I

111TH CONGRESS
1ST SESSION

H. R. 3212

To amend the Public Health Service Act to improve the health of children and reduce the occurrence of sudden unexpected infant death and to enhance public health activities related to stillbirth.

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2009

Mr. PALLONE introduced the following bill; which was referred to the Committee on Energy and Commerce

---

A BILL

To amend the Public Health Service Act to improve the health of children and reduce the occurrence of sudden unexpected infant death and to enhance public health activities related to stillbirth.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ''Stillbirth and SUID
5 Prevention, Education, and Awareness Act of 2009''.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Every year, there are more than 25,000
2 stillbirths in the United States.
3 (2) Common diagnosable causes for stillbirth
4 include genetic abnormalities, umbilical cord acci-
5 dents, infections, and placental problems.
6 (3) A number of risk factors for stillbirth have
7 been described in pregnant women such as maternal
8 age, obesity, smoking, diabetes, and hypertension.
9 (4) Because of advances in medical care over
10 the last 30 years, much more is known about the
11 causes of stillbirth. But for as many as 50 percent
12 of stillbirths, the cause is never identified.
13 (5) Sudden, Unexpected Infant Death (SUID)
14 is the sudden death of an infant under 1 year of age
15 that when first discovered did not have an obvious
16 cause. These include those deaths that are later de-
17 termined to be from explained as well as unexplained
18 causes.
19 (6) In 2004, approximately 4,600 infants died
20 suddenly and unexpectedly of no immediate obvious
21 cause. Each year approximately 200 deaths of chil-
22 dren between the ages of 1 and 4 remain unex-
23 plained after a thorough case investigation is con-
24 ducted.

1 (7) The Sudden Infant Death Syndrome
2 (SIDS) rate has been declining significantly since
3 the early 1990s. However, research has found that
4 the decline in SIDS since 1999 can be explained by
5 increasing Sudden Unexpected Infant Death rates.
6 (8) Many Sudden Unexpected Infant Deaths
7 are not investigated and, even when they are, cause-
8 of-death data are not collected and reported consist-
9 ently.
10 (9) Inaccurate or inconsistent classification of
11 cause and manner of death impedes prevention ef-
12 forts and complicates the ability to understand risk
13 factors related to these deaths.
14 (10) The National Child Death Review Case
15 Reporting System collects comprehensive informa-
16 tion on the risk factors associated with SUID
17 deaths. As of March 2009, 29 of the 49 States con-
18 ducting child death reviews are voluntarily submit-
19 ting data to this reporting system.
20 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
21 **ACT.**
22 Title III of the Public Health Service Act (42 U.S.C.
23 241 et seq.) is amended by adding at the end the fol-
24 lowing:

1 **"PART S—SUDDEN UNEXPECTED INFANT DEATH**
2 **AND SUDDEN UNEXPLAINED DEATH IN**
3 **CHILDHOOD**

4 **"SEC. 399HH. DEFINITION.**

5 ''In this part:
6 ''(1) ADMINISTRATOR.—The term 'Adminis-
7 trator' means the Administrator of the Health Re-
8 sources and Services Administration.
9 ''(2) DIRECTOR.—The term 'Director' means
10 the Director of the Centers for Disease Control and
11 Prevention.
12 ''(3) STATE.—The term 'State' includes the 50
13 States and the District of Columbia.
14 ''(4) SUDDEN UNEXPECTED INFANT DEATH;
15 SUID.—The terms 'sudden unexpected infant death'
16 and 'SUID' mean the sudden death of an infant
17 under 1 year of age that when first discovered did
18 not have an obvious cause. Such terms include those
19 deaths that are later determined to be from ex-
20 plained as well as unexplained causes.
21 ''(5) SUDDEN UNEXPLAINED DEATH IN CHILD-
22 HOOD; SUDC.—The terms 'sudden unexplained death
23 in childhood' and 'SUDC' mean the sudden death of
24 a child older than 1 year of age which remains unex-
25 plained after a thorough case investigation, including
26 a review of the clinical history and circumstances of

death, and performance of a complete autopsy with appropriate ancillary testing.

"SEC. 399II. DEATH SCENE INVESTIGATION AND AUTOPSY.

