

116TH CONGRESS
1ST SESSION

H. R. 117

To authorize funding for the creation and implementation of infant mortality pilot programs in standard metropolitan statistical areas with high rates of infant mortality, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 3, 2019

Mr. COHEN (for himself, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Mr. CÁRDENAS, Mr. CARSON of Indiana, Mr. ESPAILLAT, Mr. GRIJALVA, Ms. JACKSON LEE, Ms. KELLY of Illinois, Mr. KILMER, Ms. MCCOLLUM, Mr. MCEACHIN, Ms. NORTON, Mr. PAYNE, Ms. ROYBAL-ALLARD, Mr. RYAN, Mr. SERRANO, Ms. SEWELL of Alabama, Ms. WASSERMAN SCHULTZ, Ms. KAPTUR, and Mr. SEAN PATRICK MALONEY of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize funding for the creation and implementation of infant mortality pilot programs in standard metropolitan statistical areas with high rates of infant mortality, 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 “Nationally Enhancing
3 the Wellbeing of Babies through Outreach and Research
4 Now Act” or the “NEWBORN Act”.

5 **SEC. 2. INFANT MORTALITY PILOT PROGRAMS.**

6 Section 330H of the Public Health Service Act (42
7 U.S.C. 254c–8) is amended—

8 (1) by redesignating subsection (e) as sub-
9 section (f);

10 (2) by inserting after subsection (d) the fol-
11 lowing:

12 “(e) INFANT MORTALITY PILOT PROGRAMS.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Administrator, shall award grants to eli-
15 gible entities to create, implement, and oversee in-
16 fant mortality pilot programs.

17 “(2) PERIOD OF A GRANT.—The period of a
18 grant under this subsection shall be up to 5 years.

19 “(3) PREFERENCE.—In awarding grants under
20 this subsection, the Secretary shall give preference
21 to—

22 “(A) eligible entities proposing to serve
23 any of the 15 counties or groups of counties
24 with the highest rates of infant mortality in the
25 United States in the past 3 years; and

1 “(B) eligible entities whose proposed infant
2 mortality pilot program would address—

3 “(i) birth defects;

4 “(ii) preterm birth and low birth
5 weight;

6 “(iii) sudden infant death syndrome;

7 “(iv) maternal pregnancy complica-
8 tions; or

9 “(v) injuries to infants.

10 “(4) USE OF FUNDS.—Any infant mortality
11 pilot program funded under this subsection may—

12 “(A) include the development of a plan
13 that identifies the individual needs of each com-
14 munity to be served and strategies to address
15 those needs;

16 “(B) provide outreach to at-risk mothers
17 through programs deemed appropriate by the
18 Administrator;

19 “(C) develop and implement standardized
20 systems for improved access, utilization, and
21 quality of social, educational, and clinical serv-
22 ices to promote healthy pregnancies, full-term
23 births, and healthy infancies delivered to women
24 and their infants, such as—

1 “(i) counseling on infant care, feed-
2 ing, and parenting;

3 “(ii) postpartum care;

4 “(iii) prevention of premature deliv-
5 ery; and

6 “(iv) additional counseling for at-risk
7 mothers, including smoking cessation pro-
8 grams, drug treatment programs, alcohol
9 treatment programs, nutrition and physical
10 activity programs, postpartum depression
11 and domestic violence programs, social and
12 psychological services, dental care, and
13 parenting programs;

14 “(D) establish a rural outreach program to
15 provide care to at-risk mothers in rural areas;

16 “(E) establish a regional public education
17 campaign, including a campaign to—

18 “(i) prevent preterm births; and

19 “(ii) educate the public about infant
20 mortality;

21 “(F) provide for any other activities, pro-
22 grams, or strategies as identified by the com-
23 munity plan; and

24 “(G) coordinate efforts between—

1 “(i) the health department of each
2 county or other eligible entity to be served
3 through the infant mortality pilot program;
4 and

5 “(ii) existing entities that work to re-
6 duce the rate of infant mortality within the
7 area of any such county or other eligible
8 entity.

9 “(5) LIMITATION.—Of the funds received
10 through a grant under this subsection for a fiscal
11 year, an eligible entity shall not use more than 10
12 percent for program evaluation.

13 “(6) REPORTS ON PILOT PROGRAMS.—

14 “(A) IN GENERAL.—Not later than 1 year
15 after receiving a grant, and annually thereafter
16 for the duration of the grant period, each entity
17 that receives a grant under paragraph (1) shall
18 submit a report to the Secretary detailing its
19 infant mortality pilot program.

20 “(B) CONTENTS OF REPORT.—The reports
21 required under subparagraph (A) shall include
22 information such as the methodology of, and
23 outcomes and statistics from, the grantee’s in-
24 fant mortality pilot program.

1 “(C) EVALUATION.—The Secretary shall
2 use the reports required under subparagraph
3 (A) to evaluate, and conduct statistical research
4 on, infant mortality pilot programs funded
5 through this subsection.

6 “(7) DEFINITIONS.—For the purposes of this
7 subsection:

8 “(A) ADMINISTRATOR.—The term ‘Admin-
9 istrator’ means the Administrator of the Health
10 Resources and Services Administration.

11 “(B) ELIGIBLE ENTITY.—The term ‘eligi-
12 ble entity’ means a county, city, territorial, or
13 tribal health department that has submitted a
14 proposal to the Secretary that the Secretary
15 deems likely to reduce infant mortality rates
16 within the standard metropolitan statistical
17 area involved.

18 “(C) TRIBAL.—The term ‘tribal’ refers to
19 an Indian tribe, a Tribal organization, or an
20 Urban Indian organization, as such terms are
21 defined in section 4 of the Indian Health Care
22 Improvement Act.”; and

23 (3) by amending subsection (f), as so redesign-
24 nated—

25 (A) in paragraph (1)—

1 (i) by amending the paragraph head-
2 ing to read: “HEALTHY START INITIA-
3 TIVE”; and

4 (ii) by inserting after “carrying out
5 this section” the following: “(other than
6 subsection (e))”;

7 (B) by redesignating paragraph (2) as
8 paragraph (3);

9 (C) by inserting after paragraph (1) the
10 following:

11 “(2) INFANT MORTALITY PILOT PROGRAMS.—
12 There is authorized to be appropriated \$10,000,000
13 for each of fiscal years 2020 through 2024 to carry
14 out subsection (e). Amounts authorized by this para-
15 graph to be appropriated to carry out subsection (e)
16 are in addition to amounts authorized by paragraph
17 (1) to be appropriated to carry out the Healthy
18 Start Initiative under subsection (a).”; and

19 (D) in paragraph (3)(A), as so redesign-
20 ated, by striking “the program under this sec-
21 tion” and inserting “the program under sub-
22 section (a)”.

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