

115TH CONGRESS
2D SESSION

S. 3029

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2018

Referred to the Committee on Energy and Commerce

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

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

6 **SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DE-**
7 **LIVERY AND THE CARE, TREATMENT, AND**
8 **OUTCOMES OF PRETERM AND LOW BIRTH-**
9 **WEIGHT INFANTS.**

10 Section 2 of the Prematurity Research Expansion
11 and Education for Mothers who deliver Infants Early Act
12 (42 U.S.C. 247b–4f) is amended—

13 (1) in subsection (b)—

14 (A) in paragraph (1)(A), by striking “clin-
15 ical, biological, social, environmental, genetic,
16 and behavioral factors relating” and inserting
17 “factors relating to prematurity, such as clin-
18 ical, biological, social, environmental, genetic,
19 and behavioral factors, and other determinants
20 that contribute to health disparities and are re-
21 lated”; and

22 (B) in paragraph (2), by striking “con-
23 cerning the progress and any results of studies
24 conducted under paragraph (1)” and inserting
25 “regarding activities and studies conducted
26 under paragraph (1), including any applicable

1 analyses of preterm birth. Such report shall be
2 posted on the Internet website of the Depart-
3 ment of Health and Human Services.”;

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

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

10 “(1) continue systems for the collection of ma-
11 ternal-infant clinical and biomedical information, in-
12 cluding electronic health records, electronic data-
13 bases, and biobanks, to link with the Pregnancy
14 Risk Assessment Monitoring System (PRAMS) and
15 other epidemiological studies of prematurity in order
16 to track, to the extent practicable, all pregnancy out-
17 comes and prevent preterm birth; and

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

21 (3) in subsection (e), by striking “except for
22 subsection (c), \$1,880,000 for each of fiscal years
23 2014 through 2018” and inserting “\$2,000,000 for
24 each of fiscal years 2019 through 2023”.

1 **SEC. 3. PUBLIC AND HEALTH CARE PROVIDER EDUCATION**
2 **AND SUPPORT SERVICES.**

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

5 (1) in subsection (a)—

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

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

12 (2) in subsection (b)—

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

15 (B) in paragraph (1)—

16 (i) in the matter preceding subpara-
17 graph (A), by striking “programs to test
18 and evaluate various strategies to provide”
19 and inserting “programs, including those
20 to test and evaluate strategies, which, in
21 collaboration with States, localities, tribes,
22 and community organizations, support the
23 provision of”;

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

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

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

5 (iv) in subparagraph (C), as so reded-
6 icated, by inserting “, and the risks of
7 non-medically indicated deliveries before
8 full term” before the semicolon;

9 (v) in subparagraph (D), as so reded-
10 icated—

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

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

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

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

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

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

23 “(vi) maternal immunization; and”;

1 (vi) in subparagraph (E), as so reded-
2 igned, by adding “and” after the semi-
3 colon;

4 (vii) in subparagraph (F), as so reded-
5 igned, by striking “; and” and inserting
6 a period; and

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

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

12 **SEC. 4. ADVISORY COMMITTEE ON MATERNAL AND INFANT**
13 **HEALTH.**

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

16 (1) in paragraph (2)—

17 (A) in the matter preceding subparagraph
18 (A), by striking “and recommendations to the
19 Secretary concerning the following activities”
20 and inserting “, recommendations, or informa-
21 tion to the Secretary as may be necessary to
22 improve activities and programs to reduce se-
23 vere maternal morbidity, maternal mortality, in-
24 fant mortality, and preterm birth, which may

1 include recommendations, advice, or informa-
2 tion related to the following”;

3 (B) in subparagraph (A), by striking “and
4 improving the health status of pregnant women
5 and infants” and inserting “, preterm birth,
6 and improving the health status of pregnant
7 women and infants, and information on cost-ef-
8 fectiveness and outcomes of such programs”;

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

11 (D) by striking subparagraph (D) and in-
12 serting the following:

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

15 “(E) Strategies to reduce racial, ethnic,
16 geographic, and other health disparities in birth
17 outcomes, including by increasing awareness of
18 Federal programs related to appropriate access
19 to, or information regarding, prenatal care to
20 address risk factors for preterm labor and deliv-
21 ery.

22 “(F) Strategies, including the implementa-
23 tion of such strategies, to address gaps in Fed-
24 eral research, programs, and education efforts
25 related to the prevention of severe maternal

1 morbidity, maternal mortality, infant mortality,
2 and other adverse birth outcomes.”;

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

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

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

10 “(A) publish a report summarizing activi-
11 ties and recommendations of the Advisory Com-
12 mittee since the publication of the previous re-
13 port;

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

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

20 **SEC. 5. INTERAGENCY WORKING GROUP.**

21 (a) IN GENERAL.—The Secretary of Health and
22 Human Services, in collaboration with other departments,
23 as appropriate, may establish an interagency working
24 group in order to improve coordination of programs and

1 activities to prevent preterm birth, infant mortality, and
2 related adverse birth outcomes.

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

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

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

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

17 (4) make specific recommendations, as applica-
18 ble, to reduce or minimize gaps and unnecessary du-
19 plication, and improve coordination of goals, pro-
20 grams, and activities across agencies within such
21 Department.

22 (c) REPORT.—Not later than 1 year after the date
23 on which the working group is established under sub-
24 section (a), the Secretary of Health and Human Services
25 shall submit to the Committee on Health, Education,

1 Labor, and Pensions of the Senate and the Committee on
2 Energy and Commerce of the House of Representatives
3 a report summarizing the findings of the working group
4 under subsection (b) and the specific recommendations to
5 improve Federal programs at the Department of Health
6 and Human Services under subsection (b)(4).

Passed the Senate September 12, 2018.

Attest:

JULIE E. ADAMS,

Secretary.