

112TH CONGRESS
1ST SESSION

S. _____

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 SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice and referred to the Committee on _____

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 2011”.

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) Causes for stillbirth include genetic abnor-
4 malities, umbilical cord accidents, infections, and
5 placental problems.

6 (3) A number of risk factors for stillbirth have
7 been described in pregnant women such as young or
8 advanced maternal age, obesity, smoking, diabetes,
9 and hypertension.

10 (4) Because of advances in medical care over
11 the last 30 years, much more is known about the
12 causes of stillbirth. But for as many as 50 percent
13 of stillbirths, the cause is never identified.

14 (5) Sudden unexpected infant death (SUID) is
15 the sudden death of an infant under 1 year of age
16 that when first discovered did not have an obvious
17 cause. These include those deaths that are later de-
18 termined to be from explained as well as unexplained
19 causes.

20 (6) In 2004, approximately 4,600 infants died
21 suddenly and unexpectedly of no immediate obvious
22 cause. Each year approximately 200 deaths of chil-
23 dren between the ages of 1 and 4 remain unex-
24 plained after a thorough case investigation is con-
25 ducted.

1 (7) The sudden infant death syndrome (SIDS)
2 rate has been declining significantly since the early
3 1990s. However, research has found that some of
4 the decline in SIDS since 1999 can be explained by
5 diagnostic shifts and increasing diagnosis specificity
6 in cases of SUID.

7 (8) Many sudden unexpected infant deaths are
8 not investigated and, even when they are, cause-of-
9 death data are not collected and reported consist-
10 ently.

11 (9) Inaccurate or inconsistent classification of
12 cause and manner of death due to inconsistent data
13 collection impedes prevention efforts and complicates
14 the ability to understand risk factors related to these
15 deaths.

16 (10) The National Child Death Review Case
17 Reporting System collects comprehensive informa-
18 tion on the risk factors associated with SUID
19 deaths. As of March 2011, 37 of the 49 States con-
20 ducting child death reviews are voluntarily submit-
21 ting data to this reporting system.

1 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
2 **ACT.**

3 Title III of the Public Health Service Act (42 U.S.C.
4 241 et seq.) is amended by adding at the end the fol-
5 lowing:

6 **“PART W—SUDDEN UNEXPECTED INFANT DEATH**
7 **AND SUDDEN UNEXPLAINED DEATH IN**
8 **CHILDHOOD**

9 **“SEC. 3990O. DEFINITIONS.**

10 “In this part:

11 “(1) ADMINISTRATOR.—The term ‘Adminis-
12 trator’ means the Administrator of the Health Re-
13 sources and Services Administration.

14 “(2) DIRECTOR.—The term ‘Director’ means
15 the Director of the Centers for Disease Control and
16 Prevention.

17 “(3) STATE.—The term ‘State’ has the mean-
18 ing given to such term in section 2, except that such
19 term includes tribes and tribal organizations (as
20 such terms are defined in section 4 of the Indian
21 Self-Determination and Education Assistance Act).

22 “(4) SUDDEN UNEXPECTED INFANT DEATH;
23 SUID.—The terms ‘sudden unexpected infant death’
24 and ‘SUID’ mean the sudden death of an infant
25 under 1 year of age that when first discovered did
26 not have an obvious cause. Such terms include those

1 deaths that are later determined to be from ex-
2 plained as well as unexplained causes.

3 “(5) SUDDEN UNEXPLAINED DEATH IN CHILD-
4 HOOD; SUDC.—The terms ‘sudden unexplained death
5 in childhood’ and ‘SUDC’ mean the sudden death of
6 a child older than 1 year of age which remains unex-
7 plained after a thorough case investigation that in-
8 cludes a review of the clinical history and cir-
9 cumstances of death and performance of a complete
10 autopsy with appropriate ancillary testing.

11 **“SEC. 39900-1. DEATH SCENE INVESTIGATION AND AU-**
12 **TOPSY.**

13 “(a) INVESTIGATIONS.—

14 “(1) GRANTS.—The Secretary, acting through
15 the Director, shall award grants to States to enable
16 such States to improve the completion of comprehen-
17 sive death scene investigations for sudden unex-
18 pected infant death and sudden unexplained death in
19 childhood.

