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(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To require providers to disclose policies regarding the minimum gestational age at which life-saving care will be provided to an infant in the case of a premature birth.

IN THE HOUSE OF REPRESENTATIVES

Mr. MACKENZIE introduced the following bill; which was referred to the Committee on _____

A BILL

To require providers to disclose policies regarding the minimum gestational age at which life-saving care will be provided to an infant in the case of a premature birth.

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 “Neonatal Care Trans-
5 parency Act of 2025”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) Different hospitals have varying capacities
2 to resuscitate premature babies.

3 (2) There are parents of premature babies who
4 have arrived at level 3 and level 4 neonatal intensive
5 care units expecting medical intervention, only to
6 find that life-saving treatment is not offered for ba-
7 bies born before a certain gestational point.

8 (3) Some hospitals in the United States univer-
9 sally forgo intensive care for babies born before 22
10 weeks gestation, while others provide such care to
11 nearly all babies born alive.

12 (4) Data indicates that neonatal outcomes are
13 best for premature babies when the baby is born at
14 a center that consistently intervenes with life-saving
15 treatment.

16 (5) Parents deserve a new level of obstetric and
17 neonatal transparency to ensure medical excellence
18 in circumstances of extreme prematurity and paren-
19 tal consent to the course of treatment.

20 **SEC. 3. DISCLOSURE REQUIREMENTS.**

21 (a) HOSPITAL REQUIREMENT.—Each hospital shall
22 publicly disclose the policy of such hospital regarding the
23 provision of life-saving care to an infant in the case of
24 a premature birth, including—

1 (1) whether there is a minimum gestational age
2 at which life-saving care will be provided to an in-
3 fant in the case of a premature birth;

4 (2) whether the decision to provide life-saving
5 care to an infant in the case of a premature birth
6 is made on a case-by-case basis; and

7 (3) the process by which the hospital, in the
8 case of a premature birth or expected premature
9 birth, would transfer the infant and mother to the
10 nearest facility with a neonatal intensive care unit
11 that would provide life-saving care to the infant, if
12 the hospital does not have the capacity to provide
13 life-saving care to such infant.

14 (b) PRACTITIONER REQUIREMENT.—Each obstetri-
15 cian, or other health care practitioner who provides obstet-
16 ric services to patients, shall, at the first prenatal visit
17 of a patient, disclose to the patient the policy of any hos-
18 pital at which the obstetrician or practitioner has admit-
19 ting privileges regarding the provision of life-saving care
20 to an infant in the case of a premature birth, including—

21 (1) whether there is a minimum gestational age
22 at which life-saving care will be provided to an in-
23 fant in the case of a premature birth;

1 (2) whether the decision to provide life-saving
2 care to an infant in the case of a premature birth
3 is made on a case-by-case basis; and

4 (3) the process by which the hospital, in the
5 case of a premature birth or expected premature
6 birth, would arrange for the transfer the infant and
7 mother to the nearest facility with a neonatal inten-
8 sive care unit that would provide life-saving care to
9 the infant, if the facility in which the practitioner is
10 providing services does not have the capacity to pro-
11 vide life-saving care to such infant.

12 **SEC. 4. HOSPITAL DISCLOSURES REGARDING CARE FOR**
13 **PREMATURE BIRTHS.**

14 Section 1866(a)(1) of the Social Security Act (42
15 U.S.C. 1395cc(a)(1)) is amended—

16 (1) by moving subparagraphs (W) and (X) 2
17 ems to the left;

18 (2) in subparagraph (X), by striking “and” at
19 the end;

20 (3) in subparagraph (Y), by striking the period
21 at the end and inserting “, and”; and

22 (4) by inserting after subparagraph (Y) the fol-
23 lowing new subparagraph:

24 “(Z) beginning on or after January 1,
25 2026, in the case of a hospital, to—

1 “(i) satisfy the disclosure requirement
2 under section 3(a) of the Neonatal Care
3 Transparency Act of 2025; and

4 “(ii) require each practitioner that
5 provides obstetric services at such hospital
6 to satisfy the disclosure requirement under
7 section 3(b) of such Act.”.

8 **SEC. 5. PROHIBITING FEDERAL MEDICAID AND CHIP FUND-**
9 **ING FOR HOSPITALS AND OBSTETRICS PRO-**
10 **VIDERS THAT DO NOT SATISFY DISCLOSURE**
11 **REQUIREMENTS.**

12 (a) IN GENERAL.—Section 1903(i) of the Social Se-
13 curity Act (42 U.S.C. 1396b(i)) is amended—

14 (1) in paragraph (26), by striking “; or” and
15 inserting a semicolon;

16 (2) in paragraph (27), by striking the period at
17 the end and inserting “; or”;

18 (3) by inserting after paragraph (27) the fol-
19 lowing new paragraph:

20 “(28) with respect to any amounts expended for
21 care or services furnished under the plan by a hos-
22 pital or by a health care provider who provides ob-
23 stetric services to individuals who are eligible for
24 medical assistance under the plan unless such hos-
25 pital or provider satisfies the disclosure requirements

1 described in section 3 of Neonatal Care Trans-
2 parency Act of 2025.”; and

3 (4) in the third sentence, by striking “and
4 (18)” and inserting “(18), and (28)”.

5 (b) APPLICATION TO CHIP.—Section 2107(e)(1)(O)
6 of the Social Security Act (42 U.S.C. 1397gg(e)(1)(O))
7 is amended by striking “and (17)” and inserting “(17),
8 and (28)”.

9 (c) EFFECTIVE DATE.—The amendments made by
10 this subsection shall take effect on the date that is 180
11 days after the date of enactment of this Act.