

proceedings on this motion will be postponed.

□ 1640

**NATIONALLY ENHANCING THE WELLBEING OF BABIES THROUGH OUTREACH AND RESEARCH NOW ACT**

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3470

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

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

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

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

*(1) by redesignating subsection (e) as subsection (f);*

*(2) by inserting after subsection (d) the following:*

*“(e) INFANT MORTALITY PILOT PROGRAMS.—*

*“(1) IN GENERAL.—The Secretary, acting through the Administrator, shall award grants to eligible entities to create, implement, and oversee infant mortality pilot programs.*

*“(2) PERIOD OF A GRANT.—The period of a grant under this subsection shall be 5 consecutive fiscal years.*

*“(3) PREFERENCE.—In awarding grants under this subsection, the Secretary shall give preference to eligible entities proposing to serve any of the 15 counties or groups of counties with the highest rates of infant mortality in the United States in the past 3 years.*

*“(4) USE OF FUNDS.—Any infant mortality pilot program funded under this subsection may—*

*“(A) include the development of a plan that identifies the individual needs of each community to be served and strategies to address those needs;*

*“(B) provide outreach to at-risk mothers through programs deemed appropriate by the Administrator;*

*“(C) develop and implement standardized systems for improved access, utilization, and quality of social, educational, and clinical services to promote healthy pregnancies, full-term births, and healthy infancies delivered to women and their infants, such as—*

*“(i) counseling on infant care, feeding, and parenting;*

*“(ii) postpartum care;*

*“(iii) prevention of premature delivery; and*

*“(iv) additional counseling for at-risk mothers, including smoking cessation programs, drug treatment programs, alcohol treatment programs, nutrition and physical activity programs, postpartum depression and domestic violence programs, social and psychological services, dental care, and parenting programs;*

*“(D) establish a rural outreach program to provide care to at-risk mothers in rural areas;*

*“(E) establish a regional public education campaign, including a campaign to—*

*“(i) prevent preterm births; and*

*“(ii) educate the public about infant mortality; and*

*“(F) provide for any other activities, programs, or strategies as identified by the community plan.*

*“(5) LIMITATION.—Of the funds received through a grant under this subsection for a fiscal year, an eligible entity shall not use more than 10 percent for program evaluation.*

*“(6) REPORTS ON PILOT PROGRAMS.—*

*“(A) IN GENERAL.—Not later than 1 year after receiving a grant, and annually thereafter for the duration of the grant period, each entity that receives a grant under paragraph (1) shall submit a report to the Secretary detailing its infant mortality pilot program.*

*“(B) CONTENTS OF REPORT.—The reports required under subparagraph (A) shall include information such as the methodology of, and outcomes and statistics from, the grantee’s infant mortality pilot program.*

*“(C) EVALUATION.—The Secretary shall use the reports required under subparagraph (A) to evaluate, and conduct statistical research on, infant mortality pilot programs funded through this subsection.*

*“(7) DEFINITIONS.—For the purposes of this subsection:*

*“(A) ADMINISTRATOR.—The term ‘Administrator’ means the Administrator of the Health Resources and Services Administration.*

*“(B) ELIGIBLE ENTITY.—The term ‘eligible entity’ means a State, county, city, territorial, or tribal health department that has submitted a proposal to the Secretary that the Secretary deems likely to reduce infant mortality rates within the standard metropolitan statistical area involved.*

*“(C) TRIBAL.—The term ‘tribal’ refers to an Indian tribe, a Tribal organization, or an Urban Indian organization, as such terms are defined in section 4 of the Indian Health Care Improvement Act.”; and*

*(3) by amending subsection (f), as so redesignated—*

*(A) in paragraph (1)—*

*(i) by amending the paragraph heading to read: “HEALTHY START INITIATIVE”; and*

*(ii) by inserting after “carrying out this section” the following: “(other than subsection (e))”;*

*(B) by redesignating paragraph (2) as paragraph (3);*

*(C) by inserting after paragraph (1) the following:*

*“(2) INFANT MORTALITY PILOT PROGRAMS.—To carry out subsection (e), there is authorized to be appropriated \$10,000,000 for each of fiscal years 2011 through 2015.”; and*

*(D) in paragraph (3)(A), as so redesignated, by striking “the program under this section” and inserting “the program under subsection (a)”.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. WHITFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill authorizes a pilot program to address a serious public health problem, and that is infant

mortality. According to the Centers for Disease Control and Prevention, the U.S. infant mortality rate is about 50 percent higher than the national goal of 4.5 infant deaths for per 1,000 births. As of 2005, the United States ranked 30th in the world in infant mortality. The pilot program authorized in this legislation would give grants to eligible entities to fight infant mortality in the most impacted areas.

