

115TH CONGRESS
1ST SESSION

H. R. 3842

To amend the Public Health Service Act to reauthorize the Healthy Start for Infants Program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2017

Mr. RYAN of Ohio (for himself, Mr. JENKINS of West Virginia, and Mr. YARMUTH) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reauthorize the Healthy Start for Infants Program.

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 “Healthy Start Reau-
5 thorization Act of 2017”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The Department of Health and Human
9 Services puts the national infant mortality rate at
10 5.96 deaths per 1,000 live births.

1 (2) Despite national reductions in infant mor-
2 tality, a racial disparity in infant mortality rates ex-
3 ists in every State and territory, with non-Hispanic
4 Black infants more than twice as likely to die before
5 their first birthday than non-Hispanic White infants.

6 (3) Infants born to low-income women are more
7 likely to die before their first birthday than infants
8 born in higher-income households.

9 (4) The three leading clinical causes of infant
10 death are prematurity due to preterm birth and low
11 birthweight, birth defects, and sleep-related deaths.

12 (5) The most recent data from the Centers for
13 Disease Control and Prevention (CDC) shows that
14 the rate of preterm live births is twice the national
15 rate for African-American women, 1.5 times the na-
16 tional rate for American Indians and Alaskan Na-
17 tives, and 1.4 times the national rate for Latinos.

18 (6) The long-term medical and social services
19 associated with low birthweight infants and children
20 born premature cost American taxpayers \$26.2 bil-
21 lion per year, with first-year expenses for the small-
22 est surviving babies averaging \$273,900.

23 (7) Employers pay 12 times more in health care
24 costs for babies born with complications, and pre-

1 natal interventions that result in full-term birth save
2 employers \$49,760.

3 (8) Women can reduce the risk of mortality to
4 their infants if they have access to culturally appro-
5 priate, accurate information from trusted providers
6 about how to improve their health practices and be-
7 haviors during preconception, pregnancy, and
8 postpartum.

9 (9) For 25 years, the Healthy Start for Infants
10 Program has identified and addressed the aforemen-
11 tioned knowledge gaps, clinical contributors, and up-
12 stream social and generational factors leading to in-
13 fant death, targeting communities with infant mor-
14 tality rates at least 1.5 times the national rate with
15 the effect of reducing the prevalence of infant mor-
16 tality in Healthy Start communities to below the na-
17 tional rate.

18 (10) In collaboration with its partners, includ-
19 ing the National Healthy Start Association, March
20 of Dimes, and the Fetal and Infant Mortality Re-
21 view Program, the Healthy Start for Infants Pro-
22 gram has recognized that a relationship-centered,
23 community-based approach to the early delivery of
24 coordinated services to women and families as well

1 as an ongoing, comprehensive approach to women’s
2 health care improve perinatal outcomes.

3 **SEC. 3. REAUTHORIZATION OF HEALTHY START FOR IN-**
4 **FANTS PROGRAM.**

5 Subsection (e)(1) of section 330H of the Public
6 Health Service Act (42 U.S.C. 254c–8) is amended—

7 (1) in subparagraph (A), by striking “2008”
8 and inserting “2018”; and

9 (2) in subparagraph (B), by striking “2009
10 through 2013” and inserting “2010 through 2023”.

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