

Suspend the Rules and Pass the Bill, S. 252, with Amendments

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

113TH CONGRESS
1ST SESSION

S. 252

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2013

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. TABLE OF CONTENTS.**

2 The table of contents for this Act is as follows:

Sec. 1. Table of contents.

TITLE I—PREEMIE ACT REAUTHORIZATION

Sec. 101. Short title.

Sec. 102. Research and activities at the Centers for Disease Control and Prevention.

Sec. 103. Activities at the Health Resources and Services Administration.

Sec. 104. Other activities.

TITLE II—NATIONAL PEDIATRIC RESEARCH NETWORK

Sec. 201. Short title.

Sec. 202. National Pediatric Research Network.

TITLE III—CHIMP ACT AMENDMENTS

Sec. 301. Short title.

Sec. 302. Care for NIH chimpanzees.

3 **TITLE I—PREEMIE ACT**
4 **REAUTHORIZATION**

5 **SEC. 101. SHORT TITLE.**

6 This title may be cited as the “Prematurity Research
7 Expansion and Education for Mothers who deliver Infants
8 Early Reauthorization Act” or the “PREEMIE Reauthor-
9 ization Act”.

10 **SEC. 102. RESEARCH AND ACTIVITIES AT THE CENTERS**
11 **FOR DISEASE CONTROL AND PREVENTION.**

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

1 “(b) STUDIES AND ACTIVITIES ON PRETERM
2 BIRTH.—

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

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

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

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

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 “\$5,000,000” and all that follows
7 through “2011.” and inserting “\$1,880,000 for each of
8 fiscal years 2014 through 2018.”.

9 **SEC. 103. ACTIVITIES AT THE HEALTH RESOURCES AND**
10 **SERVICES ADMINISTRATION.**

11 (a) TELEMEDICINE AND HIGH-RISK PREG-
12 NANCIES.—Section 330I(i)(1)(B) of the Public Health
13 Service Act (42 U.S.C. 254c–14(i)(1)(B)) is amended by
14 striking “or case management services” and inserting
15 “case management services, or prenatal care for high-risk
16 pregnancies”;

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

20 (1) in subsection (b)—

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

24 “(A) the core risk factors for preterm
25 labor and delivery;

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 “\$5,000,000”
4 and all that follows through “2011.” and inserting
5 “\$1,900,000 for each of fiscal years 2014 through
6 2018.”.

7 **SEC. 104. OTHER ACTIVITIES.**

8 (a) INTERAGENCY COORDINATING COUNCIL ON PRE-
9 MATURITY AND LOW BIRTHWEIGHT.—The Prematurity
10 Research Expansion and Education for Mothers who de-
11 liver Infants Early Act is amended by striking section 5
12 (42 U.S.C. 247b–4g).

13 (b) ADVISORY COMMITTEE ON INFANT MOR-
14 TALITY.—

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

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

24 (A) Programs of the Department of Health
25 and Human Services that are directed at reduc-

1 ing infant mortality and improving the health
2 status of pregnant women and infants.

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

7 (C) 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 (D) Strategies to reduce preterm birth
13 rates through research, programs, and edu-
14 cation.

15 (3) PLAN FOR HHS PRETERM BIRTH ACTIVI-
16 TIES.—Not later than 1 year after the date of enact-
17 ment of this section, the Advisory Committee (or an
18 advisory committee in existence as of the date of en-
19 actment of this Act and designated by the Secretary)
20 shall develop a plan for conducting and supporting
21 research, education, and programs on preterm birth
22 through the Department of Health and Human
23 Services and shall periodically review and revise the
24 plan, as appropriate. The plan shall—

1 (A) examine research and educational ac-
2 tivities that receive Federal funding in order to
3 enable the plan to provide informed rec-
4 ommendations to reduce preterm birth and ad-
5 dress racial and ethnic disparities in preterm
6 birth rates;

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

14 (C) reflect input from a broad range of sci-
15 entists, patients, and advocacy groups, as ap-
16 propriate.

17 (4) MEMBERSHIP.—The Secretary shall ensure
18 that the membership of the Advisory Committee in-
19 cludes the following:

20 (A) Representatives provided for in the
21 original charter of the Advisory Committee.

22 (B) A representative of the National Cen-
23 ter for Health Statistics.

