

# Calendar No. 288

116TH CONGRESS  
1ST SESSION

# S. 2619

To amend the Public Health Service Act to reauthorize the Healthy Start program.

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## IN THE SENATE OF THE UNITED STATES

OCTOBER 17, 2019

Mr. BROWN (for himself, Mr. BURR, Ms. STABENOW, Ms. ERNST, and Ms. BALDWIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 5, 2019

Reported by Mr. ALEXANDER, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

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## A BILL

To amend the Public Health Service Act to reauthorize the Healthy Start program.

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 “Healthy Start Reau-  
5 thorization Act of 2019”.

1 **SEC. 2. REAUTHORIZATION OF HEALTHY START PROGRAM.**

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

4 (1) in subsection (a)—

5 (A) in paragraph (1), by striking “; during  
6 fiscal year 2001 and subsequent years,”; and

7 (B) in paragraph (2), by inserting “or in-  
8 creasing above the national average” after  
9 “areas with high”;

10 (2) in subsection (b)—

11 (A) in paragraph (1), by striking “con-  
12 sumers of project services, public health depart-  
13 ments, hospitals, health centers under section  
14 330” and inserting “participants and former  
15 participants of project services, public health  
16 departments, hospitals, health centers under  
17 section 330, State substance abuse agencies”;  
18 and

19 (B) in paragraph (2)—

20 (i) in subparagraph (A), by striking  
21 “such as low birthweight” and inserting  
22 “including poor birth outcomes (such as  
23 low birthweight and preterm birth) and so-  
24 cial determinants of health”;

25 (ii) by redesignating subparagraph  
26 (B) as subparagraph (C);

1 (iii) by inserting after subparagraph  
2 (A), the following:

3 “(B) Communities with—

4 “(i) high rates of infant mortality or  
5 poor perinatal outcomes; or

6 “(ii) high rates of infant mortality or  
7 poor perinatal outcomes in specific sub-  
8 populations within the community.”; and

9 (iv) in subparagraph (C) (as so redesi-  
10 gnated)—

11 (I) by redesignating clauses (i)  
12 and (ii) as clauses (ii) and (iii), re-  
13 spectively;

14 (II) by inserting before clause (ii)  
15 (as so redesignated) the following:

16 “(i) collaboration with the local com-  
17 munity in the development of the project.”;

18 (III) in clause (ii) (as so redesi-  
19 gnated), by striking “and” at the end;

20 (IV) in clause (iii) (as so redesi-  
21 gnated), by striking the period and in-  
22 serting “; and”;

23 (V) by adding at the end the fol-  
24 lowing:

1           “(iv) the use and collection of data  
 2           demonstrating the effectiveness of such  
 3           program in decreasing infant mortality  
 4           rates and improving perinatal outcomes, as  
 5           applicable, or the process by which new ap-  
 6           plicants plan to collect this data.”;

7           (3) in subsection (c)—

8           (A) by striking “Recipients of grants” and  
 9           inserting the following:

10          “(1) IN GENERAL.—Recipients of grants”; and

11          (B) by adding at the end the following:

12          “(2) OTHER PROGRAMS.—The Secretary shall  
 13          ensure coordination of the program carried out pur-  
 14          suant to this section with other programs and activi-  
 15          ties related to the reduction of the rate of infant  
 16          mortality and improved perinatal and infant health  
 17          outcomes supported by the Department.”;

18          (4) in subsection (c)—

19          (A) in paragraph (1), by striking “appro-  
 20          priated—” and all that follows through the end  
 21          and inserting “appropriated \$122,500,000 for  
 22          each of fiscal years 2020 through 2024.”; and

23          (B) in paragraph (2)(B), by adding at the  
 24          end the following: “Evaluations may also in-

1 elude, to the extent practicable, information re-  
2 lated to—

3 “(i) progress toward achieving any  
4 grant metrics or outcomes related to re-  
5 ducing infant mortality rates, improving  
6 perinatal outcomes, or reducing the dis-  
7 parity in health status;

8 “(ii) recommendations on potential  
9 improvements that may assist with ad-  
10 dressing gaps, as applicable and appro-  
11 priate; and