20 “(2) APPLICATION.—To be eligible to receive a
21 grant under paragraph (1), a State shall submit to
22 the Secretary an application at such time, in such
23 manner, and containing such information as the Sec-
24 retary may require.

25 “(3) USE OF FUNDS.—

1 “(A) IN GENERAL.—A State shall use
2 amounts received under a grant under para-
3 graph (1) to improve the completion of com-
4 prehensive death scene investigations for sud-
5 den unexpected infant death and sudden unex-
6 plained death in childhood, including through
7 the awarding of subgrants to local jurisdictions
8 to be used to implement standard death scene
9 investigation protocols for sudden unexpected
10 infant death and sudden unexplained death in
11 childhood and conduct comprehensive, stand-
12 arized autopsies.

13 “(B) PROTOCOLS.—A standard death
14 scene protocol implemented under subparagraph
15 (A) shall include the obtaining of information
16 on current and past medical history of the in-
17 fant/child, the circumstances surrounding the
18 death including any suspicious circumstances,
19 the sleep position and sleep environment of the
20 infant/child, and whether there were any acci-
21 dental or environmental factors associated with
22 the death. The Director in consultation with
23 medical examiners, coroners, death scene inves-
24 tigators, law enforcement, emergency medical
25 technicians and paramedics, public health agen-

1 cies, and other individuals or groups determined
2 necessary by the Director shall develop a stand-
3 ard death scene protocol for children from 1 to
4 4 years of age, using existing protocols devel-
5 oped for SUID.

6 “(b) AUTOPSIES.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Director, shall award grants to States
9 to enable such States to increase the rate at which
10 comprehensive, standardized autopsies are per-
11 formed for sudden unexpected infant death and sud-
12 den unexplained death in childhood.

13 “(2) APPLICATION.—To be eligible to receive a
14 grant under paragraph (1), a State shall submit to
15 the Secretary an application at such time, in such
16 manner, and containing such information as the Sec-
17 retary may require.

18 “(3) COMPREHENSIVE AUTOPSY.—For purposes
19 of this subsection, a comprehensive autopsy shall in-
20 clude a full external and internal examination, in-
21 cluding microscopic examination, of all major organs
22 and tissues including the brain, complete
23 radiographs, vitreous fluid analysis, photo docu-
24 mentation, selected microbiology when indicated,

1 metabolic testing, and toxicology screening of the in-
2 fant or child involved.

3 “(4) GUIDELINES.—The Director, in consulta-
4 tion with board certified forensic pathologists, med-
5 ical examiners, coroners, pediatric pathologists, pedi-
6 atric cardiologists, pediatric neuropathologists and
7 geneticists, and other individuals and groups deter-
8 mined necessary by the Director shall develop na-
9 tional guidelines for a standard autopsy protocol for
10 sudden unexpected infant death and sudden unex-
11 plained death in childhood. The Director shall en-
12 sure that the majority of such consultation is with
13 board certified forensic pathologists, medical exam-
14 iners, and coroners. The Director is encouraged to
15 seek additional input from child abuse experts, be-
16 reavement specialists, parents, and public health
17 agencies on nonmedical aspects of the autopsy guide-
18 lines. In developing such protocol, the Director shall
19 consider autopsy protocols used by State and local
20 jurisdictions.

21 “(c) STUDY ON GENETIC TESTING.—The Director,
22 in consultation with medical examiners, coroners, forensic
23 pathologists, geneticists, researchers, public health offi-
24 cials, and other individuals and groups determined nec-
25 essary by the Director, shall commission a study to deter-

1 mine the benefits and appropriateness of genetic testing
2 for infant and early childhood deaths that remain unex-
3 plained after a complete death scene investigation and
4 comprehensive, standardized autopsy. Such study shall in-
5 clude recommendations on developing a standard protocol
6 for use in determining when to utilize genetic testing and
7 standard protocols for the collection and storage of speci-
8 mens suitable for genetic testing.

9 “(d) **AUTHORIZATION OF APPROPRIATIONS.**—There
10 is authorized to be appropriated \$8,000,000 for each of
11 fiscal years 2012 through 2016 to carry out this section.

