111TH CONGRESS
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HOUSE OF REPRESENTATIVES
REPORT
111–609

NEWBORN ACT

SEPTEMBER 16, 2010.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WAXMAN, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 3470]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3470) 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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

AMENDMENT

The amendment is as follows:

89–006

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now Act" or the "NEWBORN Act".

SEC. 2. INFANT MORTALITY PILOT PROGRAMS.

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

(1) by redesignating subsection (e) as subsection (f);

(2) by inserting after subsection (d) the following:

"(e) INFANT MORTALITY PILOT PROGRAMS.—

"(1) IN GENERAL.—The Secretary, acting through the Administrator, shall award grants to eligible entities to create, implement, and oversee infant mortality pilot programs.

"(2) PERIOD OF A GRANT.—The period of a grant under this subsection shall be 5 consecutive fiscal years.

"(3) PREFERENCE.—In awarding grants under this subsection, the Secretary shall give preference to eligible entities proposing to serve any of the 15 counties or groups of counties with the highest rates of infant mortality in the United States in the past 3 years.

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

"(A) include the development of a plan that identifies the individual needs of each community to be served and strategies to address those needs;

"(B) provide outreach to at-risk mothers through programs deemed appropriate by the Administrator;

"(C) develop and implement standardized systems for improved access, utilization, and quality of social, educational, and clinical services to promote healthy pregnancies, full-term births, and healthy infancies delivered to women and their infants, such as—

"(i) counseling on infant care, feeding, and parenting;

"(ii) postpartum care;

"(iii) prevention of premature delivery; and

"(iv) additional counseling for at-risk mothers, including smoking cessation programs, drug treatment programs, alcohol treatment programs, nutrition and physical activity programs, postpartum depression and domestic violence programs, social and psychological services, dental care, and parenting programs;

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

"(E) establish a regional public education campaign, including a campaign to—

"(i) prevent preterm births; and

"(ii) educate the public about infant mortality; and

"(F) provide for any other activities, programs, or strategies as identified by the community plan.

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

"(6) REPORTS ON PILOT PROGRAMS.—

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

"(B) CONTENTS OF REPORT.—The reports required under subparagraph (A) shall include information such as the methodology of, and outcomes and statistics from, the grantee's infant mortality pilot program.

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

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

"(A) ADMINISTRATOR.—The term 'Administrator' means the Administrator of the Health Resources and Services Administration.

"(B) ELIGIBLE ENTITY.—The term 'eligible entity' means a State, county, city, territorial, or tribal health department that has submitted a proposal to the Secretary that the Secretary deems likely to reduce infant mortality rates within the standard metropolitan statistical area involved.

"(C) TRIBAL.—The term 'tribal' refers to an Indian tribe, a Tribal organization, or an Urban Indian organization, as such terms are defined in section 4 of the Indian Health Care Improvement Act."; and

(3) by amending subsection (f), as so redesignated—

(A) in paragraph (1)—

(i) by amending the paragraph heading to read: "HEALTHY START INITIATIVE"; and

(ii) by inserting after "carrying out this section" the following: "(other than subsection (e))";

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

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

"(2) INFANT MORTALITY PILOT PROGRAMS.—To carry out subsection (e), there is authorized to be appropriated $10,000,000 for each of fiscal years 2011 through 2015."; and

(D) in paragraph (3)(A), as so redesignated, by striking "the program under this section" and inserting "the program under subsection (a)".

PURPOSE AND SUMMARY

H.R. 3470, the "Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now" or the "NEWBORN Act", was introduced by Rep. Steve Cohen (D–TN) on July 31, 2009, and subsequently referred to the Committee on Energy and Commerce.

The goal of H.R. 3470 is to authorize funding for the creation and implementation of infant mortality pilot programs in jurisdictions with the highest rates of infant mortality in the United States. The bill amends the Public Health Service Act to establish a separate program on infant mortality pilot projects.

BACKGROUND AND NEED FOR LEGISLATION

The U.S. infant mortality rate (defined as the number of deaths per 1,000 live births) has been and continues to be a significant public health challenge. As of 2005, the nation ranked 30th in the world in infant mortality at a rate of 6.9 deaths per 1,000 live births. According to the Centers for Disease Control and Prevention (CDC), the country's infant mortality rate now stands approximately 50% higher than the national goal of 4.5 infant deaths per 1,000 births.

Persistent disparities in infant mortality rates among racial and ethnic minority groups, particularly African Americans, are especially disturbing. Findings from a 2005 CDC study indicate the infant mortality rate for non-Hispanic black women was 2.4 times the rate for non-Hispanic white women. In 2005, the infant mortality rate for non-Hispanic black women was 13.63 infant deaths per 1,000 live births, compared to a rate of 5.76 for non-Hispanic white women. Rates were also higher for Puerto Rican and American Indian women, 8.30 and 8.06 per 1,000 live births respectively.

