118TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
118–164

PREEMIE REAUTHORIZATION ACT OF 2023

AUGUST 25, 2023.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 3226]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3226) to reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "PREEMIE Reauthorization Act of 2023".

SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.

(a) IN GENERAL.—Section 3(e) of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended by striking "fiscal years 2019 through 2023" and inserting "fiscal years 2024 through 2028".

(b) TECHNICAL CORRECTION.—Effective as if included in the enactment of the PREEMIE Reauthorization Act of 2018 (Public Law 115–328), section 2 of such Act is amended, in the matter preceding paragraph (1), by striking "Section 2" and inserting "Section 3".

SEC. 3. INTERAGENCY WORKING GROUP.

Section 5(a) of the PREEMIE Reauthorization Act of 2018 (Public Law 115–328) is amended by striking "The Secretary of Health and Human Services, in collaboration with other departments, as appropriate, may establish" and inserting "Not later than 18 months after the date of the enactment of the PREEMIE Reauthorization Act of 2023, the Secretary of Health and Human Services, in collaboration with other departments, as appropriate, shall establish".

SEC. 4. STUDY ON PRETERM BIRTHS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall enter into appropriate arrangements with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall—

(1) not later than 30 days after the date of enactment of this Act, convene a committee of experts in maternal health to study premature births in the United States; and

(2) upon completion of the study under paragraph (1)—

(A) approve by consensus a report on the results of such study;

(B) include in such report—

(i) an assessment of each of the topics listed in subsection (b);

(ii) the analysis required by subsection (c); and

(iii) the raw data used to develop such report; and

(C) not later than 24 months after the date of enactment of this Act, transmit such report to—

(i) the Secretary of Health and Human Services;

(ii) the Committee on Energy and Commerce of the House of Representatives; and

(iii) the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate.

(b) ASSESSMENT TOPICS.—The topics listed in this subsection are of each of the following:

(1) The financial costs of premature birth to society, including—

(A) an analysis of stays in neonatal intensive care units and the cost of such stays;

(B) long-term costs of stays in such units to society and the family involved post-discharge; and

(C) health care costs for families post-discharge from such units (such as medications, therapeutic services, co-pays visits and specialty equipment).

(2) The factors that impact pre-term birth rates.

(3) Opportunities for earlier detection of premature birth risk factors, including—

(A) opportunities to improve maternal and infant health; and

(B) opportunities for public health programs to provide support and resources for parents in-hospital, in non-hospital settings, and post-discharge.

(c) ANALYSIS.—The analysis required by this subsection is an analysis of—

(1) targeted research strategies to develop effective drugs, treatments, or interventions to bring at-risk pregnancies to term;

(2) State and other programs' best practices with respect to reducing premature birth rates; and

(3) precision medicine and preventative care approaches starting early in the life course (including during pregnancy) with a focus on behavioral and biological influences on premature birth, child health, and the trajectory of such approaches into adulthood.

PURPOSE AND SUMMARY

H.R. 3226 would reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act for fiscal years 2024–2028. This reauthorization would include the re-

newal of research, education, and intervention activities and programs at the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) that focus on preventing preterm births and reducing infant mortality. The bill would also authorize a new study on the financial costs of premature births to society, among other things.

BACKGROUND AND NEED FOR LEGISLATION

The programs reauthorized under the Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Reauthorization Act of 2023 facilitate federal research, education, and intervention activities to reduce preterm birth and infant mortality. The U.S. preterm birth rate increased to 10.5 percent in 2021, an increase of four percent since 2020 and the highest recorded rate since 2007.[1] Across the country, 45 states, Washington, D.C., and Puerto Rico experienced an increase in preterm birth rates, while four states saw a decrease.[2] This means about 1 in 10 infants in the United States are born prematurely each year, or more than 383,000 babies. [3] While there are certain risk factors, preterm birth can happen to any pregnant woman.[4] Premature babies may face serious[5] and increased health problems, such as problems with their brain, lungs, heart, eyes and other organs, as well as long-term challenges, intellectual and developmental disabilities.[6] Though babies born prematurely are more likely to survive than ever before,[7] preterm birth and its complications remain the second leading cause of infant deaths. In 2016, the estimated annual societal economic cost (medical, educational, and lost productivity) associated with preterm birth in United States was $25.2 billion.[8] Individually, the average first year medical costs are about 4 times greater ($49,140) than for term infants ($13,024).[9]

COMMITTEE ACTION

On June 14, 2023, the Subcommittee on Health held a hearing on H.R. 3226. The Subcommittee received testimony from:

- Dr. Elizabeth Cherot, MD, MBA, Senior Vice President and Chief Medical Health Officer, March of Dimes;
- Dr. Alexis A. Thompson, MD, MPH, Chief of Division of Hematology, Elias Schwartz MD Endowed Chair in Hematology, Children's Hospital of Philadelphia, Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine;

