

118TH CONGRESS
1ST SESSION

H. R. 3226

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

IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2023

Ms. ESHOO (for herself, Ms. KELLY of Illinois, Ms. BLUNT ROCHESTER, Mr. BURGESS, Mrs. MILLER-MEEKS, and Mrs. KIGGANS of Virginia) introduced the following bill; which was referred to the Committee on Energy and Commerce

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), section 2 of such
13 Act is amended, in the matter preceding paragraph (1),
14 by striking “Section 2” and inserting “Section 3”.

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

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

19 (1) in subsection (b)(1)(D)—

20 (A) by redesignating clauses (vi) and (vii)
21 as clauses (vii) and (viii); and

22 (B) by inserting after clause (iv) the fol-
23 lowing:

24 “(v) screening for and treatment of
25 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) is amended by striking
7 “The Secretary of Health and Human Services, in collabo-
8 ration with other departments, as appropriate, may estab-
9 lish” and inserting “Not later than 18 months after the
10 date of the enactment of the PREEMIE Reauthorization
11 Act of 2023, the Secretary of Health and Human Services,
12 in collaboration with other departments, as appropriate,
13 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 (c) 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.

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