12 “(iii) the extent to which the grantee  
13 coordinated with the community in which  
14 the grantee is located in the development  
15 of the project and delivery of services, in-  
16 cluding with respect to technical assistance  
17 and mentorship programs.”; and

18 (5) by adding at the end the following:

19 “(f) GAO REPORT.—

20 “(1) IN GENERAL.—Not later than 4 years  
21 after the date of the enactment of this subsection,  
22 the Comptroller General of the United States shall  
23 conduct an independent evaluation, and submit to  
24 the appropriate Committees of Congress a report,

1 concerning the Healthy Start program under this  
2 section.

3 “(2) EVALUATION.—In conducting the evalua-  
4 tion under paragraph (1), the Comptroller General  
5 shall consider, as applicable and appropriate, infor-  
6 mation from the evaluations under subsection  
7 (e)(2)(B).

8 “(3) REPORT.—The report described in para-  
9 graph (1) shall review, assess, and provide rec-  
10 ommendations, as appropriate, on the following:

11 “(A) The allocation of Healthy Start pro-  
12 gram grants by the Health Resources and Serv-  
13 ices Administration, including considerations  
14 made by such Administration regarding dispari-  
15 ties in infant mortality or perinatal outcomes  
16 among urban and rural areas in making such  
17 awards.

18 “(B) Trends in the progress made toward  
19 meeting the evaluation criteria pursuant to sub-  
20 section (e)(2)(B), including programs which de-  
21 crease infant mortality rates and improve  
22 perinatal outcomes, programs that have not de-  
23 creased infant mortality rates or improved  
24 perinatal outcomes, and programs that have

1           made an impact on disparities in infant mor-  
2           tality or perinatal outcomes.

3           “(C) The ability of grantees to improve  
4           health outcomes for project participants, pro-  
5           mote the awareness of the Healthy Start pro-  
6           gram services, incorporate and promote family  
7           participation, facilitate coordination with the  
8           community in which the grantee is located, and  
9           increase grantee accountability through quality  
10          improvement, performance monitoring, evalua-  
11          tion, and the effect such metrics may have to-  
12          ward decreasing the rate of infant mortality  
13          and improve perinatal outcomes.

14          “(D) The extent to which such Federal  
15          programs are coordinated across agencies and  
16          the identification of opportunities for improved  
17          coordination in such Federal programs and ac-  
18          tivities.”.

19   **SECTION 1. SHORT TITLE.**

20           *This Act may be cited as the “Healthy Start Reauthor-*  
21           *ization Act of 2019”.*

22   **SEC. 2. REAUTHORIZATION OF HEALTHY START PROGRAM.**

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

25                   *(1) in subsection (a)—*

1           (A) in paragraph (1), by striking “, during  
2           *fiscal year 2001 and subsequent years,*”; and

3           (B) in paragraph (2), by inserting “or in-  
4           *creasing above the national average*” after “*areas*  
5           *with high*”;

6           (2) in subsection (b)—

7           (A) in paragraph (1), by striking “*con-*  
8           *sumers of project services, public health depart-*  
9           *ments, hospitals, health centers under section*  
10           *330*” and inserting “*participants and former*  
11           *participants of project services, public health de-*  
12           *partments, hospitals, health centers under section*  
13           *330, State substance abuse agencies*”; and

14           (B) in paragraph (2)—

15           (i) in subparagraph (A), by striking  
16           “*such as low birthweight*” and inserting  
17           “*including poor birth outcomes (such as low*  
18           *birthweight and preterm birth) and social*  
19           *determinants of health*”;

20           (ii) by redesignating subparagraph (B)  
21           as subparagraph (C);

22           (iii) by inserting after subparagraph  
23           (A), the following:

24           “(B) *Communities with—*



1                   “(i) high rates of infant mortality or  
2 poor perinatal outcomes; or

3                   “(ii) high rates of infant mortality or  
4 poor perinatal outcomes in specific sub-  
5 populations within the community.”; and

6                   (iv) in subparagraph (C) (as so redes-  
7 ignated)—

8                   (I) by redesignating clauses (i)  
9 and (ii) as clauses (ii) and (iii), re-  
10 spectively;