Increases in preterm birth and preterm-related infant mortality account for much of the lack of decline in the U.S. infant mortality rate from 2000 to 2005. An analysis of infant death data by CDC researchers demonstrate that preterm-related deaths accounted for more than one-third of all deaths during the first year of life, and more infants died from preterm causes than from any other cause. The reasons for preterm birth remain unclear; however, several risk factors have been identified and include infections during pregnancy, having a previous preterm birth, chronic health problems in the mother, cigarette smoking, and alcohol use.

Various efforts based at the U.S. Department of Health and Human Services are targeted on the problem of infant mortality and its related causes. Among these is the Healthy Start for Infants program (authorized in section 330H of the Public Health Service Act), administered through the Department's Health Resources and Services Administration. None, however, is designed specifically to address the problem in areas of the country with the highest rates of infant mortality over the last three years. H.R. 3470 is intended to do just that.

COMMITTEE CONSIDERATION

H.R. 3470, the "Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now Act" or the "NEWBORN Act", was introduced by Rep. Steve Cohen (D–TN) on July 31, 2009, and referred to the Committee on Energy and Commerce. The bill was subsequently referred to the Subcommittee on Health on September 8, 2009. The Subcommittee met in open markup session to consider H.R. 3470 on July 22, 2010. An amendment in the nature of a substitute (manager's amendment) by Subcommittee Chairman Pallone was adopted by a voice vote. Subsequently, H.R. 3470 was forwarded to the full Committee, amended, by a voice vote.

On July 28, 2010, the Committee on Energy and Commerce met in open markup session and considered H.R. 3470 as approved by the Subcommittee. There were no amendments offered in full Committee and subsequently the Committee ordered H.R. 3470 favorably reported to the House, as amended by the Subcommittee on Health, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. A motion by Mr. Waxman ordering H.R. 3470 reported to the House, as amended, was approved by a voice vote. There were no record votes taken during consideration of this bill.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portions of this report, including the finding that the U.S. infant mortality rate has been and continues to be a significant public health challenge.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 3470 would result in no new budget authority, entitlement authority, or tax expenditures or revenues.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goals and objectives of the Committee are reflected in the descriptive portions of this report, including the goal to support efforts to address infant mortality in areas of the country with the highest rates of infant mortality over the last three years.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the constitutional authority for H.R. 3470 is provided under Article I, section 8, clauses 3 and 18 of the Constitution of the United States.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 3470 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

FEDERAL ADVISORY COMMITTEE STATEMENT

The Committee finds that the legislation does not establish or authorize the establishment of an advisory committee within the definition of 5 U.S.C. App., section 5(b) of the Federal Advisory Committee Act.

APPLICABILITY OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch where the bill relates to terms and conditions of employment or access to public services and accommodations. H.R. 3470 contains no such provisions.

FEDERAL MANDATES STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act of 1974 (as amended by section 101(a)(2) of the Unfunded Mandates Reform Act, P.L. 104–4) requires a statement on whether the provisions of the report include unfunded mandates. In compliance with this requirement the Committee adopts as its own the estimates of federal mandates prepared by the Director of the Congressional Budget Office.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the cost estimate of H.R. 3470 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

With respect to the requirements of clause (3)(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the Committee has received the

following cost estimate for H.R. 3470 from the Director of Congressional Budget Office:

AUGUST 26, 2010.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3470, the Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 3470—Nationally Enhancing the Wellbeing of Babies Through Outreach and Research Now Act

Summary: H.R. 3470 would amend the Public Health Service Act to authorize a grant program to provide funds to qualified entities to create, implement, and oversee pilot programs in areas with high rates of infant mortality.

The bill would authorize the appropriation of $10 million for fiscal year 2011 and $50 million over the 2011–2015 period. Assuming the appropriation of those amounts, CBO estimates that implementing the act would cost $4 million in 2011 and $45 million over the 2011–2015 period. Enacting H.R. 3470 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 3470 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated Cost to the Federal Government: The estimated budgetary impact of H.R. 3470 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2011	2012	2013	2014	2015	2011–2015
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	10	10	10	10	10	50
Estimated Outlays	4	9	10	11	10	45

Basis of estimate: For this estimate, CBO assumes that H.R. 3470 will be enacted near the beginning of fiscal year 2011 and that the full amounts authorized will be appropriated near the beginning of each year. H.R. 3470 would authorize $10 million in fiscal year 2011 and for each fiscal year through 2015. The activities authorized under the act would be carried out by the Health Resources and Services Administration (HRSA). The estimate of outlays is based on historical spending patterns for similar activities.

