112TH CONGRESS
1ST SESSION

S. 1440

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 SENATE OF THE UNITED STATES

JULY 28, 2011

Mr. ALEXANDER (for himself and Mr. BENNET) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act'' or the ''PREEMIE Reauthorization Act''.

SEC. 2. PURPOSES.

It is the purpose of this Act to—

(1) help reduce preterm birth, associated disabilities of preterm birth, and deaths of babies born preterm;

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

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

SEC. 3. RESEARCH AND ACTIVITIES AT THE NATIONAL INSTITUTES OF HEALTH.

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

"SEC. 409K. EXPANSION AND COORDINATION OF RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND INFANT MORTALITY.

''(a) IN GENERAL.—The Secretary, acting through the Director of NIH, shall, subject to the availability of appropriations, expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research on the causes of preterm labor and delivery, tools to detect, prevent, or reduce prevalence of preterm

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

''(b) AUTHORIZATION OF CLINICAL RESEARCH NETWORKS.—There shall be established within the National Institutes of Health a multi-center clinical program (that shall be initially established utilizing existing networks) designed to—

''(1) investigate problems in clinical obstetrics, particularly those related to prevention of low birth weight, prematurity, and medical problems of pregnancy;

''(2) improve the care and outcomes of neonates, especially very-low-birth weight infants; and

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

''(c) TRANS-DISCIPLINARY CENTERS FOR PRETERM BIRTH RESEARCH.—

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

providing basic operating support for trans-disciplinary research centers for prematurity. Research supported under this subsection shall integrate clinical, public health, basic, and behavioral and social science disciplines together with bioinformatics, engineering, mathematical, and computer sciences to address the causes of preterm labor and delivery collaboratively.

''(2) ELIGIBILITY.—To be eligible to receive a grant or contract under paragraph (1), an entity shall submit to the Director an application at such time, in such manner, and containing such information as the Director may require, including, if appropriate, an assurance that the entity will coordinate with clinical research networks authorized in subsection (b).

''(3) REPORT.—The Director of NIH shall include in the report under section 402A(c) information on the activities of the trans-disciplinary research centers for prematurity under this subsection.

''(d) NATIONAL EDUCATIONAL CAMPAIGN.—

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

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

''(2) TARGETING.—The campaign established under paragraph (1) shall target women of childbearing age, high risk populations, ethnic and minority groups, individuals with a low socioeconomic status, obstetricians and gynecologists, nurse practitioners, certified nurse-midwives, certified midwives, and other health care providers.''.

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

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

''(b) STUDIES AND ACTIVITIES ON PRETERM BIRTH.—

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

"(A) conduct ongoing epidemiological studies on the clinical, biological, social, environmental, genetic, and behavioral factors relating to prematurity;

"(B) conduct activities to improve national data to facilitate tracking the burden of preterm birth;

"(C) develop, implement, and evaluate novel methods for prevention to better understand the growing problem of late preterm birth;

"(D) conduct etiologic and epidemiologic studies of preterm birth;

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

"(F) conduct ongoing epidemiological studies on the effectiveness of community based interventions.

"(2) REPORT.—Not later than 2 years after the date of enactment of the PREEMIE Reauthorization Act, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees

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

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

SEC. 5. RESEARCH AND ACTIVITIES AT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

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

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

(2) by inserting after subsection (p), the following:

''(q) TELEMEDICINE DEMONSTRATION PROJECT ON HIGH RISK PREGNANCIES.—

''(1) IN GENERAL.—The Director shall award grants under this section to eligible entities to establish demonstration projects for—

''(A) the provision of preconception, antepartum, intrapartum, and obstetric services to high risk women of child bearing age remotely by obstetricians and gynecologists, nurse practitioners, certified nurse-midwives, certified

midwives, or other health care providers using telehealth; and

''(B) for the conduct of educational activities regarding risk factors for preterm birth.

''(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1), an entity shall submit an application to the Director at such time, in such manner, and containing such information as the Director my require.''; and

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

(A) in paragraph (1), by striking ''and'' at the end;

(B) in paragraph (2), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(3) for grants under subsection (q), $1,000,000 for each of fiscal years 2012 through 2016.''.