"(a) INVESTIGATIONS.—

"(1) GRANTS.—The Secretary, acting through the Director, shall award grants to States to enable such States to improve the completion of comprehensive death scene investigations for sudden unexpected infant death and sudden unexplained death in childhood.

"(2) APPLICATION.—To be eligible to receive a grant under paragraph (1), a State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

"(3) USE OF FUNDS.—

"(A) IN GENERAL.—A State shall use amounts received under a grant under paragraph (1) to improve the completion of comprehensive death scene investigations for sudden unexpected infant death and sudden unexplained death in childhood, including through the awarding of subgrants to local jurisdictions to be used to implement standard death scene investigation protocols for sudden unexpected

1 infant death and sudden unexplained death in
2 childhood and conduct comprehensive and to
3 conduct standardized autopsies.

4 ‘‘(B) PROTOCOLS.—A standard death
5 scene protocol implemented under subparagraph
6 (A) shall include the obtaining of information
7 on current and past medical history of the in-
8 fant/child, the circumstances surrounding the
9 death including any suspicious circumstances,
10 the sleep position and sleep environment of the
11 infant/child, and whether there were any acci-
12 dental or environmental factors associated with
13 the death. The Director in consultation with
14 medical examiners, coroners, death scene inves-
15 tigators, law enforcement, emergency medical
16 technicians and paramedics, public health agen-
17 cies, and other individuals or groups determined
18 necessary by the Director shall develop a stand-
19 ard death scene protocol for children from 1 to
20 4 years of age using existing protocols devel-
21 oped for SUID.

22 ‘‘(b) AUTOPSIES.—

23 ‘‘(1) IN GENERAL.—The Secretary, acting
24 through the Director, shall award grants to States
25 to enable such States to increase the rate at which

1 comprehensive and standardized autopsies are per-
2 formed for sudden unexpected infant death and sud-
3 den unexplained death in childhood.

4 ‘‘(2) APPLICATION.—To be eligible to receive a
5 grant under paragraph (1), a State shall submit to
6 the Secretary an application at such time, in such
7 manner, and containing such information as the Sec-
8 retary may require.

9 ‘‘(3) COMPREHENSIVE AUTOPSY.—For purposes
10 of this subsection, a comprehensive autopsy shall in-
11 clude a full external and internal examination of all
12 major organs and tissues including the brain, com-
13 plete radiographs, metabolic testing, and toxicology
14 screening of the infant/child involved.

15 ‘‘(4) GUIDELINES.—The Director, in consulta-
16 tion with board certified forensic pathologists, med-
17 ical examiners, coroners, pediatric pathologists, pedi-
18 atric cardiologists, pediatric neuropathologists and
19 geneticists, and other individuals and groups deter-
20 mined necessary by the Director shall develop na-
21 tional guidelines for a standard autopsy protocol for
22 sudden unexpected infant death and sudden unex-
23 plained death in childhood. The Director shall en-
24 sure that the majority of such consultation is with
25 board certified forensic pathologists, medical exam-

1 iners, and coroners. The Director is encouraged to
2 seek additional input from child abuse experts, be-
3 reavement specialists, parents, and public health
4 agencies on non-medical aspects of the autopsy
5 guidelines. In developing such protocol, the Director
6 shall consider autopsy protocols used by State and
7 local jurisdictions.

8 ''(c) STUDY ON GENETIC TESTING.—The Director,
9 in consultation with medical examiners, coroners, forensic
10 pathologists, geneticists, researchers, public health offi-
11 cials, and other individuals and groups determined nec-
12 essary by the Director, shall commission a study to deter-
13 mine the benefits and appropriateness of genetic testing
14 for infant and early childhood deaths that remain unex-
15 plained after a complete death scene investigation and
16 comprehensive and standardized autopsy. Such study shall
17 include recommendations on developing a standard pro-
18 tocol for use in determining when to utilize genetic testing
19 and standard protocols for the collection and storage of
20 specimens suitable for genetic testing.

21 ''(d) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated, such sums as may be
23 necessary for each of fiscal years 2010 through 2014, to
24 carry out this section.