12 **“SEC. 39900-2. TRAINING.**

13 “(a) **GRANTS.**—The Secretary, acting through the
14 Director, shall award grants to eligible entities for the pro-
15 vision of training on death scene investigation specific for
16 SUID and SUDC.

17 “(b) **ELIGIBLE ENTITIES.**—To be eligible to receive
18 a grant under subsection (a), an entity shall—

19 “(1) be—

20 “(A) a State or local government entity; or

21 “(B) a nonprofit private entity; and

22 “(2) submit to the Secretary an application at
23 such time, in such manner, and containing such in-
24 formation as the Secretary may require.

1 “(c) USE OF FUNDS.—An eligible entity shall use
2 amounts received under a grant under this section to—

3 “(1) provide training to medical examiners,
4 coroners, death scene investigators, law enforcement
5 personnel, and emergency medical technicians or
6 paramedics concerning death scene investigations for
7 SUID and SUDC, including the use of standard
8 death scene investigation protocols that include in-
9 formation on the current and past medical history of
10 the infant/child, the circumstances surrounding the
11 death including any suspicious circumstances, the
12 sleep position and sleep environment of the infant/
13 child, and whether there were any accidental or envi-
14 ronmental factors associated with the death;

15 “(2) provide training directly to individuals who
16 are responsible for conducting and reviewing death
17 scene investigations for sudden unexpected infant
18 death and sudden unexplained death in childhood;

19 “(3) provide training to multidisciplinary teams,
20 including teams that have a medical examiner or
21 coroner, death scene investigator, law enforcement
22 representative, and an emergency medical technician
23 or paramedic;

24 “(4) in the case of national and State-based
25 grantees that are comprised of medical examiners,

1 coroners, death scene investigators, law enforcement
2 personnel, or emergency medical technicians and
3 paramedics, integrate training under the grant on
4 death scene investigation of SUID and SUDC into
5 professional accreditation and training programs;

6 “(5) in the case of State and local government
7 entity grantees, obtain equipment, including com-
8 puter equipment, to aid in the completion of stand-
9 ard death scene investigation; or

10 “(6) conduct training activities for medical ex-
11 aminers, coroners, and forensic pathologists con-
12 cerning standard autopsy protocols for sudden unex-
13 pected infant death and sudden unexplained death in
14 childhood and integrate the training under the grant
15 on standard autopsy protocols in SUID and SUDC
16 into professional accreditation and training pro-
17 grams.

18 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated to carry out this section
20 \$2,000,000 for each of fiscal years 2012 through 2016.

21 **“SEC. 39900-3. CHILD DEATH REVIEW.**

22 “(a) PREVENTION.—

23 “(1) CORE CAPACITY GRANTS.—The Secretary,
24 acting through the Administrator, shall award
25 grants to States to build and strengthen State ca-

1 capacity and implement State and local child death re-
2 view programs and prevention strategies.

3 “(2) PLANNING GRANTS.—The Secretary, act-
4 ing through the Administrator, shall award planning
5 grants to States that have no existing child death re-
6 view program or States in which the only child death
7 review programs are State-based, for the develop-
8 ment of local child death review programs and pre-
9 vention strategies.

10 “(3) APPLICATION.—To be eligible to receive a
11 grant under paragraph (1) or (2), a State shall sub-
12 mit to the Secretary an application at such time, in
13 such manner, and containing such information as
14 the Secretary may require.

15 “(4) TECHNICAL ASSISTANCE.—The Secretary,
16 acting through the Administrator, shall provide tech-
17 nical assistance to assist States—

18 “(A) in developing the capacity for com-
19 prehensive child death review programs, includ-
20 ing the development of best practices for the
21 implementation of such programs; and

22 “(B) in maintaining the national child
23 death case reporting system.

24 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated \$7,000,000 for each of

1 fiscal years 2012 through 2016 to carry out subsection
2 (a).

3 **“SEC. 39900–4. NATIONAL REGISTRY FOR SUDDEN UNEX-**
4 **PECTED INFANT DEATHS AND SUDDEN UNEX-**
5 **PLAINED DEATH IN CHILDHOOD.**

6 “(a) ESTABLISHMENT.—The Secretary, acting
7 through the Director and in consultation with the national
8 child death case reporting system, national health organi-
9 zations, and professional societies with experience and ex-
10 pertise relating to reducing SUID and SUDC, shall estab-
11 lish a population-based SUID and SUDC case registry
12 that can facilitate the understanding of the root causes,
13 rates, and trends of SUID and SUDC.

