

112TH CONGRESS
1ST SESSION

H. R. 2127

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

JUNE 3, 2011

Mr. COHEN (for himself, Mr. CONYERS, Ms. NORTON, Ms. MCCOLLUM, and Ms. ROYBAL-ALLARD) 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Nationally Enhancing
5 the Wellbeing of Babies through Outreach and Research
6 Now Act” or the “NEWBORN Act”.

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

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

4 (1) by redesignating subsection (e) as sub-
5 section (f);

6 (2) by inserting after subsection (d) the fol-
7 lowing:

8 “(e) INFANT MORTALITY PILOT PROGRAMS.—

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

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

16 “(3) PREFERENCE.—In awarding grants under
17 this subsection, the Secretary shall give preference
18 to eligible entities proposing to serve any of the 15
19 counties or groups of counties with the highest rates
20 of infant mortality in the United States in the past
21 3 years.

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

24 “(A) include the development of a plan
25 that identifies the individual needs of each com-

1 munity to be served and strategies to address
2 those needs;

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

6 “(C) develop and implement standardized
7 systems for improved access, utilization, and
8 quality of social, educational, and clinical serv-
9 ices to promote healthy pregnancies, full-term
10 births, and healthy infancies delivered to women
11 and their infants, such as—

12 “(i) counseling on infant care, feed-
13 ing, and parenting;

14 “(ii) postpartum care;

15 “(iii) prevention of premature deliv-
16 ery; and

17 “(iv) additional counseling for at-risk
18 mothers, including smoking cessation pro-
19 grams, drug treatment programs, alcohol
20 treatment programs, nutrition and physical
21 activity programs, postpartum depression
22 and domestic violence programs, social and
23 psychological services, dental care, and
24 parenting programs;

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

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

5 “(i) prevent preterm births; and

6 “(ii) educate the public about infant
7 mortality;

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

11 “(G) coordinate efforts between—

12 “(i) the health department of each
13 county or other eligible entity to be served
14 through the infant mortality pilot program;
15 and

16 “(ii) existing entities that work to re-
17 duce the rate of infant mortality within the
18 area of any such county or other eligible
19 entity.

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

24 “(6) REPORTS ON PILOT PROGRAMS.—

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

7 “(B) CONTENTS OF REPORT.—The reports
8 required under subparagraph (A) shall include
9 information such as the methodology of, and
10 outcomes and statistics from, the grantee’s in-
11 fant mortality pilot program.

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

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

19 “(A) ADMINISTRATOR.—The term ‘Admin-
20 istrator’ means the Administrator of the Health
21 Resources and Services Administration.

22 “(B) ELIGIBLE ENTITY.—The term ‘eligi-
23 ble entity’ means a county, city, territorial, or
24 tribal health department that has submitted a
25 proposal to the Secretary that the Secretary

1 deems likely to reduce infant mortality rates
2 within the standard metropolitan statistical
3 area involved.

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

9 (3) by amending subsection (f), as so redesign-
10 nated—

11 (A) in paragraph (1)—

12 (i) by amending the paragraph head-
13 ing to read: “HEALTHY START INITIA-
14 TIVE”; and

15 (ii) by inserting after “carrying out
16 this section” the following: “(other than
17 subsection (e))”;

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

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

22 “(2) INFANT MORTALITY PILOT PROGRAMS.—
23 There is authorized to be appropriated \$10,000,000
24 for each of fiscal years 2012 through 2016 to carry
25 out subsection (e). Amounts authorized by this para-

1 graph to be appropriated to carry out subsection (e)
2 are in addition to amounts authorized by paragraph
3 (1) to be appropriated to carry out the Healthy
4 Start Initiative under subsection (a).”; and

5 (D) in paragraph (3)(A), as so redesign-
6 nated, by striking “the program under this sec-
7 tion” and inserting “the program under sub-
8 section (a)”.

○