

L. ZAHUMENSKY, which nominations were received by the Senate and appeared in the Congressional Record of September 11, 2013.

PN848 NAVY nominations (60) beginning RICARDO M. ABAKAH, and ending CHRISTOPHER L. YOUNG, which nominations were received by the Senate and appeared in the Congressional Record of September 11, 2013.

PN849 NAVY nominations (247) beginning NEHKONTI ADAMS, and ending NATHAN S. ZUNDEL, which nominations were received by the Senate and appeared in the Congressional Record of September 11, 2013.

PN850 NAVY nominations (15) beginning KIMBERLY S. BAILEY, and ending ERIC E. WONG, which nominations were received by the Senate and appeared in the Congressional Record of September 11, 2013.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will return to legislative session.

PREEMIE REAUTHORIZATION ACT

Mr. REID. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of Calendar No. 13, S. 252.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 252) 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.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. I ask unanimous consent the Alexander amendment at the desk be agreed to.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 1981) was agreed to, as follows:

(Purpose: To modify provisions relating to the authorization of appropriations)

On page 3, strike lines 14 and 15, insert the following: “amended by striking ‘\$5,000,000’ and all that follows through ‘2011.’ and inserting ‘\$1,880,000 for each of fiscal years 2014 through 2018.’”

On page 5, strike lines 13 and 14, and insert the following:

“(2) in subsection (c), by striking ‘\$5,000,000’ and all that follows through ‘2011.’ and inserting ‘\$1,900,000 for each of fiscal years 2014 through 2018.’”

Mr. REID. Mr. President, I know of no further debate on this measure.

The PRESIDING OFFICER. Is there further debate? If not, the question is on agreeing to the measure.

The bill (S. 252), as amended, was ordered to be engrossed for a third reading, was read the third time and passed, as follows:

S. 252

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 “Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act” or the “PREEMIE Reauthorization Act”.

SEC. 2. RESEARCH AND ACTIVITIES AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f) is amended by striking subsection (b) and inserting the following:

“(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 clinical, biological, social, environmental, genetic, and behavioral factors relating 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 concerning the progress and any results of studies conducted under paragraph (1).”

(b) REAUTHORIZATION.—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 “\$5,000,000” and all that follows through “2011.” and inserting “\$1,880,000 for each of fiscal years 2014 through 2018.”

SEC. 3. ACTIVITIES AT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) TELEMEDICINE AND HIGH-RISK PREGNANCIES.—Section 330I(i)(1)(B) of the Public Health Service Act (42 U.S.C. 254c–14(i)(1)(B)) is amended by striking “or case management services” and inserting “case management services, or prenatal care for high-risk pregnancies”;

(b) PUBLIC AND HEALTH CARE PROVIDER EDUCATION.—Section 399Q of the Public Health Service Act (42 U.S.C. 280g–5) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by striking subparagraphs (A) through (F) and inserting the following:

“(A) the core risk factors for preterm labor and delivery;

“(B) medically indicated deliveries before full term;

“(C) the importance of preconception and prenatal care, including—

“(i) smoking cessation;

“(ii) weight maintenance and good nutrition, including folic acid;

“(iii) the screening for and the treatment of infections; and

“(iv) stress management;

“(D) treatments and outcomes for premature infants, including late preterm infants;

“(E) the informational needs of families during the stay of an infant in a neonatal intensive care unit; and

“(F) utilization of evidence-based strategies to prevent birth injuries;” and

(B) by striking paragraph (2) and inserting the following:

“(2) programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through

counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post-term infant;” and

(2) in subsection (c), by striking “\$5,000,000” and all that follows through “2011.” and inserting “\$1,900,000 for each of fiscal years 2014 through 2018.”

SEC. 4. OTHER ACTIVITIES.

(a) INTERAGENCY COORDINATING COUNCIL ON PREMATURETY AND LOW BIRTHWEIGHT.—The Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act is amended by striking section 5 (42 U.S.C. 247b–4g).

(b) ADVISORY COMMITTEE ON INFANT MORTALITY.—

(1) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) may establish an advisory committee known as the “Advisory Committee on Infant Mortality” (referred to in this section as the “Advisory Committee”).

(2) DUTIES.—The Advisory Committee shall provide advice and recommendations to the Secretary concerning the following activities:

(A) Programs of the Department of Health and Human Services that are directed at reducing infant mortality and improving the health status of pregnant women and infants.

(B) Strategies to coordinate the various Federal programs and activities with State, local, and private programs and efforts that address factors that affect infant mortality.

(C) Implementation of the Healthy Start program under section 330H of the Public Health Service Act (42 U.S.C. 254c–8) and Healthy People 2020 infant mortality objectives.

(D) Strategies to reduce preterm birth rates through research, programs, and education.

(3) PLAN FOR HHS PRETERM BIRTH ACTIVITIES.—Not later than 1 year after the date of enactment of this section, the Advisory Committee (or an advisory committee in existence as of the date of enactment of this Act and designated by the Secretary) shall develop a plan for conducting and supporting research, education, and programs on preterm birth through the Department of Health and Human Services and shall periodically review and revise the plan, as appropriate. The plan shall—

(A) examine research and educational activities that receive Federal funding in order to enable the plan to provide informed recommendations to reduce preterm birth and address racial and ethnic disparities in preterm birth rates;

(B) identify research gaps and opportunities to implement evidence-based strategies to reduce preterm birth rates among the programs and activities of the Department of Health and Human Services regarding preterm birth, including opportunities to minimize duplication; and

(C) reflect input from a broad range of scientists, patients, and advocacy groups, as appropriate.

(4) MEMBERSHIP.—The Secretary shall ensure that the membership of the Advisory Committee includes the following:

(A) Representatives provided for in the original charter of the Advisory Committee.

(B) A representative of the National Center for Health Statistics.

(c) PATIENT SAFETY STUDIES AND REPORT.—

(1) IN GENERAL.—The Secretary shall designate an appropriate agency within the Department of Health and Human Services to coordinate existing studies on hospital readmissions of preterm infants.