Lifespan Respite Care Reauthorization Act of 2020

Mrs. DINGELL. Madam Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 8906) to amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care, and ask for its immediate consideration in the House.

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

The SPEAKER pro tempore. There was no objection.

The text of the bill is as follows:

H.R. 8906

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 `Lifespan Respite Care Reauthorization Act of 2020'.

SEC. 2. REAUTHORIZATION OF LIFESPAN RESpite CARE PROGRAM.

(a) DATA COLLECTION AND REPORTING.—Section 2901 of the Public Health Service Act (42 U.S.C. 300ii–4) is amended to read as follows:

"SEC. 2901. DATA COLLECTION AND REPORTING.

"(a) IN GENERAL.—Each State agency

"(b) DEFINITION.—Section 2902 of the Public Health Service Act (42 U.S.C. 300ii–4) is amended by striking "the term "lifespan" means a device which, or the container, packaging, or label of which, without authorization, bears a trademark, trade name, or other identifying mark or imprint, or any likeness thereof, or is manufactured using a design, of a device manufactured, processor, packer, or distributor other than the person or persons who in fact manufactured, processed, packaged, distributed such device and which thereby falsely purports or is represented to be the product of, or to have been packed or distributed by, such other device manufacturer, processor, packer, or distributor.”.

Mrs. DINGELL (during the reading).

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

The SPEAKER pro tempore. There was no objection.

The motion to reconsider was laid on the table.
SCARLETT’S SUNSHINE ON SUDDEN UNEXPECTED DEATH ACT

Mrs. DINGELL. Madam Speaker, I ask unanimous consent to take from the Speaker’s table the bill (S. 1130) to amend the Public Health Service Act to improve the health of children and help better understand and enhance awareness, including investigating unexpected, sudden death in early life, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

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 “Scarlett’s Sunshine on Sudden Unexpected Death Act.”

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

(a) In General.—The Secretary shall, as practicable—

(1) establish such programs at the local level;

(2) update of forms.—The Secretary shall, as practicable, update the death scene investigation reporting form used by the Centers for Disease Control and Prevention in order to—

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

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

(C) definitions.—In this section, the term ‘sudden unexpected infant death’ means a sudden unexpected infant death that remains unexplained after a thorough case investigation.

DEFINITIONS.—In this section:

(1) SUDDEN INFANT DEATH SYNDROME.—The term ‘sudden unexpected 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 a sudden unexpected infant death 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 unexpected death in childhood).

(b) DEFINITIONS.—In this section, the term “sudden unexpected infant death” and “sudden unexpected death in childhood” mean a death that remains unexplained after a thorough case investigation.

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act and 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—

(A) a summary of such information by race 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 Infant Death and Sudden Unexpected Death in Childhood have been effective; and

(3) A DESCRIPTION OF THE ACTIVITIES CARRIED OUT UNDER SECTION 1211 OF THE PUBLIC HEALTH SERVICE ACT (AS ADDED BY SECTION 2).

AMENDMENT OFFERED BY MRS. DINGELL

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

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

The Clerk read as follows:

Strike all after section 1 and insert the following:

SECTION 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

(a) In General.—Not later than 2 years after the date of enactment of this Act and 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) recommendations for reducing the incidence of sudden unexpected infant death and sudden unexpected death in childhood;

(C) 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

(D) a description of the activities carried out under section 1211 of the Public Health Service Act (as added by section 2).

(b) Definitions.—In this section, the term “sudden unexpected infant death” and “sudden unexpected death in childhood” mean a death that remains unexplained after a thorough case investigation.