

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.

(July 1, 1944, ch. 373, title XI, §1121, as added Pub. L. 116-273, §2(2), Dec. 31, 2020, 134 Stat. 3352.)

Editorial Notes

PRIOR PROVISIONS

A prior section 300c-11, act July 1, 1944, ch. 373, title XI, §1121, as added Apr. 22, 1974, Pub. L. 93-270, §3(a), 88 Stat. 91; amended Apr. 22, 1976, Pub. L. 94-278, title IV, §403(b)(1), 90 Stat. 409; S. Res. 4, Feb. 4, 1977; Aug. 1, 1977, Pub. L. 95-83, title III, §306(a), 91 Stat. 389; Dec. 19, 1977, Pub. L. 95-215, §8(a), 91 Stat. 1507; Nov. 8, 1978, Pub. L. 95-613, §2, 92 Stat. 3094; Dec. 12, 1979, Pub. L. 96-142, title II, §202, 93 Stat. 1070; H. Res. 549, Mar. 25, 1980; Aug. 13, 1981, Pub. L. 97-35, title XXI, §2193(a)(1)(C), 95 Stat. 827, related to sudden infant death syndrome counseling, information, educational, and statistical programs, prior to repeal by Pub. L. 97-35, title XXI, §2193(b)(1), Aug. 13, 1981, 95 Stat. 827. For effective date, savings, and transitional provisions relating to the amendment and repeal of prior section by Pub. L. 97-35, see section 2194 of Pub. L. 97-35, set out as a note under section 701 of this title.

§ 300c-12. Sudden infant death syndrome research

From the sums appropriated to the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the Secretary shall assure that there are applied to research of the type described in subparagraphs (A) and (B) of subsection (b)(1)¹ of this section such amounts each year as will be adequate, given the leads and findings then available from such research, in order to make maximum feasible progress toward identification of infants at risk of sudden infant death syndrome and prevention of sudden infant death syndrome.

(July 1, 1944, ch. 373, title XI, §1122, as added Pub. L. 96-142, title II, §202, Dec. 12, 1979, 93 Stat. 1072; amended Pub. L. 99-158, §3(a)(6), Nov. 20, 1985, 99 Stat. 879; Pub. L. 103-437, §15(a)(1), Nov. 2, 1994, 108 Stat. 4591; Pub. L. 109-482, title I, §104(b)(2)(B), Jan. 15, 2007, 120 Stat. 3693; Pub. L. 110-154, §1(b)(10), Dec. 21, 2007, 121 Stat. 1827.)

Editorial Notes

REFERENCES IN TEXT

Subsection (b), referred to in text, was repealed by Pub. L. 109-482, title I, §104(b)(2)(B)(ii), Jan. 15, 2007, 120

Stat. 3693. Prior to repeal, subparagraphs (A) and (B) of subsection (b)(1) read as follows:

“(A) the (i) number of applications approved by the Secretary in the fiscal year reported on for grants and contracts under this chapter for research which relates specifically to sudden infant death syndrome, (ii) total amount requested under such applications, (iii) number of such applications for which funds were provided in such fiscal year, and (iv) total amount of such funds; and

“(B) the (i) number of applications approved by the Secretary in such fiscal year for grants and contracts under this chapter for research which relates generally to sudden infant death syndrome, including high-risk pregnancy and high-risk infancy research which directly relates to sudden infant death syndrome, (ii) relationship of the high-risk pregnancy and high-risk infancy research to sudden infant death syndrome, (iii) total amount requested under such applications, (iv) number of such applications for which funds were provided in such fiscal year, and (v) total amount of such funds.”

AMENDMENTS

2007—Pub. L. 110-154 substituted “Eunice Kennedy Shriver National Institute of Child Health and Human Development” for “National Institute of Child Health and Human Development”.

Pub. L. 109-482 struck out subsec. (a) designation before “From the sums” and subsecs. (b) and (c) which related to annual report on data relating to applications for grants and contracts for research on sudden infant death syndrome and annual estimate of amounts requested for such research.

1994—Subsecs. (b)(1), (c). Pub. L. 103-437 substituted “Energy and Commerce” for “Interstate and Foreign Commerce”.

1985—Subsec. (a). Pub. L. 99-158 struck out “under section 289d of this title” before “, the Secretary”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2007 AMENDMENT

Amendment by Pub. L. 109-482 applicable only with respect to amounts appropriated for fiscal year 2007 or subsequent fiscal years, see section 109 of Pub. L. 109-482, set out as a note under section 281 of this title.