1 **“SEC. 399JJ. TRAINING.**

2 ‘‘(a) GRANTS.—The Secretary, acting through the
3 Director, shall award grants to eligible entities for the pro-
4 vision of training on death scene investigation.

5 ‘‘(b) ELIGIBLE ENTITIES.—To be eligible to receive
6 a grant under subsection (a), an entity shall—

7 ‘‘(1) be—

8 ‘‘(A) a State or local government entity; or

9 ‘‘(B) a non-profit private entity; and

10 ‘‘(2) submit to the Secretary an application at
11 such time, in such manner, and containing such in-
12 formation as the Secretary may require.

13 ‘‘(c) USE OF FUNDS.—An eligible entity shall use
14 amounts received under a grant under this section to—

15 ‘‘(1) provide training to medical examiners,
16 coroners, death scene investigators, law enforcement
17 personnel, and emergency medical technicians or
18 paramedics concerning death scene investigations,
19 including the use of standard death scene investiga-
20 tion protocols that include information on the cur-
21 rent and past medical history of the infant/child, the
22 circumstances surrounding the death including any
23 suspicious circumstances, the sleep position and
24 sleep environment of the infant/child, and whether
25 there were any accidental or environmental factors
26 associated with the death;

1 ‘‘(2) provide training directly to individuals who
2 are responsible for conducting and reviewing death
3 scene investigations for sudden unexpected infant
4 death and sudden unexplained death in childhood;
5 ‘‘(3) provide training to multidisciplinary teams,
6 including teams that have a medical examiner or
7 coroner, death scene investigator, law enforcement
8 representative, and an emergency medical technician
9 or paramedic;
10 ‘‘(4) in the case of national and State-based
11 grantees that is comprised of medical examiners,
12 coroners, death scene investigators, law enforcement
13 personnel, or emergency medical technicians and
14 paramedics, integrate training under the grant on
15 death scene investigation into professional accredita-
16 tion and training programs;
17 ‘‘(5) in the case of State and local government
18 entity grantees, obtain equipment, including com-
19 puter equipment, to aid in the completion of stand-
20 ard death scene investigation; or
21 ‘‘(6) conduct training activities for medical ex-
22 aminers, coroners, and forensic pathologists con-
23 cerning standard autopsy protocols for sudden unex-
24 pected infant death and sudden unexplained death in
25 childhood.

1 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 such sums as may be necessary for each of fiscal years
4 2010 through 2014.

5 **"SEC. 399KK. CHILD DEATH REVIEW.**

6 "(a) PREVENTION.—

7 "(1) CORE CAPACITY GRANTS.—The Secretary,
8 acting through the Administrator, shall award
9 grants to States to build State capacity and imple-
10 ment State and local child death review programs
11 and prevention strategies.

12 "(2) PLANNING GRANTS.—The Secretary, act-
13 ing through the Administrator, shall award planning
14 grants to States that have no existing child death re-
15 view program or States in which the only child death
16 review programs are State-based, for the develop-
17 ment of local child death review programs and pre-
18 vention strategies.

19 "(3) APPLICATION.—To be eligible to receive a
20 grant under paragraph (1) or (2), a State shall sub-
21 mit to the Secretary an application at such time, in
22 such manner, and containing such information as
23 the Secretary may require.

1 "(4) TECHNICAL ASSISTANCE.—The Secretary,
2 acting through the Administrator, shall provide tech-
3 nical assistance to assist States—
4 "(A) in developing the capacity for com-
5 prehensive child death review programs, includ-
6 ing the development of best practices for the
7 implementation of such programs; and
8 "(B) in maintaining the national child
9 death case reporting system.
10 "(b) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated, such sums as may be
12 necessary for each of fiscal years 2010 through 2014, to
13 carry out subsection (a).

14 **"SEC. 300LL. NATIONAL REGISTRY FOR SUDDEN UNEX-**
15 **PECTED INFANT DEATHS AND SUDDEN UNEX-**
16 **PLAINED DEATH IN CHILDHOOD.**

17 "(a) ESTABLISHMENT.—The Secretary, acting
18 through the Director and in consultation with the national
19 child death case reporting system, the Administrator of
20 the Health Resources and Services Administration, na-
21 tional health organizations, and professional societies with
22 experience and expertise relating to reducing SUID and
23 SUDC, shall establish a population-based SUID and
24 SUDC case registry that can facilitate the understanding
25 of the root causes, rates, and trends of SUID and SUDC.

