

113TH CONGRESS  
1ST SESSION

# S. 252

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IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2013

Referred to the Committee on Energy and Commerce

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## 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:

NANCY ERICKSON,

*Secretary.*