

“SEC. 1121. ADDRESSING SUDDEN UNEXPECTED INFANT DEATH AND SUDDEN UNEXPECTED DEATH IN CHILDHOOD.

“(a) IN GENERAL.—The Secretary may develop, support, or maintain programs or activities to address sudden unexpected infant death and sudden unexpected death in childhood, including by—

“(1) continuing to support the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry of the Centers for Disease Control and Prevention and other fatality case reporting systems that include data pertaining to sudden unexpected infant death and sudden unexpected death in childhood, as appropriate, including such systems supported by the Health Resources and Services Administration, in order to—

“(A) increase the number of States and jurisdictions participating in such registries or systems; and

“(B) improve the utility of such registries or systems, which may include—

“(i) making summary data available to the public in a timely manner on the internet website of the Department of Health and Human Services, in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law; and

“(ii) making the data submitted to such registries or systems available to researchers, in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law; and

“(2) awarding grants or cooperative agreements to States, Indian Tribes, and Tribal organizations for purposes of—

“(A) supporting fetal and infant mortality and child death review programs for sudden unexpected infant death and sudden unexpected death in childhood, including by establishing such programs at the local level;

“(B) improving data collection related to sudden unexpected infant death and sudden unexpected death in childhood, including by—

“(i) improving the completion of death scene investigations and comprehensive autopsies that include a review of clinical history and circumstances of death with appropriate ancillary testing; and

“(ii) training medical examiners, coroners, death scene investigators, law enforcement personnel, emergency medical technicians, paramedics, emergency department personnel, and others who perform death scene investigations with respect to the deaths of infants and children, as appropriate;

“(C) identifying, developing, and implementing best practices to reduce or prevent sudden unexpected infant death and sudden unexpected death in childhood, including practices to reduce sleep-related infant deaths;

“(D) increasing the voluntary inclusion, in registries established for the purpose of conducting research on sudden unexpected infant death and sudden unexpected death in childhood, of samples of tissues or genetic materials from autopsies that have been collected pursuant to Federal or State law and for which the parent or guardian has provided informed consent for inclusion in such registries;

“(E) disseminating information and materials to health care professionals and the public on risk factors that contribute to sudden unexpected infant death and sudden unexpected death in childhood, which may include information on risk factors that contribute to sleep-related sudden unexpected infant death or sudden unexpected death in childhood; or

“(F) providing information, referrals, or peer or follow-up support services to families who have experienced sudden unexpected in-

fant death or sudden unexpected death in childhood.

“(b) APPLICATION.—To be eligible to receive a grant or cooperative agreement under subsection (a)(2), a State, Indian Tribe, or Tribal organization shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including information on how such State will ensure activities conducted under this section are coordinated with other federally-funded programs to reduce infant and child mortality, as appropriate.

“(c) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to States, Tribes, and Tribal organizations receiving a grant or cooperative agreement under subsection (a)(2) for purposes of carrying out the program in accordance with this section.

“(d) REPORTING FORMS.—

“(1) IN GENERAL.—The Secretary shall, as appropriate, encourage the use of sudden unexpected infant death and sudden unexpected death in childhood reporting forms developed in collaboration with the Centers for Disease Control and Prevention to improve the quality of data submitted to the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry, and other fatality case reporting systems that include data pertaining to sudden unexpected infant death and sudden unexpected death in childhood.

“(2) UPDATE OF FORMS.—The Secretary shall assess whether updates are needed to the sudden unexpected infant death investigation reporting form used by the Centers for Disease Control and Prevention in order to improve the use of such form with other fatality case reporting systems supported by the Department of Health and Human Services, and shall make such updates as appropriate.

“(e) DEFINITIONS.—In this section:

“(1) SUDDEN INFANT DEATH SYNDROME.—The term ‘sudden infant death syndrome’ means a sudden unexpected infant death that remains unexplained after a thorough case investigation.

“(2) SUDDEN UNEXPECTED INFANT DEATH.—The term ‘sudden unexpected infant death’ means the sudden death of an infant under 1 year of age that when first discovered did not have an obvious cause. Such term includes such deaths that are explained, as well as deaths that remain unexplained (which are known as sudden infant death syndrome).

“(3) SUDDEN UNEXPECTED DEATH IN CHILDHOOD.—The term ‘sudden unexpected death in childhood’ means the sudden death of a child who is at least 1 year of age but not more than 17 years of age that, when first discovered, did not have an obvious cause. Such term includes such deaths that are explained, as well as deaths that remain unexplained (which are known as sudden unexplained death in childhood).

“(4) SUDDEN UNEXPLAINED DEATH IN CHILDHOOD.—The term ‘sudden unexplained death in childhood’ means a sudden unexpected death in childhood that remains unexplained after a thorough case investigation.

