

## HR 2127

### NEWBORN Act

**Congress:** 112 (2011–2013, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Jun 3, 2011

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Jun 3, 2011)

**Official Text:** <https://www.congress.gov/bill/112th-congress/house-bill/2127>

### Sponsor

**Name:** Rep. Cohen, Steve [D-TN-9]

**Party:** Democratic • **State:** TN • **Chamber:** House

### Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Del. Norton, Eleanor Holmes [D-DC-At Large]	D · DC		Jun 3, 2011
Rep. Conyers, John, Jr. [D-MI-14]	D · MI		Jun 3, 2011
Rep. McCollum, Betty [D-MN-4]	D · MN		Jun 3, 2011
Rep. Roybal-Allard, Lucille [D-CA-34]	D · CA		Jun 3, 2011
Rep. Polis, Jared [D-CO-2]	D · CO		Sep 2, 2011
Rep. Castor, Kathy [D-FL-11]	D · FL		Dec 1, 2011
Rep. Moore, Gwen [D-WI-4]	D · WI		Dec 1, 2011

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jun 3, 2011

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

*No related bills are listed.*

Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now Act or the NEWBORN Act - Requires the Secretary of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Services Administration, to award five-year grants to eligible entities to create, implement, and oversee infant mortality pilot programs. Defines "eligible entity" to mean a 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.

Requires the Secretary to 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 three years. Sets forth uses of grant funds, which may include: (1) developing a plan that identifies the individual needs of each community to be served and strategies to address those needs; (2) providing outreach to at-risk mothers; (3) developing and implementing 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; (4) establishing a rural outreach program to provide care to at-risk mothers in rural areas; (5) establishing a regional public education campaign; and (6) coordinating efforts between health departments to be served through the infant mortality program and existing entities that work to reduce the rate of infant mortality within an area.

### **Actions Timeline**

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- **Jun 3, 2011:** Introduced in House
- **Jun 3, 2011:** Referred to the House Committee on Energy and Commerce.
- **Jun 3, 2011:** Referred to the Subcommittee on Health.