

119TH CONGRESS
1ST SESSION

S. 1562

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

IN THE SENATE OF THE UNITED STATES

MAY 1, 2025

Mr. BENNET (for himself and Mr. BOOZMAN) introduced the following bill;
which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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”.

1 **SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DE-**
2 **LIVERY AND THE CARE, TREATMENT, AND**
3 **OUTCOMES OF PRETERM AND LOW BIRTH-**
4 **WEIGHT INFANTS.**

5 (a) IN GENERAL.—Section 3(e) of the Prematurity
6 Research Expansion and Education for Mothers who de-
7 liver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended
8 by striking “fiscal years 2019 through 2023” and insert-
9 ing “fiscal years 2025 through 2029”.

10 (b) TECHNICAL CORRECTION.—Effective as if in-
11 cluded in the enactment of the PREEMIE Reauthoriza-
12 tion Act of 2018 (Public Law 115–328), section 2 of such
13 Act is amended, in the matter preceding paragraph (1),
14 by striking “Section 2” and inserting “Section 3”.

15 **SEC. 3. INTERAGENCY WORKING GROUP.**

16 Section 5(a) of the PREEMIE Reauthorization Act
17 of 2018 (Public Law 115–328) is amended by striking
18 “The Secretary of Health and Human Services, in collabo-
19 ration with other departments, as appropriate, may estab-
20 lish” and inserting “Not later than 18 months after the
21 date of the enactment of the PREEMIE Reauthorization
22 Act of 2025, the Secretary of Health and Human Services,
23 in collaboration with other departments, as appropriate,
24 shall establish”.

1 **SEC. 4. STUDY ON PRETERM BIRTHS.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services shall enter into appropriate arrange-
4 ments with the National Academies of Sciences, Engineer-
5 ing, and Medicine under which the National Academies
6 shall—

7 (1) not later than 30 days after the date of en-
8 actment of this Act, convene a committee of experts
9 in maternal health to study premature births in the
10 United States; and

11 (2) upon completion of the study under para-
12 graph (1)—

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

15 (B) include in such report—

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

18 (ii) the analysis required by sub-
19 section (c); and

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

22 (C) not later than 24 months after the
23 date of enactment of this Act, transmit such re-
24 port to—

25 (i) the Secretary of Health and
26 Human Services;

1 (ii) the Committee on Energy and
2 Commerce of the House of Representa-
3 tives; and

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

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

9 (1) The financial costs of premature birth to so-
10 ciety, including—

11 (A) an analysis of stays in neonatal inten-
12 sive care units and the cost of such stays;

13 (B) long-term costs of stays in such units
14 to society and the family involved post-dis-
15 charge; and

16 (C) health care costs for families post-dis-
17 charge from such units (such as medications,
18 therapeutic services, co-payments for visits, and
19 specialty equipment).

20 (2) The factors that impact preterm birth rates.

21 (3) Opportunities for earlier detection of pre-
22 mature birth risk factors, including—

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

1 (B) opportunities for public health pro-
2 grams to provide support and resources for par-
3 ents in-hospital, in non-hospital settings, and
4 post-discharge.

5 (c) ANALYSIS.—The analysis required by this sub-
6 section is an analysis of—

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

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

12 (3) precision medicine and preventative care ap-
13 proaches starting early in the life course (including
14 during pregnancy) with a focus on behavioral and bi-
15 ological influences on premature birth, child health,
16 and the trajectory of such approaches into adult-
17 hood.

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