

COMMITTEE PRINT

[SHOWING THE TEXT OF H.R. 3470 AS FAVORABLY FORWARDED BY THE
SUBCOMMITTEE ON HEALTH ON JULY 22, 2010]

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.

IN THE HOUSE OF REPRESENTATIVES

JULY 31, 2009

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

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”.

1 **SEC. 2. INFANT MORTALITY PILOT PROGRAMS.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services (in this section referred to as the “Sec-
4 retary”), acting through the Director, shall award grants
5 to eligible entities to create, implement, and oversee infant
6 mortality pilot programs.

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

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

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

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

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

21 (3) develop and implement standardized sys-
22 tems for improved access, utilization, and quality of
23 social, educational, and clinical services to promote
24 healthy pregnancies, full term births, and healthy in-
25 fancies delivered to women and their infants, such
26 as—

1 (A) counseling on infant care, feeding, and
2 parenting;

3 (B) postpartum care;

4 (C) prevention of premature delivery; and

5 (D) additional counseling for at-risk moth-
6 ers, including smoking cessation programs,
7 drug treatment programs, alcohol treatment
8 programs, nutrition and physical activity pro-
9 grams, postpartum depression and domestic vio-
10 lence programs, social and psychological serv-
11 ices, dental care, and parenting programs;

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

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

16 (A) prevent preterm births; and

17 (B) educate the public about infant mor-
18 tality; and

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

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

25 (f) REPORTS ON PILOT PROGRAMS.—

1 (1) IN GENERAL.—Not later than 1 year after
2 receiving a grant, and annually thereafter for the
3 duration of the grant period, each entity that re-
4 ceives a grant under subsection (a) shall submit a
5 report to the Secretary detailing its infant mortality
6 pilot program.

7 (2) CONTENTS OF REPORT.—The reports re-
8 quired under paragraph (1) shall include informa-
9 tion such as the methodology of, and outcomes and
10 statistics from, the grantee’s infant mortality pilot
11 program.

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

16 (g) DEFINITIONS.—For the purposes of this section:

17 (1) DIRECTOR.—The term “Director” means
18 the Director of the Centers for Disease Control and
19 Prevention.

20 (2) ELIGIBLE ENTITY.—The term “eligible enti-
21 ty” means a State, county, city, territorial, or tribal
22 health department that has submitted a proposal to
23 the Secretary that the Secretary deems likely to re-
24 duce infant mortality rates within the standard met-
25 ropolitan statistical area involved.

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

5 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there are authorized to be appropriated
7 \$10,000,000 for each of fiscal years 2011 through 2015.