24 (c) PATIENT SAFETY STUDIES AND REPORT.—

1 (1) IN GENERAL.—The Secretary shall des-
2 ignate an appropriate agency within the Department
3 of Health and Human Services to coordinate exist-
4 ing studies on hospital readmissions of preterm in-
5 fants.

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

16 **TITLE II—NATIONAL PEDIATRIC** 17 **RESEARCH NETWORK**

18 **SEC. 201. SHORT TITLE.**

19 This title may be cited as the “National Pediatric Re-
20 search Network Act of 2013”.

21 **SEC. 202. NATIONAL PEDIATRIC RESEARCH NETWORK.**

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

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

3 (2) by inserting after subsection (c) the fol-
4 lowing:

5 “(d) NATIONAL PEDIATRIC RESEARCH NETWORK.—

6 “(1) NETWORK.—In carrying out the Initiative,
7 the Director of NIH, in consultation with the Direc-
8 tor of the Eunice Kennedy Shriver National Insti-
9 tute of Child Health and Human Development and
10 in collaboration with other appropriate national re-
11 search institutes and national centers that carry out
12 activities involving pediatric research, may provide
13 for the establishment of a National Pediatric Re-
14 search Network in order to more effectively support
15 pediatric research and optimize the use of Federal
16 resources. Such National Pediatric Research Net-
17 work may be comprised of, as appropriate—

18 “(A) the pediatric research consortia re-
19 ceiving awards under paragraph (2); or

20 “(B) other consortia, centers, or networks
21 focused on pediatric research that are recog-
22 nized by the Director of NIH and established
23 pursuant to the authorities vested in the Na-
24 tional Institutes of Health by other sections of
25 this Act.

1 “(2) PEDIATRIC RESEARCH CONSORTIA.—

2 “(A) IN GENERAL.—The Director of NIH
3 may award funding, including through grants,
4 contracts, or other mechanisms, to public or
5 private nonprofit entities for providing support
6 for pediatric research consortia, including with
7 respect to—

8 “(i) basic, clinical, behavioral, or
9 translational research to meet unmet needs
10 for pediatric research; and

11 “(ii) training researchers in pediatric
12 research techniques in order to address
13 unmet pediatric research needs.

14 “(B) RESEARCH.—The Director of NIH
15 shall, as appropriate, ensure that—

16 “(i) each consortium receiving an
17 award under subparagraph (A) conducts or
18 supports at least one category of research
19 described in subparagraph (A)(i) and col-
20 lectively such consortia conduct or support
21 such categories of research; and

22 “(ii) one or more such consortia pro-
23 vide training described in subparagraph
24 (A)(ii).

1 “(C) ORGANIZATION OF CONSORTIUM.—

2 Each consortium receiving an award under sub-
3 paragraph (A) shall—

4 “(i) be formed from a collaboration of
5 cooperating institutions;

6 “(ii) be coordinated by a lead institu-
7 tion or institutions;

8 “(iii) agree to disseminate scientific
9 findings, including from clinical trials, rap-
10 idly and efficiently, as appropriate, to—

11 “(I) other consortia;

12 “(II) the National Institutes of
13 Health;

14 “(III) the Food and Drug Ad-
15 ministration;

16 “(IV) and other relevant agen-
17 cies; and

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

20 “(D) SUPPLEMENT, NOT SUPPLANT.—Any
21 support received by a consortium under sub-
22 paragraph (A) shall be used to supplement, and
23 not supplant, other public or private support for
24 activities authorized to be supported under this
25 paragraph.

1 “(E) DURATION OF SUPPORT.—Support of
2 a consortium under subparagraph (A) may be
3 for a period of not to exceed 5 years. Such pe-
4 riod may be extended at the discretion of the
5 Director of NIH.

6 “(3) COORDINATION OF CONSORTIA ACTIVI-
7 TIES.—The Director of NIH shall, as appropriate—

8 “(A) provide for the coordination of activi-
9 ties (including the exchange of information and
10 regular communication) among the consortia
11 established pursuant to paragraph (2); and

12 “(B) require the periodic preparation and
13 submission to the Director of reports on the ac-
14 tivities of each such consortium.