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

(1) in subsection (b)—

(A) in paragraph (1), by striking subparagraphs (A) through (F) and inserting the following:

''(A) the core risk factors for preterm labor;

''(B) medically indicated deliveries before 39 weeks;

''(C) outcomes for infants born before 39 weeks;

''(D) risk factors for preterm delivery;

''(E) the importance of preconception- and prenatal care;

''(F) smoking cessation, hypertension, and weight maintenance;

''(G) treatments and outcomes for babies born premature;

''(H) the informational needs of families during the stay of an infant in a neonatal intensive care unit;

''(I) preventable birth injuries if evidence-based strategies had been utilized;

''(J) depression; and

''(K) the use of progesterone;''; and

(B) by striking paragraph (2) and by redesignating paragraphs (3) and (4) as paragraphs (2) and (3), respectively;

(2) by redesignating subsection (c) as subsection (d) and by inserting after subsection (b) the following new subsection:

''(c) PILOT PROGRAM.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and the heads of other appropriate agencies, shall conduct (and report on) research studies and demonstration projects that test maternity care models that are designed to reduce the rate of preterm birth.

''(2) GRANTS.—The Secretary may carry out this subsection through the awarding of grants to eligible entities.

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

''(A) be—

''(i) a hospital or hospital systems that utilizes evidence-based best practices; or

''(ii) a public or private nonprofit entity; and

''(B) submit to the Secretary an application at such time, in such manner, and con-

taining such information as the Secretary may require.

''(4) TARGETING.—In awarding grants under this subsection, the Secretary shall give priority to projects in geographic areas with a demonstrated persistent high rate of preterm birth based on data from the National Center on Health Statistics.''; and

(3) in subsection (d), as redesignated by paragraph (2), by striking ''2011'' and inserting ''2016''.

SEC. 6. OTHER ACTIVITIES.

(a) ADVISORY COMMITTEE ON INFANT MORTALITY.—

(1) ESTABLISHMENT.—The Secretary shall establish an advisory committee known as the ''Advisory Committee on Infant Mortality'' (referred to in this section as the ''Advisory Committee'').

(2) DUTIES.—The Advisory Committee shall provide advice and recommendations to the Secretary concerning the following activities:

(A) Programs of the Department of Health and Human Services that are directed at reducing infant mortality and improving the health status of pregnant women and infants.

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

care, including outcomes following childbirth and specifically preterm birth.

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

(D) Implementation of the Healthy Start program under section 330H of the Public Health Service Act (42 U.S.C. 254c–8) and Healthy People 2020 infant mortality objectives.

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

(F) Strategies to reduce preterm birth rates through research, programs, and education.

(3) PLAN FOR HHS PRETERM BIRTH ACTIVITIES.—Not later than 1 year after the date of enactment of this section, the Advisory Committee shall develop a plan for conducting and supporting research education and programs on preterm birth through the Department of Health and Human Services and shall periodically review and revise the plan. The plan shall—

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

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

(C) reflect input from a broad range of scientists, patients, and advocacy groups.

(4) MEMBERSHIP.—The Secretary shall ensure that the membership of the Advisory Committee includes the following:

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

(B) A representative of the National Center for Health Statistics.

(b) PATIENT SAFETY STUDY AND REPORT.—

(1) IN GENERAL.—The Secretary shall designate an appropriate agency within the Department of Health and Human Services to conduct a study on hospital readmissions of preterm infants. Findings and recommendations resulting from such study shall be based on data collected to address the following questions and such other related questions

which the Secretary and such designated agency deem important:

(A) By State and by health care system, what is the number and rate of inpatient readmission for infants born preterm?

(B) What are the leading diagnoses at the time of inpatient readmission for preterm infants?

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

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

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

(F) What is the source of health insurance coverage for preterm infants who are readmitted, such as through publicly funded programs (including the Medicaid program under title XIX of the Social Security Act and the Children's Health Insurance Program under title XXI of such Act), private health insurance, and self payments of uninsured individuals?

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

(2) REPORT TO SECRETARY AND CONGRESS.—Not later than 1 year after the date of the enactment of this Act, the agency designated under paragraph (1) shall submit to the Secretary and to Congress a report containing the findings and recommendations resulting from the study conducted under such subparagraph, including recommendations for hospital discharge and follow-up procedures designed to reduce rates of preventable hospital readmissions for preterm infants.

(3) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, $1,000,000 for fiscal year 2012.

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