

105TH CONGRESS
1ST SESSION

S. 938

To amend the Public Health Service Act to provide surveillance, research, and services aimed at the prevention and cessation of prenatal and postnatal smoking, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 19, 1997

Mr. BOND (for himself and Mr. BUMPERS) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Public Health Service Act to provide surveillance, research, and services aimed at the prevention and cessation of prenatal and postnatal smoking, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Pregnant Mothers and
5 Infants Health Protection Act of 1997”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) According to recent figures, 14 percent of
2 pregnant mothers admit to smoking tobacco during
3 pregnancy.

4 (2) Smoking tobacco during pregnancy signifi-
5 cantly increases maternal and fetal risk, and causes
6 20 percent to 30 percent of the low birth weight rate
7 and 10 percent of the fetal and infant death rate in
8 the United States.

9 (3) Mothers who smoke both during and after
10 pregnancy have nearly a 3 fold increase in the risk
11 of Sudden Infant Death Syndrome (SIDS), as com-
12 pared to mothers who do not smoke.

13 (4) Smoking during pregnancy has been associ-
14 ated with certain childhood cancers and birth de-
15 fects, and it increases the risk of spontaneous abor-
16 tion, premature rupture of membranes, and delivery
17 of a stillborn infant.

18 (5) Smoking during pregnancy may impede the
19 growth of the fetus and increase the likelihood of
20 mental retardation by 50 percent.

21 (6) The proportion of women who quit smoking
22 during pregnancy but relapse at 6 months
23 postpartum is nearly 63 percent, thereby exposing
24 their infants to passive smoke and increasing their
25 risk for SIDS and other health related problems.

1 (7) Effective prenatal smoking cessation inter-
2 ventions increase the rate of smoking cessation dur-
3 ing pregnancy.

4 **SEC. 3. PURPOSE.**

5 It is the purpose of this Act to establish, within the
6 Department of Health and Human Services, a comprehen-
7 sive program to help prevent prenatal and postnatal smok-
8 ing. Such program shall—

9 (1) coordinate, support, and conduct national,
10 State and community-based public awareness, pre-
11 vention, and education programs on prenatal and
12 postnatal smoking;

13 (2) support, coordinate, and conduct basic and
14 applied research concerning prenatal and postnatal
15 smoking and its effects; and

16 (3) foster coordination between all Federal
17 agencies and private voluntary organizations that
18 conduct or support prenatal and postnatal smoking
19 research, prevention, and surveillance programs.

20 **SEC. 4. ESTABLISHMENT OF PROGRAM.**

21 Title III of the Public Health Service Act (42 U.S.C.
22 241 et seq.) is amended by adding at the end the follow-
23 ing:

1 “PART M—PRENATAL AND POSTNATAL
2 SMOKING PREVENTION PROGRAM

3 **“SEC. 399N. ESTABLISHMENT.**

4 “(a) PRENATAL OR POSTNATAL SMOKING PREVEN-
5 TION PROGRAM.— The Secretary, acting through the Cen-
6 ters for Disease Control and Prevention, shall establish
7 a comprehensive program to be known as the ‘Prenatal
8 and Postnatal Smoking Prevention Program’ that shall in-
9 clude—

10 “(1) an education and public awareness pro-
11 gram that is designed to—

12 “(A) support, conduct and evaluate the ef-
13 fectiveness of—

14 “(i) educational and cessation pro-
15 grams concerning the prevention, diag-
16 nosis, and treatment of infants born with
17 the effects of prenatal smoking;

18 “(ii) prevention and education pro-
19 grams, including school health and adoles-
20 cent education programs concerning pre-
21 natal and postnatal smoking and its ef-
22 fects, and;

23 “(iii) public and community awareness
24 and cessation programs designed to edu-

1 cate about prenatal and postnatal smoking
2 and its effects on fetuses and newborns;

3 “(B) provide technical and consultative as-
4 sistance to States, local governments, scientific
5 and academic institutions, community health
6 centers funded under section 330, and nonprofit
7 organizations concerning the programs referred
8 to in subparagraph (A); and

9 “(C) award grants to, and enter into coop-
10 erative agreements with, States, local govern-
11 ments, scientific and academic institutions,
12 community health centers, and non-profit orga-
13 nizations for the purpose of—

14 “(i) evaluating the effectiveness of
15 programs referred to in subparagraph (A);

16 “(ii) providing training in the preven-
17 tion of prenatal and postnatal smoking;

18 “(iii) educating school age children,
19 especially pregnant and high-risk youth,
20 concerning the effects of prenatal and
21 postnatal smoking on fetuses and
22 newborns; and