15 “(4) ASSISTANCE WITH REGISTRIES.—Each
16 consortium receiving an award under paragraph
17 (2)(A) may provide assistance, as appropriate, to the
18 Centers for Disease Control and Prevention for ac-
19 tivities related to patient registries and other surveil-
20 lance systems upon request by the Director of the
21 Centers for Disease Control and Prevention.

22 “(e) RESEARCH ON PEDIATRIC RARE DISEASES OR
23 CONDITIONS.—In making awards under subsection (d)(2)
24 for pediatric research consortia, the Director of NIH shall

1 ensure that an appropriate number of such awards are
2 awarded to such consortia that agree to—

3 “(1) consider pediatric rare diseases or condi-
4 tions, or those related to birth defects; and

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

10 **TITLE III—CHIMP ACT** 11 **AMENDMENTS**

12 **SEC. 301. SHORT TITLE.**

13 This title may be cited as the “CHIMP Act Amend-
14 ments of 2013”.

15 **SEC. 302. CARE FOR NIH CHIMPANZEES.**

16 (a) **IN GENERAL.**—Section 404K(g) of the Public
17 Health Service Act (42 U.S.C. 283m(g)) is amended—

18 (1) by amending paragraph (1) to read as fol-
19 lows:

20 “(1) **IN GENERAL.**—Of the amount appro-
21 priated for the National Institutes of Health, there
22 are authorized to be appropriated to carry out this
23 section and for the care, maintenance, and transpor-
24 tation of all chimpanzees otherwise under the owner-
25 ship or control of the National Institutes of Health,

1 and to enable the National Institutes of Health to
2 operate more efficiently and economically by decreasing
3 the overall Federal cost of providing for the care,
4 maintenance, and transportation of chimpanzees —

5 “(A) for fiscal year 2014, \$12,400,000;

6 “(B) for fiscal year 2015, \$11,650,000;

7 “(C) for fiscal year 2016, \$10,900,000;

8 “(D) for fiscal year 2017, \$10,150,000;

9 and

10 “(E) for fiscal year 2018, \$9,400,000.”;

11 and

12 (2) by striking paragraph (2);

13 (3) by redesignating paragraph (3) as paragraph
14 (2); and

15 (4) in paragraph (2), as so redesignated—

16 (A) by striking “With respect to amounts
17 reserved under paragraph (1)” and inserting
18 “With respect to amounts authorized to be appropriated
19 by paragraph (1)”; and

20 (B) by striking “board of directors” and
21 inserting “Secretary in consultation with the
22 board of directors”.

23 (b) GAO STUDY.—Not later than 2 years after the
24 date of enactment of this Act, the Comptroller General
25 of the United States shall conduct an independent evalua-

1 tion, and submit to the appropriate committees of Con-
2 gress a report, regarding chimpanzees under the owner-
3 ship or control the National Institutes of Health. Such re-
4 port shall review and assess—

5 (1) the research status of such chimpanzees;

6 (2) the cost for the care, maintenance, and
7 transportation of such chimpanzees, including the
8 cost broken down by—

9 (A) research or retirement status;

10 (B) services included in the care, mainte-
11 nance, and transportation; and

12 (C) location;

13 (3) the extent to which matching requirements
14 have been met pursuant to section 404K(e)(4) of the
15 Public Health Service Act (42 U.S.C. 283m(e)(4));
16 and

17 (4) any options for cost savings for the support
18 and maintenance of such chimpanzees.

19 (c) BIENNIAL REPORT.—Section 404K(g) of the
20 Public Health Service Act (42 U.S.C. 283m(g)) is amend-
21 ed by adding at the end the following:

22 “(3) BIENNIAL REPORT.—Not later than 180
23 days after the date enactment of this Act, the Direc-
24 tor of the National Institutes of Health shall submit
25 to the Committee on Health, Education, Labor, and

1 Pensions and the Committee on Appropriations of
2 the Senate and the Committee on Energy and Com-
3 merce and the Committee on Appropriations in the
4 House of Representatives a report, to be updated bi-
5 ennially, regarding—

6 “(A) the care, maintenance, and transpor-
7 tation of the chimpanzees under the ownership
8 or control of the National Institutes of Health;

9 “(B) costs related to such care, mainte-
10 nance, and transportation, and any other re-
11 lated costs; and

12 “(C) the research status of such chim-
13 panzees.”.

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, and to reduce infant mortality caused by prematurity, and for other purposes.”.