119TH CONGRESS
1ST SESSION

S. 2433

To require providers to disclose policies regarding the minimum gestational age at which life-saving care will be provided to an infant in the case of a premature birth.

IN THE SENATE OF THE UNITED STATES

JULY 24, 2025

Mr. COTTON (for himself, Mr. SCOTT of Florida, Ms. LUMMIS, and Mrs. HYDE-SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To require providers to disclose policies regarding the minimum gestational age at which life-saving care will be provided to an infant in the case of a premature birth.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Neonatal Care Transparency Act of 2025''.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) Different hospitals have varying capacities to resuscitate premature babies.

(2) There are parents of premature babies who have arrived at level 3 and level 4 neonatal intensive care units expecting medical intervention, only to find that life-saving treatment is not offered for babies born before a certain gestational point.

(3) Some hospitals in the United States universally forgo intensive care for babies born before 22 weeks gestation, while others provide such care to nearly all babies born alive.

(4) Data indicates that neonatal outcomes are best for premature babies when the baby is born at a center that consistently intervenes with life-saving treatment.

(5) Parents deserve a new level of obstetric and neonatal transparency to ensure medical excellence in circumstances of extreme prematurity and parental consent to the course of treatment.

SEC. 3. DISCLOSURE REQUIREMENTS.

(a) HOSPITAL REQUIREMENT.—Each hospital shall publicly disclose the policy of such hospital regarding the provision of life-saving care to an infant in the case of a premature birth, including—

(1) whether there is a minimum gestational age at which life-saving care will be provided to an infant in the case of a premature birth;

(2) whether the decision to provide life-saving care to an infant in the case of a premature birth is made on a case-by-case basis; and

(3) the process by which the hospital, in the case of a premature birth or expected premature birth, would transfer the infant and mother to the nearest facility with a neonatal intensive care unit that would provide life-saving care to the infant, if the hospital does not have the capacity to provide life-saving care to such infant.

(b) PRACTITIONER REQUIREMENT.—Each obstetrician, or other health care practitioner who provides obstetric services to patients, shall, at the first prenatal visit of a patient, disclose to the patient the policy of any hospital at which the obstetrician or practitioner has admitting privileges regarding the provision of life-saving care to an infant in the case of a premature birth, including—

(1) whether there is a minimum gestational age at which life-saving care will be provided to an infant in the case of a premature birth;

(2) whether the decision to provide life-saving care to an infant in the case of a premature birth is made on a case-by-case basis; and

(3) the process by which the hospital, in the case of a premature birth or expected premature

birth, would arrange for the transfer the infant and mother to the nearest facility with a neonatal intensive care unit that would provide life-saving care to the infant, if the facility in which the practitioner is providing services does not have the capacity to provide life-saving care to such infant.

SEC. 4. HOSPITAL DISCLOSURES REGARDING CARE FOR PREMATURE BIRTHS.

Section 1866(a)(1) of the Social Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

(1) by moving subparagraphs (W) and (X) 2 ems to the left;

(2) in subparagraph (X), by striking ''and'' at the end;

(3) in subparagraph (Y), by striking the period at the end and inserting '', and''; and

(4) by inserting after subparagraph (Y) the following new subparagraph:

''(Z) beginning on or after January 1, 2026, in the case of a hospital, to—

''(i) satisfy the disclosure requirement under section 3(a) of the Neonatal Care Transparency Act of 2025; and

''(ii) require each practitioner that provides obstetric services at such hospital

to satisfy the disclosure requirement under section 3(b) of such Act.''.

SEC. 5. PROHIBITING FEDERAL MEDICAID AND CHIP FUNDING FOR HOSPITALS AND OBSTETRICS PROVIDERS THAT DO NOT SATISFY DISCLOSURE REQUIREMENTS.

(a) IN GENERAL.—Section 1903(i) of the Social Security Act (42 U.S.C. 1396b(i)) is amended—

(1) in paragraph (26), by striking ''; or'' and inserting a semicolon;

(2) in paragraph (27), by striking the period at the end and inserting ''; or'';

(3) by inserting after paragraph (27) the following new paragraph:

''(28) with respect to any amounts expended for care or services furnished under the plan by a hospital or by a health care provider who provides obstetric services to individuals who are eligible for medical assistance under the plan unless such hospital or provider satisfies the disclosure requirements described in section 3 of Neonatal Care Transparency Act of 2025.''; and

(4) in the third sentence, by striking ''and (18)'' and inserting ''(18), and (28)''.

(b) APPLICATION TO CHIP.—Section 2107(e)(1)(O) of the Social Security Act (42 U.S.C. 1397gg(e)(1)(O)) is amended by striking ''and (17)'' and inserting ''(17), and (28)''.

(c) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date that is 180 days after the date of enactment of this Act.

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