

S 1440

PREEMIE Reauthorization Act

Congress: 112 (2011–2013, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jul 28, 2011

Current Status: Message on House action received in Senate and at desk: House amendments to Senate bill.

Latest Action: Message on House action received in Senate and at desk: House amendments to Senate bill. (Dec 19, 2012)

Official Text: <https://www.congress.gov/bill/112th-congress/senate-bill/1440>

Sponsor

Name: Sen. Alexander, Lamar [R-TN]

Party: Republican • **State:** TN • **Chamber:** Senate

Cosponsors (23 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Bennet, Michael F. [D-CO]	D · CO		Jul 28, 2011
Sen. Menendez, Robert [D-NJ]	D · NJ		Sep 6, 2011
Sen. Hagan, Kay R. [D-NC]	D · NC		Sep 7, 2011
Sen. Lugar, Richard G. [R-IN]	R · IN		Sep 8, 2011
Sen. Mikulski, Barbara A. [D-MD]	D · MD		Oct 18, 2011
Sen. Begich, Mark [D-AK]	D · AK		Oct 20, 2011
Sen. Collins, Susan M. [R-ME]	R · ME		Oct 20, 2011
Sen. Reed, Jack [D-RI]	D · RI		Oct 20, 2011
Sen. Akaka, Daniel K. [D-HI]	D · HI		Oct 31, 2011
Sen. Inouye, Daniel K. [D-HI]	D · HI		Nov 2, 2011
Sen. Brown, Scott P. [R-MA]	R · MA		Nov 8, 2011
Sen. Schumer, Charles E. [D-NY]	D · NY		Nov 8, 2011
Sen. Kerry, John F. [D-MA]	D · MA		Nov 14, 2011
Sen. Snowe, Olympia J. [R-ME]	R · ME		Nov 15, 2011
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Nov 28, 2011
Sen. Coons, Christopher A. [D-DE]	D · DE		Nov 29, 2011
Sen. Sanders, Bernard [I-VT]	I · VT		Dec 1, 2011
Sen. Landrieu, Mary L. [D-LA]	D · LA		Dec 8, 2011
Sen. Leahy, Patrick J. [D-VT]	D · VT		Dec 8, 2011
Sen. Tester, Jon [D-MT]	D · MT		Jan 24, 2012
Sen. Hutchison, Kay Bailey [R-TX]	R · TX		Mar 7, 2012
Sen. Boxer, Barbara [D-CA]	D · CA		Jun 11, 2012
Sen. Shaheen, Jeanne [D-NH]	D · NH		Jul 16, 2012

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Nov 16, 2012
Health, Education, Labor, and Pensions Committee	Senate	Reported By	Sep 19, 2012

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
112 HR 14	Related bill	Mar 21, 2012: Referred to the Committee on Transportation and Infrastructure, and in addition to the Committees on Ways and Means, Natural Resources, Energy and Commerce, Agriculture, Science, Space, and Technology, the Budget, Oversight and Government Reform, Financial Services, Education and the Workforce, and Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
112 HR 2679	Identical bill	Aug 1, 2011: Referred to the Subcommittee on Health.

Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act or PREEMIE Reauthorization Act - **Title I: Prematurity Research Expansion and Education For Mothers Who Deliver Infants Early** - (Sec. 101) Amends the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act to revise and reauthorize requirements for research on prematurity and preterm births.

Authorizes the Director of the Centers for Disease Control and Prevention (CDC) to: (1) conduct epidemiological studies (as currently required) on the clinical, biological, social, environmental, genetic, and behavioral factors related to prematurity, as appropriate; (2) conduct activities to improve national data to facilitate tracking preterm births; and (3) continue efforts to prevent preterm birth through the identification of opportunities for prevention and the assessment of their impact.

(Sec. 102) Requires the Director of the Office for the Advancement of Telehealth to give preference in awarding grants to an eligible entity that proposes to use the grant funds to develop plans for, or to establish, telehealth networks that provide prenatal care for high-risk pregnancies.

Revises and reauthorizes through FY2017 the authority of the Secretary of Health and Human Services (HHS) to conduct demonstration projects related to preterm births.

Includes as activities under such projects programs to test and evaluate various strategies to provide information and education to health care providers and the public on: (1) the core risk factors for preterm labor and delivery, (2) medically indicated deliveries before full term, (3) the importance of preconception and prenatal care, (4) treatments and outcomes for premature infants, (5) meeting the informational needs of families during the stay of an infant in a neonatal intensive care unit, and (6) utilization of evidence-based strategies to prevent birth injuries.

