

115TH CONGRESS  
2D SESSION

# H. R. 6085

To revise and extend the Prematurity Research Expansion and Education  
for Mothers who deliver Infants Early Act (PREEMIE Act).

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IN THE HOUSE OF REPRESENTATIVES

JUNE 13, 2018

Ms. ESHOO (for herself and Mr. LANCE) introduced the following bill; which  
was referred to the Committee on Energy and Commerce

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## A BILL

To revise and extend the Prematurity Research Expansion  
and Education for Mothers who deliver Infants Early  
Act (PREEMIE 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 “Prematurity Research  
5 Expansion and Education for Mothers who deliver Infants  
6 Early Reauthorization Act of 2018” or the “PREEMIE  
7 Reauthorization Act of 2018”.

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 Section 2 of the Prematurity Research Expansion  
6 and Education for Mothers who deliver Infants Early Act  
7 (42 U.S.C. 247b–4f) is amended—

8 (1) in subsection (b)—

9 (A) in paragraph (1)(A), by striking “clin-  
10 ical, biological, social, environmental, genetic,  
11 and behavioral factors relating” and inserting  
12 “biological, social, and other determinants that  
13 contribute to health disparities and are re-  
14 lated”; and

15 (B) in paragraph (2), by striking “con-  
16 cerning the progress and any results of studies  
17 conducted under paragraph (1)” and inserting  
18 “regarding activities and studies conducted  
19 under paragraph (1), including any applicable  
20 analyses of preterm birth. Such report shall be  
21 posted on the Internet website of the Depart-  
22 ment of Health and Human Services.”;

23 (2) by striking subsection (c) and inserting the  
24 following:

25 “(c) **PREGNANCY RISK ASSESSMENT MONITORING**  
26 **SURVEY.**—The Secretary of Health and Human Services,

1 acting through the Director of the Centers for Disease  
2 Control and Prevention, shall—

3 “(1) continue systems for the collection of ma-  
4 ternal-infant clinical and biomedical information, in-  
5 cluding electronic health records, electronic data-  
6 bases, and biobanks, to link with the Pregnancy  
7 Risk Assessment Monitoring System (PRAMS) and  
8 other epidemiological studies of prematurity in order  
9 to track, to the extent practicable, all pregnancy out-  
10 comes and prevent preterm birth;

11 “(2) provide technical assistance, as appro-  
12 priate, to support States in improving the collection  
13 of information pursuant to this subsection.”; and

14 (3) in subsection (e), by striking “except for  
15 subsection (c), \$1,880,000,000 for each of fiscal  
16 years 2014 through 2018” and inserting  
17 “\$2,000,000 for each of fiscal years 2019 through  
18 2023”.

19 **SEC. 3. PUBLIC AND HEALTH CARE PROVIDER EDUCATION**  
20 **AND SUPPORT SERVICES.**

21 Section 399Q of the Public Health Service Act (42  
22 U.S.C. 280g-5) is amended—

23 (1) in subsection (a)—

1 (A) by striking “conduct demonstration  
2 projects for the purpose of improving” and in-  
3 serting “continue efforts to improve”; and

4 (B) by striking “for babies born preterm”  
5 and inserting “mothers of infants born preterm,  
6 and infants born preterm, including through  
7 demonstration projects, as appropriate”; and

8 (2) in subsection (b)—

9 (A) in the matter preceding paragraph (1),  
10 by striking “under the demonstration project”;

11 (B) in paragraph (1)—

12 (i) in the matter preceding subpara-  
13 graph (A), by striking “programs to test  
14 and evaluate various” and inserting “pro-  
15 grams which, in collaboration with States,  
16 localities, and community organizations,  
17 support”;

18 (ii) by redesignating subparagraphs  
19 (B) through (F) as subparagraphs (C)  
20 through (G), respectively;

21 (iii) by inserting after subparagraph  
22 (A), the following:

23 “(B) evidence-based strategies to prevent  
24 preterm birth and associated outcomes;”;

1 (iv) in subparagraph (C), as so rededesignated,  
2 by inserting “, and the risks of  
3 non-medically indicated deliveries before  
4 full term” before the semicolon;

5 (v) in subparagraph (D), as so redesignated—

7 (I) in clause (ii), by inserting  
8 “intake” before the semicolon;

9 (II) in clause (iii), by striking  
10 “and” at the end;

11 (III) by redesignating clause (iv)  
12 as clause (vii); and

13 (IV) by inserting after clause  
14 (iii), the following:

15 “(iv) screening for and treatment of  
16 substance use disorders;

17 “(v) screening and treatment of ma-  
18 ternal depression;

19 “(vi) maternal immunization; and”;

20 (vi) in subparagraph (E), as so rededesignated,  
21 by adding “and” after the semi-  
22 colon;

23 (vii) in subparagraph (F), as so rededesignated,  
24 by striking “; and” and inserting  
25 a period; and

1 (viii) by striking subparagraph (G), as  
2 so redesignated; and  
3 (C) in paragraph (2), by inserting “, as  
4 well as prevention of a future preterm birth”  
5 before the semicolon.

