

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.

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## 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

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## 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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