

# Calendar No. 223

118TH CONGRESS  
1ST SESSION

# S. 1573

To reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act.

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## IN THE SENATE OF THE UNITED STATES

MAY 11, 2023

Mr. BENNET (for himself, Mr. BOOZMAN, Ms. STABENOW, Mrs. HYDE-SMITH, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Ms. SMITH, Mr. YOUNG, Mr. CASEY, Mr. BRAUN, Ms. SINEMA, Mrs. CAPITO, Mr. DAINES, and Mr. SCOTT of Florida) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

OCTOBER 4, 2023

Reported by Mr. SANDERS, with an amendment

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

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## A BILL

To reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early 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 “~~PREEMIE Reauthor-~~  
5 ~~ization Act of 2023~~”.

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 (a) **IN GENERAL.**—Section 3(e) of the Prematurity  
 6 Research Expansion and Education for Mothers who de-  
 7 liver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended  
 8 by striking “fiscal years 2019 through 2023” and insert-  
 9 ing “fiscal years 2024 through 2028”.

10 (b) **TECHNICAL CORRECTION.**—Effective as if in-  
 11 cluded in the enactment of the PREEMIE Reauthoriza-  
 12 tion Act of 2018 (Public Law 115–328; 132 Stat. 4471),  
 13 section 2 of such Act is amended, in the matter preceding  
 14 paragraph (1), by striking “Section 2” and inserting “Sec-  
 15 tion 3”.

16 **SEC. 3. PUBLIC AND HEALTH CARE PROVIDER EDUCATION**  
 17 **AND SUPPORT SERVICES.**

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

20 (1) in subsection (b)(1)(D)—

21 (A) by redesignating clauses (vi) and (vii)  
 22 as clauses (vii) and (viii), respectively; and

23 (B) by inserting after clause (v) the fol-  
 24 lowing:

25 “(vi) screening for and treatment of  
 26 chronic conditions;”; and

1           (2) in subsection (c), by striking “fiscal years  
2           2014 through 2018” and inserting “fiscal years  
3           2024 through 2028”.

4 **SEC. 4. INTERAGENCY WORKING GROUP.**

5           Section 5(a) of the PREEMIE Reauthorization Act  
6 of 2018 (Public Law 115–328; 132 Stat. 4473) is amend-  
7 ed by striking “The Secretary of Health and Human Serv-  
8 ices, in collaboration with other departments, as appro-  
9 priate, may establish” and inserting “Not later than 18  
10 months after the date of the enactment of the PREEMIE  
11 Reauthorization Act of 2023, the Secretary of Health and  
12 Human Services, in collaboration with other departments,  
13 as appropriate, shall establish”.

14 **SEC. 5. STUDY ON PRETERM BIRTHS.**

15           (a) IN GENERAL.—The Secretary of Health and  
16 Human Services shall enter into appropriate arrange-  
17 ments with the National Academies of Sciences, Engineer-  
18 ing, and Medicine under which the National Academies  
19 shall—

20           (1) not later than 30 days after the date of en-  
21 actment of this Act, convene a committee of experts  
22 in maternal health to study premature births in the  
23 United States; and

24           (2) upon completion of the study under para-  
25 graph (1)—

1           (A) approve by consensus a report on the  
2 results of such study;

3           (B) include in such report—

4                 (i) an assessment of each of the topics  
5 listed in subsection (b);

6                 (ii) the analysis required by sub-  
7 section (c); and

8                 (iii) the raw data used to develop such  
9 report; and

10           (C) not later than 24 months after the  
11 date of enactment of this Act, transmit such re-  
12 port to—

13                 (i) the Secretary of Health and  
14 Human Services;

15                 (ii) the Committee on Energy and  
16 Commerce of the House of Representa-  
17 tives; and

18                 (iii) the Committee on Finance and  
19 the Committee on Health, Education,  
20 Labor, and Pensions of the Senate.

21           (b) ASSESSMENT TOPICS.—The topics listed in this  
22 subsection are of each of the following:

23                 (1) The financial costs of premature birth to so-  
24 ciety, including—

1           (A) an analysis of stays in neonatal inten-  
2           sive care units and the cost of such stays;

3           (B) long-term costs of stays in such units  
4           to society and the family involved post-dis-  
5           charge; and

6           (C) health care costs for families post-dis-  
7           charge from such units (such as medications,  
8           therapeutic services, co-pays visits and specialty  
9           equipment).

10          (2) The factors that impact pre-term birth  
11          rates.

12          (3) Gaps in public health programs that have  
13          caused increases in premature birth, including—

14               (A) gaps in the detection of premature  
15               birth risk factors;

16               (B) gaps in information from States on  
17               pre-term birth; and

18               (C) gaps in support and resources for par-  
19               ents provided in-hospital, in non-hospital set-  
20               tings, and post-discharge.

