

112TH CONGRESS
1ST SESSION

H. R. 2679

To reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity.

IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2011

Ms. ESHOO (for herself, Mr. LANCE, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity.

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” or the “PREEMIE Reauthor-
7 ization Act”.

8 **SEC. 2. PURPOSES.**

9 It is the purpose of this Act to—

1 (1) help reduce preterm birth, associated dis-
2 abilities of preterm birth, and deaths of babies born
3 preterm;

4 (2) expand research into the causes of preterm
5 birth; and

6 (3) promote the development, availability, and
7 use of evidence-based practices of care for pregnant
8 women at risk of preterm labor or other serious
9 pregnancy-related complications and for infants born
10 preterm.

11 **SEC. 3. RESEARCH AND ACTIVITIES AT THE NATIONAL IN-**
12 **STITUTES OF HEALTH.**

13 Part B of title IV of the Public Health Service Act
14 (42 U.S.C. 284 et seq.) is amended by adding at the end
15 the following:

16 **“SEC. 409K. EXPANSION AND COORDINATION OF RESEARCH**
17 **RELATING TO PRETERM LABOR AND DELIV-**
18 **ERY AND INFANT MORTALITY.**

19 “(a) IN GENERAL.—The Secretary, acting through
20 the Director of NIH, shall, subject to the availability of
21 appropriations, expand, intensify, and coordinate the ac-
22 tivities of the National Institutes of Health with respect
23 to research on the causes of preterm labor and delivery,
24 tools to detect, prevent, or reduce prevalence of preterm

1 labor and delivery, and the care and treatment of preterm
2 infants.

3 “(b) AUTHORIZATION OF CLINICAL RESEARCH NET-
4 WORKS.—There shall be established within the National
5 Institutes of Health a multi-center clinical program (that
6 shall be initially established utilizing existing networks)
7 designed to—

8 “(1) investigate problems in clinical obstetrics,
9 particularly those related to prevention of low birth
10 weight, prematurity, and medical problems of preg-
11 nancy;

12 “(2) improve the care and outcomes of neo-
13 nates, especially very-low-birth weight infants; and

14 “(3) enhance the understanding of DNA and
15 proteins as they relate to the underlying processes
16 that lead to preterm birth to aid in formulating
17 more effective interventions to prevent preterm
18 birth.

19 “(c) TRANS-DISCIPLINARY CENTERS FOR PRETERM
20 BIRTH RESEARCH.—

21 “(1) IN GENERAL.—The Director of NIH shall,
22 subject to appropriations made available to carry out
23 this subsection, award grants and contracts to public
24 and nonprofit private entities to pay all or part of
25 the cost of planning, establishing, improving, and

1 providing basic operating support for trans-discipli-
2 nary research centers for prematurity. Research sup-
3 ported under this subsection shall integrate clinical,
4 public health, basic, and behavioral and social
5 science disciplines together with bioinformatics, engi-
6 neering, mathematical, and computer sciences to ad-
7 dress the causes of preterm labor and delivery col-
8 laboratively.

9 “(2) ELIGIBILITY.—To be eligible to receive a
10 grant or contract under paragraph (1), an entity
11 shall submit to the Director an application at such
12 time, in such manner, and containing such informa-
13 tion as the Director may require, including, if appro-
14 priate, an assurance that the entity will coordinate
15 with clinical research networks authorized in sub-
16 section (b).

17 “(3) REPORT.—The Director of NIH shall in-
18 clude in the report under section 402A(c) informa-
19 tion on the activities of the trans-disciplinary re-
20 search centers for prematurity under this subsection.

21 “(d) NATIONAL EDUCATIONAL CAMPAIGN.—

22 “(1) ESTABLISHMENT.—The Secretary, acting
23 through the Surgeon General of the Public Health
24 Service and in consultation with the Director of the
25 Eunice Kennedy Shriver National Institute on Child

1 Health and Human Development, shall establish and
2 implement a national science-based provider and
3 consumer education campaign on promoting healthy
4 pregnancies and preventing preterm birth.

5 “(2) TARGETING.—The campaign established
6 under paragraph (1) shall target women of child-
7 bearing age, high risk populations, ethnic and mi-
8 nority groups, individuals with a low socioeconomic
9 status, obstetricians and gynecologists, nurse practi-
10 tioners, certified nurse-midwives, certified midwives,
11 and other health care providers.”.

12 **SEC. 4. RESEARCH AND ACTIVITIES AT THE CENTERS FOR**
13 **DISEASE CONTROL AND PREVENTION.**

14 (a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the
15 Prematurity Research Expansion and Education for
16 Mothers who deliver Infants Early Act (42 U.S.C. 247b-
17 4f) is amended by striking subsection (b) and inserting
18 the following:

19 “(b) STUDIES AND ACTIVITIES ON PRETERM
20 BIRTH.—

21 “(1) IN GENERAL.—The Secretary of Health
22 and Human Services, acting through the Director of
23 the Centers for Disease Control and Prevention,
24 shall, subject to the availability of appropriations—

1 “(A) conduct ongoing epidemiological stud-
2 ies on the clinical, biological, social, environ-
3 mental, genetic, and behavioral factors relating
4 to prematurity;

5 “(B) conduct activities to improve national
6 data to facilitate tracking the burden of
7 preterm birth;

8 “(C) develop, implement, and evaluate
9 novel methods for prevention to better under-
10 stand the growing problem of late preterm
11 birth;

12 “(D) conduct etiologic and epidemiologic
13 studies of preterm birth;

14 “(E) expand research on racial and ethnic
15 disparities as they relate to preterm birth; and

16 “(F) conduct ongoing epidemiological stud-
17 ies on the effectiveness of community based
18 interventions.

