

113TH CONGRESS
1ST SESSION

S. 252

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,*

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 Reauthorization Act” or the “PREEMIE Reauthor-
5 ization Act”.

6 **SEC. 2. RESEARCH AND ACTIVITIES AT THE CENTERS FOR**
7 **DISEASE CONTROL AND PREVENTION.**

8 (a) **EPIDEMIOLOGICAL STUDIES.**—Section 3 of the
9 Prematurity Research Expansion and Education for
10 Mothers who deliver Infants Early Act (42 U.S.C. 247b–
11 4f) is amended by striking subsection (b) and inserting
12 the following:

13 “(b) **STUDIES AND ACTIVITIES ON PRETERM**
14 **BIRTH.**—

15 “(1) **IN GENERAL.**—The Secretary of Health
16 and Human Services, acting through the Director of
17 the Centers for Disease Control and Prevention,
18 may, subject to the availability of appropriations—

19 “(A) conduct epidemiological studies on
20 the clinical, biological, social, environmental, ge-
21 netic, and behavioral factors relating to pre-
22 maturity, as appropriate;

23 “(B) conduct activities to improve national
24 data to facilitate tracking the burden of
25 preterm birth; and

1 “(C) continue efforts to prevent preterm
2 birth, including late preterm birth, through the
3 identification of opportunities for prevention
4 and the assessment of the impact of such ef-
5 forts.

6 “(2) REPORT.—Not later than 2 years after the
7 date of enactment of the PREEMIE Reauthoriza-
8 tion Act, and every 2 years thereafter, the Secretary
9 of Health and Human Services, acting through the
10 Director of the Centers for Disease Control and Pre-
11 vention, shall submit to the appropriate committees
12 of Congress reports concerning the progress and any
13 results of studies conducted under paragraph (1).”.

14 (b) REAUTHORIZATION.—Section 3(e) of the Pre-
15 maturity Research Expansion and Education for Mothers
16 who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is
17 amended by striking “\$5,000,000” and all that follows
18 through “2011.” and inserting “\$1,880,000 for each of
19 fiscal years 2014 through 2018.”.

20 **SEC. 3. ACTIVITIES AT THE HEALTH RESOURCES AND**
21 **SERVICES ADMINISTRATION.**

22 (a) **TELEMEDICINE AND HIGH-RISK PREG-**
23 **NANCIES.**—Section 330I(i)(1)(B) of the Public Health
24 Service Act (42 U.S.C. 254c–14(i)(1)(B)) is amended by
25 striking “or case management services” and inserting

1 “case management services, or prenatal care for high-risk
2 pregnancies”;

3 (b) PUBLIC AND HEALTH CARE PROVIDER EDU-
4 CATION.—Section 399Q of the Public Health Service Act
5 (42 U.S.C. 280g–5) is amended—

6 (1) in subsection (b)—

7 (A) in paragraph (1), by striking subpara-
8 graphs (A) through (F) and inserting the fol-
9 lowing:

10 “(A) the core risk factors for preterm
11 labor and delivery;

12 “(B) medically indicated deliveries before
13 full term;

14 “(C) the importance of preconception and
15 prenatal care, including—

16 “(i) smoking cessation;

17 “(ii) weight maintenance and good
18 nutrition, including folic acid;

19 “(iii) the screening for and the treat-
20 ment of infections; and

21 “(iv) stress management;

22 “(D) treatments and outcomes for pre-
23 mature infants, including late preterm infants;

1 “(E) the informational needs of families
2 during the stay of an infant in a neonatal in-
3 tensive care unit; and

4 “(F) utilization of evidence-based strate-
5 gies to prevent birth injuries;” and

6 (B) by striking paragraph (2) and insert-
7 ing the following:

8 “(2) programs to increase the availability,
9 awareness, and use of pregnancy and post-term in-
10 formation services that provide evidence-based, clin-
11 ical information through counselors, community out-
12 reach efforts, electronic or telephonic communica-
13 tion, or other appropriate means regarding causes
14 associated with prematurity, birth defects, or health
15 risks to a post-term infant;” and

16 (2) in subsection (c), by striking “\$5,000,000”
17 and all that follows through “2011.” and inserting
18 “\$1,900,000 for each of fiscal years 2014 through
19 2018.”.

