

**TITLE 42 - THE PUBLIC HEALTH AND WELFARE**  
**CHAPTER 6A - PUBLIC HEALTH SERVICE**  
**SUBCHAPTER II - GENERAL POWERS AND DUTIES**  
**Part B - Federal-State Cooperation**

**§ 247b–4f. Research relating to preterm labor and delivery and the care, treatment, and outcomes of preterm and low birthweight infants**

- (a) **Omitted**  
 (b) **Studies on relationship between prematurity and birth defects**  
 (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, conduct ongoing epidemiological studies on the relationship between prematurity, birth defects, and developmental disabilities.

(2) **Report**

Not later than 2 years after December 22, 2006, 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).

- (c) **Pregnancy risk assessment monitoring survey**  
 (1) **In general**

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track pregnancy outcomes and prevent preterm birth.

(2) **Authorization of appropriations**

There is authorized to be appropriated to carry out paragraph (1) \$3,000,000 for each of fiscal years 2007 through 2011.

- (d) **Evaluation of existing tools and measures**

The Secretary of Health and Human Services shall review existing tools and measures to ensure that such tools and measures include information related to the known risk factors of low birth weight and preterm birth.

- (e) **Authorization of appropriations**

There is authorized to be appropriated to carry out this section, except for subsection (c), \$5,000,000 for each of fiscal years 2007 through 2011.

(Pub. L. 109–450, § 3, Dec. 22, 2006, 120 Stat. 3341.)

**Codification**

Section is comprised of section 3 of Pub. L. 109–450. Subsec. (a) of section 3 of Pub. L. 109–450 amended section 241 of this title.

Section was enacted as part of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act or the PREEMIE Act, and not as part of the Public Health Service Act which comprises this chapter.

*NB: This unofficial compilation of the U.S. Code is current as of Jan. 5, 2009 (see <http://www.law.cornell.edu/uscode/uscpri.html>).*

## **Purpose**

Pub. L. 109-450, § 2, Dec. 22, 2006, 120 Stat. 3341, provided that: “It is the purpose of this Act [enacting this section and sections 247b-4g and 280g-5 of this title and amending sections 241 and 280g-4 of this title] to—

“(1) reduce rates of preterm labor and delivery;

“(2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight; and

“(3) reduce infant mortality and disabilities caused by prematurity.”