119TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
119–331

HEALTHY START REAUTHORIZATION ACT OF 2025

OCTOBER 3, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. GUTHRIE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 3302]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3302) to amend the Public Health Service Act to reauthorize the Healthy Start Initiative, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 3302 would reauthorize the Healthy Start Initiative through Fiscal Year 2030.

BACKGROUND AND NEED FOR LEGISLATION

The Healthy Start Initiative was established during President George H.W. Bush's term as a presidential initiative and was later authorized by Congress under the Children's Health Act of 2000.[1] There are now 115 federally-funded Healthy Start projects in the U.S. providing services in 37 states, the District of Columbia, and Puerto Rico, which have been critical for helping parents foster a healthy environment so more children can survive infancy and lead more productive and longer lives.[2]

The Healthy Start Initiative is a comprehensive maternal and child health program that aims to improve the health outcomes of mothers and their newborn children, assisting women from the prenatal to postpartum periods of pregnancy. Healthy Start prioritizes areas where the infant mortality rates are at least 1.5 times the U.S. national average or areas with higher rates of preterm birth, low birth weight, and maternal illness.[3] Compared to pregnant women nationally, a higher percentage of pregnant women enrolled in the program received early prenatal care, well-woman preventive health care visits, and screenings for interpersonal violence and depression, all of which have been found to influence the overall health outcomes of mothers and their children. The program serves over 85,000 participants annually.[4]

This legislation would continue resources for the Healthy Start Initiative at the last enacted appropriated level, to ensure this crucial support reaches communities in need.

COMMITTEE ACTION

On July 16, 2025, the Subcommittee on Health held a legislative hearing on H.R. 3302. The title of the hearing was "Legislative Proposals to Maintain and Improve the Public Health Workforce, Rural Health, and Over-the-Counter Medicines." The Subcommittee received testimony from:

- Dr. Jacqueline Corrigan-Curay, JD, MD, Acting Director for Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration;
- Dr. Candice Chen, MD, MPH, Acting Associate Administrator for Health Workforce, U.S. Health Resources and Services Administration; and
- Tom Morris, MPA, Associate Administrator for Rural Health Policy, U.S. Health Resources and Services Administration.

On September 10, 2025, the Subcommittee on Health met in open markup session and forwarded H.R. 3302, without amendment, to the full Committee by a voice vote.

On September 17, 2025, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 3302, without amendment, favorably reported to the House by a record vote of 49 yeas and 0 nays.

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[1] NATIONAL HEALTHY START ASSOC., *Healthy Start Initiative*, https://www.nationalhealthystart.org/healthy-start-initiative/ (last visited Oct. 3, 2025).

[2] *Id.*

[3] *Id.*

[4] HEALTH RESOURCES AND SERV. ADMIN. (HRSA), Maternal & Child Health, *Healthy Start* (Feb. 2025), https://mchb.hrsa.gov/sites/default/files/mchb/about-us/mchb-healthy-start-factsheet.pdf.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

As of 02/24/2025

COMMITTEE ON ENERGY AND COMMERCE
119TH CONGRESS
ROLL CALL VOTE # 5

BILL: H.R. 3302, Healthy Start Reauthorization Act of 2025

AMENDMENT: Final Passage

DISPOSITION: Agreed to, by a roll call vote of 49 ayes and 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Guthrie	X			Mr. Pallone	X		
Mr. Latta	X			Ms. DeGette	X		
Mr. Griffith	X			Ms. Schakowsky	X		
Mr. Bilirakis	X			Ms. Matsui	X		
Mr. Hudson	X			Ms. Castor	X		
Mr. Carter (GA)	X			Mr. Tonko	X		
Mr. Palmer	X			Ms. Clarke	X		
Mr. Dunn	X			Mr. Ruiz	X		
Mr. Crenshaw	X			Mr. Peters	X		
Mr. Joyce	X			Mrs. Dingell	X		
Mr. Weber	X			Mr. Veasey	X		
Mr. Allen	X			Ms. Kelly			
Mr. Balderson	X			Ms. Barragán	X		
Mr. Fulcher	X			Mr. Soto	X		
Mr. Pfluger	X			Ms. Schrier	X		
Mrs. Harshbarger	X			Ms. Trahan	X		
Mrs. Miller-Meeks	X			Ms. Fletcher			
Mrs. Cammack	X			Ms. Ocasio-Cortez	X		
Mr. Obernolte	X			Mr. Auchincloss	X		
Mr. James	X			Mr. Carter (LA)	X		
Mr. Bentz	X			Mr. Menendez	X		
Mrs. Houchin				Mr. Mullin	X		
Mr. Fry				Mr. Landsman	X		
Ms. Lee				Ms. McClellan	X		
Mr. Langworthy	X						
Mr. Kean	X						
Mr. Rulli	X						
Mr. Evans	X						
Mr. Goldman	X						
Mrs. Fedorchak	X						

09/17/2025

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 3302 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to reauthorize the Healthy Start Initiative through Fiscal Year 2030.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3302 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 3302:

- On July 16, 2025, the Subcommittee on Health held a legislative hearing on H.R. 3302. The title of the hearing was "Legislative Proposals to Maintain and Improve the Public Health Workforce, Rural Health, and Over-the-Counter Medicines." The Subcommittee received testimony from:
  - Dr. Jacqueline Corrigan-Curay, JD, MD, Acting Director for Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration;
  - Dr. Candice Chen, MD, MPH, Acting Associate Administrator for Health Workforce, U.S. Health Resources and Services Administration; and
  - Tom Morris, MPA, Associate Administrator for Rural Health Policy, U.S. Health Resources and Services Administration.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3302 contains no earmarks, limited tax benefits, or limited tariff benefits.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides a short title of the "Healthy Start Reauthorization Act of 2025."