I want to thank Representative COHEN, the sponsor of the NEWBORN Act, as it is called, for his deep commitment to and tireless leadership on this very important issue. I would also like to thank Ranking Member BARTON and Ranking Member SHIMKUS and their staffs for working in a bipartisan manner to help get this legislation to the House floor.

I reserve the balance of my time.

Mr. WHITFIELD. Mr. Speaker, I yield myself such time as I may consume.

There has been a lot of debate in the United States about infant mortality. And when we hear that the U.S. ranks 30th in the world, it certainly bothers all of us.

I do think it is important that we also recognize, just for informational purposes, that not every country in the world uses the same method to determine infant mortality. For example, in the United States, all live births at any birthweight or gestational age must be reported. In France, for example, only live births of at least 22 weeks of gestation or weighing at least 500 grams must be reported. So some of these countries use different reporting facts to determine their mortality rates.

There is no question that certain communities in the United States have infant mortality rates that are persistently high. And this legislation authorizes HHS to award grants for pilot projects to reduce infant mortality in the communities with the highest infant mortality rates and would require these projects be evaluated to ensure we are on the right track to reducing infant mortality rates in those areas and in the United States.

I want to thank Congressman COHEN for his leadership on this issue as well as Congressmen PALLONE and SHIMKUS.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the sponsor of the bill, Representative COHEN of Tennessee.

Mr. COHEN. I want to thank Mr. PALLONE for the time, and I want to thank Mr. PALLONE, Mr. ANDREWS, and Chairman WAXMAN for their help in getting this particular proposal to the floor; and the minority side as well, Mr. WHITFIELD, my friend, Mr. SHIMKUS, and everyone who has worked on this.

Mr. Speaker, this is a particularly important bill to me, and it’s an important bill to my district. September is Infant Mortality Awareness Month, and it’s appropriate that this month this bill will be brought up for consideration, the NEWBORN Act. “NEWBORN” is an acronym. Everything in

Washington seems to be an acronym, and this acronym, “NEWBORN,” stands for “Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now.”

It is so important that we give children an opportunity to live and mothers and fathers an opportunity to see their children born and have a chance. My parents lost a child at about 4 months of age in 1946. They never got over it. There are so many people who have lost children, and it is something that stays with you forever.

In my particular city of Memphis—while we talked about the United States’ rate, we know it is too high no matter what it is and how you keep statistics—the city of Memphis is one of the highest infant mortality rates in the Nation. It is said to be second by the CDC among the 60 largest urban areas in the year 2002. In one particular ZIP code in my district, 38108, in the year 2007—it’s in north Memphis, a predominately low-income African American neighborhood. I say predominately; it’s an entirely low-income African American neighborhood—had an infant mortality rate of 31 deaths per 1,000 live births. That is almost five times the Nation’s 2007 rate of seven deaths per 1,000 live births. And that ranks 38108 as worse than the developing nations of Iran, Indonesia, Nicaragua, El Salvador, Syria, and Vietnam in infant mortality for that year.

It’s an issue that can strike people of any race, but it is divided largely along racial lines, and there’s a great racial disparity. The Office of Minority Health at the CDC has found that African Americans have 2.4 times the infant mortality rate than whites, that African Americans are four times as likely to die as infants due to complications related to low birthweight when compared to white infants. The CDC study found that African American mothers were 2.5 times more likely than white mothers to begin prenatal care in their third trimester or not receive prenatal care at all. That’s where a lot of research and outreach can be done, particularly the outreach. That is why the NEWBORN bill is so needed, and that is why our office decided to make this our top priority.