14 “(b) NATIONAL REGISTRY.—The national registry
15 established under subsection (a) shall facilitate the collec-
16 tion, analysis, and dissemination of data by—

17 “(1) implementing a surveillance and moni-
18 toring system based on thorough and complete death
19 scene investigation data, clinical history, and au-
20 topsy findings;

21 “(2) collecting standardized information about
22 the environmental, medical, genetic, and social cir-
23 cumstances of death (including sleep environment
24 and quality of the death scene investigation) if de-
25 termined that such may correlate with infant and

1 early childhood deaths, as well as information from
2 other law enforcement, medical examiner, coroner,
3 emergency medical services (EMS), medical records,
4 and vital records (if possible);

5 “(3) supporting multidisciplinary infant and
6 early childhood death reviews such as those per-
7 formed by child death review committees to collect
8 and review the standardized information and accu-
9 rately and consistently classify and characterize
10 SUID and SUDC;

11 “(4) facilitating the sharing of information to
12 improve the public reporting of surveillance and vital
13 statistics describing the epidemiology of SUID and
14 SUDC; and

15 “(5) utilizing current infrastructure of existing
16 surveillance systems.

17 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section
19 \$3,000,000 for each of fiscal years 2012 through 2016.

20 **“SEC. 39900-5. PUBLIC AWARENESS AND EDUCATION CAM-**
21 **PAIGN.**

22 “(a) ESTABLISHMENT.—The Secretary, acting
23 through the Administrator and in consultation with the
24 Director and the Director of the National Institutes of
25 Health, shall establish and implement a culturally com-

1 petent research-based public health awareness and edu-
2 cation campaign to provide information that is focused on
3 decreasing the risk factors that contribute to sudden unex-
4 pected infant death and sudden unexplained death in
5 childhood, including educating individuals and organiza-
6 tions about safe sleep environments, sleep positions, and
7 reducing exposure to smoking during pregnancy and after
8 birth.

9 “(b) TARGETED POPULATIONS.—The campaign
10 under subsection (a) shall be designed to reduce health
11 disparities through the targeting of populations with high
12 rates of sudden unexpected infant death and sudden unex-
13 plained death in childhood.

14 “(c) CONSULTATION.—In establishing and imple-
15 menting the campaign under subsection (a), the Secretary
16 shall consult with national organizations representing
17 health care providers, including nurses and physicians,
18 parents, child care providers, children’s advocacy and safe-
19 ty organizations, maternal and child health programs and
20 women’s, infants’, and children’s, nutrition professionals,
21 and other individuals and groups determined necessary by
22 the Secretary for such establishment and implementation.

23 “(d) GRANTS.—

24 “(1) IN GENERAL.—In carrying out the cam-
25 paign under subsection (a), the Secretary shall

1 award grants to national organizations, State and
2 local health departments, and community-based or-
3 ganizations for the conduct of education and out-
4 reach programs for health care providers, parents,
5 child care providers, public health agencies, and
6 community organizations.

7 “(2) APPLICATION.—To be eligible to receive a
8 grant under paragraph (1), an entity shall submit to
9 the Secretary an application at such time, in such
10 manner, and containing such information as the Sec-
11 retary may require.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated to carry out this section
14 \$7,000,000 for fiscal year 2012 and \$5,000,000 for each
15 of fiscal years 2013 through 2016.

16 **“SEC. 39900-6. GRANTS FOR SUPPORT SERVICES.**

17 “(a) IN GENERAL.—The Secretary, acting through
18 the Administrator, shall award grants to national organi-
19 zations, State and local health departments, and commu-
20 nity-based organizations, for the provisions of support
21 services to families who have had a child die of sudden
22 unexpected infant death and sudden unexplained death in
23 childhood.

24 “(b) APPLICATION.—To be eligible to receive a grant
25 under subsection (a), an entity shall submit to the Sec-

1 retary an application at such time, in such manner, and
2 containing such information as the Secretary may require.