Authorizes among such projects as well programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post-term infant.

(Sec. 103) Repeals establishment of the Interagency Coordinating Council on Prematurity and Low Birthweight.

Authorizes the Secretary to establish the Advisory Committee on Infant Mortality. Directs the Advisory Committee (or an existing advisory committee designated by the Secretary) to develop, and periodically review and revise, a plan for conducting and supporting research, education, and programs on preterm birth through HHS.

Requires the Secretary to designate an appropriate agency within HHS to coordinate existing studies and report to the Secretary and Congress on hospital readmissions of preterm infants.

Title II: National Pediatric Research Network - (Sec. 201) Amends the Public Health Service Act to authorize the Director of the National Institutes of Health (NIH), in carrying out the Pediatric Research Initiative, to act through the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development to provide for the establishment of a National Pediatric Research Network.

Authorizes the Director of NIH to award funding to public or private nonprofit entities for: (1) establishing or strengthening pediatric research consortia; and (2) providing support for such consortia, including to meet unmet pediatric research

needs and train researchers in pediatric research techniques. Authorizes the Director of NIH to make awards for not more than eight pediatric research consortia, with a minimum of one pediatric research consortium that prioritizes collaboration with institutions serving rural areas. Authorizes the Director of NIH to make awards for more than eight pediatric research consortia based on a finding of need by the Director, after giving written notice to Congress. Requires such consortia to: (1) be formed from a collaboration of cooperating institutions, (2) be coordinated by a lead institution, (3) agree to disseminate scientific findings rapidly and efficiently, and (4) meet requirements prescribed by the Director of NIH. Allows such support to be for a period of up to five years with additional extensions by the Director of NIH.

Requires the Director of NIH to provide for the coordination of activities among the consortia and to require the periodic preparation and submission of reports on their activities. Requires each consortium to provide assistance to the CDC in the establishment or expansion of patient registries and other surveillance systems as appropriate and upon request by the CDC Director.

Requires the Director of NIH to ensure that an appropriate number of such awards are awarded to consortia that agree to: (1) focus primarily on pediatric rare diseases or conditions; and (2) conduct or coordinate multi-site clinical trials of therapies for, or approaches to, the prevention, diagnosis, or treatment of pediatric rare diseases or conditions.

Title III: Children's Hospital GME Support Reauthorization - (Sec. 301) Amends the Public Health Service Act to extend and reauthorize through FY2017 appropriations for payments associated with operating approved graduate medical residency (GME) training programs.

Actions Timeline

- **Dec 19, 2012:** Mr. Pitts moved to suspend the rules and pass the bill, as amended.
- **Dec 19, 2012:** Considered under suspension of the rules. (consideration: CR H7296-7301)
- **Dec 19, 2012:** DEBATE - The House proceeded with forty minutes of debate on S. 1440.
- **Dec 19, 2012:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.(text: CR H7296-7298)
- **Dec 19, 2012:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H7296-7298)
- **Dec 19, 2012:** Motion to reconsider laid on the table Agreed to without objection.
- **Dec 19, 2012:** The title of the measure was amended. Agreed to without objection.
- **Dec 19, 2012:** Message on House action received in Senate and at desk: House amendments to Senate bill.
- **Nov 16, 2012:** Received in the House.
- **Nov 16, 2012:** Message on Senate action sent to the House.
- **Nov 16, 2012:** Referred to the Subcommittee on Health.
- **Nov 16, 2012:** Referred to the House Committee on Energy and Commerce.
- **Nov 15, 2012:** Measure laid before Senate by unanimous consent. (consideration: CR S6868-6870; text of measure as reported in Senate: CR S6868-6869)
- **Nov 15, 2012:** The committee substitute as amended agreed to by Unanimous Consent. (consideration: CR S6869)
- **Nov 15, 2012:** Passed/agreed to in Senate: Passed Senate with an amendment by Voice Vote.(text: CR S6869-6870)
- **Nov 15, 2012:** Passed Senate with an amendment by Voice Vote. (text: CR S6869-6870)
- **Sep 19, 2012:** Committee on Health, Education, Labor, and Pensions. Ordered to be reported with an amendment in the nature of a substitute favorably.
- **Sep 19, 2012:** Committee on Health, Education, Labor, and Pensions. Reported by Senator Harkin with an amendment in the nature of a substitute. Without written report.
- **Sep 19, 2012:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 516.
- **Jul 28, 2011:** Introduced in Senate
- **Jul 28, 2011:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.