

Suspend the Rules and Pass the Bill, S. 1440, with Amendments

(The amendments strike all after the enacting clause and insert a new text and a new title)

112TH CONGRESS
2^D SESSION

S. 1440

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 16, 2012

Referred to the Committee on Energy and Commerce

AN ACT

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,*

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

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.

**TITLE I—PREMATURITY RESEARCH EXPANSION AND EDUCATION
FOR MOTHERS WHO DELIVER INFANTS EARLY**

- Sec. 101. Research and activities at the Centers for Disease Control and Pre-
vention.
- Sec. 102. Activities at the Health Resources and Services Administration.
- Sec. 103. Other activities.

TITLE II—NATIONAL PEDIATRIC RESEARCH NETWORK

- Sec. 201. National Pediatric Research Network.

**TITLE III—CHILDREN’S HOSPITAL GME SUPPORT
REAUTHORIZATION**

- Sec. 301. Program of payments to children’s hospitals that operate graduate
medical education programs.

8 **TITLE I—PREMATURITY RE-**
9 **SEARCH EXPANSION AND**
10 **EDUCATION FOR MOTHERS**
11 **WHO DELIVER INFANTS**
12 **EARLY**

13 **SEC. 101. RESEARCH AND ACTIVITIES AT THE CENTERS**
14 **FOR DISEASE CONTROL AND PREVENTION.**

15 (a) **EPIDEMIOLOGICAL STUDIES.**—Section 3 of the
16 Prematurity Research Expansion and Education for
17 Mothers who deliver Infants Early Act (42 U.S.C. 247b–

1 4f) is amended by striking subsection (b) and inserting
2 the following:

3 “(b) STUDIES AND ACTIVITIES ON PRETERM
4 BIRTH.—

5 “(1) IN GENERAL.—The Secretary of Health
6 and Human Services, acting through the Director of
7 the Centers for Disease Control and Prevention,
8 may, subject to the availability of appropriations—

9 “(A) conduct epidemiological studies on
10 the clinical, biological, social, environmental, ge-
11 netic, and behavioral factors relating to pre-
12 maturity, as appropriate;

13 “(B) conduct activities to improve national
14 data to facilitate tracking the burden of
15 preterm birth; and

16 “(C) continue efforts to prevent preterm
17 birth, including late preterm birth, through the
18 identification of opportunities for prevention
19 and the assessment of the impact of such ef-
20 forts.

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

1 “(B) medically indicated deliveries before
2 full term;

3 “(C) the importance of preconception and
4 prenatal care, including—

5 “(i) smoking cessation;

6 “(ii) weight maintenance and good
7 nutrition, including folic acid;

8 “(iii) the screening for and the treat-
9 ment of infections; and

10 “(iv) stress management;

11 “(D) treatments and outcomes for pre-
12 mature infants, including late preterm infants;

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

16 “(F) utilization of evidence-based strate-
17 gies to prevent birth injuries;”;

18 (B) by striking paragraph (2) and insert-
19 ing the following:

20 “(2) programs to increase the availability,
21 awareness, and use of pregnancy and post-term in-
22 formation services that provide evidence-based, clin-
23 ical information through counselors, community out-
24 reach efforts, electronic or telephonic communica-
25 tion, or other appropriate means regarding causes

1 associated with prematurity, birth defects, or health
2 risks to a post-term infant;” and

3 (2) in subsection (c), by striking “2011” and
4 inserting “2017”.

5 **SEC. 103. OTHER ACTIVITIES.**

6 (a) INTERAGENCY COORDINATING COUNCIL ON PRE-
7 MATURITY AND LOW BIRTHWEIGHT.—The Prematurity
8 Research Expansion and Education for Mothers who de-
9 liver Infants Early Act is amended by striking section 5
10 (42 U.S.C. 247b–4g).

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

13 (1) ESTABLISHMENT.—The Secretary of Health
14 and Human Services (referred to in this section as
15 the “Secretary”) may establish an advisory com-
16 mittee known as the “Advisory Committee on Infant
17 Mortality” (referred to in this section as the “Advi-
18 sory Committee”).

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

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

1 (B) Strategies to coordinate the various
2 Federal programs and activities with State,
3 local, and private programs and efforts that ad-
4 dress factors that affect infant mortality.

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

10 (D) Strategies to reduce preterm birth
11 rates through research, programs, and edu-
12 cation.

