

117TH CONGRESS  
2D SESSION

# S. 3972

To improve research and data collection on stillbirths, and for other purposes.

---

IN THE SENATE OF THE UNITED STATES

MARCH 31, 2022

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

---

## A BILL

To improve research and data collection on stillbirths, and  
for other purposes.

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 “Stillbirth Health Im-  
5 provement and Education for Autumn Act of 2022” or  
6 the “SHINE for Autumn Act of 2022”.

1 **SEC. 2. STILLBIRTH RESEARCH AND DATA COLLECTION IM-**  
2 **PROVEMENTS.**

3 Title III of the Public Health Service Act is amended  
4 by inserting after section 317L–1 of such Act (42 U.S.C.  
5 247b–13a) the following:

6 **“SEC. 317L–2. STILLBIRTH RESEARCH AND DATA COLLEC-**  
7 **TION IMPROVEMENTS.**

8 “(a) STILLBIRTH SURVEILLANCE AND RISK FACTOR  
9 STUDIES.—

10 “(1) IN GENERAL.—The Secretary may award  
11 grants to States for purposes of—

12 “(A) conducting surveillance and collecting  
13 data with respect to stillbirths;

14 “(B) building State and local public health  
15 capacity to assess stillbirth data; and

16 “(C) collecting and reporting data on still-  
17 birth risk factors, including any quantifiable  
18 outcomes with respect to such risk factors.

19 “(2) AUTHORIZATION OF APPROPRIATIONS.—

20 To carry out this subsection, there is authorized to  
21 be appropriated \$5,000,000 for each of fiscal years  
22 2023 through 2027.

23 “(b) GUIDELINES AND EDUCATIONAL AWARENESS  
24 MATERIALS.—

25 “(1) IN GENERAL.—The Secretary shall—

1           “(A) issue guidelines to State departments  
2 of health and State and local vital statistics  
3 units on—

4           “(i) collecting data on stillbirth from  
5 health care providers, and with the consent  
6 of the family involved, including any such  
7 data with respect to the clinical history,  
8 postmortem examination, and placental pa-  
9 thology;

10          “(ii) sharing such data with Federal  
11 agencies determined appropriate by the Di-  
12 rector of the Centers for Disease Control  
13 and Prevention; and

14          “(iii) improving processes and train-  
15 ing related to stillbirth data collection and  
16 reporting to ensure standardization and  
17 completeness of data; and

18          “(B) develop, and make publicly available,  
19 educational awareness materials on stillbirths.

20          “(2) CONSULTATION.—In carrying out para-  
21 graph (1), the Secretary may consult with—

22          “(A) national health care professional as-  
23 sociations;

24          “(B) national associations representing  
25 State and local public health officials;

1           “(C) organizations that assist families with  
2           burial support and bereavement services;

3           “(D) nurses and nurse practitioners;

4           “(E) obstetricians and gynecologists;

5           “(F) pediatricians;

6           “(G) maternal-fetal medicine specialists;

7           “(H) midwives;

8           “(I) mental health professionals;

9           “(J) statisticians;

10          “(K) individuals who have experienced a  
11          stillbirth; and

12          “(L) advocacy organizations representing  
13          such individuals.

14          “(3) AUTHORIZATION OF APPROPRIATIONS.—

15          To carry out this subsection, there is authorized to  
16          be appropriated \$1,000,000 for each of fiscal years  
17          2023 through 2027.

18          “(c) VITAL STATISTICS UNIT DEFINED.—In this sec-  
19          tion, the term ‘vital statistics unit’ means the entity that  
20          is responsible for maintaining vital records for a State,  
21          or a political subdivision of such State, including official  
22          records of live births, deaths, fetal deaths, marriages, di-  
23          vorces, and annulments.”.

1 **SEC. 3. PERINATAL PATHOLOGY FELLOWSHIPS.**

2 The Public Health Service Act is amended by insert-  
3 ing after section 1122 of such Act (42 U.S.C. 300e-12)  
4 the following:

5 **“SEC. 1123. IMPROVING PERINATAL PATHOLOGY.**

6 “(a) IN GENERAL.—The Secretary shall establish  
7 and implement, or incorporate into an existing training  
8 program, a Perinatal Pathology Fellowship Program or a  
9 Postdoctoral Research Fellowship on Factors Associated  
10 with Stillbirth Program to—

11 “(1) provide training in perinatal autopsy pa-  
12 thology;

13 “(2) conduct research on, and improve data col-  
14 lection through fetal autopsies with respect to, still-  
15 birth; and

16 “(3) address challenges in stillbirth education,  
17 research, and data collection.

18 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
19 are authorized to be appropriated to carry out this section  
20 \$3,000,000 for each of fiscal years 2023 through 2027.”.

21 **SEC. 4. REPORTS.**

22 (a) EDUCATIONAL GUIDELINES REPORT.—

23 (1) IN GENERAL.—Not later than five years  
24 after the date of enactment of this Act, the Sec-  
25 retary of Health and Human Services shall publish  
26 on a public website of the Department of Health and

1 Human Services a report with educational guidelines  
2 on stillbirth and stillbirth risk factors.

3 (2) CONTENTS.—Such report shall include, to  
4 the extent practicable and appropriate, the guide-  
5 lines issued and educational awareness materials de-  
6 veloped under section 317L–2 of the Public Health  
7 Service Act, as added by section 2 of this Act.

8 (b) PROGRESS REPORT.—Not later than five years  
9 after the date of enactment of this Act, the Secretary of  
10 Health and Human Services shall submit to the Congress  
11 a comprehensive report on the progress and effectiveness  
12 of the Perinatal Pathology Fellowship Program estab-  
13 lished under section 1123 of the Public Health Service  
14 Act, as added by section 3 of this Act.

○