

In the House of Representatives, U. S.,

December 19, 2012.

Resolved, That the bill from the Senate (S. 1440) entitled “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.”, do pass with the following

AMENDMENTS:

Strike out all after the enacting clause and insert:

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 Prevention.

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.

1 **TITLE I—PREMATURITY RE-**
2 **SEARCH EXPANSION AND**
3 **EDUCATION FOR MOTHERS**
4 **WHO DELIVER INFANTS**
5 **EARLY**

6 **SEC. 101. RESEARCH AND ACTIVITIES AT THE CENTERS FOR**
7 **DISEASE CONTROL AND PREVENTION.**

8 *(a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the*
9 *Prematurity Research Expansion and Education for Mothers*
10 *who deliver Infants Early Act (42 U.S.C. 247b–4f) is*
11 *amended by striking subsection (b) and inserting the fol-*
12 *lowing:*

13 *“(b) STUDIES AND ACTIVITIES ON PRETERM BIRTH.—*
14 *“(1) IN GENERAL.—The Secretary of Health and*
15 *Human Services, acting through the Director of the*
16 *Centers for Disease Control and Prevention, may,*
17 *subject to the availability of appropriations—*

18 *“(A) conduct epidemiological studies on the*
19 *clinical, biological, social, environmental, ge-*
20 *netic, and behavioral factors relating to pre-*
21 *maturity, as appropriate;*

1 “(B) conduct activities to improve national
2 data to facilitate tracking the burden of preterm
3 birth; and

4 “(C) continue efforts to prevent preterm
5 birth, including late preterm birth, through the
6 identification of opportunities for prevention
7 and the assessment of the impact of such efforts.

8 “(2) *REPORT.*—Not later than 2 years after the
9 date of enactment of the *PREEMIE* Reauthorization
10 Act, and every 2 years thereafter, the Secretary of
11 Health and Human Services, acting through the Di-
12 rector of the Centers for Disease Control and Preven-
13 tion, shall submit to the appropriate committees of
14 Congress reports concerning the progress and any re-
15 sults of studies conducted under paragraph (1).”.

16 (b) *REAUTHORIZATION.*—Section 3(e) of the *Pre-*
17 *maturity Research Expansion and Education for Mothers*
18 *who deliver Infants Early Act* (42 U.S.C. 247b–4f(e)) is
19 amended by striking “2011” and inserting “2017”.

20 **SEC. 102. ACTIVITIES AT THE HEALTH RESOURCES AND**
21 **SERVICES ADMINISTRATION.**

22 (a) *TELEMEDICINE AND HIGH-RISK PREGNANCIES.*—
23 Section 330I(i)(1)(B) of the *Public Health Service Act* (42
24 U.S.C. 254c–14(i)(1)(B)) is amended by striking “or case

1 *management services” and inserting “case management*
 2 *services, or prenatal care for high-risk pregnancies”;*

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

6 **(1) in subsection (b)—**

7 **(A) in paragraph (1), by striking subpara-**
 8 *graphs (A) through (F) and inserting the fol-*
 9 *lowing:*

10 **“(A) the core risk factors for preterm labor**
 11 *and delivery;*

12 **“(B) medically indicated deliveries before**
 13 *full term;*

14 **“(C) the importance of preconception and**
 15 *prenatal care, including—*

16 **“(i) smoking cessation;**

17 **“(ii) weight maintenance and good nu-**
 18 *trition, including folic acid;*

19 **“(iii) the screening for and the treat-**
 20 *ment of infections; and*

21 **“(iv) stress management;**

22 **“(D) treatments and outcomes for pre-**
 23 *mature infants, including late preterm infants;*

1 “(E) the informational needs of families
2 during the stay of an infant in a neonatal inten-
3 sive care unit; and

4 “(F) utilization of evidence-based strategies
5 to prevent birth injuries;” and

6 (B) by striking paragraph (2) and inserting
7 the following:

8 “(2) programs to increase the availability,
9 awareness, and use of pregnancy and post-term infor-
10 mation services that provide evidence-based, clinical
11 information through counselors, community outreach
12 efforts, electronic or telephonic communication, or
13 other appropriate means regarding causes associated
14 with prematurity, birth defects, or health risks to a
15 post-term infant;” and

16 (2) in subsection (c), by striking “2011” and in-
17 serting “2017”.