19 “(2) REPORT.—Not later than 2 years after the
20 date of enactment of the PREEMIE Reauthoriza-
21 tion Act, and every 2 years thereafter, the Secretary
22 of Health and Human Services, acting through the
23 Director of the Centers for Disease Control and Pre-
24 vention, shall submit to the appropriate committees

1 of Congress reports concerning the progress and any
2 results of studies conducted under paragraph (1).”.

3 (b) REAUTHORIZATION.—Section 3(e) of the Pre-
4 maturity Research Expansion and Education for Mothers
5 who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is
6 amended by striking “2011” and inserting “2016”.

7 **SEC. 5. RESEARCH AND ACTIVITIES AT THE HEALTH RE-**
8 **SOURCES AND SERVICES ADMINISTRATION.**

9 (a) **TELEMEDICINE DEMONSTRATION PROJECT ON**
10 **HIGH RISK PREGNANCIES.**—Section 330I of the Public
11 Health Service Act (42 U.S.C. 254c–14) is amended—

12 (1) by redesignating subsections (q) through (s)
13 as subsections (r) through (t), respectively;

14 (2) by inserting after subsection (p), the fol-
15 lowing:

16 “(q) **TELEMEDICINE DEMONSTRATION PROJECT ON**
17 **HIGH RISK PREGNANCIES.**—

18 “(1) **IN GENERAL.**—The Director shall award
19 grants under this section to eligible entities to estab-
20 lish demonstration projects for—

21 “(A) the provision of preconception,
22 antepartum, intrapartum, and obstetric services
23 to high risk women of child bearing age re-
24 motely by obstetricians and gynecologists, nurse
25 practitioners, certified nurse-midwives, certified

1 midwives, or other health care providers using
2 telehealth; and

3 “(B) for the conduct of educational activi-
4 ties regarding risk factors for preterm birth.

5 “(2) ELIGIBILITY.—To be eligible to receive a
6 grant under paragraph (1), an entity shall submit
7 an application to the Director at such time, in such
8 manner, and containing such information as the Di-
9 rector may require.”; and

10 (3) in subsection (t) (as so redesignated)—

11 (A) in paragraph (1), by striking “and” at
12 the end;

13 (B) in paragraph (2), by striking the pe-
14 riod and inserting “; and”; and

15 (C) by adding at the end the following:

16 “(3) for grants under subsection (q),
17 \$1,000,000 for each of fiscal years 2012 through
18 2016.”.

19 (b) PUBLIC AND HEALTH CARE PROVIDER EDU-
20 CATION.—Section 399Q of the Public Health Service Act
21 (42 U.S.C. 280g–5) is amended—

22 (1) in subsection (b)—

23 (A) in paragraph (1), by striking subpara-
24 graphs (A) through (F) and inserting the fol-
25 lowing:

1 “(A) the core risk factors for preterm
2 labor;

3 “(B) medically indicated deliveries before
4 39 weeks;

5 “(C) outcomes for infants born before 39
6 weeks;

7 “(D) risk factors for preterm delivery;

8 “(E) the importance of preconception and
9 prenatal care;

10 “(F) smoking cessation, hypertension, and
11 weight maintenance;

12 “(G) treatments and outcomes for babies
13 born premature;

14 “(H) the informational needs of families
15 during the stay of an infant in a neonatal in-
16 tensive care unit;

17 “(I) preventable birth injuries if evidence-
18 based strategies had been utilized;

19 “(J) depression; and

20 “(K) the use of progesterone;”;

21 (B) by striking paragraph (2) and by re-
22 designating paragraphs (3) and (4) as para-
23 graphs (2) and (3), respectively;

1 (2) by redesignating subsection (c) as sub-
2 section (d) and by inserting after subsection (b) the
3 following new subsection:

4 “(c) PILOT PROGRAM.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Administrator of the Health Resources
7 and Services Administration and the heads of other
8 appropriate agencies, shall conduct (and report on)
9 research studies and demonstration projects that
10 test maternity care models that are designed to re-
11 duce the rate of preterm birth.

12 “(2) GRANTS.—The Secretary may carry out
13 this subsection through the awarding of grants to el-
14 igible entities.

15 “(3) ELIGIBILITY.—To be eligible to receive a
16 grant under this section an entity shall—

17 “(A) be—

18 “(i) a hospital or hospital systems
19 that utilizes evidence-based best practices;
20 or

21 “(ii) a public or private nonprofit enti-
22 ty; and

23 “(B) submit to the Secretary an applica-
24 tion at such time, in such manner, and con-

1 taining such information as the Secretary may
2 require.