1 “(b) NATIONAL REGISTRY.—The national registry
2 established under subsection (a) shall facilitate the collec-
3 tion, analysis, and dissemination of data by—
4 “(1) implementing a surveillance and moni-
5 toring system based on thorough and complete death
6 scene investigation data, clinical history, and au-
7 topsy findings;
8 “(2) collecting standardized information about
9 the environmental, medical, genetic, and social cir-
10 cumstances of death (including sleep environment
11 and quality of the death scene investigation) if de-
12 termined that such may correlate with infant and
13 early childhood deaths, as well as information from
14 other law enforcement, medical examiner, coroner,
15 emergency medical services (EMS), medical records,
16 and vital records (if possible);
17 “(3) supporting multidisciplinary infant and
18 early childhood death reviews such as those per-
19 formed by child death review committees to collect
20 and review the standardized information and accu-
21 rately and consistently classify and characterize
22 SUID and SUDC; and
23 “(4) facilitating the sharing of information to
24 improve the public reporting of surveillance and vital

1 statistics describing the epidemiology of SUID and
2 SUDC.

3 ''(c) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section,
5 such sums as necessary for each of fiscal years 2010
6 through 2014.

7 **''SEC. 399MM. PUBLIC AWARENESS AND EDUCATION CAM-**
8 **PAIGN.**

9 ''(a) ESTABLISHMENT.—The Secretary, acting
10 through the Administrator and in consultation with the
11 Director and the Director of the National Institutes of
12 Health, shall establish and implement a culturally com-
13 petent public health awareness and education campaign
14 to provide information that is focused on decreasing the
15 risk factors for sudden unexpected infant death and sud-
16 den unexplained death in childhood, including educating
17 individuals about safe sleep environments, sleep positions,
18 and reducing exposure to smoking during pregnancy and
19 after birth.

20 ''(b) TARGETED POPULATIONS.—The campaign
21 under subsection (a) shall be designed to reduce health
22 disparities through the targeting of populations with high
23 rates of sudden unexpected infant death and sudden unex-
24 plained death in childhood.

1 "(c) CONSULTATION.—In establishing and imple-
2 menting the campaign under subsection (a), the Secretary
3 shall consult with national organizations representing
4 health care providers, including nurses and physicians,
5 parents, child care providers, children's advocacy and safe-
6 ty organizations, maternal and child health programs and
7 women's, infants and children nutrition professionals, and
8 other individuals and groups determined necessary by the
9 Secretary for such establishment and implementation.
10 "(d) GRANTS.—
11 "(1) IN GENERAL.—In carrying out the cam-
12 paign under subsection (a), the Secretary shall
13 award grants to national organizations, State and
14 local health departments, and community-based or-
15 ganizations for the conduct of education and out-
16 reach programs for nurses, parents, child care pro-
17 viders, public health agencies, and community orga-
18 nizations.
19 "(2) APPLICATION.—To be eligible to receive a
20 grant under paragraph (1), an entity shall submit to
21 the Secretary an application at such time, in such
22 manner, and containing such information as the Sec-
23 retary may require.
24 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
2 2010 through 2014.

3 **"SEC. 399NN. GRANTS FOR SUPPORT SERVICES.**

4 ''(a) IN GENERAL.—The Secretary, acting through
5 the Administrator, shall award grants to national organi-
6 zations, State and local health departments, and commu-
7 nity-based organizations, for the provisions of support
8 services to families who have had a child die of sudden
9 unexpected infant death and sudden unexplained death in
10 childhood.

11 ''(b) APPLICATION.—To be eligible to receive a grant
12 under subsection (a), an entity shall submit to the Sec-
13 retary an application at such time, in such manner, and
14 containing such information as the Secretary may require.

15 ''(c) USE OF FUNDS.—Amounts received under a
16 grant awarded under subsection (a) may be used to pro-
17 vide grief counseling, education, home visits, 24-hour hot-
18 lines, and support groups for families who have lost a child
19 to sudden unexpected infant death or sudden unexplained
20 death in childhood.