18 **SEC. 103. OTHER ACTIVITIES.**

19 (a) *INTERAGENCY COORDINATING COUNCIL ON PRE-*
20 *MATURITY AND LOW BIRTHWEIGHT.—The Prematurity Re-*
21 *search Expansion and Education for Mothers who deliver*
22 *Infants Early Act is amended by striking section 5 (42*
23 *U.S.C. 247b–4g).*

24 (b) *ADVISORY COMMITTEE ON INFANT MORTALITY.—*

1 (1) *ESTABLISHMENT.*—*The Secretary of Health*
2 *and Human Services (referred to in this section as*
3 *the “Secretary”)* may establish an advisory committee
4 *known as the “Advisory Committee on Infant Mor-*
5 *tality” (referred to in this section as the “Advisory*
6 *Committee”).*

7 (2) *DUTIES.*—*The Advisory Committee shall pro-*
8 *vide advice and recommendations to the Secretary*
9 *concerning the following activities:*

10 (A) *Programs of the Department of Health*
11 *and Human Services that are directed at reduc-*
12 *ing infant mortality and improving the health*
13 *status of pregnant women and infants.*

14 (B) *Strategies to coordinate the various*
15 *Federal programs and activities with State,*
16 *local, and private programs and efforts that ad-*
17 *dress factors that affect infant mortality.*

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

22 (D) *Strategies to reduce preterm birth rates*
23 *through research, programs, and education.*

24 (3) *PLAN FOR HHS PRETERM BIRTH ACTIVI-*
25 *TIES.*—*Not later than 1 year after the date of enact-*

1 *ment of this section, the Advisory Committee (or an*
2 *existing advisory committee designated by the Sec-*
3 *retary) shall develop a plan for conducting and sup-*
4 *porting research, education, and programs on preterm*
5 *birth through the Department of Health and Human*
6 *Services and shall periodically review and revise the*
7 *plan, as appropriate. The plan shall—*

8 *(A) examine research and educational ac-*
9 *tivities that receive Federal funding in order to*
10 *enable the plan to provide informed rec-*
11 *ommendations to reduce preterm birth and ad-*
12 *dress racial and ethnic disparities in preterm*
13 *birth rates;*

14 *(B) identify research gaps and opportuni-*
15 *ties to implement evidence-based strategies to re-*
16 *duce preterm birth rates among the programs*
17 *and activities of the Department of Health and*
18 *Human Services regarding preterm birth, in-*
19 *cluding opportunities to minimize duplication;*
20 *and*

21 *(C) reflect input from a broad range of sci-*
22 *entists, patients, and advocacy groups, as appro-*
23 *priate.*

1 (4) *MEMBERSHIP.*—*The Secretary shall ensure*
2 *that the membership of the Advisory Committee in-*
3 *cludes the following:*

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

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

8 (c) *PATIENT SAFETY STUDIES AND REPORT.*—

9 (1) *IN GENERAL.*—*The Secretary shall designate*
10 *an appropriate agency within the Department of*
11 *Health and Human Services to coordinate existing*
12 *studies on hospital readmissions of preterm infants.*

13 (2) *REPORT TO SECRETARY AND CONGRESS.*—
14 *Not later than 1 year after the date of the enactment*
15 *of this Act, the agency designated under paragraph*
16 *(1) shall submit to the Secretary and to Congress a*
17 *report containing the findings and recommendations*
18 *resulting from the studies coordinated under such*
19 *paragraph, including recommendations for hospital*
20 *discharge and followup procedures designed to reduce*
21 *rates of preventable hospital readmissions for preterm*
22 *infants.*

1 **TITLE II—NATIONAL PEDIATRIC**
2 **RESEARCH NETWORK**

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

4 *Section 409D of the Public Health Service Act (42*
5 *U.S.C. 284h; relating to the Pediatric Research Initiative)*
6 *is amended—*

7 *(1) by redesignating subsection (d) as subsection*
8 *(f); and*

9 *(2) by inserting after subsection (c) the fol-*
10 *lowing:*

11 *“(d) NATIONAL PEDIATRIC RESEARCH NETWORK.—*

12 *“(1) NETWORK.—In carrying out the Initiative,*
13 *the Director of NIH, in consultation with the Director*
14 *of the Eunice Kennedy Shriver National Institute of*
15 *Child Health and Human Development and in col-*
16 *laboration with other appropriate national research*
17 *institutes and national centers that carry out activi-*
18 *ties involving pediatric research, may provide for the*
19 *establishment of a National Pediatric Research Net-*
20 *work consisting of the pediatric research consortia re-*
21 *ceiving awards under paragraph (2).*

22 *“(2) PEDIATRIC RESEARCH CONSORTIA.—*

23 *“(A) IN GENERAL.—The Director of NIH*
24 *may award funding, including through grants,*

1 *contracts, or other mechanisms, to public or pri-*
2 *vate nonprofit entities—*

3 “(i) *for establishing or strengthening*
4 *pediatric research consortia; and*

5 “(ii) *for providing support for such*
6 *consortia, including with respect to—*

