

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—118th Cong., 1st Sess.

S. 1573

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

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the following:
2

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “PREEMIE Reauthorization Act of 2023”.

6 **SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND**

7 **OUTCOMES OF PRETERM AND LOW BIRTH-WEIGHT INFANTS.**

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10 (a) IN GENERAL.—Section 3(e) of the Prematurity
11 Research Expansion and Education for Mothers who de-
12 liver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended

1 by striking “fiscal years 2019 through 2023” and insert-
2 ing “fiscal years 2024 through 2028”.

3 (b) **TECHNICAL CORRECTION.**—Effective as if in-
4 cluded in the enactment of the PREEMIE Reauthoriza-
5 tion Act of 2018 (Public Law 115–328), section 2 of such
6 Act is amended, in the matter preceding paragraph (1),
7 by striking “Section 2” and inserting “Section 3”.

8 **SEC. 3. INTERAGENCY WORKING GROUP.**

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

18 **SEC. 4. STUDY ON PRETERM BIRTHS.**

19 (a) **IN GENERAL.**—The Secretary of Health and
20 Human Services shall enter into appropriate arrange-
21 ments with the National Academies of Sciences, Engineer-
22 ing, and Medicine under which the National Academies
23 shall—

24 (1) not later than 30 days after the date of en-
25 actment of this Act, convene a committee of experts

1 in maternal health to study premature births in the
2 United States; and

3 (2) upon completion of the study under para-
4 graph (1)—

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

7 (B) include in such report—

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

10 (ii) the analysis required by sub-
11 section (c); and

12 (iii) the raw data used to develop such
13 report; and

14 (C) not later than 24 months after the
15 date of enactment of this Act, transmit such re-
16 port to—

17 (i) the Secretary of Health and
18 Human Services;

19 (ii) the Committee on Energy and
20 Commerce of the House of Representa-
21 tives; and

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

1 (b) ASSESSMENT TOPICS.—The topics listed in this
2 subsection are of each of the following:

3 (1) The financial costs of premature birth to so-
4 ciety, including—

5 (A) an analysis of stays in neonatal inten-
6 sive care units and the cost of such stays;

7 (B) long-term costs of stays in such units
8 to society and the family involved post-dis-
9 charge; and

10 (C) health care costs for families post-dis-
11 charge from such units (such as medications,
12 therapeutic services, co-pays visits and specialty
13 equipment).

14 (2) The factors that impact pre-term birth
15 rates.

16 (3) Opportunities for earlier detection of pre-
17 mature birth risk factors, including—

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

20 (B) opportunities for public health pro-
21 grams to provide support and resources for par-
22 ents in-hospital, in non-hospital settings, and
23 post-discharge.

24 (c) ANALYSIS.—The analysis required by this sub-
25 section is an analysis of—

- 1 (1) targeted research strategies to develop effective
2 drugs, treatments, or interventions to bring at-
3 risk pregnancies to term;
- 4 (2) State and other programs' best practices
5 with respect to reducing premature birth rates; and
- 6 (3) 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.