

116TH CONGRESS
1ST SESSION

S. 2619

To amend the Public Health Service Act to reauthorize the Healthy Start program.

IN THE SENATE OF THE UNITED STATES

OCTOBER 17, 2019

Mr. BROWN (for himself, Mr. BURR, Ms. STABENOW, and Ms. ERNST) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to reauthorize the Healthy Start 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 2019”.

6 **SEC. 2. REAUTHORIZATION OF HEALTHY START PROGRAM.**

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

9 (1) in subsection (a)—

1 (A) in paragraph (1), by striking “, during
2 fiscal year 2001 and subsequent years,”; and

3 (B) in paragraph (2), by inserting “or in-
4 creasing above the national average” after
5 “areas with high”;

6 (2) in subsection (b)—

7 (A) in paragraph (1), by striking “con-
8 sumers of project services, public health depart-
9 ments, hospitals, health centers under section
10 330” and inserting “participants and former
11 participants of project services, public health
12 departments, hospitals, health centers under
13 section 330, State substance abuse agencies”;
14 and

15 (B) in paragraph (2)—

16 (i) in subparagraph (A), by striking
17 “such as low birthweight” and inserting
18 “including poor birth outcomes (such as
19 low birthweight and preterm birth) and so-
20 cial determinants of health”;

21 (ii) by redesignating subparagraph
22 (B) as subparagraph (C);

23 (iii) by inserting after subparagraph
24 (A), the following:

25 “(B) Communities with—

1 “(i) high rates of infant mortality or
2 poor perinatal outcomes; or

3 “(ii) high rates of infant mortality or
4 poor perinatal outcomes in specific sub-
5 populations within the community.”; and

6 (iv) in subparagraph (C) (as so redes-
7 ignated)—

8 (I) by redesignating clauses (i)
9 and (ii) as clauses (ii) and (iii), re-
10 spectively;

11 (II) by inserting before clause (ii)
12 (as so redesignated) the following:

13 “(i) collaboration with the local com-
14 munity in the development of the project;”;

15 (III) in clause (ii) (as so redesign-
16 ated), by striking “and” at the end;

17 (IV) in clause (iii) (as so redesign-
18 ated), by striking the period and in-
19 serting “; and”; and

20 (V) by adding at the end the fol-
21 lowing:

22 “(iv) the use and collection of data
23 demonstrating the effectiveness of such
24 program in decreasing infant mortality
25 rates and improving perinatal outcomes, as

1 applicable, or the process by which new ap-
 2 plicants plan to collect this data.”;

3 (3) in subsection (c)—

4 (A) by striking “Recipients of grants” and
 5 inserting the following:

6 “(1) IN GENERAL.—Recipients of grants”; and

7 (B) by adding at the end the following:

8 “(2) OTHER PROGRAMS.—The Secretary shall
 9 ensure coordination of the program carried out pur-
 10 suant to this section with other programs and activi-
 11 ties related to the reduction of the rate of infant
 12 mortality and improved perinatal and infant health
 13 outcomes supported by the Department.”;

14 (4) in subsection (e)—

15 (A) in paragraph (1), by striking “appro-
 16 priated—” and all that follows through the end
 17 and inserting “appropriated \$122,500,000 for
 18 each of fiscal years 2020 through 2024.”; and

19 (B) in paragraph (2)(B), by adding at the
 20 end the following: “Evaluations may also in-
 21 clude, to the extent practicable, information re-
 22 lated to—

23 “(i) progress toward achieving any
 24 grant metrics or outcomes related to re-
 25 ducing infant mortality rates, improving

1 perinatal outcomes, or reducing the dis-
2 parity in health status;

3 “(ii) recommendations on potential
4 improvements that may assist with ad-
5 dressing gaps, as applicable and appro-
6 priate; and

7 “(iii) the extent to which the grantee
8 coordinated with the community in which
9 the grantee is located in the development
10 of the project and delivery of services, in-
11 cluding with respect to technical assistance
12 and mentorship programs.”; and

13 (5) by adding at the end the following:

14 “(f) GAO REPORT.—

15 “(1) IN GENERAL.—Not later than 4 years
16 after the date of the enactment of this subsection,
17 the Comptroller General of the United States shall
18 conduct an independent evaluation, and submit to
19 the appropriate Committees of Congress a report,
20 concerning the Healthy Start program under this
21 section.

22 “(2) EVALUATION.—In conducting the evalua-
23 tion under paragraph (1), the Comptroller General
24 shall consider, as applicable and appropriate, infor-

1 mation from the evaluations under subsection
2 (e)(2)(B).

3 “(3) REPORT.—The report described in para-
4 graph (1) shall review, assess, and provide rec-
5 ommendations, as appropriate, on the following:

6 “(A) The allocation of Healthy Start pro-
7 gram grants by the Health Resources and Serv-
8 ices Administration, including considerations
9 made by such Administration regarding dispari-
10 ties in infant mortality or perinatal outcomes
11 among urban and rural areas in making such
12 awards.

13 “(B) Trends in the progress made toward
14 meeting the evaluation criteria pursuant to sub-
15 section (e)(2)(B), including programs which de-
16 crease infant mortality rates and improve
17 perinatal outcomes, programs that have not de-
18 creased infant mortality rates or improved
19 perinatal outcomes, and programs that have
20 made an impact on disparities in infant mor-
21 tality or perinatal outcomes.

22 “(C) The ability of grantees to improve
23 health outcomes for project participants, pro-
24 mote the awareness of the Healthy Start pro-
25 gram services, incorporate and promote family

1 participation, facilitate coordination with the
2 community in which the grantee is located, and
3 increase grantee accountability through quality
4 improvement, performance monitoring, evalua-
5 tion, and the effect such metrics may have to-
6 ward decreasing the rate of infant mortality
7 and improve perinatal outcomes.

8 “(D) The extent to which such Federal
9 programs are coordinated across agencies and
10 the identification of opportunities for improved
11 coordination in such Federal programs and ac-
12 tivities.”.

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