20 **SEC. 4. OTHER ACTIVITIES.**

21 (a) INTERAGENCY COORDINATING COUNCIL ON PRE-
22 MATURITY AND LOW BIRTHWEIGHT.—The Prematurity
23 Research Expansion and Education for Mothers who de-
24 liver Infants Early Act is amended by striking section 5
25 (42 U.S.C. 247b–4g).

1 (b) ADVISORY COMMITTEE ON INFANT MOR-
2 TILITY.—

3 (1) ESTABLISHMENT.—The Secretary of Health
4 and Human Services (referred to in this section as
5 the “Secretary”) may establish an advisory com-
6 mittee known as the “Advisory Committee on Infant
7 Mortality” (referred to in this section as the “Advi-
8 sory Committee”).

9 (2) DUTIES.—The Advisory Committee shall
10 provide advice and recommendations to the Sec-
11 retary concerning the following activities:

12 (A) Programs of the Department of Health
13 and Human Services that are directed at reduc-
14 ing infant mortality and improving the health
15 status of pregnant women and infants.

16 (B) Strategies to coordinate the various
17 Federal programs and activities with State,
18 local, and private programs and efforts that ad-
19 dress factors that affect infant mortality.

20 (C) Implementation of the Healthy Start
21 program under section 330H of the Public
22 Health Service Act (42 U.S.C. 254c–8) and
23 Healthy People 2020 infant mortality objec-
24 tives.

1 (D) Strategies to reduce preterm birth
2 rates through research, programs, and edu-
3 cation.

4 (3) PLAN FOR HHS PRETERM BIRTH ACTIVI-
5 TIES.—Not later than 1 year after the date of enact-
6 ment of this section, the Advisory Committee (or an
7 advisory committee in existence as of the date of en-
8 actment of this Act and designated by the Secretary)
9 shall develop a plan for conducting and supporting
10 research, education, and programs on preterm birth
11 through the Department of Health and Human
12 Services and shall periodically review and revise the
13 plan, as appropriate. The plan shall—

14 (A) examine research and educational ac-
15 tivities that receive Federal funding in order to
16 enable the plan to provide informed rec-
17 ommendations to reduce preterm birth and ad-
18 dress racial and ethnic disparities in preterm
19 birth rates;

20 (B) identify research gaps and opportuni-
21 ties to implement evidence-based strategies to
22 reduce preterm birth rates among the programs
23 and activities of the Department of Health and
24 Human Services regarding preterm birth, in-

1 including opportunities to minimize duplication;
2 and

3 (C) reflect input from a broad range of sci-
4 entists, patients, and advocacy groups, as ap-
5 propriate.

6 (4) MEMBERSHIP.—The Secretary shall ensure
7 that the membership of the Advisory Committee in-
8 cludes the following:

9 (A) Representatives provided for in the
10 original charter of the Advisory Committee.

11 (B) A representative of the National Cen-
12 ter for Health Statistics.

13 (c) PATIENT SAFETY STUDIES AND REPORT.—

14 (1) IN GENERAL.—The Secretary shall des-
15 ignate an appropriate agency within the Department
16 of Health and Human Services to coordinate exist-
17 ing studies on hospital readmissions of preterm in-
18 fants.

19 (2) REPORT TO SECRETARY AND CONGRESS.—
20 Not later than 1 year after the date of the enact-
21 ment of this Act, the agency designated under para-
22 graph (1) shall submit to the Secretary and to Con-
23 gress a report containing the findings and rec-
24 ommendations resulting from the studies coordi-
25 nated under such paragraph, including recommenda-

1 tions for hospital discharge and followup procedures
2 designed to reduce rates of preventable hospital re-
3 admissions for preterm infants.

 Passed the Senate September 25 (legislative day,
September 24), 2013.

Attest:

Secretary.

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