Committee Print

(SHOWING THE TEXT OF H.R. 5487 AS FAVORABLY FORWARDED BY THE
SUBCOMMITTEE ON HEALTH ON NOVEMBER 4, 2021)

117TH CONGRESS
1ST SESSION

H. R. 5487

To improve research and data collection on stillbirths, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 5, 2021

Ms. Herrera Beutler (for herself, Ms. Roybal-Allard, Ms. Castor of Florida, and Mr. Mullin) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To improve research and data collection on stillbirths, and for other purposes.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Stillbirth Health Im-
provemen and Education for Autumn Act of 2021” or
the “SHINE for Autumn Act of 2021”.
SEC. 2. STILLBIRTH RESEARCH AND DATA COLLECTION IMPROVEMENTS.

Title III of the Public Health Service Act is amended by inserting after section 317L–1 of such Act (42 U.S.C. 247b–13a) the following:

“SEC. 317L–2. STILLBIRTH RESEARCH AND DATA COLLECTION IMPROVEMENTS.

“(a) STILLBIRTH SURVEILLANCE AND RISK FACTOR STUDIES.—

“(1) IN GENERAL.—The Secretary may award grants to States for purposes of—

“(A) conducting surveillance and collecting data with respect to stillbirths;

“(B) building State and local public health capacity to assess stillbirth data; and

“(C) collecting and reporting data on stillbirth risk factors, including any quantifiable outcomes with respect to such risk factors.

“(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, there is authorized to be appropriated $5,000,000 for each of fiscal years 2022 through 2026.

“(b) GUIDELINES AND EDUCATIONAL AWARENESS MATERIALS.—

“(1) IN GENERAL.—The Secretary shall—
“(A) issue guidelines to State departments of health and State and local vital statistics units on—

“(i) collecting data on stillbirth from health care providers, and with the consent of the family involved, including any such data with respect to the clinical history, postmortem examination, and placental pathology;

“(ii) sharing such data with Federal agencies determined appropriate by the Director of the Centers for Disease Control and Prevention; and

“(iii) improving processes and training related to stillbirth data collection and reporting to ensure standardization and completeness of data; and

“(B) develop, and make publicly available, educational awareness materials on stillbirths.

“(2) CONSULTATION.—In carrying out paragraph (1), the Secretary may consult with—

“(A) national health care professional associations;

“(B) national associations representing State and local public health officials;
“(C) organizations that assist families with burial support and bereavement services;

“(D) nurses and nurse practitioners;

“(E) obstetricians and gynecologists;

“(F) pediatricians;

“(G) maternal-fetal medicine specialists;

“(H) midwives;

“(I) mental health professionals;

“(J) statisticians;

“(K) individuals who have experienced a stillbirth; and

“(L) advocacy organizations representing such individuals.

“(3) AUTHORIZATION OF APPROPRIATIONS.—

To carry out this subsection, there is authorized to be appropriated $1,000,000 for each of fiscal years 2022 through 2026.

“(c) VITAL STATISTICS UNIT DEFINED.—In this section, the term ‘vital statistics unit’ means the entity that is responsible for maintaining vital records for a State, or a political subdivision of such State, including official records of live births, deaths, fetal deaths, marriages, divorces, and annulments.”.
SEC. 3. PERINATAL PATHOLOGY FELLOWSHIPS.

The Public Health Service Act is amended by inserting after section 1122 of such Act (42 U.S.C. 300c–12) the following:

“SEC. 1123. IMPROVING PERINATAL PATHOLOGY.

“(a) IN GENERAL.—The Secretary shall establish and implement a Perinatal Pathology Fellowship Program to—

“(1) provide postgraduate training in perinatal autopsy pathology;

“(2) conduct research on, and improve data collection with respect to, fetal autopsies; and

“(3) address challenges in stillbirth education, research, and data collection.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $3,000,000 for each of fiscal years 2022 through 2026.”.

SEC. 4. REPORTS.

(a) REPORT BY SURGEON GENERAL.—

(1) IN GENERAL.—Not later than five years after the date of enactment of this Act, the Surgeon General of the Public Health Service shall publish on a public website of the Department of Health and Human Services a report with educational guidelines on stillbirth and stillbirth risk factors.
(2) CONTENTS.—Such report shall include, to
the extent practicable and appropriate, the guide-
lines issued and educational awareness materials de-
veloped under section 317L–2 of the Public Health
Service Act, as added by section 2 of this Act.

(b) REPORT BY SECRETARY OF HEALTH AND
HUMAN SERVICES.—Not later than five years after the
date of enactment of this Act, the Secretary of Health and
Human Services shall submit to the Congress a com-
prehensive report on the progress and effectiveness of the
Perinatal Pathology Fellowship Program established
under section 1123 of the Public Health Service Act, as
added by section 3 of this Act.