21 ''(d) PREFERENCE.—In awarding grants under sub-
22 section (a), the Secretary shall give preference to commu-
23 nity-based applicants that have a proven history of effec-
24 tive direct support services and interventions for sudden
25 unexpected infant death and sudden unexplained death in

1 childhood and can demonstrate experience through col-
2 laborations and partnerships for delivering services
3 throughout a State or region.

4 ‘‘(e) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated to carry out this section,
6 such sums as may be necessary for each of fiscal years
7 2010 through 2014.

8 **‘‘SEC. 399OO. EVALUATION OF STATE AND REGIONAL**
9 **NEEDS.**

10 ‘‘The Secretary, acting through the Director and in
11 consultation with the Administrator, shall conduct a needs
12 assessment on a State and regional basis of the availability
13 of personnel, training, technical assistance, and resources
14 for investigating and determining sudden unexpected in-
15 fant death and sudden unexplained death in childhood
16 death and make recommendations to increase collabora-
17 tion on a State and regional level for investigation and
18 determination.’’.

19 **SEC. 4. ENHANCING PUBLIC HEALTH ACTIVITIES RELATED**
20 **TO STILLBIRTH.**

21 Part P of title III of the Public Health Service Act
22 (42 U.S.C. 280g et seq.) is amended—

23 (1) by redesignating the second section 399R
24 (relating to the amyotrophic lateral sclerosis registry
25 (42 U.S.C. 280g–7)) and the third section 399R (re-

1 lating to support for patients receiving a positive di-
2 agnosis of down syndrome or other prenatally or
3 postnatally diagnosed conditions (42 U.S.C. 280g–
4 8)) as sections 399S and 399T respectively; and
5 (2) by adding at the end the following:

6 **"SEC. 399U. ENHANCING PUBLIC HEALTH ACTIVITIES RE-**
7 **LATED TO STILLBIRTH.**

8 "(a) GRANTS.—The Secretary, acting through the
9 Director of the Centers for Disease Control and Preven-
10 tion, shall award grants to eligible States and metropolitan
11 areas to enhance and expand surveillance efforts to collect
12 thorough and complete epidemiologic information on still-
13 births, including through the utilization of the infrastruc-
14 ture of existing surveillance systems.

15 "(b) ELIGIBILITY.—To be eligible to receive a grant
16 under subsection (a), an entity shall be—
17 "(1) a State or a major metropolitan area (as
18 defined by the Secretary); and
19 "(2) submit to the Secretary an application at
20 such time, in such manner, and containing such in-
21 formation as the Secretary may require, including an
22 assurance that the applicant will implement the
23 standardized surveillance protocol developed under
24 subsection (c).

1 "(c) SURVEILLANCE PROTOCOL.—The Secretary,
2 acting through the Director of the Centers for Disease
3 Control and Prevention, shall—
4 "(1) provide for the continued development and
5 dissemination of a standard protocol for stillbirth
6 data collection and surveillance, in consultation with
7 representatives of health and advocacy organizations,
8 State and local governments, and other interested
9 entities determined appropriate by the Secretary;
10 "(2) monitor trends and identify potential risk
11 factors for further study using existing sources of
12 surveillance data and expanded sources of data from
13 targeted surveillance efforts, and methods for the
14 evaluation of stillbirth prevention efforts; and
15 "(3) develop and evaluate methods to link exist-
16 ing data to provide more complete information for
17 research into the causes and conditions associated
18 with stillbirth.
19 "(d) POSTMORTEM EVALUATION AND DATA COLLEC-
20 TION.—The Secretary, acting through the Director of the
21 Centers for Disease Control and Prevention and in con-
22 sultation with physicians, nurses, pathologists, geneticists,
23 parents, and other groups determined necessary by the Di-
24 rector, shall develop guidelines for increasing the perform-
25 ance and data collection of postmortem stillbirth evalua-

1 tion, including conducting and reimbursing autopsies, pla-
2 cental histopathlogy and cytogentic testing. The guidelines
3 should take into account cultural competency issues re-
4 lated to postmortem stillbirth evaluation.