---

[1] 2022 March of Dimes Report Card, https://www.marchofdimes.org/report-card.
[2] 2022 March of Dimes Report Card, https://www.marchofdimes.org/report-card.
[3] A Profile of Prematurity in the United States, March of Dimes. https://www.marchofdimes.org/peristats/reports/united-states/prematurity-profile.
[4] Preterm labor and premature birth: Are you at risk? March of Dimes, https://www.marchofdimes.org/find-support/topics/birth/preterm-labor-and-premature-birth-are-you-risk.
[5] Waitzman NJ, Jalali A, Grosse SD. Preterm birth lifetime costs in the United States in 2016: An update. Semin Perinatol. 2021 Apr;45(3):151390.
[6] Long-term health effects of premature birth, March of Dimes, https://www.marchofdimes.org/find-support/topics/birth/long-term-health-effects-premature-birth.
[7] Waitzman NJ, Jalali A, Grosse SD. Preterm birth lifetime costs in the United States in 2016: An update. Semin Perinatol. 2021 Apr;45(3):151390.
[8] Medical Costs of Preterm Birth, March of Dimes, https://www.marchofdimes.org/peristats/data?dv=ls&reg=99&top=3&stop=362&lev=1&slev=1&obj=1.
[9] Maternal death and pregnancy-related death, March of Dimes, https://www.marchofdimes.org/find-support/topics/miscarriage-loss-grief/maternal-death-and-pregnancy-related-death.

- Dr. Meredithe McNamara, MD, MS, FAAP, Assistant Professor, Yale School of Medicine;
- Dr. Miriam Grossman, MD, Child, Adolescent, and Adult Psychiatrist;
- Mr. George Manahan, Parkinson's Advocate and Patient; and
- Mr. Kevin O'Connor, Assistant to the General President for Government Affairs and Political Action, International Association of Fire Fighters.

On July 13, 2023, the Subcommittee on Health met in open markup session and forwarded H.R. 3226, as amended, to the full Committee by a record vote of 26 yeas and 0 nays. On July 19, 2023, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 3226, as amended, favorably reported to the House by a record vote of 48 yeas and 0 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 2

BILL: H.R. 3226, PREEMIE Reauthorization Act of 2023

AMENDMENT: A motion by Mrs. Rodgers to order H.R. 3226 favorably reported to the House, as amended (Final Passage).

DISPOSITION: AGREED TO, by a roll call vote of 48 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Johnson	X			Rep. Sarbanes	X		
Rep. Bucshon	X			Rep. Tonko	X		
Rep. Hudson	X			Rep. Clarke	X		
Rep. Walberg	X			Rep. Cárdenas			
Rep. Carter	X			Rep. Ruiz	X		
Rep. Duncan	X			Rep. Peters	X		
Rep. Palmer	X			Rep. Dingell	X		
Rep. Dunn	X			Rep. Veasey			
Rep. Curtis	X			Rep. Kuster	X		
Rep. Lesko	X			Rep. Kelly	X		
Rep. Pence	X			Rep. Barragán	X		
Rep. Crenshaw	X			Rep. Blunt Rochester			
Rep. Joyce	X			Rep. Soto			
Rep. Armstrong	X			Rep. Craig	X		
Rep. Weber	X			Rep. Schrier	X		
Rep. Allen	X			Rep. Trahan	X		
Rep. Balderson	X			Rep. Fletcher	X		
Rep. Fulcher	X						
Rep. Pfluger	X						
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack	X						
Rep. Obernolte	X						

07/19/2023

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 3226 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to facilitate federal research, education, and intervention activities to reduce preterm birth and infant mortality by reauthorizing the PREEMIE Act.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3226 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 3326:

- On June 14, 2023, the Subcommittee on Health held a hearing on H.R. 3226. The Subcommittee received testimony from:
  - Dr. Elizabeth Cherot, MD, MBA, Senior Vice President and Chief Medical Health Officer, March of Dimes;
  - Dr. Alexis A. Thompson, MD, MPH, Chief of Division of Hematology, Elias Schwartz MD Endowed Chair in Hematology, Children's Hospital of Philadelphia, Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine;
  - Dr. Meredithe McNamara, MD, MS, FAAP, Assistant Professor, Yale School of Medicine;
  - Dr. Miriam Grossman, MD, Child, Adolescent, and Adult Psychiatrist;

- Mr. George Manahan, Parkinson's Advocate and Patient; and
- Mr. Kevin O'Connor, Assistant to the General President for Government Affairs and Political Action, International Association of Fire Fighters.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3226 contains no earmarks, limited tax benefits, or limited tariff benefits.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides a short title of "PREEMIE Reauthorization Act of 2023".

