

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).

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

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 rededesignated—

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 committee 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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