“(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$12,000,000 for each of fiscal years 2022 through 2026.”

SEC. 3. REPORT TO CONGRESS.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act and biennially thereafter, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the

House of Representatives a report that contains, with respect to the reporting period—

(1) information regarding the incidence and number of sudden unexpected infant death and sudden unexpected death in childhood (including the number of such infant and child deaths that remain unexplained after investigation), including, to the extent practicable—

(A) a summary of such information by racial and ethnic group, and by State;

(B) aggregate information obtained from death scene investigations and autopsies; and

(C) recommendations for reducing the incidence of sudden unexpected infant death and sudden unexpected death in childhood;

(2) an assessment of the extent to which various approaches of reducing and preventing sudden unexpected infant death and sudden unexpected death in childhood have been effective; and

(3) a description of the activities carried out under section 1121 of the Public Health Service Act (as added by section 2).

(b) DEFINITIONS.—In this section, the terms “sudden unexpected infant death” and “sudden unexpected death in childhood” have the meanings given such terms in section 1121 of the Public Health Service Act (as added by section 2).

Mrs. DINGELL (during the reading). Madam Speaker, I ask unanimous consent to dispense with the reading of the amendment.

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

There was no objection.

The amendment was agreed to.

The bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

□ 1215

HONORING ROSALYN SMITH CARTER'S 50 YEARS OF MENTAL HEALTH ADVOCACY

Mrs. DINGELL. Madam Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the resolution (H. Res. 1181) honoring Rosalynn Smith Carter's 50 years of mental health advocacy, and ask for its immediate consideration in the House.

The Clerk read the title of the resolution.

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

There was no objection.

The text of the resolution is as follows:

H. RES. 1181

Whereas Rosalynn Smith Carter, since 1970, when her husband, future President of the United States Jimmy Carter, was a candidate for Governor of Georgia, has been a leading advocate for raising awareness about mental health and the ability of people with mental health disorders to recover and live happy and fulfilling lives;

Whereas Mrs. Carter emerged as a national driving force for mental health when, during Jimmy Carter's presidential administration, Mrs. Carter became the active honorary chair of the President's Commission on Mental Health;

Whereas the work of President Carter's Commission on Mental Health resulted in passage of the Mental Health Systems Act of 1980, which offered reforms to publicly funded mental health programs;

Whereas, in 1982, President and Mrs. Carter founded The Carter Center, which is dedicated to improving the quality of life for people in the United States and in the developing world through programs that promote peace and health;

Whereas, from 1985 to 2016, Mrs. Carter hosted the annual Rosalynn Carter Symposium on Mental Health Policy, bringing together national leaders in the mental health community to discuss a specific topic each year, including promoting access to appropriate and affordable behavioral health care services, improving the quality of such services, and reducing the stigma and isolation associated with mental health disorders and substance use disorders;

Whereas The Carter Center's Mental Health Program, established in 1990 and continuing under the leadership and guidance of Mrs. Carter, strives to build consensus in order to effect positive change in mental health and substance use policy and systems, with a focus on vulnerable populations, including children and the elderly;

Whereas, in 1996, Mrs. Carter established the Rosalynn Carter Fellowships for Mental Health Journalism, which have provided training and support to more than 220 journalists in the United States and abroad to report accurately and sensitively about and reduce the stigma surrounding mental health disorders, mental health care, mental health law and policy, and related issues;

Whereas Mrs. Carter, in 2008, played a key role in supporting the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, which helps ensure that mental health disorders and substance use disorders are covered by insurance at parity with other illnesses;

Whereas Mrs. Carter, who has long been a champion of the physical and mental health, strength, and resilience of family caregivers, established the Rosalynn Carter Institute for Caregiving in 1987, where she continues to serve as President of the Board of Directors;

Whereas, throughout Mrs. Carter's 50 years of advocacy for mental health, she has been an effective champion for the elimination of stigma and discrimination against people with mental health disorders, which are among the most common health conditions around the world; and

Whereas, at 93 years of age, Mrs. Carter continues her devoted work to improving the lives of those affected by mental health disorders and substance use disorders in the United States and around the world: Now, therefore, be it

Resolved, That the House of Representatives—

(1) hereby expresses its profound gratitude, on behalf of the people of the United States, to Rosalynn Smith Carter for her lifetime of accomplishments and commitment on behalf of those affected by mental health disorders and substance use disorders;

(2) recognizes, praises, and appreciates the improvements in well-being and the betterment of society Mrs. Carter's contributions have engendered; and

(3) encourages all people of the United States to follow Mrs. Carter's example of putting compassion into action through a lifetime of service to humanity.