3 “(c) USE OF FUNDS.—Amounts received under a
4 grant awarded under subsection (a) may be used to pro-
5 vide grief counseling, education, home visits, 24-hour hot-
6 lines, and support groups for families who have lost a child
7 to sudden unexpected infant death or sudden unexplained
8 death in childhood.

9 “(d) PREFERENCE.—In awarding grants under sub-
10 section (a), the Secretary shall give preference to commu-
11 nity-based applicants that have a proven history of effec-
12 tive direct support services and interventions for sudden
13 unexpected infant death and sudden unexplained death in
14 childhood and can demonstrate experience through col-
15 laborations and partnerships for delivering services
16 throughout a State or region.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section
19 \$500,000 for each of fiscal years 2012 through 2016.

20 **“SEC. 39900-7. EVALUATION OF STATE AND REGIONAL**
21 **NEEDS.**

22 “(a) IN GENERAL.—The Secretary, acting through
23 the Director and in consultation with the Administrator,
24 shall conduct a needs assessment on a State and regional
25 basis of the availability of personnel, training, technical

1 assistance, and resources for investigating and deter-
2 mining sudden unexpected infant death and sudden unex-
3 plained death in childhood and make recommendations to
4 increase collaboration on a State and regional level for in-
5 vestigation and determination.

6 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
7 is authorized to be appropriated to carry out this section,
8 \$250,000 for each of fiscal years 2012 through 2016.”.

9 **SEC. 4. ENHANCING PUBLIC HEALTH ACTIVITIES RELATED**
10 **TO STILLBIRTH.**

11 Part P of title III of the Public Health Service Act
12 (42 U.S.C. 280g et seq.) is amended by adding at the end
13 the following:

14 **“SEC. 399V-5. ENHANCING PUBLIC HEALTH ACTIVITIES RE-**
15 **LATED TO STILLBIRTH.**

16 “(a) GRANTS.—The Secretary, acting through the
17 Director of the Centers for Disease Control and Preven-
18 tion, shall award grants to eligible States and metropolitan
19 areas to enhance and expand surveillance efforts to collect
20 thorough and complete epidemiologic information on still-
21 births, including through the utilization of the infrastruc-
22 ture of existing surveillance systems (including vital statis-
23 tics systems).

24 “(b) ELIGIBILITY.—To be eligible to receive a grant
25 under subsection (a), an entity shall—

1 “(1) be a State or a major metropolitan area
2 (as defined by the Secretary); and

3 “(2) submit to the Secretary an application at
4 such time, in such manner, and containing such in-
5 formation as the Secretary may require, including—

6 “(A) an assurance that the applicant will
7 implement the standardized surveillance pro-
8 tocol developed under subsection (c); and

9 “(B) a description of the infrastructure of
10 existing surveillance systems in the State or
11 major metropolitan area, as applicable.

12 “(c) SURVEILLANCE PROTOCOL.—The Secretary,
13 acting through the Director of the Centers for Disease
14 Control and Prevention, shall—

15 “(1) provide for the continued development and
16 dissemination of a standard protocol for stillbirth
17 data collection and surveillance, in consultation with
18 representatives of health and advocacy organizations,
19 State and local governments, and other interested
20 entities determined appropriate by the Secretary;

21 “(2) monitor trends and identify potential risk
22 factors for further study using existing sources of
23 surveillance data and expanded sources of data from
24 targeted surveillance efforts, and methods for the
25 evaluation of stillbirth prevention efforts; and

1 “(3) develop and evaluate methods to link exist-
2 ing data to provide more complete information for
3 research into the causes and conditions associated
4 with stillbirth.

5 “(d) POSTMORTEM EVALUATION AND DATA COLLEC-
6 TION.—The Secretary, acting through the Director of the
7 Centers for Disease Control and Prevention and in con-
8 sultation with physicians, nurses, pathologists, geneticists,
9 parents, and other groups determined necessary by the Di-
10 rector, shall develop guidelines for increasing the perform-
11 ance and data collection of postmortem stillbirth evalua-
12 tion, including conducting and reimbursing autopsies, pla-
13 cental histopathology, and cytogenetic testing. The guide-
14 lines should take into account cultural competency issues
15 related to postmortem stillbirth evaluation.

