

Calendar No. 288

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, Ms. ERNST, and Ms. BALDWIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 5, 2019

Reported by Mr. ALEXANDER, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

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”.

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

2 Section 330H of the Public Health Service Act (42
3 U.S.C. 254e-8) is amended—

4 (1) in subsection (a)—

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

7 (B) in paragraph (2), by inserting “or in-
8 creasing above the national average” after
9 “areas with high”;

10 (2) in subsection (b)—

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

19 (B) in paragraph (2)—

20 (i) in subparagraph (A), by striking
21 “such as low birthweight” and inserting
22 “including poor birth outcomes (such as
23 low birthweight and preterm birth) and so-
24 cial determinants of health”;

25 (ii) by redesignating subparagraph
26 (B) as subparagraph (C);

1 (iii) by inserting after subparagraph
2 (A), the following:

3 “(B) Communities with—

4 “(i) high rates of infant mortality or
5 poor perinatal outcomes; or

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

9 (iv) in subparagraph (C) (as so redesi-
10 gnated)—

11 (I) by redesignating clauses (i)
12 and (ii) as clauses (ii) and (iii), re-
13 spectively;

14 (II) by inserting before clause (ii)
15 (as so redesignated) the following:

16 “(i) collaboration with the local com-
17 munity in the development of the project.”;

18 (III) in clause (ii) (as so redesi-
19 gnated), by striking “and” at the end;

20 (IV) in clause (iii) (as so redesi-
21 gnated), by striking the period and in-
22 serting “; and”;

23 (V) by adding at the end the fol-
24 lowing:

1 “(iv) the use and collection of data
 2 demonstrating the effectiveness of such
 3 program in decreasing infant mortality
 4 rates and improving perinatal outcomes, as
 5 applicable, or the process by which new ap-
 6 plicants plan to collect this data.”;

7 (3) in subsection (c)—

8 (A) by striking “Recipients of grants” and
 9 inserting the following:

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

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

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

18 (4) in subsection (c)—

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

23 (B) in paragraph (2)(B), by adding at the
 24 end the following: “Evaluations may also in-

1 elude, to the extent practicable, information re-
2 lated to—

3 “(i) progress toward achieving any
4 grant metrics or outcomes related to re-
5 ducing infant mortality rates, improving
6 perinatal outcomes, or reducing the dis-
7 parity in health status;

8 “(ii) recommendations on potential
9 improvements that may assist with ad-
10 dressing gaps, as applicable and appro-
11 priate; and

12 “(iii) the extent to which the grantee
13 coordinated with the community in which
14 the grantee is located in the development
15 of the project and delivery of services, in-
16 cluding with respect to technical assistance
17 and mentorship programs.”; and

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

19 “(f) GAO REPORT.—

20 “(1) IN GENERAL.—Not later than 4 years
21 after the date of the enactment of this subsection,
22 the Comptroller General of the United States shall
23 conduct an independent evaluation, and submit to
24 the appropriate Committees of Congress a report,

1 concerning the Healthy Start program under this
2 section.

3 “(2) EVALUATION.—In conducting the evalua-
4 tion under paragraph (1), the Comptroller General
5 shall consider, as applicable and appropriate, infor-
6 mation from the evaluations under subsection
7 (e)(2)(B).

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

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

18 “(B) Trends in the progress made toward
19 meeting the evaluation criteria pursuant to sub-
20 section (e)(2)(B), including programs which de-
21 crease infant mortality rates and improve
22 perinatal outcomes, programs that have not de-
23 creased infant mortality rates or improved
24 perinatal outcomes, and programs that have

1 made an impact on disparities in infant mor-
2 tality or perinatal outcomes.

3 “(C) The ability of grantees to improve
4 health outcomes for project participants, pro-
5 mote the awareness of the Healthy Start pro-
6 gram services, incorporate and promote family
7 participation, facilitate coordination with the
8 community in which the grantee is located, and
9 increase grantee accountability through quality
10 improvement, performance monitoring, evalua-
11 tion, and the effect such metrics may have to-
12 ward decreasing the rate of infant mortality
13 and improve perinatal outcomes.

14 “(D) The extent to which such Federal
15 programs are coordinated across agencies and
16 the identification of opportunities for improved
17 coordination in such Federal programs and ac-
18 tivities.”

19 **SECTION 1. SHORT TITLE.**

20 *This Act may be cited as the “Healthy Start Reauthor-*
21 *ization Act of 2019”.*

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

23 *Section 330H of the Public Health Service Act (42*
24 *U.S.C. 254c-8) is amended—*

25 *(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 “*areas*
5 *with high*”;

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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 de-*
12 *partments, hospitals, health centers under section*
13 *330, State substance abuse agencies*”; and

14 (B) in paragraph (2)—

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

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

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

24 “(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-
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2 *cants plan to collect this data.”;*

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

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9 *ensure coordination of the program carried out pur-*
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11 *ties related to the reduction of the rate of infant mor-*
12 *tality and improved perinatal and infant health out-*
13 *comes supported by the Department.”;*

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15 *(A) in paragraph (1), by striking “appro-*
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11 *ing with respect to technical assistance and*
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14 *“(f) GAO REPORT.—*

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

21 *“(2) EVALUATION.—In conducting the evaluation*
22 *under paragraph (1), the Comptroller General shall*
23 *consider, as applicable and appropriate, information*
24 *from the evaluations under subsection (e)(2)(B).*

1 “(3) *REPORT.*—*The report described in para-*
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