23 “(iv) increasing public and community
24 awareness concerning prenatal and post-
25 natal smoking and its effects on fetuses

1 and newborns through projects, programs,
2 and campaigns, and improving the under-
3 standing of the general public and targeted
4 groups concerning the most effective inter-
5 vention methods to prevent prenatal and
6 postnatal smoking;

7 “(2) an applied research and prevention pro-
8 gram that is designed to—

9 “(A) support and conduct research on the
10 diagnostic methods, treatment, and prevention
11 of prenatal and postnatal smoking and its ef-
12 fects on fetuses and newborns;

13 “(B) provide technical and consultative as-
14 sistance and training to States, local govern-
15 ments, scientific and academic institutions,
16 community health centers, and nonprofit orga-
17 nizations engaged in the conduct of—

18 “(i) prenatal and postnatal smoking
19 prevention, cessation and early intervention
20 programs; and

21 “(ii) research relating to the effects of
22 prenatal and postnatal smoking and the
23 number and demographic profile of preg-
24 nant mothers who smoke; and

1 “(C) award grants to, and enter into coop-
2 erative agreements and contracts with, States,
3 local governments, scientific and academic insti-
4 tutions, community health centers, and non-
5 profit organizations for the purpose of—

6 “(i) conducting innovative demonstra-
7 tion and evaluation projects designed to
8 determine effective strategies, including
9 community-based prevention programs and
10 education campaigns, for preventing and
11 intervening in fetal exposure to tobacco
12 smoke;

13 “(ii) improving and coordinating the
14 surveillance and ongoing assessment meth-
15 ods implemented by such entities and the
16 Federal Government with respect to pre-
17 natal and postnatal smoking and its effects
18 on fetuses and newborns;

19 “(iii) developing, disseminating and
20 evaluating effective age-appropriate pre-
21 vention and cessation programs for adoles-
22 cent and adult mothers who smoke; and

23 “(iv) facilitating the coordination and
24 collaboration among Federal, State, local
25 government and community-based prenatal

1 and postnatal smoking prevention pro-
2 grams;

3 “(3) a basic research program that is designed
4 to support and conduct basic research on services
5 and effective prevention treatments and interven-
6 tions for pregnant mothers who smoke and children
7 suffering the effects of intrauterine or passive expo-
8 sure to tobacco smoke; and

9 “(4) a procedure for disseminating prevention
10 strategies and the diagnostic criteria for infants suf-
11 fering the effects of exposure to intrauterine or pas-
12 sive tobacco smoke to health care providers, edu-
13 cators, social workers, and other individuals.

14 “(b) ELIGIBILITY.—To be eligible to receive a grant,
15 or enter into a cooperative agreement or contract under
16 this section, an entity shall—

17 “(1) be a State, local government, scientific or
18 academic institution, community health center, or
19 nonprofit organization; and

20 “(2) prepare and submit to the Secretary an
21 application at such time, in such manner, and con-
22 taining such information as the Secretary may re-
23 quire, including a description of the activities that
24 the entity intends to carry out using amounts re-

1 ceived under the grant, cooperative agreement or
2 contract.

3 “(c) CLEARINGHOUSE.—In carrying out this section,
4 the Secretary shall establish within the Centers for Dis-
5 ease Control and Prevention a prenatal and postnatal
6 smoking prevention clearinghouse for the collection, dis-
7 semination and storage of data concerning prenatal and
8 postnatal smoking prevention. In establishing such clear-
9 inghouse, the Secretary shall ensure that the Centers for
10 Disease Control and Prevention shall serve as the coordi-
11 nating agency for prenatal and postnatal smoking preven-
12 tion and surveillance activities.

13 “(d) BIENNIAL REPORT.—Not later than 2 years
14 after the date of enactment of this section, and every 2
15 years thereafter, the Secretary shall prepare and submit
16 to the Committee on Commerce of the House of Rep-
17 resentatives and the Committee on Labor and Human Re-
18 sources of the Senate a biennial report that—

19 “(1) includes information concerning the inci-
20 dence and prevalence of prenatal and postnatal
21 smoking and the extent to which such smoking has
22 contributed to infant mortality, low birth weight,
23 sudden infant death syndrome, and other complica-
24 tions;

1 “(2) includes information that is specific to var-
2 ious demographics;

3 “(3) includes an assessment of the extent to
4 which various approaches of preventing prenatal and
5 postnatal smoking have been effective;

6 “(4) describes the activities carried out under
7 this section; and

8 “(5) contains any recommendations of the Sec-
9 retary regarding this section.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section,
12 \$10,000,000 for each of the fiscal years 1998 and 1999,
13 and such sums as may be necessary for each of the fiscal
14 years 2000 and 2001.”.

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