

119TH CONGRESS
1ST SESSION

S. 2433

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 SENATE OF THE UNITED STATES

JULY 24, 2025

Mr. COTTON (for himself, Mr. SCOTT of Florida, Ms. LUMMIS, and Mrs. HYDE-SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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:

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

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

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

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

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

18 **SEC. 3. DISCLOSURE REQUIREMENTS.**

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

23 (1) whether there is a minimum gestational age
 24 at which life-saving care will be provided to an in-
 25 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 transfer the infant and mother to the
 7 nearest facility with a neonatal intensive care unit
 8 that would provide life-saving care to the infant, if
 9 the hospital does not have the capacity to provide
 10 life-saving care to such infant.

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

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

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

24 (3) the process by which the hospital, in the
 25 case of a premature birth or expected premature

1 birth, would arrange for the transfer the infant and
 2 mother to the nearest facility with a neonatal inten-
 3 sive care unit that would provide life-saving care to
 4 the infant, if the facility in which the practitioner is
 5 providing services does not have the capacity to pro-
 6 vide life-saving care to such infant.

7 **SEC. 4. HOSPITAL DISCLOSURES REGARDING CARE FOR**
 8 **PREMATURE BIRTHS.**

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

11 (1) by moving subparagraphs (W) and (X) 2
 12 ems to the left;

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

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

17 (4) by inserting after subparagraph (Y) the fol-
 18 lowing new subparagraph:

19 “(Z) beginning on or after January 1,
 20 2026, in the case of a hospital, to—

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

24 “(ii) require each practitioner that
 25 provides obstetric services at such hospital

1 to satisfy the disclosure requirement under
 2 section 3(b) of such Act.”.

3 **SEC. 5. PROHIBITING FEDERAL MEDICAID AND CHIP FUND-**
 4 **ING FOR HOSPITALS AND OBSTETRICS PRO-**
 5 **VIDERS THAT DO NOT SATISFY DISCLOSURE**
 6 **REQUIREMENTS.**

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

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

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

13 (3) by inserting after paragraph (27) the fol-
 14 lowing new paragraph:

15 “(28) with respect to any amounts expended for
 16 care or services furnished under the plan by a hos-
 17 pital or by a health care provider who provides ob-
 18 stetric services to individuals who are eligible for
 19 medical assistance under the plan unless such hos-
 20 pital or provider satisfies the disclosure requirements
 21 described in section 3 of Neonatal Care Trans-
 22 parency Act of 2025.”; and

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

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

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

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