

113TH CONGRESS
1ST SESSION

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.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 7, 2013

Mr. ALEXANDER (for himself, Mr. BENNET, Mr. ISAKSON, Ms. MIKULSKI, Mr. REED, Mr. MENENDEZ, and Ms. LANDRIEU) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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.

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 “Prematurity Research
5 Expansion and Education for Mothers who deliver Infants
6 Early Reauthorization Act” or the “PREEMIE Reauthor-
7 ization Act”.

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

3 (a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the
4 Prematurity Research Expansion and Education for
5 Mothers who deliver Infants Early Act (42 U.S.C. 247b–
6 4f) is amended by striking subsection (b) and inserting
7 the following:

8 “(b) STUDIES AND ACTIVITIES ON PRETERM
9 BIRTH.—

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

14 “(A) conduct epidemiological studies on
15 the clinical, biological, social, environmental, ge-
16 netic, and behavioral factors relating to pre-
17 maturity, as appropriate;

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

21 “(C) continue efforts to prevent preterm
22 birth, including late preterm birth, through the
23 identification of opportunities for prevention
24 and the assessment of the impact of such ef-
25 forts.

1 “(2) REPORT.—Not later than 2 years after the
 2 date of enactment of the PREEMIE Reauthoriza-
 3 tion Act, and every 2 years thereafter, the Secretary
 4 of Health and Human Services, acting through the
 5 Director of the Centers for Disease Control and Pre-
 6 vention, shall submit to the appropriate committees
 7 of Congress reports concerning the progress and any
 8 results of studies conducted under paragraph (1).”.

9 (b) REAUTHORIZATION.—Section 3(e) of the Pre-
 10 maturity Research Expansion and Education for Mothers
 11 who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is
 12 amended by striking “2007 through 2011” and inserting
 13 “2014 through 2018”.

14 **SEC. 3. ACTIVITIES AT THE HEALTH RESOURCES AND**
 15 **SERVICES ADMINISTRATION.**

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

22 (b) PUBLIC AND HEALTH CARE PROVIDER EDU-
 23 CATION.—Section 399Q of the Public Health Service Act
 24 (42 U.S.C. 280g–5) is amended—

25 (1) in subsection (b)—

1 (A) in paragraph (1), by striking subpara-
2 graphs (A) through (F) and inserting the fol-
3 lowing:

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

6 “(B) medically indicated deliveries before
7 full term;

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

10 “(i) smoking cessation;

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

13 “(iii) the screening for and the treat-
14 ment of infections; and

15 “(iv) stress management;

16 “(D) treatments and outcomes for pre-
17 mature infants, including late preterm infants;

18 “(E) the informational needs of families
19 during the stay of an infant in a neonatal in-
20 tensive care unit; and

21 “(F) utilization of evidence-based strate-
22 gies to prevent birth injuries;” and

23 (B) by striking paragraph (2) and insert-
24 ing the following:

1 “(2) programs to increase the availability,
 2 awareness, and use of pregnancy and post-term in-
 3 formation services that provide evidence-based, clin-
 4 ical information through counselors, community out-
 5 reach efforts, electronic or telephonic communica-
 6 tion, or other appropriate means regarding causes
 7 associated with prematurity, birth defects, or health
 8 risks to a post-term infant;” and

9 (2) in subsection (c), by striking “2007 through
 10 2011” and inserting “2014 through 2018”.

11 **SEC. 4. OTHER ACTIVITIES.**

12 (a) INTERAGENCY COORDINATING COUNCIL ON PRE-
 13 MATURITY AND LOW BIRTHWEIGHT.—The Prematurity
 14 Research Expansion and Education for Mothers who de-
 15 liver Infants Early Act is amended by striking section 5
 16 (42 U.S.C. 247b–4g).

17 (b) ADVISORY COMMITTEE ON INFANT MOR-
 18 TALITY.—

19 (1) ESTABLISHMENT.—The Secretary of Health
 20 and Human Services (referred to in this section as
 21 the “Secretary”) may establish an advisory com-
 22 mittee known as the “Advisory Committee on Infant
 23 Mortality” (referred to in this section as the “Advi-
 24 sory Committee”).

1 (2) DUTIES.—The Advisory Committee shall
2 provide advice and recommendations to the Sec-
3 retary concerning the following activities:

4 (A) Programs of the Department of Health
5 and Human Services that are directed at reduc-
6 ing infant mortality and improving the health
7 status of pregnant women and infants.

8 (B) Strategies to coordinate the various
9 Federal programs and activities with State,
10 local, and private programs and efforts that ad-
11 dress factors that affect infant mortality.

12 (C) Implementation of the Healthy Start
13 program under section 330H of the Public
14 Health Service Act (42 U.S.C. 254c–8) and
15 Healthy People 2020 infant mortality objec-
16 tives.

17 (D) Strategies to reduce preterm birth
18 rates through research, programs, and edu-
19 cation.

20 (3) PLAN FOR HHS PRETERM BIRTH ACTIVI-
21 TIES.—Not later than 1 year after the date of enact-
22 ment of this section, the Advisory Committee (or an
23 advisory committee in existence as of the date of en-
24 actment of this Act and designated by the Secretary)
25 shall develop a plan for conducting and supporting

1 research, education, and programs on preterm birth
2 through the Department of Health and Human
3 Services and shall periodically review and revise the
4 plan, as appropriate. The plan shall—

5 (A) examine research and educational ac-
6 tivities that receive Federal funding in order to
7 enable the plan to provide informed rec-
8 ommendations to reduce preterm birth and ad-
9 dress racial and ethnic disparities in preterm
10 birth rates;

11 (B) identify research gaps and opportuni-
12 ties to implement evidence-based strategies to
13 reduce preterm birth rates among the programs
14 and activities of the Department of Health and
15 Human Services regarding preterm birth, in-
16 cluding opportunities to minimize duplication;
17 and

18 (C) reflect input from a broad range of sci-
19 entists, patients, and advocacy groups, as ap-
20 propriate.

21 (4) MEMBERSHIP.—The Secretary shall ensure
22 that the membership of the Advisory Committee in-
23 cludes the following:

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

1 (B) A representative of the National Cen-
2 ter for Health Statistics.

3 (c) PATIENT SAFETY STUDIES AND REPORT.—

4 (1) IN GENERAL.—The Secretary shall des-
5 ignate an appropriate agency within the Department
6 of Health and Human Services to coordinate exist-
7 ing studies on hospital readmissions of preterm in-
8 fants.

9 (2) REPORT TO SECRETARY AND CONGRESS.—
10 Not later than 1 year after the date of the enact-
11 ment of this Act, the agency designated under para-
12 graph (1) shall submit to the Secretary and to Con-
13 gress a report containing the findings and rec-
14 ommendations resulting from the studies coordi-
15 nated under such paragraph, including recommenda-
16 tions for hospital discharge and followup procedures
17 designed to reduce rates of preventable hospital re-
18 admissions for preterm infants.

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