

111TH CONGRESS  
1ST SESSION

# H. R. 3470

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.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 31, 2009

Mr. COHEN introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

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,*

3       **SECTION 1. SHORT TITLE.**

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

7       **SEC. 2. FINDINGS.**

8       The Congress finds as follows:

1           (1) The infant mortality rate of a nation is an  
2 important indicator of that nation's overall health.

3           (2) The Centers for Disease Control and Pre-  
4 vention have found that the United States ranked  
5 29th in the world in infant mortality in 2004, falling  
6 from 12th in 1960.

7           (3) There are more than 28,000 deaths to chil-  
8 dren under 1 year of age each year in the United  
9 States.

10          (4) Preterm birth has a considerable impact on  
11 the United States infant mortality rate, in 2005,  
12 68.6 percent of all infant deaths occurred to preterm  
13 infants, up from 65.6 percent in 2000.

14          (5) The United States infant mortality rate for  
15 non-Hispanic Black women was 2.4 times the rate  
16 for non-Hispanic White women in 2005.

17          (6) In 2005, the United States infant mortality  
18 rates were above average for non-Hispanic Black  
19 women at 13.63 deaths per 1,000 live births, for  
20 Puerto Rican women at 8.30 deaths per 1,000 live  
21 births, and for American Indian or Alaska Native  
22 women at 8.06 deaths per 1,000 live births.

23          (7) In Memphis, Tennessee, the infant mor-  
24 tality rate is three times higher than that of the  
25 United States (higher than any other city in the

1 country), and the 2005 infant mortality rate in the  
2 38108 zip code of Memphis was deadlier for babies  
3 than that of the countries of Vietnam, Iran, and El  
4 Salvador with 31 deaths per 1,000 live births, 5  
5 times that of the 2005 national average of 6.86  
6 deaths per 1,000 live births.

7 (8) Adequate prenatal care has a studied, posi-  
8 tive effect on the health of the baby.

9 (9) Prenatal care is one of the most important  
10 interventions for ensuring the health of pregnant  
11 women and their infants.

12 (10) Twenty-nine percent of mothers 15 to 19  
13 years of age received no early prenatal care in 2004  
14 according to the Department of Health and Human  
15 Services.

16 (11) Non-Hispanic Black mothers were 2.6  
17 times more likely than non-Hispanic White mothers  
18 to begin prenatal care in the third trimester, or not  
19 receive prenatal care at all.

20 (12) Babies born to mothers who received no  
21 prenatal care are three times more likely to be born  
22 at low birth weight, and five times more likely to die,  
23 than those whose mothers received prenatal care, as  
24 stated by the Department of Health and Human  
25 Services.

1           (13) The United States high infant mortality  
2           rate reflects in part racial disparities in premature  
3           and low birthweight babies.

4           (14) The racial disparities in infant mortality  
5           may relate to socioeconomic status, access to medical  
6           care, and the education level of the mother.

7   **SEC. 3. INFANT MORTALITY PILOT PROGRAMS.**

8           (a) IN GENERAL.—The Secretary, acting through the  
9           Director, shall award grants to eligible entities to create,  
10          implement, and oversee infant mortality pilot programs.

11          (b) PERIOD OF A GRANT.—The period of a grant  
12          under this section shall be 5 consecutive fiscal years.

13          (c) PREFERENCE.—In awarding grants under this  
14          section, the Secretary shall give preference to eligible enti-  
15          ties proposing to serve any of the 15 counties or groups  
16          of counties with the highest rates of infant mortality in  
17          the United States in the past 3 years.

18          (d) USE OF FUNDS.—Any infant mortality pilot pro-  
19          gram funded under this section may—

20                  (1) include the development of a plan that iden-  
21                  tifies the individual needs of each community to be  
22                  served and strategies to address those needs;

23                  (2) provide outreach to at-risk mothers through  
24                  programs deemed appropriate by the Director;

1           (3) develop and implement standardized sys-  
2           tems for improved access, utilization, and quality of  
3           social, educational, and clinical services to promote  
4           healthy pregnancies, full term births, and healthy in-  
5           fancies delivered to women and their infants, such  
6           as—

7                   (A) counseling on infant care, feeding, and  
8                   parenting;

9                   (B) postpartum care;

10                  (C) prevention of premature delivery; and

11                  (D) additional counseling for at-risk moth-  
12                  ers, including smoking cessation programs,  
13                  drug treatment programs, alcohol treatment  
14                  programs, nutrition and physical activity pro-  
15                  grams, postpartum depression and domestic vio-  
16                  lence programs, social and psychological serv-  
17                  ices, dental care, and parenting programs;

18           (4) establish a rural outreach program to pro-  
19           vide care to at-risk mothers in rural areas;

20           (5) establish a regional public education cam-  
21           paign, including a campaign to—

22                   (A) prevent preterm births; and

23                   (B) educate the public about infant mor-  
24                   tality; and

1           (6) provide for any other activities, programs,  
2           or strategies as identified by the community plan.

3           (e) LIMITATION.—Of the funds received through a  
4 grant under this section for a fiscal year, an eligible entity  
5 shall not use more than 10 percent for program evalua-  
6 tion.

7           (f) REPORTS ON PILOT PROGRAMS.—

8           (1) IN GENERAL.—Not later than 1 year after  
9 receiving a grant, and annually thereafter for the  
10 duration of the grant period, each entity that re-  
11 ceives a grant under subsection (a) shall submit a  
12 report to the Secretary detailing its infant mortality  
13 pilot program.

14           (2) CONTENTS OF REPORT.—The reports re-  
15 quired under paragraph (1) shall include informa-  
16 tion such as the methodology of, and outcomes and  
17 statistics from, the grantee’s infant mortality pilot  
18 program.

19           (3) EVALUATION.—The Secretary shall use the  
20 reports required under paragraph (1) to evaluate,  
21 and conduct statistical research on, infant mortality  
22 pilot programs funded through this section.

23 **SEC. 4. DEFINITIONS.**

24           For the purposes of this Act, the following definitions  
25 apply:

1           (1) SECRETARY.—The term “Secretary” means  
2           the Secretary of Health and Human Services.

3           (2) DIRECTOR.—The term “Director” means  
4           the Director of the Centers for Disease Control and  
5           Prevention.

6           (3) ELIGIBLE ENTITY.—The term “eligible enti-  
7           ty” means a State, county, city, territorial, or tribal  
8           health department that has submitted a proposal to  
9           the Secretary that the Secretary deems likely to re-  
10          duce infant mortality rates within the standard met-  
11          ropolitan statistical area involved.

12          (4) TRIBAL.—The term “tribal” refers to an  
13          Indian tribe, a Tribal organization, or an Urban In-  
14          dian organization, as such terms are defined in sec-  
15          tion 4 of the Indian Health Care Improvement Act.

16 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

17          To carry out this Act, there are authorized to be ap-  
18          propriated \$10,000,000 for each of fiscal years 2010  
19          through 2014.

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