

Calendar No. 503

115TH CONGRESS
2D SESSION

S. 3029

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

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2018

Mr. ALEXANDER (for himself, Mr. BENNET, Ms. SMITH, Ms. WARREN, Mr. CASEY, Ms. BALDWIN, Ms. COLLINS, Mr. CASSIDY, Mr. YOUNG, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JULY 9, 2018

Reported by Mr. ALEXANDER, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

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

1 Early Reauthorization Act of 2018” or the “PREEMIE
2 Reauthorization Act of 2018”.

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

7 Section 2 of the Prematurity Research Expansion
8 and Education for Mothers who deliver Infants Early Act
9 (42 U.S.C. 247b–4f) is amended—

10 (1) in subsection (b)—

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

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

1 (2) by striking subsection (e) and inserting the
2 following:

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

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

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

18 (3) in subsection (e), by striking “except for
19 subsection (e), \$1,880,000,000 for each of fiscal
20 years 2014 through 2018” and inserting
21 “\$2,000,000 for each of fiscal years 2019 through
22 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 for the purpose of improving” and in-
8 serting “continue efforts to improve”; and

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

13 (2) in subsection (b)—

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

16 (B) in paragraph (1)—

17 (i) in the matter preceding subpara-
18 graph (A), by striking “programs to test
19 and evaluate various” and inserting “pro-
20 grams which, in collaboration with States,
21 localities, and community organizations,
22 support”;

23 (ii) by redesignating subparagraphs
24 (B) through (F) as subparagraphs (C)
25 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 and treatment of ma-
22 ternal depression;

23 “(vi) maternal immunization; and”;

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

4 (vii) in subparagraph (F), as so redesi-
5 gnated, 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 INFANT MORTALITY.**

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

15 (1) in paragraph (2)—

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

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

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

9 (D) by striking subparagraph (D) and in-
10 serting the following:

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

13 “(E) Strategies to reduce racial, ethnic,
14 geographic, and other health disparities in birth
15 outcomes.

16 “(F) Strategies, including the implementa-
17 tion of such strategies, to address gaps in Fed-
18 eral research, programs, and education efforts
19 related to the prevention of severe maternal
20 morbidity and infant mortality, and other ad-
21 verse birth outcomes.”;

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

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

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

5 “(A) publish a report summarizing activi-
6 ties and recommendations of the Advisory Com-
7 mittee since the publication of the previous re-
8 port;

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

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

15 **SEC. 5. INTERAGENCY WORKING GROUP.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services may establish an interagency working
18 group in order to improve coordination of programs and
19 activities within the Department of Health and Human
20 Services to prevent preterm birth, infant mortality, and
21 related adverse birth outcomes.

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

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

4 (2) assess the extent to which the goals and
5 metrics of relevant programs and activities within
6 the Department of Health and Human Services are
7 aligned; and

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

11 (4) make specific recommendations, as applica-
12 ble, to reduce or minimize unnecessary duplication
13 and overlap and improve coordination of goals, pro-
14 grams, and activities across agencies within such
15 Department.

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

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 Re-*
 5 *authorization 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 and*
 11 *Education for Mothers who deliver Infants Early Act (42*
 12 *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 clinical,*
 18 *biological, social, environmental, genetic, and be-*
 19 *havioral factors, and other determinants that*
 20 *contribute to health disparities and are related”;*
 21 *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 Department*
3 *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 Con-*
9 *trol and Prevention, shall—*

10 *“(1) continue systems for the collection of mater-*
11 *nal-infant clinical and biomedical information, in-*
12 *cluding electronic health records, electronic databases,*
13 *and biobanks, to link with the Pregnancy Risk Assess-*
14 *ment Monitoring System (PRAMS) and other epide-*
15 *miological studies of prematurity in order to track, to*
16 *the extent practicable, all pregnancy outcomes and*
17 *prevent preterm birth; and*

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

21 *(3) in subsection (e), by striking “except for sub-*
22 *section (c), \$1,880,000 for each of fiscal years 2014*
23 *through 2018” and inserting “\$2,000,000 for each of*
24 *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 to*
20 *test and evaluate strategies, which, in col-*
21 *laboration with States, localities, tribes, and*
22 *community organizations, support the pro-*
23 *vision 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 redesi-
6 gnated, 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 redesi-
10 gnated—

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

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14 “and” at the end;

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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 redesi-
2 gnated, by adding “and” after the semi-
3 colon;

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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” be-
11 fore the semicolon.

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

14 Section 104(b) of the *PREEMIE* Reauthorization Act
15 (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 im-
22 prove activities and programs to reduce severe
23 maternal morbidity, maternal mortality, infant
24 mortality, and preterm birth, which may include

1 *recommendations, advice, or information related*
2 *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, and*
6 *improving the health status of pregnant women*
7 *and infants, and information on cost-effective-*
8 *ness 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 ob-*
14 *jectives related to maternal and infant health.*

15 *“(E) Strategies to reduce racial, ethnic, geo-*
16 *graphic, 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 re-*
25 *lated to the prevention of severe maternal mor-*

1 *idity, 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 thereafter,*
9 *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;*
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17 *“(C) post such report on the Internet*
18 *website of the Department of Health and Human*
19 *Services.”.*

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21 *(a) IN GENERAL.—The Secretary of Health and*
22 *Human Services may establish an interagency working*
23 *group in order to improve coordination of programs and*
24 *activities within the Department of Health and Human*

1 *Services to prevent preterm birth, infant mortality, and re-*
2 *lated 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 the*
11 *Department of Health and Human Services are*
12 *aligned; and*

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

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

21 (c) *REPORT.*—*Not later than 1 year after the date on*
22 *which the working group is established under subsection (a),*
23 *the Secretary of Health and Human Services shall submit*
24 *to the Committee on Health, Education, Labor, and Pen-*
25 *sions of the Senate and the Committee on Energy and Com-*

1 *merce of the House of Representatives a report summarizing*
2 *the findings of the working group under subsection (b) and*
3 *the specific recommendations to improve Federal programs*
4 *at the Department of Health and Human Services under*
5 *subsection (b)(4).*

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