6 **SEC. 4. ADVISORY COMMITTEE ON INFANT MORTALITY.**

7 Section 104(b) of the PREEMIE Reauthorization  
8 Act (42 U.S.C. 247b–4f note) is amended—

9 (1) in paragraph (2)—

10 (A) in the matter preceding subparagraph  
11 (A), by striking “and recommendations to the  
12 Secretary concerning the following activities”  
13 and inserting “, recommendations, or informa-  
14 tion to the Secretary as may be necessary to  
15 improve activities and programs to reduce se-  
16 vere maternal morbidity and infant mortality  
17 and preterm birth, which may include rec-  
18 ommendations, advice, or information related to  
19 the following”;

20 (B) in subparagraph (A), by striking “and  
21 improving the health status of pregnant women  
22 and infants” and inserting “, preterm birth,  
23 and improving the health status of pregnant  
24 women and infants, and information on cost-ef-  
25 fectiveness and outcomes of such programs”;

1 (C) in subparagraph (C), by striking “Im-  
2 plementation of the” and inserting “The”; and

3 (D) by striking subparagraph (D) and in-  
4 serting the following:

5 “(D) Implementation of Healthy People  
6 objectives related to maternal and infant health.

7 “(E) Strategies to reduce racial, ethnic,  
8 geographic, and other health disparities in birth  
9 outcomes.

10 “(F) Strategies, including the implementa-  
11 tion of such strategies, to address gaps in Fed-  
12 eral research, programs, and education efforts  
13 related to the prevention of severe maternal  
14 morbidity and infant mortality, and other ad-  
15 verse birth outcomes.”;

16 (2) by striking paragraph (3) and redesignating  
17 paragraph (4) as paragraph (3); and

18 (3) by adding at the end the following:

19 “(4) BIENNIAL REPORT.—Not later than 1 year  
20 after the date of enactment of the PREEMIE Reau-  
21 thorization Act of 2018, and every 2 years there-  
22 after, the Advisory Committee shall—

23 “(A) publish a report summarizing activi-  
24 ties and recommendations of the Advisory Com-

1           mittee since the publication of the previous re-  
2           port;

3           “(B) submit such report to the Secretary  
4           and the appropriate Committees of Congress;  
5           and

6           “(C) post such report on the Internet  
7           website of the Department of Health and  
8           Human Services.”.

9   **SEC. 5. INTERAGENCY WORKING GROUP.**

10       (a) IN GENERAL.—The Secretary of Health and  
11       Human Services may establish an interagency working  
12       group in order to improve coordination of programs and  
13       activities within the Department of Health and Human  
14       Services to prevent preterm birth, infant mortality, and  
15       related adverse birth outcomes.

16       (b) DUTIES.—The working group established under  
17       subsection (a) shall—

18           (1) identify gaps, duplication, or overlap in  
19       Federal programs and activities related to preterm  
20       birth and infant mortality;

21           (2) assess the extent to which the goals and  
22       metrics of relevant programs and activities within  
23       the Department of Health and Human Services are  
24       aligned;



1           (3) assess the extent to which such programs  
2           are coordinated across agencies within such Depart-  
3           ment; and

4           (4) make specific recommendations, as applica-  
5           ble, to reduce or minimize unnecessary duplication  
6           and overlap and improve coordination of goals, pro-  
7           grams, and activities across agencies within such  
8           Department.

9           (c) REPORT.—Not later than 1 year after the date  
10          on which the working group is established under sub-  
11          section (a), the Secretary of Health and Human Services  
12          shall submit to the Committee on Health, Education,  
13          Labor, and Pensions of the Senate and the Committee on  
14          Energy and Commerce of the House of Representatives  
15          a report summarizing the findings of the working group  
16          under subsection (b) and the specific recommendations to  
17          improve Federal programs at the Department of Health  
18          and Human Services under subsection (b)(4).

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