

114TH CONGRESS
2D SESSION

H. R. 5369

To amend the Public Health Service Act to reauthorize the Healthy Start for Infants Program.

IN THE HOUSE OF REPRESENTATIVES

MAY 26, 2016

Mr. RYAN of Ohio (for himself, Mr. YARMUTH, Mr. JENKINS of West Virginia, Mr. CONYERS, Ms. JACKSON LEE, Mr. HASTINGS, Mr. QUIGLEY, Ms. MOORE, Mr. CUMMINGS, and Mrs. DINGELL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reauthorize the Healthy Start for Infants 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 2016”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The Department of Health and Human
2 Services puts the national infant mortality rate at
3 5.96 deaths per 1,000 live births.

4 (2) Despite national reductions in infant mor-
5 tality, a racial disparity in infant mortality rates ex-
6 ists in every State and territory, with non-Hispanic
7 Black infants more than twice as likely to die before
8 their first birthday than non-Hispanic White infants.

9 (3) Infants born to low-income women are more
10 likely to die before their first birthday than infants
11 born in higher-income households.

12 (4) The three leading clinical causes of infant
13 death are prematurity due to preterm birth and low
14 birthweight, birth defects, and sleep-related deaths.

15 (5) The most recent data from the Centers for
16 Disease Control and Prevention (CDC) shows that
17 the rate of preterm live births is twice the national
18 rate for African-American women, 1.5 times the na-
19 tional rate for American Indians and Alaskan Na-
20 tives, and 1.4 times the national rate for Latinos.

21 (6) The long-term medical and social services
22 associated with low birthweight infants and children
23 born premature cost American taxpayers \$26.2 bil-
24 lion per year, with first-year expenses for the small-
25 est surviving babies averaging \$273,900.

1 (7) Employers pay 12 times more in health care
2 costs for babies born with complications, and pre-
3 natal interventions that result in full-term birth save
4 employers \$49,760.

5 (8) Women can reduce the risk of mortality to
6 their infants if they have access to culturally appro-
7 priate, accurate information from trusted providers
8 about how to improve their health practices and be-
9 haviors during preconception, pregnancy, and
10 postpartum.

11 (9) For 25 years, the Healthy Start for Infants
12 Program has identified and addressed the aforemen-
13 tioned knowledge gaps, clinical contributors, and up-
14 stream social and generational factors leading to in-
15 fant death, targeting communities with infant mor-
16 tality rates at least 1.5 times the national rate with
17 the effect of reducing the prevalence of infant mor-
18 tality in Healthy Start communities to below the na-
19 tional rate.

20 (10) In collaboration with its partners, includ-
21 ing the National Healthy Start Association, March
22 of Dimes, and the Fetal and Infant Mortality Re-
23 view Program, the Healthy Start for Infants Pro-
24 gram has recognized that a relationship-centered,
25 community-based approach to the early delivery of

1 coordinated services to women and families as well
2 as an ongoing, comprehensive approach to women’s
3 health care improve perinatal outcomes.

4 **SEC. 3. REAUTHORIZATION OF HEALTHY START FOR IN-**
5 **FANTS PROGRAM.**

6 Subsection (e)(1) of section 330H of the Public
7 Health Service Act (42 U.S.C. 254c–8) is amended—

8 (1) in subparagraph (A), by striking “2008”
9 and inserting “2017”; and

10 (2) in subparagraph (B), by striking “2009
11 through 2013” and inserting “2018 through 2022”.

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