11                   (II) by inserting before clause (ii)  
12 (as so redesignated) the following:

13                   “(i) collaboration with the local com-  
14 munity in the development of the project;”;

15                   (III) in clause (ii) (as so redesign-  
16 ated), by striking “and” at the end;

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19 serting “; and”; and

20                   (V) by adding at the end the fol-  
21 lowing:

22                   “(iv) the use and collection of data  
23 demonstrating the effectiveness of such pro-  
24 gram in decreasing infant mortality rates  
25 and improving perinatal outcomes, as ap-

1                    *plicable, or the process by which new appli-*  
 2                    *cants plan to collect this data.”;*

3                    *(3) in subsection (c)—*

4                    *(A) by striking “Recipients of grants” and*  
 5                    *inserting the following:*

6                    *“(1) IN GENERAL.—Recipients of grants”; and*

7                    *(B) by adding at the end the following:*

8                    *“(2) OTHER PROGRAMS.—The Secretary shall*  
 9                    *ensure coordination of the program carried out pur-*  
 10                    *suant to this section with other programs and activi-*  
 11                    *ties related to the reduction of the rate of infant mor-*  
 12                    *tality and improved perinatal and infant health out-*  
 13                    *comes supported by the Department.”;*

14                    *(4) in subsection (e)—*

15                    *(A) in paragraph (1), by striking “appro-*  
 16                    *propriated—” and all that follows through the end*  
 17                    *and inserting “appropriated \$122,500,000 for*  
 18                    *each of fiscal years 2020 through 2024.”; and*

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 20                    *end the following: “Evaluations may also in-*  
 21                    *clude, to the extent practicable, information re-*  
 22                    *lated to—*

23                    *“(i) progress toward achieving any*  
 24                    *grant metrics or outcomes related to reduc-*  
 25                    *ing infant mortality rates, improving*

1            *perinatal outcomes, or reducing the dis-*  
2            *parity in health status;*

3            *“(ii) recommendations on potential*  
4            *improvements that may assist with address-*  
5            *ing gaps, as applicable and appropriate;*  
6            *and*

7            *“(iii) the extent to which the grantee*  
8            *coordinated with the community in which*  
9            *the grantee is located in the development of*  
10           *the project and delivery of services, includ-*  
11           *ing with respect to technical assistance and*  
12           *mentorship programs.”; and*

13           *(5) by adding at the end the following:*

14           *“(f) GAO REPORT.—*

15           *“(1) IN GENERAL.—Not later than 4 years after*  
16           *the date of the enactment of this subsection, the*  
17           *Comptroller General of the United States shall con-*  
18           *duct an independent evaluation, and submit to the*  
19           *appropriate Committees of Congress a report, con-*  
20           *cerning the Healthy Start program under this section.*

21           *“(2) EVALUATION.—In conducting the evaluation*  
22           *under paragraph (1), the Comptroller General shall*  
23           *consider, as applicable and appropriate, information*  
24           *from the evaluations under subsection (e)(2)(B).*

1           “(3) *REPORT.*—*The report described in para-*  
2 *graph (1) shall review, assess, and provide rec-*  
3 *ommendations, as appropriate, on the following:*

4           “(A) *The allocation of Healthy Start pro-*  
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9 *among urban and rural areas in making such*  
10 *awards.*

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12 *meeting the evaluation criteria pursuant to sub-*  
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14 *crease infant mortality rates and improve*  
15 *perinatal outcomes, programs that have not de-*  
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17 *perinatal outcomes, and programs that have*  
18 *made an impact on disparities in infant mor-*  
19 *tality or perinatal outcomes.*

20           “(C) *The ability of grantees to improve*  
21 *health outcomes for project participants, promote*  
22 *the awareness of the Healthy Start program*  
23 *services, incorporate and promote family partici-*  
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25 *nity in which the grantee is located, and in-*

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7           grams are coordinated across agencies and the  
8           identification of opportunities for improved co-  
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116<sup>TH</sup> CONGRESS  
1<sup>ST</sup> Session

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Reported with an amendment