

119TH CONGRESS  
1ST SESSION

# H. R. 5469

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

---

## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 18, 2025

Mrs. KIM (for herself, Ms. CASTOR of Florida, Ms. KELLY of Illinois, Mr. JOYCE of Ohio, Mr. VALADAO, Mr. NUNN of Iowa, Mr. CAREY, Mr. KENNEDY of New York, Mr. TONKO, Ms. SHERRILL, Mrs. HINSON, Mrs. WATSON COLEMAN, Ms. BALINT, Ms. SCHOLTEN, Ms. MORRISON, Ms. MENG, Ms. PEREZ, Mr. PANETTA, Mr. MANN, Mr. BACON, Mr. VEASEY, Ms. CLARKE of New York, Ms. BUDZINSKI, Ms. ADAMS, Ms. VAN DUYN, Ms. DELBENE, Mr. FITZPATRICK, Ms. CRAIG, Mr. MOOLENAAR, Mr. CARTER of Georgia, Mrs. CAMMACK, Mr. BILIRAKIS, Mrs. DINGELL, and Mr. RILEY of New York) 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.

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 “Stillbirth Health Im-  
5 provement and Education for Autumn Act of 2025” or  
6 the “SHINE for Autumn Act of 2025”.

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

3 Title III of the Public Health Service Act is amended  
4 by inserting after section 317L–1 of such Act (42 U.S.C.  
5 247b–13a) the following:

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

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

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

12 “(A) conducting surveillance and collecting  
13 data, including from existing datasets like State  
14 or sub-State Fetal and Infant Mortality Review  
15 data, with respect to stillbirths for public health  
16 and research purposes;

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

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

22 “(2) CONDITION.—As a condition of receipt of  
23 funds under this section, all data collected shall be  
24 in a manner that ensures that such data is  
25 deidentified, and at a minimum, that there is no dis-  
26 closure of any individually identifying information

1 regarding a patient or a patient’s health care pro-  
2 vider, and otherwise in a manner that is consistent  
3 with applicable Federal and State privacy law.

4 “(3) AUTHORIZATION OF APPROPRIATIONS.—  
5 To carry out this subsection, there is authorized to  
6 be appropriated \$5,000,000 for each of fiscal years  
7 2026 through 2030.

8 “(b) GUIDELINES AND EDUCATIONAL AWARENESS  
9 MATERIALS.—

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

11 “(A) issue guidelines to State departments  
12 of health and State and local vital statistics  
13 units on—

14 “(i) collecting data on stillbirth from  
15 health care providers, and with the consent  
16 of the woman who experienced the still-  
17 birth, including any such data with respect  
18 to the clinical history, postmortem exam-  
19 ination, and placental pathology; and

20 “(ii) improving processes and training  
21 related to stillbirth data collection and re-  
22 porting to ensure standardization and com-  
23 pleteness of data; and

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

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

3           “(A) national health care professional as-  
4 sociations;

5           “(B) national associations representing  
6 State and local public health officials;

7           “(C) organizations that assist families with  
8 burial support and bereavement services;

9           “(D) nurses and nurse practitioners;

10          “(E) obstetricians and gynecologists;

11          “(F) pediatricians;

12          “(G) maternal-fetal medicine specialists;

13          “(H) nurse midwives and midwives;

14          “(I) mental health professionals;

15          “(J) statisticians;

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

18          “(L) advocacy organizations representing  
19 such individuals.

20          “(3) AUTHORIZATION OF APPROPRIATIONS.—

21          To carry out this subsection, there is authorized to  
22 be appropriated \$1,000,000 for each of fiscal years  
23 2026 through 2030.

24          “(c) VITAL STATISTICS UNIT DEFINED.—In this sec-  
25 tion, the term ‘vital statistics unit’ means the entity that

1 is responsible for maintaining vital records for a State,  
2 or a political subdivision of such State, including official  
3 records of live births, deaths, fetal deaths, marriages, di-  
4 vorces, and annulments.”.

5 **SEC. 3. EDUCATIONAL GUIDELINES REPORT.**

6 (a) IN GENERAL.—Not later than five years after the  
7 date of enactment of this Act, the Secretary of Health and  
8 Human Services shall publish on a public website of the  
9 Department of Health and Human Services a report with  
10 educational guidelines on stillbirth and stillbirth risk fac-  
11 tors.

12 (b) CONTENTS.—Such report shall include, to the ex-  
13 tent practicable and appropriate, the guidelines issued and  
14 educational awareness materials developed under section  
15 317L–2 of the Public Health Service Act, as added by sec-  
16 tion 2 of this Act.

○