10 rates in communities;

11 (G) consider options for addressing, as ap-
12 propriate, the allocation of public funds to bio-
13 medical and behavioral research, the costs and
14 benefits of preventive interventions, public
15 health, and access to health care; and

16 (H) provide recommendations on best
17 practices and interventions to prevent pre-
18 mature birth, as well as the most promising
19 areas of research to further prevention efforts.

20 (2) REPORT.—Not later than 1 year after the
21 date on which the contract is entered into under
22 paragraph (1), the Institute of Medicine shall submit
23 to the Director of the National Institutes of Health,
24 the Director of the Centers for Disease Control and
25 Prevention, and the appropriate committees of Con-

1 gress a report concerning the results of the study
2 conducted under such paragraph.

3 ~~(g) EVALUATION OF NATIONAL CORE PERFORMANCE~~
4 ~~MEASURES.—~~

5 (1) IN GENERAL.—The Administrator of the
6 Health Resources and Services Administration shall
7 conduct an assessment of the current national core
8 performance measures and national core outcome
9 measures utilized under the Maternal and Child
10 Health Block Grant under title V of the Social Secu-
11 rity Act (42 U.S.C. 701 et seq.) for purposes of ex-
12 panding such measures to include some of the
13 known risk factors of low birthweight and pre-
14 maturity, including the percentage of infants born to
15 pregnant women who smoked during pregnancy.

16 (2) REPORT.—Not later than 1 year after the
17 date of enactment of this Act, the Administrator of
18 the Health Resources and Services Administration
19 shall submit to the appropriate committees of Con-
20 gress a report concerning the results of the evalua-
21 tion conducted under paragraph (1).

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

3 Part P of title III of the Public Health Service Act
 4 (42 U.S.C. 280g et seq.) is amended by adding at the end
 5 the following:

6 **“SEC. 3990. PUBLIC AND HEALTH CARE PROVIDER EDU-**
 7 **CATION AND SUPPORT SERVICES.**

8 “(a) IN GENERAL.—The Secretary, directly or
 9 through the awarding of grants to public or private non-
 10 profit entities, shall conduct a demonstration project to
 11 improve the provision of information on prematurity to
 12 health professionals and other health care providers and
 13 the public.

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

17 “(1) to provide information and education to
 18 health professionals, other health care providers, and
 19 the public 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 folie acid;

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

3 ~~“(E) stress management; and~~

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

10 ~~“(c) REQUIREMENT.—Any program or activity fund-~~
 11 ~~ed under this section shall be evidence-based.~~

12 ~~“(d) NICU FAMILY SUPPORT PROGRAMS.—The Sec-~~
 13 ~~retary shall conduct, through the awarding of grants to~~
 14 ~~public and nonprofit private entities, projects to respond~~
 15 ~~to the emotional and informational needs of families dur-~~
 16 ~~ing the stay of an infant in a neonatal intensive care unit,~~
 17 ~~during the transition of the infant to the home, and in~~
 18 ~~the event of a newborn death. Activities under such~~
 19 ~~projects may include providing books and videos to fami-~~
 20 ~~lies that provide information about the neonatal intensive~~
 21 ~~care unit experience, and providing direct services that~~
 22 ~~provide emotional support within the neonatal intensive~~
 23 ~~care unit setting.~~

24 ~~“(e) AUTHORIZATION OF APPROPRIATIONS.—There~~
 25 ~~are authorized to be appropriated to carry out this section;~~

1 such sums as may be necessary for each of fiscal years
 2 2005 through 2009.”.

3 **SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PRE-**
 4 **MATURITY AND LOW BIRTHWEIGHT.**

5 (a) PURPOSE.—It is the purpose of this section to
 6 stimulate multidisciplinary research, scientific exchange,
 7 and collaboration among the agencies of the Department
 8 of Health and Human Services and to assist the Depart-
 9 ment in targeting efforts to achieve the greatest advances
 10 toward the goal of reducing prematurity and low birth-
 11 weight.

12 (b) ESTABLISHMENT.—The Secretary of Health and
 13 Human Services shall establish an Interagency Coordi-
 14 nating Council on Prematurity and Low Birthweight (re-
 15 ferred to in this section as the Council) to carry out the
 16 purpose of this section.

17 (c) COMPOSITION.—The Council shall be composed of
 18 members to be appointed by the Secretary, including rep-
 19 resentatives of—

20 (1) the agencies of the Department of Health
 21 and Human Services; and

22 (2) voluntary health care organizations, includ-
 23 ing grassroots advocacy organizations, providers of
 24 specialty obstetrical and pediatric care, and re-
 25 searcher organizations.

1 (d) ~~ACTIVITIES.—The Council shall—~~

2 (1) ~~annually report to the Secretary of Health~~
3 ~~and Human Services on current Departmental ac-~~
4 ~~tivities relating to prematurity and low birthweight;~~

5 (2) ~~plan and hold a conference on prematurity~~
6 ~~and low birthweight under the sponsorship of the~~
7 ~~Surgeon General;~~

8 (3) ~~establish a consensus research plan for the~~
9 ~~Department of Health and Human Services on pre-~~
10 ~~maturity and low birthweight;~~

11 (4) ~~report to the Secretary of Health and~~
12 ~~Human Services and the appropriate committees of~~
13 ~~Congress on recommendations derived from the con-~~
14 ~~ference held under paragraph (2) and on the status~~
15 ~~of Departmental research activities concerning pre-~~
16 ~~maturity and low birthweight;~~

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

20 (6) ~~oversee the coordination of the implementa-~~
21 ~~tion of this Act.~~

22 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

23 There are authorized to be appropriated to carry out
24 this Act, such sums as may be necessary for each of fiscal
25 years 2005 through 2009.

