

117TH CONGRESS
1ST SESSION

H. R. 79

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

JANUARY 4, 2021

Mr. COHEN (for himself, Ms. JACKSON LEE, Mr. PAYNE, Ms. ROYBAL-ALLARD, Mrs. DINGELL, Ms. DEAN, Mr. BISHOP of Georgia, Mr. RUSH, Mr. LAWSON of Florida, and Ms. NORTON) 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 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 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 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 15 counties or groups of counties
20 with the highest rates of infant mortality in the
21 United States in the past 3 years; and

22 “(B) eligible entities whose proposed infant
23 mortality pilot program would address—

24 “(i) birth defects;

25 “(ii) preterm birth and low birth
26 weight;

1 “(iii) sudden infant death syndrome;

2 “(iv) maternal pregnancy complica-
3 tions; or

4 “(v) injuries to infants.

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

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

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

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

20 “(i) counseling on infant care, feed-
21 ing, and parenting;

22 “(ii) postpartum care;

23 “(iii) prevention of premature deliv-
24 ery; and

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

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

11 “(E) establish a regional public education
12 campaign, including a campaign to—

13 “(i) prevent preterm births; and

14 “(ii) educate the public about infant
15 mortality;

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

19 “(G) coordinate efforts between—

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

24 “(ii) existing entities that work to re-
25 duce the rate of infant mortality within the

1 area of any such county or other eligible
2 entity.

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

7 “(6) REPORTS ON PILOT PROGRAMS.—

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

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

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

24 “(7) DEFINITIONS.—For the purposes of this
25 subsection:

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

4 “(B) ELIGIBLE ENTITY.—The term ‘eligi-
5 ble entity’ means a county, city, territorial, or
6 tribal health department that has submitted a
7 proposal to the Secretary that the Secretary
8 deems likely to reduce infant mortality rates
9 within the standard metropolitan statistical
10 area involved.

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

16 (3) in subsection (f), as redesignated—

17 (A) in paragraph (1)—

18 (i) by amending the heading to read:

19 “HEALTHY START INITIATIVE”; and

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

23 (B) by redesignating paragraph (2) as
24 paragraph (3);

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

3 “(2) INFANT MORTALITY PILOT PROGRAMS.—

4 There is authorized to be appropriated \$10,000,000
5 for each of fiscal years 2021 through 2025 to carry
6 out subsection (e). Amounts authorized by this para-
7 graph to be appropriated to carry out subsection (e)
8 are in addition to amounts authorized by paragraph
9 (1) to be appropriated to carry out the Healthy
10 Start Initiative under subsection (a).”; and

11 (D) in paragraph (3)(A), as redesignated,
12 by striking “the program under this section”
13 and inserting “the program under subsection
14 (a)”.

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