

111TH CONGRESS
2^D SESSION

H. R. 3470

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 23, 2010

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Nationally Enhancing
3 the Wellbeing of Babies through Outreach and Research
4 Now Act” or the “NEWBORN Act”.

5 **SEC. 2. INFANT MORTALITY PILOT PROGRAMS.**

6 Section 330H of the Public Health Service Act (42
7 U.S.C. 254c–8) is amended—

8 (1) by redesignating subsection (e) as sub-
9 section (f);

10 (2) by inserting after subsection (d) the fol-
11 lowing:

12 “(e) INFANT MORTALITY PILOT PROGRAMS.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Administrator, shall award grants to eli-
15 gible entities to create, implement, and oversee in-
16 fant mortality pilot programs.

17 “(2) PERIOD OF A GRANT.—The period of a
18 grant under this subsection shall be 5 consecutive
19 fiscal years.

20 “(3) PREFERENCE.—In awarding grants under
21 this subsection, the Secretary shall give preference
22 to eligible entities proposing to serve any of the 15
23 counties or groups of counties with the highest rates
24 of infant mortality in the United States in the past
25 3 years.

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

3 “(A) include the development of a plan
4 that identifies the individual needs of each com-
5 munity to be served and strategies to address
6 those needs;

7 “(B) provide outreach to at-risk mothers
8 through programs deemed appropriate by the
9 Administrator;

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

16 “(i) counseling on infant care, feed-
17 ing, and parenting;

18 “(ii) postpartum care;

19 “(iii) prevention of premature deliv-
20 ery; and

21 “(iv) additional counseling for at-risk
22 mothers, including smoking cessation pro-
23 grams, drug treatment programs, alcohol
24 treatment programs, nutrition and physical
25 activity programs, postpartum depression

1 and domestic violence programs, social and
2 psychological services, dental care, and
3 parenting programs;

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

6 “(E) establish a regional public education
7 campaign, including a campaign to—

8 “(i) prevent preterm births; and

9 “(ii) educate the public about infant
10 mortality; and

11 “(F) provide for any other activities, pro-
12 grams, or strategies as identified by the com-
13 munity plan.

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

18 “(6) REPORTS ON PILOT PROGRAMS.—

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

1 “(B) CONTENTS OF REPORT.—The reports
2 required under subparagraph (A) shall include
3 information such as the methodology of, and
4 outcomes and statistics from, the grantee’s in-
5 fant mortality pilot program.

6 “(C) EVALUATION.—The Secretary shall
7 use the reports required under subparagraph
8 (A) to evaluate, and conduct statistical research
9 on, infant mortality pilot programs funded
10 through this subsection.

11 “(7) DEFINITIONS.—For the purposes of this
12 subsection:

13 “(A) ADMINISTRATOR.—The term ‘Admin-
14 istrator’ means the Administrator of the Health
15 Resources and Services Administration.

16 “(B) ELIGIBLE ENTITY.—The term ‘eligi-
17 ble entity’ means a State, county, city, terri-
18 torial, or tribal health department that has sub-
19 mitted a proposal to the Secretary that the Sec-
20 retary deems likely to reduce infant mortality
21 rates within the standard metropolitan statis-
22 tical area involved.

23 “(C) TRIBAL.—The term ‘tribal’ refers to
24 an Indian tribe, a Tribal organization, or an
25 Urban Indian organization, as such terms are

1 defined in section 4 of the Indian Health Care
2 Improvement Act.”; and

3 (3) by amending subsection (f), as so redesign-
4 nated—

5 (A) in paragraph (1)—

6 (i) by amending the paragraph head-
7 ing to read: “HEALTHY START INITIA-
8 TIVE”; and

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

12 (B) by redesignating paragraph (2) as
13 paragraph (3);

14 (C) by inserting after paragraph (1) the
15 following:

16 “(2) INFANT MORTALITY PILOT PROGRAMS.—

17 To carry out subsection (e), there is authorized to
18 be appropriated \$10,000,000 for each of fiscal years
19 2011 through 2015.”; and

20 (D) in paragraph (3)(A), as so redesign-
21 nated, by striking “the program under this sec-

1 tion” and inserting “the program under sub-
2 section (a)”.

Passed the House of Representatives September 22,
2010.

Attest: LORRAINE C. MILLER,
Clerk.