

as a citizen regent of the Board of Regents of the Smithsonian Institution.

There being no objection, the committee was discharged, and the Senate proceeded to consider the joint resolution.

Mr. PORTMAN. I ask unanimous consent that the joint resolution be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The joint resolution (S.J. Res. 72) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S.J. RES. 72

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That, in accordance with section 5581 of the Revised Statutes of the United States (20 U.S.C. 43), the vacancy on the Board of Regents of the Smithsonian Institution, in the class other than Members of Congress, occurring by reason of the expiration of the term of Michael M. Lynton of California is filled by the reappointment of the incumbent. The reappointment is for a term of 6 years, beginning on the later of September 29, 2020, or the date of the enactment of this joint resolution.

SMALL BUSINESS LENDING CONTINUITY ACT OF 2020

Mr. PORTMAN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 3782, introduced earlier today.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 3782) to modify the amount authorized for commitments for 7(a) loans, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. PORTMAN. I ask unanimous consent that the bill be considered read a third time and passed and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 3782) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 3782

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 “Small Business Lending Continuity Act of 2020”.

SEC. 2. COMMITMENTS FOR 7(A) LOANS.

Notwithstanding any other provision of law, the amounts authorized for commitments for general business loans authorized under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) under the heading “BUSINESS LOANS PROGRAM ACCOUNT” under the heading “SMALL BUSINESS ADMINISTRATION” under title V of the Consolidated Appropriations Act, 2020 (Public Law 116-93; 133 Stat. 2475) shall apply with respect to loans made under such section 7(a), other than loans made under paragraph (36) of such section

7(a), on and after the date of enactment of this Act.

SCARLETT’S SUNSHINE ON SUDDEN UNEXPECTED DEATH ACT

Mr. PORTMAN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 284, S. 1130.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 1130) to amend the Public Health Service Act to improve the health of children and help better understand and enhance awareness about unexpected sudden death in early life.

The PRESIDING OFFICER. Is there objection to proceeding to the measure?

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Scarlett’s Sunshine on Sudden Unexpected Death Act”.

SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Part B of title XI of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) in the part heading, by striking “**SUDDEN INFANT DEATH SYNDROME**” and inserting “**SUDDEN UNEXPECTED INFANT DEATH, SUDDEN INFANT DEATH SYNDROME, AND SUDDEN UNEXPECTED DEATH IN CHILDHOOD**”; and

(2) by inserting before section 1122 the following:

“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 agree-

ments 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; or

“(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.

“(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 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 UNEXPECTED DEATH SYNDROME.—The term ‘sudden unexpected infant death’ 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 are authorized to be appropriated such sums as may be necessary for each of fiscal years 2020 through 2024.”.

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).

Mr. PORTMAN. I ask unanimous consent that the committee-reported substitute amendment be withdrawn; that the Alexander substitute amendment be agreed to; and that the bill, as amended, be considered read a third time.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 1590) was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Scarlett’s Sunshine on Sudden Unexpected Death Act”.

SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Part B of title XI of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) in the part heading, by striking “**SUDDEN INFANT DEATH SYNDROME**” and inserting “**SUDDEN UNEXPECTED INFANT DEATH, SUDDEN INFANT DEATH SYNDROME, AND SUDDEN UNEXPECTED DEATH IN CHILDHOOD**”; and

(2) by inserting before section 1122 the following:

“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; and

“(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; or

“(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.

“(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 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 2021 through 2025.”.

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).

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. PORTMAN. I know of no further debate on the bill, as amended.

The PRESIDING OFFICER. If there is no further debate, the bill having been read the third time, the question is, Shall the bill pass?

The bill (S. 1130), as amended, was passed.

Mr. PORTMAN. I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

NIMHD RESEARCH ENDOWMENT REVITALIZATION ACT OF 2019

Mr. PORTMAN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 371, S. 2927.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 2927) to amend the Public Health Service Act to provide that the authority of

the Director of the National Institute on Minority Health and Health Disparities to make certain research endowments applies with respect to both current and former centers of excellence, and for other purposes.

The PRESIDING OFFICER. Is there objection to proceeding to the measure?

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions.

Mr. PORTMAN. I ask unanimous consent that the bill be considered read a third time.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. PORTMAN. I know of no further debate on the bill.

The PRESIDING OFFICER. If there is no further debate, the bill having been read the third time, the question is, Shall the bill pass?

The bill (S. 2927) was passed, as follows:

S. 2927

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 “NIMHD Research Endowment Revitalization Act of 2019”.

SEC. 2. RESEARCH ENDOWMENTS AT BOTH CURRENT AND FORMER CENTERS OF EXCELLENCE.

Paragraph (1) of section 464z–3(h) of the Public Health Service Act (42 U.S.C. 285t(h)) is amended to read as follows:

“(1) IN GENERAL.—The Director of the Institute may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments—

“(A) at current or former centers of excellence under section 736; and

“(B) at current or former centers of excellence under section 464z–4.”.

Mr. PORTMAN. I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDERS FOR THURSDAY, MAY 21, 2020

Mr. PORTMAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Thursday, May 21; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceeding be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session for consideration of the Ratcliffe nomination under the previous order; finally, that following disposition of the Ratcliffe nomination, the Senate resume consideration of the Badalamenti nomination under the previous order.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. PORTMAN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 7:11 p.m., adjourned until Thursday, May 21, 2020, at 10 a.m.

CONFIRMATIONS

Executive nominations confirmed by the Senate May 20, 2020:

THE JUDICIARY

ANNA M. MANASCO, OF ALABAMA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF ALABAMA.

JOHN F. HEIL III, OF OKLAHOMA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN, EASTERN AND WESTERN DISTRICTS OF OKLAHOMA.