The bill would direct HRSA to award grants to eligible entities to conduct infant mortality pilot programs giving preference to projects serving counties or groups of counties with the highest rates of infant mortality in the past three years. Grant funds would

be available for activities that may include developing and implementing plans that identify the needs of the communities and strategies to address those needs; outreach, education and counseling for at-risk mothers; and developing and implementing systems to improve access and quality of services for women and their infants.

Intergovernmental and private-sector impact: H.R. 3470 contains no intergovernmental or private-sector mandates as defined in UMRA. Funds authorized in the bill would benefit state, local, and tribal governments that carry out activities to reduce infant mortality.

Estimate prepared by: Federal Costs and Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum, Impact on the Private Sector: Jimmy Jin.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates the short title of the Act as the "Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now Act" or the "NEWBORN Act".

Section 2. Infant mortality pilot programs

Section 2 amends section 330H of the Public Health Service Act to establish a separate program on infant mortality pilot projects. Under this program, the Secretary of Health and Human Services (acting through the Health Resources and Services Administrator, Maternal and Child Health Bureau) is required to award grants to eligible entities to create, implement, and oversee infant mortality pilot programs. Among other activities, grant funds may be used to (1) provide outreach to at-risk mothers, including at-risk mothers in rural areas; (2) develop and implement standardized systems for improved access, utilization, and quality of services to promote healthy pregnancies, full-term births, and healthy infancies delivered to women and their infants; and (3) establish a regional public education campaign. The section also authorizes $10 million in each of FY 2011 through FY 2015 to carry out these efforts.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * * * *

PART D—PRIMARY HEALTH CARE

Subpart I—Health Centers

* * * * * * *

SEC. 330H. HEALTHY START FOR INFANTS.

(a) * * *

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(e) INFANT MORTALITY PILOT PROGRAMS.—

(1) IN GENERAL.—The Secretary, acting through the Administrator, shall award grants to eligible entities to create, implement, and oversee infant mortality pilot programs.

(2) PERIOD OF A GRANT.—The period of a grant under this subsection shall be 5 consecutive fiscal years.

(3) PREFERENCE.—In awarding grants under this subsection, the Secretary shall give preference to eligible entities proposing to serve any of the 15 counties or groups of counties with the highest rates of infant mortality in the United States in the past 3 years.

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

(A) include the development of a plan that identifies the individual needs of each community to be served and strategies to address those needs;

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

(C) develop and implement standardized systems for improved access, utilization, and quality of social, educational, and clinical services to promote healthy pregnancies, full-term births, and healthy infancies delivered to women and their infants, such as—

(i) counseling on infant care, feeding, and parenting;

(ii) postpartum care;

(iii) prevention of premature delivery; and

(iv) additional counseling for at-risk mothers, including smoking cessation programs, drug treatment programs, alcohol treatment programs, nutrition and physical activity programs, postpartum depression and domestic violence programs, social and psychological services, dental care, and parenting programs;

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

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

(i) prevent preterm births; and

(ii) educate the public about infant mortality; and

(F) provide for any other activities, programs, or strategies as identified by the community plan.

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

(6) REPORTS ON PILOT PROGRAMS.—

(A) IN GENERAL.—Not later than 1 year after receiving a grant, and annually thereafter for the duration of the grant period, each entity that receives a grant under paragraph

(1) shall submit a report to the Secretary detailing its infant mortality pilot program.

(B) CONTENTS OF REPORT.—The reports required under subparagraph (A) shall include information such as the methodology of, and outcomes and statistics from, the grantee's infant mortality pilot program.

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

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

(A) ADMINISTRATOR.—The term "Administrator" means the Administrator of the Health Resources and Services Administration.

(B) ELIGIBLE ENTITY.—The term "eligible entity" means a State, county, city, territorial, or tribal health department that has submitted a proposal to the Secretary that the Secretary deems likely to reduce infant mortality rates within the standard metropolitan statistical area involved.

(C) TRIBAL.—The term "tribal" refers to an Indian tribe, a Tribal organization, or an Urban Indian organization, as such terms are defined in section 4 of the Indian Health Care Improvement Act.

¿(e) *(f)* FUNDING.—

(1) ¿AUTHORIZATION OF APPROPRIATIONS *HEALTHY START INITIATIVE*.—For the purpose of carrying out this section *(other than subsection (e))*, there are authorized to be appropriated—

(A) * * *

* * * * * * *

(2) INFANT MORTALITY PILOT PROGRAMS.—To carry out subsection (e), there is authorized to be appropriated $10,000,000 for each of fiscal years 2011 through 2015.

¿(2) *(3)* ALLOCATION.—

(A) PROGRAM ADMINISTRATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may reserve up to 5 percent for coordination, dissemination, technical assistance, and data activities that are determined by the Secretary to be appropriate for carrying out ¿the program under this section *the program under subsection (a).*

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