

119TH CONGRESS
1ST SESSION

S. 992

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 SENATE OF THE UNITED STATES

MARCH 12, 2025

Mr. VAN HOLLEN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 Well-being 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 subsections (e) and (f) as
5 subsections (f) and (g), respectively;

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 up to 5 years.

15 “(3) PREFERENCE.—In awarding grants under
16 this subsection, the Secretary shall give preference
17 to—

18 “(A) eligible entities proposing to serve
19 any of the 50 counties or groups of counties
20 with the highest rates of infant mortality in the
21 United States based on the most recent 3 years
22 of available national infant mortality data, as
23 determined by the Secretary; and

24 “(B) eligible entities whose proposed infant
25 mortality pilot program would address—

26 “(i) birth defects;

1 “(ii) preterm birth and low birth
2 weight;

3 “(iii) sudden infant death;

4 “(iv) maternal pregnancy complica-
5 tions; or

6 “(v) injuries to infants.

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

9 “(A) include the development of a plan
10 that identifies the individual needs of each com-
11 munity to be served and strategies to address
12 those needs;

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

16 “(C) develop and implement standardized
17 systems for improved access, utilization, and
18 quality of social, educational, and clinical serv-
19 ices to promote healthy pregnancies, full-term
20 births, and healthy infancies delivered to women
21 and their infants, such as—

22 “(i) counseling on infant care, feed-
23 ing, and parenting;

24 “(ii) postpartum care;

1 “(iii) prevention of premature deliv-
 2 ery; and

3 “(iv) additional counseling for at-risk
 4 mothers, including smoking cessation pro-
 5 grams, drug treatment programs, alcohol
 6 treatment programs, nutrition and physical
 7 activity programs, postpartum depression
 8 and domestic violence programs, social and
 9 psychological services, dental care, and
 10 parenting programs;

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

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

15 “(i) prevent preterm births; and

16 “(ii) educate the public about infant
 17 mortality;

18 “(F) provide for any other activities, pro-
 19 grams, or strategies as identified by the plan;
 20 and

21 “(G) coordinate efforts between—

22 “(i) the health department of each
 23 county or other eligible entity to be served
 24 through the infant mortality pilot program;
 25 and

1 “(ii) existing entities that work to re-
2 duce the rate of infant mortality within the
3 area of any such county or other eligible
4 entity.

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

9 “(6) REPORTS ON PILOT PROGRAMS.—

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

16 “(B) CONTENTS OF REPORT.—The reports
17 required under subparagraph (A) shall include
18 information such as the methodology of, and
19 outcomes and statistics from, the grantee’s in-
20 fant mortality pilot program.

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

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

3 “(A) ADMINISTRATOR.—The term ‘Admin-
4 istrator’ means the Administrator of the Health
5 Resources and Services Administration.

6 “(B) ELIGIBLE ENTITY.—The term ‘eligi-
7 ble entity’ means—

8 “(i) a county, city, territorial, or Trib-
9 al health department; or

10 “(ii) in the case of a State with a cen-
11 tralized health department, the State
12 health department.

13 “(C) TRIBAL HEALTH DEPARTMENT.—The
14 term ‘Tribal health department’ means the
15 health department of an Indian tribe, a tribal
16 organization, or an urban Indian organization,
17 as such terms are defined in section 4 of the
18 Indian Health Care Improvement Act.”;

19 (3) in subsection (f), as so redesignated—

20 (A) in paragraph (1)—

21 (i) in the heading, by striking “AU-
22 THORIZATION OF APPROPRIATIONS” and
23 inserting “HEALTHY START INITIATIVE”;
24 and

1 (ii) by inserting “(other than sub-
 2 section (e))” after “carrying out this sec-
 3 tion”;

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

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

8 “(2) INFANT MORTALITY PILOT PROGRAMS.—
 9 To carry out subsection (e), there is authorized to
 10 be appropriated \$10,000,000 for each of fiscal years
 11 2025 through 2029.”; and

12 (D) in paragraph (3)(A), as so redesign-
 13 nated, by striking “the program under this sec-
 14 tion” and inserting “the program under sub-
 15 section (a)”; and

16 (4) in paragraphs (2) and (3)(B) of subsection
 17 (g), as so redesignated, by striking “subsection
 18 (e)(2)(B)” and inserting “subsection (f)(3)(B)”.

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