

119TH CONGRESS
1ST SESSION

H. R. 1197

To reauthorize the Prematurity Research Expansion and Education for
Mothers who deliver Infants Early Act.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 2025

Ms. KELLY of Illinois (for herself, Mrs. MILLER-MEEKS, Mrs. FLETCHER, Mr. CARTER of Georgia, Ms. BROWN, and Mrs. KIGGANS of Virginia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reauthorize the Prematurity Research Expansion and
Education for Mothers who deliver Infants Early Act.

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 “PREEMIE Reauthor-
5 ization Act of 2025”.

6 **SEC. 2. PREEMIE.**

7 (a) RESEARCH RELATING TO PRETERM LABOR AND
8 DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES
9 OF PRETERM AND LOW BIRTHWEIGHT INFANTS.—

1 (1) IN GENERAL.—Section 3(e) of the Pre-
2 maturity Research Expansion and Education for
3 Mothers who deliver Infants Early Act (42 U.S.C.
4 247b–4f(e)) is amended by striking “fiscal years
5 2019 through 2023” and inserting “fiscal years
6 2025 through 2029”.

7 (2) TECHNICAL CORRECTION.—Effective as if
8 included in the enactment of the PREEMIE Reau-
9 thorization Act of 2018 (Public Law 115–328), sec-
10 tion 2 of such Act is amended, in the matter pre-
11 ceding paragraph (1), by striking “Section 2” and
12 inserting “Section 3”.

13 (b) INTERAGENCY WORKING GROUP.—Section 5(a)
14 of the PREEMIE Reauthorization Act of 2018 (Public
15 Law 115–328) is amended by striking “The Secretary of
16 Health and Human Services, in collaboration with other
17 departments, as appropriate, may establish” and inserting
18 “Not later than 18 months after the date of the enactment
19 of the PREEMIE Reauthorization Act of 2025, the Sec-
20 retary of Health and Human Services, in collaboration
21 with other departments, as appropriate, shall establish”.

22 (c) STUDY ON PRETERM BIRTHS.—

23 (1) IN GENERAL.—The Secretary of Health and
24 Human Services shall enter into appropriate ar-
25 rangements with the National Academies of

1 Sciences, Engineering, and Medicine under which
2 the National Academies shall—

3 (A) not later than 30 days after the date
4 of enactment of this Act, convene a committee
5 of experts in maternal health to study pre-
6 mature births in the United States; and

7 (B) upon completion of the study under
8 subparagraph (A)—

9 (i) approve by consensus a report on
10 the results of such study;

11 (ii) include in such report—

12 (I) an assessment of each of the
13 topics listed in paragraph (2);

14 (II) the analysis required by
15 paragraph (3); and

16 (III) the raw data used to de-
17 velop such report; and

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

21 (I) the Secretary of Health and
22 Human Services;

23 (II) the Committee on Energy
24 and Commerce of the House of Rep-
25 resentatives; and

1 (III) the Committee on Finance
2 and the Committee on Health, Edu-
3 cation, Labor, and Pensions of the
4 Senate.

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

7 (A) The financial costs of premature birth
8 to society, including—

9 (i) an analysis of stays in neonatal in-
10 tensive care units and the cost of such
11 stays;

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

15 (iii) health care costs for families
16 post-discharge from such units (such as
17 medications, therapeutic services, co-pay-
18 ments for visits, and specialty equipment).

19 (B) The factors that impact preterm birth
20 rates.

21 (C) Opportunities for earlier detection of
22 premature birth risk factors, including—

23 (i) opportunities to improve maternal
24 and infant health; and

1 (ii) opportunities for public health
2 programs to provide support and resources
3 for parents in-hospital, in non-hospital set-
4 tings, and post-discharge.

5 (3) ANALYSIS.—The analysis required by this
6 subsection is an analysis of—

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

10 (B) State and other programs' best prac-
11 tices with respect to reducing premature birth
12 rates; and

13 (C) precision medicine and preventative
14 care approaches starting early in the life course
15 (including during pregnancy) with a focus on
16 behavioral and biological influences on pre-
17 mature birth, child health, and the trajectory of
18 such approaches into adulthood.

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