

Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act of 2018

[Public Law 115–328]

[As Amended Through P.L. 119–75, Enacted February 3, 2026]

【Currency: This publication is a compilation of the text of Public Law 115-328. It was last amended by the public law listed in the As Amended Through note above and below at the bottom of each page of the pdf version and reflects current law through the date of the enactment of the public law listed at <https://www.govinfo.gov/app/collection/comps/>】

【Note: While this publication does not represent an official version of any Federal statute, substantial efforts have been made to ensure the accuracy of its contents. The official version of Federal law is found in the United States Statutes at Large and in the United States Code. The legal effect to be given to the Statutes at Large and the United States Code is established by statute (1 U.S.C. 112, 204).】

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

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

SECTION 1. [42 U.S.C. 201 note] SHORT TITLE.

This Act may be cited as the “Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act of 2018” or the “PREEMIE Reauthorization Act of 2018”.

SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.

Section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b-4f) is amended—

(1) in subsection (b)—

(A) in paragraph (1)(A), by striking “clinical, biological, social, environmental, genetic, and behavioral factors relating” and inserting “factors relating to prematurity, such as clinical, biological, social, environmental, genetic, and behavioral factors, and other determinants that contribute to health disparities and are related”; and

(B) in paragraph (2), by striking “concerning the progress and any results of studies conducted under paragraph (1)” and inserting “regarding activities and studies conducted under paragraph (1), including any applicable analyses of preterm birth. Such report shall be posted on the Internet website of the Department of Health and Human Services.”;

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

Sec. 3 Prematurity Research Expansion and Education for...**2**

“(c) PREGNANCY RISK ASSESSMENT MONITORING SURVEY.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall—

“(1) continue systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track, to the extent practicable, all pregnancy outcomes and prevent preterm birth; and

“(2) provide technical assistance, as appropriate, to support States in improving the collection of information pursuant to this subsection.”; and

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

SEC. 3. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.

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

(1) in subsection (a)—

(A) by striking “conduct demonstration projects” and inserting “conduct activities, which may include demonstration projects”; and

(B) by striking “for babies born preterm” and inserting “mothers of infants born preterm, and infants born preterm, as appropriate”; and

(2) in subsection (b)—

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

(B) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking “programs to test and evaluate various strategies to provide” and inserting “programs, including those to test and evaluate strategies, which, in collaboration with States, localities, tribes, and community organizations, support the provision of”;

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

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

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

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

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

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

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

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

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

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

“(v) screening for and treatment of maternal depression;

“(vi) maternal immunization; and”;

(vi) in subparagraph (E), as so redesignated, by adding “and” after the semicolon;

(vii) in subparagraph (F), as so redesignated, by striking “; and” and inserting a period; and

(viii) by striking subparagraph (G), as so redesignated; and

(C) in paragraph (2), by inserting “, as well as prevention of a future preterm birth” before the semicolon.

SEC. 4. ADVISORY COMMITTEE ON MATERNAL AND INFANT HEALTH.

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

(1) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by striking “and recommendations to the Secretary concerning the following activities” and inserting “, recommendations, or information to the Secretary as may be necessary to improve activities and programs to reduce severe maternal morbidity, maternal mortality, infant mortality, and preterm birth, which may include recommendations, advice, or information related to the following”;

(B) in subparagraph (A), by striking “and improving the health status of pregnant women and infants” and inserting “, preterm birth, and improving the health status of pregnant women and infants, and information on cost-effectiveness and outcomes of such programs”;

(C) in subparagraph (C), by striking “Implementation of the” and inserting “The”; and

(D) by striking subparagraph (D) and inserting the following:

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

“(E) Strategies to reduce racial, ethnic, geographic, and other health disparities in birth outcomes, including by increasing awareness of Federal programs related to appropriate access to, or information regarding, prenatal care to address risk factors for preterm labor and delivery.

“(F) Strategies, including the implementation of such strategies, to address gaps in Federal research, programs, and education efforts related to the prevention of severe maternal morbidity, maternal mortality, infant mortality, and other adverse birth outcomes.”;

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

(3) by adding at the end the following:

“(4) BIENNIAL REPORT.—Not later than 1 year after the date of enactment of the PREEMIE Reauthorization Act of

Sec. 5 Prematurity Research Expansion and Education for... 4

2018, and every 2 years thereafter, the Advisory Committee shall—

“(A) publish a report summarizing activities and recommendations of the Advisory Committee since the publication of the previous report;

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

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

SEC. 5. INTERAGENCY WORKING GROUP.

(a) **IN GENERAL.**—Not later than 18 months after the date of the enactment of the Consolidated Appropriations Act, 2026, the Secretary of Health and Human Services, in collaboration with other departments, as appropriate, shall establish an interagency working group in order to improve coordination of programs and activities to prevent preterm birth, infant mortality, and related adverse birth outcomes.

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

(1) identify gaps, unnecessary duplication, and opportunities for improved coordination in Federal programs and activities related to preterm birth and infant mortality;

(2) assess the extent to which the goals and metrics of relevant programs and activities within the Department of Health and Human Services, and, as applicable, those in other departments, are aligned; and

(3) assess the extent to which such programs are coordinated across agencies within such Department; and

(4) make specific recommendations, as applicable, to reduce or minimize gaps and unnecessary duplication, and improve coordination of goals, programs, and activities across agencies within such Department.

(c) **REPORT.**—Not later than 1 year after the date on which the working group is established under subsection (a), the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing the findings of the working group under subsection (b) and the specific recommendations to improve Federal programs at the Department of Health and Human Services under subsection (b)(4).