5 "(e) PUBLIC HEALTH PROGRAMMATIC ACTIVITIES
6 RELATED TO STILLBIRTH.—The Secretary, acting
7 through the Director of the Centers for Disease Control
8 and Prevention, shall—

9 "(1) develop behavioral surveys for women ex-
10 periencing stillbirth, using existing State-based in-
11 frastructure for pregnancy-related information gath-
12 ering; and

13 "(2) increase the technical assistance provided
14 to States, Indian tribes, territories, and local com-
15 munities to enhance capacity for improved investiga-
16 tion of medical and social factors surrounding still-
17 birth events.

18 "(f) PUBLIC EDUCATION AND PREVENTION PRO-
19 GRAMS.—The Secretary, acting through the Director of
20 the Centers for Disease Control and Prevention and in
21 consultation with health care providers, public health or-
22 ganizations, maternal and child health programs, parents,
23 and other groups deemed necessary by the Director, shall
24 directly or through grants, cooperative agreements, or con-
25 tracts to eligible entities, develop and conduct evidence-

1 based public education and prevention programs aimed at
2 reducing the occurrence of stillbirth overall and addressing
3 the racial and ethnic disparities in its occurrence, includ-
4 ing—

5 ''(1) public education programs, services, and
6 demonstrations which are designed to increase gen-
7 eral awareness of stillbirths; and

8 ''(2) the development of tools for the education
9 of health professionals and women concerning the
10 known risks factors for stillbirth, promotion of fetal
11 movement awareness, taking proactive steps to mon-
12 itor a baby's movement beginning at approximately
13 28 weeks into the pregnancy, and the importance of
14 early and regular prenatal care to monitor the
15 health and development of the fetus up to and dur-
16 ing delivery.

17 ''(g) TASK FORCE.—The Secretary, in consultation
18 with the Director of the National Institutes of Health, the
19 Director of the Centers for Disease Control and Preven-
20 tion, and health care providers, researchers, parents, and
21 other groups deemed necessary by the Directors, shall es-
22 tablish a task force to develop a national research plan
23 to determine the causes of, and how to prevent, stillbirth.

24 ''(h) GRANTS FOR SUPPORT SERVICES.—

1 "(1) IN GENERAL.—The Secretary, acting
2 through the Administrator of the Health Resources
3 and Services Administration, shall award grants to
4 national organizations, State and local health de-
5 partments, and community-based organizations, for
6 the provisions of support services to families who
7 have experienced stillbirth.

8 "(2) APPLICATION.—To be eligible to receive a
9 grant under subsection (a), an entity shall submit to
10 the Secretary an application at such time, in such
11 manner, and containing such information as the Sec-
12 retary may require.

13 "(3) USE OF FUNDS.—Amounts received under
14 a grant awarded under subsection (a) may be used
15 to provide grief counseling, education, home visits,
16 24-hour hotlines, and support groups for families
17 who have experienced stillbirth.

18 "(4) PREFERENCE.—In awarding grants under
19 subsection (a), the Secretary shall give preference to
20 applicants that are community-based organizations
21 that have a proven history of providing effective di-
22 rect support services and interventions related to
23 stillbirths and can demonstrate experience through
24 collaborations and partnerships for delivering serv-
25 ices throughout a State or region.

1 "(i) DEFINITION.—In this section, the term 'still-
2 birth' means a spontaneous, not induced, pregnancy loss
3 20 weeks or after, or if the age of the fetus is not known,
4 then a fetus weighing 350 grams or more.

5 "(j) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section,
7 such sums as may be necessary for each of fiscal years
8 2010 through 2014.".

9 **SEC. 5. REPORT TO CONGRESS.**

10 Not later than 2 years after the date of enactment
11 of this Act, the Secretary of Health and Human Services,
12 acting through the Director of the Centers for Disease
13 Control and Prevention and in consultation with the Di-
14 rector of the National Institutes of Health and the Admin-
15 istrator of the Health Resources and Services Administra-
16 tion, shall submit to Congress a report describing the
17 progress made in implementing this Act (and the amend-
18 ments made by this Act).

○