AMENDMENT OFFERED BY MRS. DINGELL

Mrs. DINGELL. Madam Speaker, I have an amendment to the text at the desk.

The SPEAKER pro tempore. The Clerk will report the amendment.

The Clerk read as follows:

Strike all after the resolving clause and insert the following:

That the House of Representatives—

(1) hereby expresses its profound gratitude, on behalf of the people of the United States, to Rosalynn Smith Carter for her lifetime of accomplishments and commitment on behalf of those affected by mental health disorders and substance use disorders;

(2) recognizes, praises, and appreciates the improvements in well-being and the betterment of society Mrs. Carter's contributions have engendered; and

(3) encourages all people of the United States to follow Mrs. Carter's example of putting compassion into action through a lifetime of service to humanity.

Mrs. DINGELL (during the reading). Madam Speaker, I ask unanimous consent to dispense with the reading of the amendment.

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

There was no objection.

The amendment was agreed to.

The resolution, as amended, was agreed to.

AMENDMENT TO THE PREAMBLE OFFERED BY MRS. DINGELL

Mrs. DINGELL. Madam Speaker, I have an amendment to the preamble at the desk.

The SPEAKER pro tempore. The Clerk will report the amendment.

The Clerk read as follows:

Strike the preamble and insert the following:

Whereas Rosalynn Smith Carter, since 1970, when her husband, future President of the United States Jimmy Carter, was a candidate for Governor of Georgia, has been a leading advocate for raising awareness about mental health and the ability of people with mental health disorders to recover and live happy and fulfilling lives;

Whereas Mrs. Carter emerged as a national driving force for mental health when, during Jimmy Carter's presidential administration, Mrs. Carter became the active honorary chair of the President's Commission on Mental Health;

Whereas the work of President Carter's Commission on Mental Health resulted in passage of the Mental Health Systems Act of 1980, which offered reforms to publicly funded mental health programs;

Whereas, in 1982, President and Mrs. Carter founded The Carter Center, which is dedicated to improving the quality of life for people in the United States and in the developing world through programs that promote peace and health;

Whereas, from 1985 to 2016, Mrs. Carter hosted the annual Rosalynn Carter Symposium on Mental Health Policy, bringing together national leaders in the mental health community to discuss a specific topic each year, including promoting access to appropriate and affordable behavioral health care services, improving the quality of such services, and reducing the stigma and isolation associated with mental health disorders and substance use disorders;

Whereas The Carter Center's Mental Health Program, established in 1991 and continuing under the leadership and guidance of Mrs. Carter, strives to build consensus in order to effect positive change in mental health and substance use policy and systems, with a focus on vulnerable populations, including children and the elderly;

Whereas, in 1996, Mrs. Carter established the Rosalynn Carter Fellowships for Mental

Health Journalism, which have provided training and support to more than 220 journalists in the United States and abroad to report accurately and sensitively about and reduce the stigma surrounding mental health disorders, mental health care, mental health law and policy, and related issues;

Whereas Mrs. Carter, in 2008, played a key role in supporting the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, which helps ensure that mental health disorders and substance use disorders are covered by insurance at parity with other illnesses;

Whereas Mrs. Carter, who has long been a champion of the physical and mental health, strength, and resilience of family caregivers, established the Rosalynn Carter Institute for Caregiving in 1987, where she continues to serve as Chair of the Advisory Board;

Whereas, throughout Mrs. Carter's 50 years of advocacy for mental health, she has been an effective champion for the elimination of stigma and discrimination against people with mental health disorders, which are among the most common health conditions around the world; and

Whereas, at 93 years of age, Mrs. Carter continues her devoted work to improving the lives of those affected by mental health disorders and substance use disorders in the United States and around the world: Now, therefore, be it

Mrs. DINGELL (during the reading). Madam Speaker, I ask unanimous consent to dispense with the reading of the amendment.

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

There was no objection.

The amendment to the preamble was agreed to.

A motion to reconsider was laid on the table.

CLARA BARTON POST OFFICE BUILDING

Ms. KELLY of Illinois. Mr. Speaker, I ask unanimous consent that the Committee on Oversight and Reform be discharged from further consideration of the bill (H.R. 4988) to designate the facility of the United States Postal Service located at 14 Walnut Street in Bordentown, New Jersey, as the "Clara Barton Post Office Building", and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HORSFORD). Is there objection to the request of the gentleman from Illinois?

There was no objection.

The text of the bill is as follows:

H.R. 4988

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

SECTION 1. CLARA BARTON POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 14 Walnut Street in Bordentown, New Jersey, shall be known and designated as the "Clara Barton Post Office Building".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to