

117<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 5487

---

IN THE SENATE OF THE UNITED STATES

DECEMBER 9, 2021

Received; read twice and referred to the Committee on Health, Education,  
Labor, and Pensions

---

## AN ACT

To improve research and data collection on stillbirths, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Stillbirth Health Im-  
3 provement and Education for Autumn Act of 2021” or  
4 the “SHINE for Autumn Act of 2021”.

5 **SEC. 2. STILLBIRTH RESEARCH AND DATA COLLECTION IM-**  
6 **PROVEMENTS.**

7 Title III of the Public Health Service Act is amended  
8 by inserting after section 317L–1 of such Act (42 U.S.C.  
9 247b–13a) the following:

10 **“SEC. 317L–2. STILLBIRTH RESEARCH AND DATA COLLEC-**  
11 **TION IMPROVEMENTS.**

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

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

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

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

20 “(C) collecting and reporting data on still-  
21 birth risk factors, including any quantifiable  
22 outcomes with respect to such risk factors.

23 “(2) AUTHORIZATION OF APPROPRIATIONS.—

24 To carry out this subsection, there is authorized to  
25 be appropriated \$5,000,000 for each of fiscal years  
26 2022 through 2026.

1       “(b) GUIDELINES AND EDUCATIONAL AWARENESS  
2 MATERIALS.—

3               “(1) IN GENERAL.—The Secretary shall—

4                       “(A) issue guidelines to State departments  
5 of health and State and local vital statistics  
6 units on—

7                               “(i) collecting data on stillbirth from  
8 health care providers, and with the consent  
9 of the family involved, including any such  
10 data with respect to the clinical history,  
11 postmortem examination, and placental pa-  
12 thology;

13                               “(ii) sharing such data with Federal  
14 agencies determined appropriate by the Di-  
15 rector of the Centers for Disease Control  
16 and Prevention; and

17                               “(iii) improving processes and train-  
18 ing related to stillbirth data collection and  
19 reporting to ensure standardization and  
20 completeness of data; and

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

23               “(2) CONSULTATION.—In carrying out para-  
24 graph (1), the Secretary may consult with—

1           “(A) national health care professional as-  
2           sociations;

3           “(B) national associations representing  
4           State and local public health officials;

5           “(C) organizations that assist families with  
6           burial support and bereavement services;

7           “(D) nurses and nurse practitioners;

8           “(E) obstetricians and gynecologists;

9           “(F) pediatricians;

10          “(G) maternal-fetal medicine specialists;

11          “(H) midwives;

12          “(I) mental health professionals;

13          “(J) statisticians;

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

16          “(L) advocacy organizations representing  
17          such individuals.

18          “(3) AUTHORIZATION OF APPROPRIATIONS.—

19          To carry out this subsection, there is authorized to  
20          be appropriated \$1,000,000 for each of fiscal years  
21          2022 through 2026.

22          “(c) VITAL STATISTICS UNIT DEFINED.—In this sec-  
23          tion, the term ‘vital statistics unit’ means the entity that  
24          is responsible for maintaining vital records for a State,  
25          or a political subdivision of such State, including official

1 records of live births, deaths, fetal deaths, marriages, di-  
2 vorces, and annulments.”.

3 **SEC. 3. PERINATAL PATHOLOGY FELLOWSHIPS.**

4 The Public Health Service Act is amended by insert-  
5 ing after section 1122 of such Act (42 U.S.C. 300c–12)  
6 the following:

7 **“SEC. 1123. IMPROVING PERINATAL PATHOLOGY.**

8 “(a) IN GENERAL.—The Secretary shall establish  
9 and implement, or incorporate into an existing training  
10 program, a Perinatal Pathology Fellowship Program or a  
11 Postdoctoral Research Fellowship on Factors Associated  
12 with Stillbirth Program to—

13 “(1) provide training in perinatal autopsy pa-  
14 thology;

15 “(2) conduct research on, and improve data col-  
16 lection through fetal autopsies with respect to, still-  
17 birth; and

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

20 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
21 are authorized to be appropriated to carry out this section  
22 \$3,000,000 for each of fiscal years 2022 through 2026.”.

23 **SEC. 4. REPORTS.**

24 (a) EDUCATIONAL GUIDELINES REPORT.—