7 “(I) *basic, clinical, behavioral, or*
8 *translational research to meet unmet*
9 *pediatric research needs; and*

10 “(II) *training researchers in pedi-*
11 *atric research techniques in order to*
12 *address unmet pediatric research*
13 *needs.*

14 “(B) *RESEARCH.—The Director of NIH*
15 *may 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)(I) and*
20 *collectively such consortia conduct or sup-*
21 *port all such categories of research; and*

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

25 “(C) *NUMBER OF CONSORTIA.—*

1 “(i) *IN GENERAL.*—*The Director of*
2 *NIH may make awards under this para-*
3 *graph for not more than 8 pediatric re-*
4 *search consortia, with a minimum of one*
5 *pediatric research consortium that*
6 *prioritizes collaboration with institutions*
7 *serving rural areas.*

8 “(ii) *EXCEPTION.*—*Notwithstanding*
9 *clause (i), the Director of NIH may make*
10 *awards under this paragraph for more than*
11 *8 pediatric research consortia based on a*
12 *finding of need by the Director. Before mak-*
13 *ing any award pursuant to the preceding*
14 *sentence, the Director of NIH shall give*
15 *written notice to the Congress of the Direc-*
16 *tor’s intent to make the award and shall in-*
17 *clude in the notice an explanation of the*
18 *Director’s finding of need.*

19 “(D) *ORGANIZATION OF CONSORTIUM.*—
20 *Each consortium receiving an award under sub-*
21 *paragraph (A) shall—*

22 “(i) *be formed from a collaboration of*
23 *cooperating institutions;*

24 “(ii) *be coordinated by a lead institu-*
25 *tion;*

1 “(iii) agree to disseminate scientific
2 findings rapidly and efficiently; and

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

5 “(E) SUPPLEMENT, NOT SUPPLANT.—Any
6 support received by a consortium under subpara-
7 graph (A) shall be used to supplement, and not
8 supplant, other public or private support for ac-
9 tivities authorized to be supported under this
10 paragraph.

11 “(F) DURATION OF CONSORTIUM SUP-
12 PORT.—Support of a consortium under subpara-
13 graph (A) may be for a period of not to exceed
14 5 years. Such period may be extended at the dis-
15 cretion of the Director of NIH.

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

18 “(A) as appropriate, provide for the coordi-
19 nation of activities (including the exchange of
20 information and regular communication) among
21 the consortia established pursuant to paragraph
22 (2); and

23 “(B) as appropriate, require the periodic
24 preparation and submission to the Director of
25 reports on the activities of each such consortium.

1 “(4) *ASSISTANCE WITH REGISTRIES.*—*Each con-*
2 *sortium receiving an award under paragraph (2)(A)*
3 *shall provide assistance to the Centers for Disease*
4 *Control and Prevention in the establishment or ex-*
5 *ansion of patient registries and other surveillance*
6 *systems as appropriate and upon request by the Di-*
7 *rector of the Centers.*

8 “(e) *RESEARCH ON PEDIATRIC RARE DISEASES OR*
9 *CONDITIONS.*—*In making awards under subsection (d)(2)*
10 *for pediatric research consortia, the Director of NIH shall*
11 *ensure that an appropriate number of such awards are*
12 *awarded to such consortia that agree to—*

13 “(1) *focus primarily on pediatric rare diseases*
14 *or conditions (including any such diseases or condi-*
15 *tions that are genetic disorders or are related to birth*
16 *defects); and*

17 “(2) *conduct or coordinate one or more multisite*
18 *clinical trials of therapies for, or approaches to, the*
19 *prevention, diagnosis, or treatment of one or more pe-*
20 *diatric rare diseases or conditions.”.*

1 **TITLE III—CHILDREN’S HOS-**
2 **PITAL GME SUPPORT REAU-**
3 **THORIZATION**

4 **SEC. 301. PROGRAM OF PAYMENTS TO CHILDREN’S HOS-**
5 **PITALS THAT OPERATE GRADUATE MEDICAL**
6 **EDUCATION PROGRAMS.**

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

9 (1) in subsection (a), by striking “through 2005
10 and each of fiscal years 2007 through 2011” and in-
11 serting “through 2005, each of fiscal years 2007
12 through 2011, and each of fiscal years 2013 through
13 2017”;

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

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

19 (b) *REPORT TO CONGRESS.*—Section 340E(b)(3)(D) of
20 the Public Health Service Act (42 U.S.C. 256e(b)(3)(D)) is
21 amended by striking “Not later than the end of fiscal year
22 2011” and inserting “Not later than the end of fiscal year
23 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.”.

Attest:

Clerk.

112TH CONGRESS
2^D SESSION

S. 1440

AMENDMENTS