Section 2. Research relating to preterm labor and delivery and the care, treatment, and outcomes of preterm and low birth-weight infants

Section 2 reauthorizes the Prematurity Research Expansion and Education for Mothers who delivery Infants Early Act through fiscal years 2024 through 2028 and includes a technical correction to the bill.

Section 3. Interagency working group

Section 3 establishes an interagency working group between the U.S. Department of Health and Human Services and other departments.

Section 4. Study on preterm births

Section 4 authorizes a new study on the financial costs of premature births to society.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PREMATURITY RESEARCH EXPANSION AND EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY ACT

[Section 2(b) of H.R. 3226 (as reported) provides for a technical correction to section 2 of the PREEMIE Reauthorization Act of 2018 (Public Law 115-328) shown in the second Act below. Such amendment will result in the amendments made by such Act to be carried out to section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act which are reflected here in order to represent the amendment by section 2(a) of H.R. 3226 (as reported).]

* * * * * * *

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 AND ACTIVITIES ON PRETERM BIRTH.

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

(A) conduct epidemiological studies on the factors relating to prematurity, such as clinical, biological, social, environmental, genetic, and behavioral factors, and other determinants that contribute to health disparities and are related to prematurity, as appropriate;

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

(C) continue efforts to prevent preterm birth, including late preterm birth, through the identification of opportunities for prevention and the assessment of the impact of such efforts.

(2) REPORT.—Not later than 2 years after the date of enactment of the PREEMIE Reauthorization 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 regarding activities and studies conducted under paragraph (1), including any applicable analyses of preterm

birth. Such report shall be posted on the Internet website of the Department of Health and Human Services..

(c) PREGNANCY RISK ASSESSMENT MONITORING SURVEY.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall—

(1) continue 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, to the extent practicable, all pregnancy outcomes and prevent preterm birth; and

(2) provide technical assistance, as appropriate, to support States in improving the collection of information pursuant to this subsection.

(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, $2,000,000 for each of [fiscal years 2019 through 2023] *fiscal years 2024 through 2028*.

* * * * * * *

PREEMIE REAUTHORIZATION ACT OF 2018

* * * * * * *

SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.

[Section 2] *Section 3* of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b-4f) is amended—

(1) in subsection (b)—

(A) in paragraph (1)(A), by striking "clinical, biological, social, environmental, genetic, and behavioral factors relating" and inserting "factors relating to prematurity, such as clinical, biological, social, environmental, genetic, and behavioral factors, and other determinants that contribute to health disparities and are related"; and

(B) in paragraph (2), by striking " concerning the progress and any results of studies conducted under paragraph (1)" and inserting "regarding activities and studies conducted under paragraph (1), including any applicable analyses of preterm birth. Such report shall be posted on the Internet website of the Department of Health and Human Services.";

(2) by striking subsection (c) and inserting the following:

"(c) PREGNANCY RISK ASSESSMENT MONITORING SURVEY.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall—

"(1) continue 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, to the extent practicable, all pregnancy outcomes and prevent preterm birth; and

"(2) provide technical assistance, as appropriate, to support States in improving the collection of information pursuant to this subsection."; and

(3) in subsection (e), by striking "except for subsection (c), $1,880,000 for each of fiscal years 2014 through 2018" and inserting "$2,000,000 for each of fiscal years 2019 through 2023".

* * * * * * *

SEC. 5. INTERAGENCY WORKING GROUP.

(a) IN GENERAL.—[The Secretary of Health and Human Services, in collaboration with other departments, as appropriate, may establish] *Not later than 18 months after the date of the enactment of the PREEMIE Reauthorization Act of 2023, the Secretary of Health and Human Services, in collaboration with other departments, as appropriate, shall establish* an interagency working group in order to improve coordination of programs and activities to prevent preterm birth, infant mortality, and related adverse birth outcomes.

(b) DUTIES.—The working group established under subsection (a) shall—

(1) identify gaps, unnecessary duplication, and opportunities for improved coordination in Federal programs and activities related to preterm birth and infant mortality;

(2) assess the extent to which the goals and metrics of relevant programs and activities within the Department of Health and Human Services, and, as applicable, those in other departments, are aligned; and

(3) assess the extent to which such programs are coordinated across agencies within such Department; and

(4) make specific recommendations, as applicable, to reduce or minimize gaps and unnecessary duplication, and improve coordination of goals, programs, and activities across agencies within such Department.

(c) REPORT.—Not later than 1 year after the date on which the working group is established under subsection (a), the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing the findings of the working group under subsection (b) and the specific recommendations to improve Federal programs at the Department of Health and Human Services under subsection (b)(4).

* * * * * * *

○