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*
 13 *caused by prematurity.*

14 **SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DE-**
 15 **LIVERY AND THE CARE, TREATMENT, AND**
 16 **OUTCOMES OF PRETERM AND LOW BIRTH-**
 17 **WEIGHT INFANTS.**

18 (a) *GENERAL EXPANSION OF NIH RESEARCH.—Part*
 19 *B of title IV of the Public Health Service Act (42 U.S.C.*
 20 *284 et seq.) is amended by adding at the end the following:*

21 **“SEC. 409J. EXPANSION AND COORDINATION OF RESEARCH**
 22 **RELATING TO PRETERM LABOR AND DELIV-**
 23 **ERY AND INFANT MORTALITY.**

24 “(a) *IN GENERAL.—The Secretary, acting through the*
 25 *Director of NIH, shall expand, intensify, and coordinate*
 26 *the activities of the National Institutes of Health with re-*

1 *spect to research on the causes of preterm labor and deliv-*
 2 *ery, infant mortality, and improving the care and treat-*
 3 *ment of preterm and low birthweight infants.*

4 “(b) *AUTHORIZATION OF RESEARCH NETWORKS.*—

5 *There shall be established within the National Institutes of*
 6 *Health a multi-center clinical program (that shall be ini-*
 7 *tially established utilizing existing networks) designed to—*

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

12 “(2) *improve the care and outcomes of neonates,*
 13 *especially very-low-birth weight infants; and*

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

18 (b) *GENERAL EXPANSION OF CDC RESEARCH.*—*Sec-*
 19 *tion 301 of the Public Health Service Act (42 U.S.C. 241*
 20 *et seq.) is amended by adding at the end the following:*

21 “(e) *The Secretary, acting through the Director of the*
 22 *Centers for Disease Control and Prevention, shall expand,*
 23 *intensify, and coordinate the activities of the Centers for*
 24 *Disease Control and Prevention with respect to preterm*
 25 *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 developmental*
9 *disabilities.*

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

18 (d) *PREGNANCY RISK ASSESSMENT MONITORING SUR-*
19 *VEY.—*

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 es-*
23 *tablish systems for the collection of maternal-infant*
24 *clinical and biomedical information, including elec-*
25 *tronic health records, electronic databases, and*

(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.

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

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

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

20 *Part P of title III of the Public Health Service Act*
21 *(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

1 (2) *by adding at the end the following:*

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

4 “(a) *IN GENERAL.*—*The Secretary, directly or through*
 5 *the awarding of grants to public or private nonprofit enti-*
 6 *ties, may conduct demonstration projects to improve the*
 7 *provision of information on prematurity to health profes-*
 8 *sionals and other health care providers and the public and*
 9 *to improve the treatment and outcomes for babies born*
 10 *preterm.*

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

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

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

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

22 “(C) *counseling on optimal weight and good*
 23 *nutrition, including folic acid;*

24 “(D) *smoking cessation education and coun-*
 25 *seling;*

1 “(E) stress management; and

2 “(F) appropriate prenatal care;

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

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

13 “(c) *AUTHORIZATION OF APPROPRIATIONS.*—There is
14 authorized to be appropriated to carry out this section,
15 \$5,000,000 for each of fiscal years 2007 through 2011.”.

16 **SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PRE-**
17 **MATURITY AND LOW BIRTHWEIGHT.**

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

24 (b) *ESTABLISHMENT.*—The Secretary of Health and
25 Human Services shall establish an Interagency Coordi-

1 nating Council on Prematurity and Low Birthweight (re-
 2 ferred to in this section as the Council) to carry out the
 3 purpose of this section.

4 (c) *COMPOSITION.*—The Council shall be composed of
 5 members to be appointed by the Secretary, including rep-
 6 resentatives of the agencies of the Department of Health and
 7 Human Services.

8 (d) *ACTIVITIES.*—The Council shall—

9 (1) annually report to the Secretary of Health
 10 and Human Services and Congress on current De-
 11 partmental activities relating to prematurity and low
 12 birthweight;

13 (2) carry out other activities determined appro-
 14 priate by the Secretary of Health and Human Serv-
 15 ices; and

16 (3) oversee the coordination of the implementa-
 17 tion of this Act.

18 **SEC. 6. SURGEON GENERAL'S CONFERENCE ON PRETERM**
 19 **BIRTH.**

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

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

1 (1) *increase awareness of preterm birth as a seri-*
2 *ous, common, and costly public health problem in the*
3 *United States;*

4 (2) *review the findings and reports issued by the*
5 *Interagency Coordinating Council, key stakeholders,*
6 *and any other relevant entity; and*

7 (3) *establish an agenda, and report such agenda*
8 *to Congress, for activities in both the public and pri-*
9 *vate sectors that will speed the identification of, and*
10 *treatments for, the causes of preterm labor and deliv-*
11 *ery.*

12 (c) *AUTHORIZATION OF APPROPRIATIONS.—There is*
13 *authorized to be appropriated to carry out this section,*
14 *\$1,000,000.*

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A BILL

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.

JULY 31, 2006

Reported with an amendment