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111TH CONGRESS
1ST SESSION

H. R. 3470

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

JULY 31, 2009

Mr. COHEN 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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now Act'' or the ''NEWBORN Act''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) The infant mortality rate of a nation is an important indicator of that nation's overall health.

(2) The Centers for Disease Control and Prevention have found that the United States ranked 29th in the world in infant mortality in 2004, falling from 12th in 1960.

(3) There are more than 28,000 deaths to children under 1 year of age each year in the United States.

(4) Preterm birth has a considerable impact on the United States infant mortality rate, in 2005, 68.6 percent of all infant deaths occurred to preterm infants, up from 65.6 percent in 2000.

(5) The United States infant mortality rate for non-Hispanic Black women was 2.4 times the rate for non-Hispanic White women in 2005.

(6) In 2005, the United States infant mortality rates were above average for non-Hispanic Black women at 13.63 deaths per 1,000 live births, for Puerto Rican women at 8.30 deaths per 1,000 live births, and for American Indian or Alaska Native women at 8.06 deaths per 1,000 live births.

(7) In Memphis, Tennessee, the infant mortality rate is three times higher than that of the United States (higher than any other city in the

country), and the 2005 infant mortality rate in the 38108 zip code of Memphis was deadlier for babies than that of the countries of Vietnam, Iran, and El Salvador with 31 deaths per 1,000 live births, 5 times that of the 2005 national average of 6.86 deaths per 1,000 live births.

(8) Adequate prenatal care has a studied, positive effect on the health of the baby.

(9) Prenatal care is one of the most important interventions for ensuring the health of pregnant women and their infants.

(10) Twenty-nine percent of mothers 15 to 19 years of age received no early prenatal care in 2004 according to the Department of Health and Human Services.

(11) Non-Hispanic Black mothers were 2.6 times more likely than non-Hispanic White mothers to begin prenatal care in the third trimester, or not receive prenatal care at all.

(12) Babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received prenatal care, as stated by the Department of Health and Human Services.

(13) The United States high infant mortality rate reflects in part racial disparities in premature and low birthweight babies.

(14) The racial disparities in infant mortality may relate to socioeconomic status, access to medical care, and the education level of the mother.

SEC. 3. INFANT MORTALITY PILOT PROGRAMS.

(a) IN GENERAL.—The Secretary, acting through the Director, shall award grants to eligible entities to create, implement, and oversee infant mortality pilot programs.

(b) PERIOD OF A GRANT.—The period of a grant under this section shall be 5 consecutive fiscal years.

(c) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to eligible entities proposing to serve any of the 15 counties or groups of counties with the highest rates of infant mortality in the United States in the past 3 years.

(d) USE OF FUNDS.—Any infant mortality pilot program funded under this section may—

(1) include the development of a plan that identifies the individual needs of each community to be served and strategies to address those needs;

(2) provide outreach to at-risk mothers through programs deemed appropriate by the Director;

(3) develop and implement standardized systems for improved access, utilization, and quality of social, educational, and clinical services to promote healthy pregnancies, full term births, and healthy infancies delivered to women and their infants, such as—

(A) counseling on infant care, feeding, and parenting;

(B) postpartum care;

(C) prevention of premature delivery; and

(D) additional counseling for at-risk mothers, including smoking cessation programs, drug treatment programs, alcohol treatment programs, nutrition and physical activity programs, postpartum depression and domestic violence programs, social and psychological services, dental care, and parenting programs;

(4) establish a rural outreach program to provide care to at-risk mothers in rural areas;

(5) establish a regional public education campaign, including a campaign to—

(A) prevent preterm births; and

(B) educate the public about infant mortality; and

(6) provide for any other activities, programs, or strategies as identified by the community plan.

(e) LIMITATION.—Of the funds received through a grant under this section for a fiscal year, an eligible entity shall not use more than 10 percent for program evaluation.

(f) REPORTS ON PILOT PROGRAMS.—

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

(2) CONTENTS OF REPORT.—The reports required under paragraph (1) shall include information such as the methodology of, and outcomes and statistics from, the grantee's infant mortality pilot program.

(3) EVALUATION.—The Secretary shall use the reports required under paragraph (1) to evaluate, and conduct statistical research on, infant mortality pilot programs funded through this section.

SEC. 4. DEFINITIONS.

For the purposes of this Act, the following definitions apply:

(1) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(2) DIRECTOR.—The term ''Director'' means the Director of the Centers for Disease Control and Prevention.

(3) ELIGIBLE ENTITY.—The term ''eligible entity'' means a State, county, city, territorial, or tribal health department that has submitted a proposal to the Secretary that the Secretary deems likely to reduce infant mortality rates within the standard metropolitan statistical area involved.

(4) TRIBAL.—The term ''tribal'' refers to an Indian tribe, a Tribal organization, or an Urban Indian organization, as such terms are defined in section 4 of the Indian Health Care Improvement Act.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

To carry out this Act, there are authorized to be appropriated $10,000,000 for each of fiscal years 2010 through 2014.

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