16 “(e) PUBLIC HEALTH PROGRAMMATIC ACTIVITIES
17 RELATED TO STILLBIRTH.—The Secretary, acting
18 through the Director of the Centers for Disease Control
19 and Prevention, shall—

20 “(1) develop behavioral surveys for women ex-
21 periencing stillbirth, using existing State-based in-
22 frastructure for pregnancy-related information gath-
23 ering; and

24 “(2) increase the technical assistance provided
25 to States, Indian tribes, territories, and local com-

1 munities to enhance capacity for improved investiga-
2 tion of medical and social factors surrounding still-
3 birth events.

4 “(f) PUBLIC EDUCATION AND PREVENTION PRO-
5 GRAMS.—The Secretary, acting through the Director of
6 the Centers for Disease Control and Prevention and in
7 consultation with health care providers, public health or-
8 ganizations, maternal and child health programs, parents,
9 and other groups deemed necessary by the Director, shall
10 directly or through grants, cooperative agreements, or con-
11 tracts to eligible entities, develop and conduct evidence-
12 based public education and prevention programs aimed at
13 reducing the occurrence of stillbirth overall and addressing
14 the racial and ethnic disparities in its occurrence, includ-
15 ing—

16 “(1) public education programs, services, and
17 demonstrations which are designed to increase gen-
18 eral awareness of stillbirths; and

19 “(2) the development of tools for the education
20 of health professionals and women concerning the
21 known risk factors for stillbirth, promotion of fetal
22 movement awareness, and the importance of early
23 and regular prenatal care to monitor the health and
24 development of the fetus up to and during delivery.

1 “(g) TASK FORCE.—The Secretary, in consultation
2 with the Director of the National Institutes of Health, the
3 Director of the Centers for Disease Control and Preven-
4 tion, and health care providers, researchers, parents, and
5 other groups deemed necessary by the Directors, shall es-
6 tablish a task force to develop a national research plan
7 to determine the causes of, and how to prevent, stillbirth.

8 “(h) GRANTS FOR SUPPORT SERVICES.—

9 “(1) IN GENERAL.—The Secretary, acting
10 through the Administrator of the Health Resources
11 and Services Administration, shall award grants to
12 national organizations, State and local health de-
13 partments, and community-based organizations, for
14 the provisions of support services to families who
15 have experienced stillbirth.

16 “(2) APPLICATION.—To be eligible to receive a
17 grant under subsection (a), an entity shall submit to
18 the Secretary an application at such time, in such
19 manner, and containing such information as the Sec-
20 retary may require.

21 “(3) USE OF FUNDS.—Amounts received under
22 a grant awarded under subsection (a) may be used
23 to provide grief counseling, education, home visits,
24 24-hour hotlines, and support groups for families
25 who have experienced stillbirth.

1 “(4) PREFERENCE.—In awarding grants under
2 subsection (a), the Secretary shall give preference to
3 applicants that are community-based organizations
4 that have a proven history of providing effective di-
5 rect support services and interventions related to
6 stillbirths and can demonstrate experience through
7 collaborations and partnerships for delivering serv-
8 ices throughout a State or region.

9 “(i) DEFINITIONS.—In this section:

10 “(1) The term ‘State’ has the meaning given to
11 such term in section 2, except that such term in-
12 cludes tribes and tribal organizations (as such terms
13 are defined in section 4 of the Indian Self-Deter-
14 mination and Education Assistance Act).

15 “(2) The term ‘stillbirth’ means a spontaneous,
16 not induced, pregnancy loss 20 weeks or later after
17 gestation, or if the age of the fetus is not known,
18 then a fetus weighing 350 grams or more.

19 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this section,
21 \$3,000,000 for each of fiscal years 2012 through 2016.”.

22 **SEC. 5. REPORT TO CONGRESS.**

23 Not later than 2 years after the date of enactment
24 of this Act, the Secretary of Health and Human Services,
25 acting through the Director of the Centers for Disease

1 Control and Prevention and in consultation with the Di-
2 rector of the National Institutes of Health and the Admin-
3 istrator of the Health Resources and Services Administra-
4 tion, shall submit to Congress a report describing the
5 progress made in implementing this Act (and the amend-
6 ments made by this Act).