13 (3) PLAN FOR HHS PRETERM BIRTH ACTIVI-
14 TIES.—Not later than 1 year after the date of enact-
15 ment of this section, the Advisory Committee (or an
16 existing advisory committee designated by the Sec-
17 retary) shall develop a plan for conducting and sup-
18 porting research, education, and programs on
19 preterm birth through the Department of Health
20 and Human Services and shall periodically review
21 and revise the plan, as appropriate. The plan shall—

22 (A) examine research and educational ac-
23 tivities that receive Federal funding in order to
24 enable the plan to provide informed rec-
25 ommendations to reduce preterm birth and ad-

1 dress racial and ethnic disparities in preterm
2 birth rates;

3 (B) identify research gaps and opportuni-
4 ties to implement evidence-based strategies to
5 reduce preterm birth rates among the programs
6 and activities of the Department of Health and
7 Human Services regarding preterm birth, in-
8 cluding opportunities to minimize duplication;
9 and

10 (C) reflect input from a broad range of sci-
11 entists, patients, and advocacy groups, as ap-
12 propriate.

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

16 (A) Representatives provided for in the
17 original charter of the Advisory Committee.

18 (B) A representative of the National Cen-
19 ter for Health Statistics.

20 (c) PATIENT SAFETY STUDIES AND REPORT.—

21 (1) IN GENERAL.—The Secretary shall des-
22 ignate an appropriate agency within the Department
23 of Health and Human Services to coordinate exist-
24 ing studies on hospital readmissions of preterm in-
25 fants.

1 (2) REPORT TO SECRETARY AND CONGRESS.—
2 Not later than 1 year after the date of the enact-
3 ment of this Act, the agency designated under para-
4 graph (1) shall submit to the Secretary and to Con-
5 gress a report containing the findings and rec-
6 ommendations resulting from the studies coordi-
7 nated under such paragraph, including recommenda-
8 tions for hospital discharge and followup procedures
9 designed to reduce rates of preventable hospital re-
10 admissions for preterm infants.

11 **TITLE II—NATIONAL PEDIATRIC**
12 **RESEARCH NETWORK**

13 **SEC. 201. NATIONAL PEDIATRIC RESEARCH NETWORK.**

14 Section 409D of the Public Health Service Act (42
15 U.S.C. 284h; relating to the Pediatric Research Initiative)
16 is amended—

17 (1) by redesignating subsection (d) as sub-
18 section (f); and

19 (2) by inserting after subsection (c) the fol-
20 lowing:

21 “(d) NATIONAL PEDIATRIC RESEARCH NETWORK.—

22 “(1) NETWORK.—In carrying out the Initiative,
23 the Director of NIH, in consultation with the Direc-
24 tor of the Eunice Kennedy Shriver National Insti-
25 tute of Child Health and Human Development and

1 in collaboration with other appropriate national re-
2 search institutes and national centers that carry out
3 activities involving pediatric research, may provide
4 for the establishment of a National Pediatric Re-
5 search Network consisting of the pediatric research
6 consortia receiving awards under paragraph (2).

7 “(2) PEDIATRIC RESEARCH CONSORTIA.—

8 “(A) IN GENERAL.—The Director of NIH
9 may award funding, including through grants,
10 contracts, or other mechanisms, to public or
11 private nonprofit entities—

12 “(i) for establishing or strengthening
13 pediatric research consortia; and

14 “(ii) for providing support for such
15 consortia, including with respect to—

16 “(I) basic, clinical, behavioral, or
17 translational research to meet unmet
18 pediatric research needs; and

19 “(II) training researchers in pe-
20 diatric research techniques in order to
21 address unmet pediatric research
22 needs.

23 “(B) RESEARCH.—The Director of NIH
24 may ensure that—

1 “(i) each consortium receiving an
2 award under subparagraph (A) conducts or
3 supports at least one category of research
4 described in subparagraph (A)(ii)(I) and
5 collectively such consortia conduct or sup-
6 port all such categories of research; and

7 “(ii) one or more such consortia pro-
8 vide training described in subparagraph
9 (A)(ii)(II).

10 “(C) NUMBER OF CONSORTIA.—

11 “(i) IN GENERAL.—The Director of
12 NIH may make awards under this para-
13 graph for not more than 8 pediatric re-
14 search consortia, with a minimum of one
15 pediatric research consortium that
16 prioritizes collaboration with institutions
17 serving rural areas.