21          (e) ANALYSIS.—The analysis required by this sub-  
22          section is an analysis of—

23               (1) targeted research strategies to develop effec-  
24               tive drugs, treatments, or interventions to bring at-  
25               risk pregnancies to term;

1           (2) State and other programs’ best practices  
2           with respect to reducing premature birth rates;

3           (3) opportunities to address developmental ori-  
4           gins of health with respect to premature birth rates;  
5           and

6           (4) precision medicine and preventative care ap-  
7           proaches starting early in the life course (including  
8           during pregnancy) with a focus on behavioral and bi-  
9           ological influences on premature birth, child health,  
10          and the trajectory of such approaches into adult-  
11          hood.

12 **SECTION 1. SHORT TITLE.**

13           *This Act may be cited as the “PREEMIE Reauthoriza-*  
14 *tion Act of 2023”.*

15 **SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DE-**  
16 **LIVERY AND THE CARE, TREATMENT, AND**  
17 **OUTCOMES OF PRETERM AND LOW BIRTH-**  
18 **WEIGHT INFANTS.**

19           (a) *IN GENERAL.*—Section 3(e) of the Prematurity Re-  
20 *search Expansion and Education for Mothers who deliver*  
21 *Infants Early Act (42 U.S.C. 247b–4f(e)) is amended by*  
22 *striking “fiscal years 2019 through 2023” and inserting*  
23 *“fiscal years 2024 through 2028”.*

24           (b) *TECHNICAL CORRECTION.*—*Effective as if included*  
25 *in the enactment of the PREEMIE Reauthorization Act of*

1 2018 (Public Law 115–328), section 2 of such Act is amend-  
2 ed, in the matter preceding paragraph (1), by striking “Sec-  
3 tion 2” and inserting “Section 3”.

4 **SEC. 3. INTERAGENCY WORKING GROUP.**

5 Section 5(a) of the *PREEMIE Reauthorization Act of*  
6 2018 (Public Law 115–328) is amended by striking “The  
7 Secretary of Health and Human Services, in collaboration  
8 with other departments, as appropriate, may establish” and  
9 inserting “Not later than 18 months after the date of the  
10 enactment of the *PREEMIE Reauthorization Act of 2023,*  
11 *the Secretary of Health and Human Services, in collabora-*  
12 *tion with other departments, as appropriate, shall estab-*  
13 *lish”.*

14 **SEC. 4. STUDY ON PRETERM BIRTHS.**

15 (a) *IN GENERAL.*—The Secretary of Health and  
16 Human Services shall enter into appropriate arrangements  
17 with the National Academies of Sciences, Engineering, and  
18 Medicine under which the National Academies shall—

19 (1) not later than 30 days after the date of en-  
20 actment of this Act, convene a committee of experts in  
21 maternal health to study premature births in the  
22 United States; and

23 (2) upon completion of the study under para-  
24 graph (1)—

1           (A) approve by consensus a report on the  
2 results of such study;

3           (B) include in such report—

4                 (i) an assessment of each of the topics  
5 listed in subsection (b);

6                 (ii) the analysis required by subsection  
7 (c); and

8                 (iii) the raw data used to develop such  
9 report; and

10           (C) not later than 24 months after the date  
11 of enactment of this Act, transmit such report  
12 to—

13                 (i) the Secretary of Health and  
14 Human Services;

15                 (ii) the Committee on Energy and  
16 Commerce of the House of Representatives;  
17 and

18                 (iii) the Committee on Finance and the  
19 Committee on Health, Education, Labor,  
20 and Pensions of the Senate.

21           (b) ASSESSMENT TOPICS.—The topics listed in this  
22 subsection are each of the following:

23                 (1) The financial costs of premature birth to so-  
24 ciety, including—



1           (A) *an analysis of stays in neonatal inten-*  
 2           *sive care units and the cost of such stays;*

3           (B) *long-term costs of stays in such units to*  
 4           *society and the family involved post-discharge;*  
 5           *and*

6           (C) *health care costs for families post-dis-*  
 7           *charge from such units (such as medications,*  
 8           *therapeutic services, co-payments for visits, and*  
 9           *specialty equipment).*

10          (2) *The factors that impact preterm birth rates.*

11          (3) *Opportunities for earlier detection of pre-*  
 12          *mature birth risk factors, including—*

13               (A) *opportunities to improve maternal and*  
 14               *infant health; and*

15               (B) *opportunities for public health pro-*  
 16               *grams to provide support and resources for par-*  
 17               *ents in-hospital, in non-hospital settings, and*  
 18               *post-discharge.*

19          (c) *ANALYSIS.—The analysis required by this sub-*  
 20          *section is an analysis of—*

21               (1) *targeted research strategies to develop effec-*  
 22               *tive drugs, treatments, or interventions to bring at-*  
 23               *risk pregnancies to term;*

24               (2) *State and other programs' best practices with*  
 25               *respect to reducing premature birth rates; and*

1           (3) *precision medicine and preventative care ap-*  
2           *proaches starting early in the life course (including*  
3           *during pregnancy) with a focus on behavioral and bi-*  
4           *ological influences on premature birth, child health,*  
5           *and the trajectory of such approaches into adulthood.*



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