3 “(4) TARGETING.—In awarding grants under
4 this subsection, the Secretary shall give priority to
5 projects in geographic areas with a demonstrated
6 persistent high rate of preterm birth based on data
7 from the National Center on Health Statistics.”; and
8 (3) in subsection (d), as redesignated by para-
9 graph (2), by striking “2011” and inserting “2016”.

10 **SEC. 6. OTHER ACTIVITIES.**

11 (a) ADVISORY COMMITTEE ON INFANT MOR-
12 TALITY.—

13 (1) ESTABLISHMENT.—The Secretary shall es-
14 tablish an advisory committee known as the “Advi-
15 sory Committee on Infant Mortality” (referred to in
16 this section as the “Advisory Committee”).

17 (2) DUTIES.—The Advisory Committee shall
18 provide advice and recommendations to the Sec-
19 retary concerning the following activities:

20 (A) Programs of the Department of Health
21 and Human Services that are directed at reduc-
22 ing infant mortality and improving the health
23 status of pregnant women and infants.

24 (B) Factors affecting the continuum of
25 care with respect to maternal and child health

1 care, including outcomes following childbirth
2 and specifically preterm birth.

3 (C) Strategies to coordinate the various
4 Federal, State, local, and private programs and
5 efforts that are designed to deal with the health
6 and social problems impacting infant mortality.

7 (D) Implementation of the Healthy Start
8 program under section 330H of the Public
9 Health Service Act (42 U.S.C. 254c-8) and
10 Healthy People 2020 infant mortality objec-
11 tives.

12 (E) Strategies to promote the collection of
13 improved linked maternal and infant perinatal
14 data.

15 (F) Strategies to reduce preterm birth
16 rates through research, programs, and edu-
17 cation.

18 (3) PLAN FOR HHS PRETERM BIRTH ACTIVI-
19 TIES.—Not later than 1 year after the date of enact-
20 ment of this section, the Advisory Committee shall
21 develop a plan for conducting and supporting re-
22 search education and programs on preterm birth
23 through the Department of Health and Human
24 Services and shall periodically review and revise the
25 plan. The plan shall—

1 (A) provide for a broad range of research
2 and educational activities relating to biomedical,
3 epidemiological, psychosocial, translational, and
4 clinical activities, including studies on racial
5 and ethnic disparities in preterm birth rates;

6 (B) identify priorities among the programs
7 and activities of the Department of Health and
8 Human Services regarding preterm birth; and

9 (C) reflect input from a broad range of sci-
10 entists, patients, and advocacy groups.

11 (4) MEMBERSHIP.—The Secretary shall ensure
12 that the membership of the Advisory Committee in-
13 cludes the following:

14 (A) Representatives provided for in the
15 original charter of the Advisory Committee.

16 (B) A representative of the National Cen-
17 ter for Health Statistics.

18 (b) PATIENT SAFETY STUDY AND REPORT.—

19 (1) IN GENERAL.—The Secretary shall des-
20 ignate an appropriate agency within the Department
21 of Health and Human Services to conduct a study
22 on hospital readmissions of preterm infants. Find-
23 ings and recommendations resulting from such study
24 shall be based on data collected to address the fol-
25 lowing questions and such other related questions

1 which the Secretary and such designated agency
2 deem important:

3 (A) By State and by health care system,
4 what is the number and rate of inpatient read-
5 mission for infants born preterm?

6 (B) What are the leading diagnoses at the
7 time of inpatient readmission for preterm in-
8 fants?

9 (C) What is the average cost of treatment
10 for preterm infant readmissions by diagnosis,
11 by health care system, and by State?

12 (D) What percentage of readmissions are
13 preventable if evidence-based strategies had
14 been utilized?

15 (E) What percentage of treatment cost is
16 attributable to preventable readmissions?

17 (F) What is the source of health insurance
18 coverage for preterm infants who are re-
19 admitted, such as through publicly funded pro-
20 grams (including the Medicaid program under
21 title XIX of the Social Security Act and the
22 Children's Health Insurance Program under
23 title XXI of such Act), private health insurance,
24 and self payments of uninsured individuals?

1 (G) What evidence-based interventions are
2 effective in preventing readmission of preterm
3 infants, including measuring and reporting on
4 quality of care and outcomes?

5 (2) REPORT TO SECRETARY AND CONGRESS.—

6 Not later than 1 year after the date of the enact-
7 ment of this Act, the agency designated under para-
8 graph (1) shall submit to the Secretary and to Con-
9 gress a report containing the findings and rec-
10 ommendations resulting from the study conducted
11 under such subparagraph, including recommenda-
12 tions for hospital discharge and follow-up procedures
13 designed to reduce rates of preventable hospital re-
14 admissions for preterm infants.

15 (3) AUTHORIZATION OF APPROPRIATIONS.—

16 There is authorized to be appropriated to carry out
17 this subsection, \$1,000,000 for fiscal year 2012.

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