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

AUGUST 25, 2023

Additional sponsors: Ms. Underwood, Mr. Carter of Georgia, Mr. Fitzpatrick, Mr. Moore of Alabama, Ms. Craig, Ms. Barragán, Ms. Castor of Florida, Mrs. Cherfilus-McCormick, Ms. Norton, Mr. Nickel, Mr. Balderson, Ms. Stevens, Ms. Pingree, Mr. Allred, Mr. Krishnamoorthi, Mrs. Fletcher, Mr. Ruiz, Ms. Wild, Mr. Tonko, Mrs. Napolitano, Mr. Veasey, Mr. Morelle, and Mr. Cárdenas

AUGUST 25, 2023

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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

[For text of introduced bill, see copy of bill as introduced on May 11, 2023]
A BILL

To reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act.
Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

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

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

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

(b) TECHNICAL CORRECTION.—Effective as if included
in the enactment of the PREEMIE Reauthorization Act of
2018 (Public Law 115–328), section 2 of such Act is amend-
ed, in the matter preceding paragraph (1), by striking “Sec-
tion 2” and inserting “Section 3”.

SEC. 3. INTERAGENCY WORKING GROUP.

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

SEC. 4. STUDY ON PRETERM BIRTHS.

(a) In General.—The Secretary of Health and Human Services shall enter into appropriate arrangements with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall—

(1) not later than 30 days after the date of enactment of this Act, convene a committee of experts in maternal health to study premature births in the United States; and

(2) upon completion of the study under paragraph (1)—

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

(B) include in such report—

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

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

(iii) the raw data used to develop such report; and
(C) not later than 24 months after the date of enactment of this Act, transmit such report to—

(i) the Secretary of Health and Human Services;

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

and

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

(b) Assessment Topics.—The topics listed in this subsection are of each of the following:

(1) The financial costs of premature birth to society, including—

(A) an analysis of stays in neonatal intensive care units and the cost of such stays;

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

(C) health care costs for families post-discharge from such units (such as medications, therapeutic services, co-pays visits and specialty equipment).

(2) The factors that impact pre-term birth rates.
(3) Opportunities for earlier detection of premature birth risk factors, including—

(A) opportunities to improve maternal and infant health; and

(B) opportunities for public health programs to provide support and resources for parents in-hospital, in non-hospital settings, and post-discharge.

(c) ANALYSIS.—The analysis required by this subsection is an analysis of—

(1) targeted research strategies to develop effective drugs, treatments, or interventions to bring at-risk pregnancies to term;

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

(3) precision medicine and preventative care approaches starting early in the life course (including during pregnancy) with a focus on behavioral and biological influences on premature birth, child health, and the trajectory of such approaches into adulthood.
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