My chief of staff, Marilyn Dilihay; my district director, Randy Wade; and our whole team met in Memphis. Brittany Johnson, who is my legislative director in the area of health care, and my legislative director, Reisha Phills, the whole office worked on the issue and we brought it as a bill. But we also had it included in the health care bill that passed this House. And it was featured in the Speaker’s bullet points about what it could possibly do for infant mortality. This would be the largest outreach program the Federal Government has ever engaged in. It’s an authorization to find answers for the problem of infant mortality.

Of course, because of the situation of the politics in the Senate and because we had to go to reconciliation, there

wasn’t a conference committee, and this part of the health care bill wasn’t included because the Senate didn’t have it, and reconciliation didn’t allow consideration of proposals like this that didn’t add to or decrease from the budget. This was an authorization. So it didn’t make it through the final phase because of what happened in Massachusetts, and that hurt us in what could be an important step forward for mothers and children.

We hope that the bill will pass here today and that the Senate will pick it up. We hope Senator MIKULSKI or Senator DODD or somebody will help us with it, or Senator HARKIN, and see that it gets through the Senate and the authorization is approved.

It will authorize the Secretary of the Department of Health and Human Services to award 5-year-long grants to 15 municipalities or States to create infant mortality pilot programs. The legislation sets forth guidelines on what practices the pilot programs may employ in their quest to lower the infant mortality rate of the area they serve, and those include outreach to at-risk mothers, increased access to educational clinic services for pregnant women or potential mothers and families.

The language suggests each program provide infant care counseling, postpartum care, additional care for at-risk mothers, a rural outreach program, and a public education program.

All of these can save money in the long run in health care because some of the most expensive treatment rendered is for premature babies, and care in these particular ages of life can be very expensive. And if we can have better prenatal care and less problems, not only is it the right thing to do in every way possible, but it also saves money.

It is my hope that those entities who apply for this funding will do so in conjunction with existing local, private, and not-for-profit groups that have already involved themselves in the fight against infant mortality. And there are several in Memphis that have done that. Our Governor, Phil Bredesen, and our city mayor and county mayor, A C Wharton, have headed up programs in our community, and our county mayor, Mark Luttrell, is continuing them.

The cultivation of partnerships between local leaders is essential in order to ensure the problem is addressed in as efficient a manner as possible.

I introduced the NEWBORN Act because of the number of devastating instances of infant mortality in Memphis, but I hope its passage and eventual enactment will help the incalculable number of people across the country who are possibly at risk to lose a child or grandchild in the years to come.

Again, I thank Mr. PALLONE and the other Members, particularly Mr. WAXMAN, for their help in getting this bill to the floor, and I hope that we will have the help in the Senate that the mothers, children, and grandchildren in this Nation deserve.

□ 1650

Mr. WHITFIELD. Mr. Speaker, I urge all Members to support this legislation, and I thank the gentleman from Tennessee (Mr. COHEN) and others who worked hard on this legislation.

I yield back the balance of my time. Mr. PALLONE. Mr. Speaker, I urge that the bill pass, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3470, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair’s prior announcement, further proceedings on this motion will be postponed.

#### TRAINING AND RESEARCH FOR AUTISM IMPROVEMENTS NATIONWIDE ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5756) to amend title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 to provide for grants and technical assistance to improve services rendered to children and adults with autism, and their families, and to expand the number of University Centers for Excellence in Developmental Disabilities Education, Research, and Service, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5756

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Training and Research for Autism Improvements Nationwide Act of 2010” or the “TRAIN Act of 2010”.

#### SEC. 2. UNIVERSITY CENTERS FOR EXCELLENCE INITIATIVES ON AUTISM SPECTRUM DISORDERS.

(a) IN GENERAL.—Subtitle D of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15061 et seq.) is amended—

(1) by inserting before section 151 the following:

#### “PART 1—GENERAL GRANT PROGRAMS FOR UNIVERSITY CENTERS FOR EXCELLENCE”

; and

(2) by adding at the end the following:

#### “PART 2—UNIVERSITY CENTERS FOR EXCELLENCE INITIATIVES ON AUTISM SPECTRUM DISORDERS

#### “SEC. 157. AUTISM SPECTRUM DISORDERS INITIATIVE GRANTS AND TECHNICAL ASSISTANCE.

“(a) GRANTS.—

“(1) IN GENERAL.—The Secretary shall award multiyear grants for the purpose described in paragraph (2) to University Centers for Excellence in Developmental Disabilities Education, Research, and Service