18 “(ii) EXCEPTION.—Notwithstanding
19 clause (i), the Director of NIH may make
20 awards under this paragraph for more
21 than 8 pediatric research consortia based
22 on a finding of need by the Director. Be-
23 fore making any award pursuant to the
24 preceding sentence, the Director of NIH
25 shall give written notice to the Congress of

1 the Director's intent to make the award
2 and shall include in the notice an expla-
3 nation of the Director's finding of need.

4 “(D) ORGANIZATION OF CONSORTIUM.—
5 Each consortium receiving an award under sub-
6 paragraph (A) shall—

7 “(i) be formed from a collaboration of
8 cooperating institutions;

9 “(ii) be coordinated by a lead institu-
10 tion;

11 “(iii) agree to disseminate scientific
12 findings rapidly and efficiently; and

13 “(iv) meet such requirements as may
14 be prescribed by the Director of NIH.

15 “(E) SUPPLEMENT, NOT SUPPLANT.—Any
16 support received by a consortium under sub-
17 paragraph (A) shall be used to supplement, and
18 not supplant, other public or private support for
19 activities authorized to be supported under this
20 paragraph.

21 “(F) DURATION OF CONSORTIUM SUP-
22 PORT.—Support of a consortium under sub-
23 paragraph (A) may be for a period of not to ex-
24 ceed 5 years. Such period may be extended at
25 the discretion of the Director of NIH.

1 “(3) COORDINATION OF CONSORTIA ACTIVI-
2 TIES.—The Director of NIH shall—

3 “(A) as appropriate, provide for the coordi-
4 nation of activities (including the exchange of
5 information and regular communication) among
6 the consortia established pursuant to paragraph
7 (2); and

8 “(B) as appropriate, require the periodic
9 preparation and submission to the Director of
10 reports on the activities of each such consor-
11 tium.

12 “(4) ASSISTANCE WITH REGISTRIES.—Each
13 consortium receiving an award under paragraph
14 (2)(A) shall provide assistance to the Centers for
15 Disease Control and Prevention in the establishment
16 or expansion of patient registries and other surveil-
17 lance systems as appropriate and upon request by
18 the Director of the Centers.

19 “(e) RESEARCH ON PEDIATRIC RARE DISEASES OR
20 CONDITIONS.—In making awards under subsection (d)(2)
21 for pediatric research consortia, the Director of NIH shall
22 ensure that an appropriate number of such awards are
23 awarded to such consortia that agree to—

24 “(1) focus primarily on pediatric rare diseases
25 or conditions (including any such diseases or condi-

1 tions that are genetic disorders or are related to
2 birth defects); and

3 “(2) conduct or coordinate one or more
4 multisite clinical trials of therapies for, or ap-
5 proaches to, the prevention, diagnosis, or treatment
6 of one or more pediatric rare diseases or condi-
7 tions.”.

8 **TITLE III—CHILDREN’S HOS-**
9 **PITAL GME SUPPORT REAU-**
10 **THORIZATION**

11 **SEC. 301. PROGRAM OF PAYMENTS TO CHILDREN’S HOS-**
12 **PITALS THAT OPERATE GRADUATE MEDICAL**
13 **EDUCATION PROGRAMS.**

14 (a) IN GENERAL.—Section 340E of the Public
15 Health Service Act (42 U.S.C. 256e) is amended—

16 (1) in subsection (a), by striking “through 2005
17 and each of fiscal years 2007 through 2011” and in-
18 serting “through 2005, each of fiscal years 2007
19 through 2011, and each of fiscal years 2013 through
20 2017”;

21 (2) in subsection (f)(1)(A)(iv), by inserting
22 “and each of fiscal years 2013 through 2017” after
23 “2011”; and

1 (3) in subsection (f)(2)(D), by inserting “and
2 each of fiscal years 2013 through 2017” after
3 “2011”.

4 (b) REPORT TO CONGRESS.—Section 340E(b)(3)(D)
5 of the Public Health Service Act (42 U.S.C.
6 256e(b)(3)(D)) is amended by striking “Not later than the
7 end of fiscal year 2011” and inserting “Not later than
8 the end of fiscal year 2016”.

Amend the title so as to read: “An Act to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy; to reduce infant mortality caused by prematurity; to provide for a National Pediatric Research Network, including with respect to pediatric rare diseases or conditions; and to reauthorize support for graduate medical education programs in children’s hospitals.”.