

113TH CONGRESS  
2D SESSION

# H. R. 4639

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

MAY 9, 2014

Mr. COHEN 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 ‘eli-  
23                 gible 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 redesignated—

11           (A) in paragraph (1)—

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

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

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

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

22           “(2) INFANT MORTALITY PILOT PROGRAMS.—  
23           There is authorized to be appropriated \$10,000,000  
24           for each of fiscal years 2015 through 2019 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 redesignated,  
6 by striking “the program under this section”  
7 and inserting “the program under subsection  
8 (a)”.

○