§ 300c-13. Continuing activities related to still-birth, sudden unexpected infant death and sudden unexplained death in childhood

(a) In general

The Secretary of Health and Human Services shall continue activities related to still birth, sudden unexpected infant death, and sudden unexplained death in childhood, including, as appropriate—

(1) collecting information, such as socio-demographic, death scene investigation, clinical history, and autopsy information, on still-birth, sudden unexpected infant death, and sudden unexplained death in childhood through the utilization of existing surveillance systems and collaborating with States to improve the quality, consistency, and collection of such data;

(2) disseminating information to educate the public, health care providers, and other stakeholders on stillbirth, sudden unexpected infant death and sudden unexplained death in childhood; and

(3) collaborating with the Attorney General, State and local departments of health, and other experts, as appropriate, to provide consistent information for medical examiners and

¹ See References in Text note below.

coroners, law enforcement personnel, and health care providers related to death scene investigations and autopsies for sudden unexpected infant death and sudden unexplained death in childhood, in order to improve the quality and consistency of the data collected at such death scenes and to promote consistent reporting on the cause of death after autopsy to inform prevention, intervention, and other activities.

(b) Report to Congress

Not later than 2 years after December 18, 2014, the Secretary of Health and Human Services shall submit to Congress a report that includes a description of any activities that are being carried out by agencies within the Department of Health and Human Services, including the Centers for Disease Control and Prevention and the National Institutes of Health, related to stillbirth, sudden unexpected infant death, and sudden unexplained death in childhood, including those activities identified under subsection (a).

(Pub. L. 113-236, § 2, Dec. 18, 2014, 128 Stat. 2831.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Sudden Unexpected Death Data Enhancement and Awareness Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 300c-14. Report to Congress

(a) In general

Not later than 2 years after December 31, 2020, 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 300c-11 of this title.

(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 300c-11 of this title.

(Pub. L. 116-273, § 3, Dec. 31, 2020, 134 Stat. 3354.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Scarlett’s Sunshine on Sudden Unexpected Death Act, and not as part of the Public Health Service Act which comprises this chapter.

PART C—HEMOPHILIA PROGRAMS

Editorial Notes

CODIFICATION

Pub. L. 94-278, title IV, § 403(b)(2), Apr. 22, 1976, 90 Stat. 409, redesignated part D heading as part C heading.

§ 300c-21. Repealed. Pub. L. 97-35, title XXI, § 2193(b)(1), Aug. 13, 1981, 95 Stat. 827

Section, act July 1, 1944, ch. 373, title XI, § 1131, as added July 29, 1975, Pub. L. 94-63, title VI, § 606, 89 Stat. 350; amended Aug. 1, 1977, Pub. L. 95-83, title III, § 306(b), 91 Stat. 389; Nov. 10, 1978, Pub. L. 95-626, title II, § 206(a), 92 Stat. 3584; Aug. 13, 1981, Pub. L. 97-35, title XXI, § 2193(a)(1)(D), 95 Stat. 827, related to comprehensive hemophilia diagnostic and treatment centers.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1981 AMENDMENT AND REPEAL, SAVINGS, AND TRANSITIONAL PROVISIONS

For effective date, savings, and transitional provisions relating to the amendment and repeal of this section by Pub. L. 97-35, see section 2194 of Pub. L. 97-35, set out as a note under section 701 of this title.

§ 300c-22. Blood-separation centers

(a) Grants and contracts with public and non-profit private entities for projects to develop and expand existing facilities; definitions

The Secretary may make grants to and enter into contracts with public and nonprofit private entities for projects to develop and expand, within existing facilities, blood-separation centers to separate and make available for distribution blood components to providers of blood services and manufacturers of blood fractions. For purposes of this section—

(1) the term “blood components” means those constituents of whole blood which are used for therapy and which are obtained by physical separation processes which result in licensed products such as red blood cells, platelets, white blood cells, AHF-rich plasma, fresh-frozen plasma, cryoprecipitate, and single unit plasma for infusion; and

(2) the term “blood fractions” means those constituents of plasma which are used for therapy and which are obtained by licensed fractionation processes presently used in manufacturing which result in licensed products such as normal serum albumin, plasma, protein fraction, prothrombin complex, fibrinogen, AHF concentrate, immune serum globulin, and hyperimmune globulins.

(b) Grants for alleviation of insufficient supplies of blood fractions

In the event the Secretary finds that there is an insufficient supply of blood fractions available to meet the needs for treatment of persons