Section 2. Reauthorization of Healthy Start Initiative

Section 2 reauthorizes the Healthy Start Initiative through Fiscal Year 2030.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART D—PRIMARY HEALTH CARE

Subpart I—Health Centers

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SEC. 330H. HEALTHY START FOR INFANTS.

(a) IN GENERAL.—

(1) CONTINUATION AND EXPANSION OF PROGRAM.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, Maternal and Child Health Bureau, shall under authority of this section continue in effect the Healthy Start Initiative and may carry out such program on a national basis.

(2) DEFINITION.—For purposes of paragraph (1), the term "Healthy Start Initiative" is a reference to the program that, as an initiative to reduce the rate of infant mortality and improve perinatal outcomes, makes grants for project areas with high or increasing above the national average annual rates of infant mortality and that, prior to the effective date of this section, was a demonstration program carried out under section 301.

(b) CONSIDERATIONS IN MAKING GRANTS.—

(1) REQUIREMENTS.—In making grants under subsection (a), the Secretary shall require that applicants (in addition to meeting all eligibility criteria established by the Secretary) establish, for project areas under such subsection, community-based consortia of individuals and organizations (including agencies responsible for administering block grant programs under title V of the Social Security Act, participants and former participants of project services, public health departments, hospitals, health centers under section 330, State substance abuse agencies, and other significant sources of health care services) that are appropriate for participation in projects under subsection (a).

(2) OTHER CONSIDERATIONS.—In making grants under subsection (a), the Secretary shall take into consideration the following:

(A) Factors that contribute to infant mortality, including poor birth outcomes (such as low birthweight and preterm birth) and social determinants of health.

(B) Communities with—

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

(ii) high rates of infant mortality or poor perinatal outcomes in specific subpopulations within the community.

(C) The extent to which applicants for such grants facilitate—

(i) collaboration with the local community in the development of the project;

(ii) a community-based approach to the delivery of services;

(iii) a comprehensive approach to women's health care to improve perinatal outcomes; and

(iv) the use and collection of data demonstrating the effectiveness of such program in decreasing infant mortality rates and improving perinatal outcomes, as applicable, or the process by which new applicants plan to collect this data.

(3) SPECIAL PROJECTS.—Nothing in paragraph (2) shall be construed to prevent the Secretary from awarding grants under subsection (a) for special projects that are intended to address significant disparities in perinatal health indicators in communities along the United States-Mexico border or in Alaska or Hawaii.

(c) COORDINATION.—

(1) IN GENERAL.—Recipients of grants under subsection (a) shall coordinate their services and activities with the State agency or agencies that administer block grant programs under title V of the Social Security Act in order to promote cooperation, integration, and dissemination of information with Statewide systems and with other community services funded under the Maternal and Child Health Block Grant.

(2) OTHER PROGRAMS.—The Secretary shall ensure coordination of the program carried out pursuant to this section with other programs and activities related to the reduction of the rate of infant mortality and improved perinatal and infant health outcomes supported by the Department.

(d) RULE OF CONSTRUCTION.—Except to the extent inconsistent with this section, this section may not be construed as affecting the authority of the Secretary to make modifications in the program carried out under subsection (a).

(e) FUNDING.—

(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be [appropriated] *appropriated—*

(A) $125,500,000 for each of fiscal years 2021 through 2025[.]*; and*

(B) $145,000,000 for each of fiscal years 2026 through 2030.

(2) ALLOCATION.—

(A) PROGRAM ADMINISTRATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may reserve up to 5 percent for coordination, dissemination, technical assistance, and data activities that are determined by the Secretary to be appropriate for carrying out the program under this section.

(B) EVALUATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may reserve up to 1 percent for evaluations of projects carried out under subsection (a). Each such evaluation shall include a determination of whether such projects have been effective in reducing the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups. Evaluations may also include, to the extent practicable, information related to—

(i) progress toward achieving any grant metrics or outcomes related to reducing infant mortality rates, improving perinatal outcomes, or reducing the disparity in health status;

(ii) recommendations on potential improvements that may assist with addressing gaps, as applicable and appropriate; and

(iii) the extent to which the grantee coordinated with the community in which the grantee is located in the development of the project and delivery of services, including with respect to technical assistance and mentorship programs.

(f) GAO REPORT.—

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

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

(3) REPORT.—The report described in paragraph (1) shall review, assess, and provide recommendations, as appropriate, on the following:

(A) The allocation of Healthy Start program grants by the Health Resources and Services Administration, including considerations made by such Administration regarding disparities in infant mortality or perinatal outcomes among urban and rural areas in making such awards.

(B) Trends in the progress made toward meeting the evaluation criteria pursuant to subsection (e)(2)(B), including programs which decrease infant mortality rates and improve perinatal outcomes, programs that have not decreased infant mortality rates or improved perinatal outcomes, and programs that have made an impact on disparities in infant mortality or perinatal outcomes.

(C) The ability of grantees to improve health outcomes for project participants, promote the awareness of the Healthy Start program services, incorporate and promote family participation, facilitate coordination with the community in which the grantee is located, and increase grantee accountability through quality improvement, performance monitoring, evaluation, and the effect such metrics may have toward decreasing the rate of infant mortality and improving perinatal outcomes.

(D) The extent to which such Federal programs are coordinated across agencies and the identification of opportunities for improved coordination in such Federal programs and activities.

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