at least 8 children died in tragic tip-over accidents and hundreds of children have been injured by IKEA furniture.

Mr. Speaker, relying upon a voluntary standard for dressers is not enough to protect our children from tip-overs.

The voluntary standard only tests whether a dresser or drawer will tip with 50 lbs. hanging from an open drawer.

This standard has not proven stringent enough to reduce tip-overs, and it also only applies to dressers over 27 inches.

Even as weak as it is, dressers do not have to meet this voluntary standard.

That is why the STURDY Act is needed; it will help prevent the deaths of children from tip-overs.

Specifically, the STURDY Act:

1. Mandates testing on all clothing units;

2. Requires testing to simulate the weights of children up to 72 months old;

3. Requires testing measures to account for scenarios involving carpeting, loaded drawers, and the dynamic force of a climbing child;

4. Mandates strong warning requirements; and

5. Requires the CPSC to issue the mandatory standard within 1 year of the STURDY Act's enactment.

I strongly support H.R. 1314, the Stop Tip-Overs of Unstable, Risky Dressers on Youth Act, and urge all Members to join me in voting for its passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1314.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

TRIBAL HEALTH DATA IMPROVEMENT ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3841) to amend the Public Health Service Act with respect to the collection and availability of health data with respect to Indian Tribes, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3841

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 ''Tribal Health Data Improvement Act of 2021''.

SEC. 2. COLLECTION AND AVAILABILITY OF HEALTH DATA WITH RESPECT TO INDIAN TRIBES.

(a) DATA COLLECTION.—Section 3101(a)(1) of the Public Health Service Act (42 U.S.C. 300kk(a)(1)) is amended—

(1) by striking '', by not later than 2 years after the date of enactment of this title,''; and

(2) in subparagraph (B), by inserting ''Tribal,'' after ''State,''.

(b) DATA REPORTING AND DISSEMINATION.—Section 3101(c) of the Public Health Service Act (42 U.S.C. 300kk(c)) is amended—

(1) by amending subparagraph (F) of paragraph (1) to read as follows:

''(F) the Indian Health Service, Indian Tribes, Tribal organizations, and epidemiology centers authorized under the Indian Health Care Improvement Act;''; and

(2) in paragraph (3), by inserting ''Indian Tribes, Tribal organizations, and epidemiology centers,'' after ''Federal agencies,''.

(c) PROTECTION AND SHARING OF DATA.—Section 3101(e) of the Public Health Service Act (42 U.S.C. 300kk(e)) is amended by adding at the end the following new paragraphs:

''(3) DATA SHARING STRATEGY.—With respect to data access for Tribal epidemiology centers and Tribes, the Secretary shall create a data sharing strategy that takes into consideration recommendations by the Secretary's Tribal Advisory Committee for—

''(A) ensuring that Tribal epidemiology centers and Indian Tribes have access to the data sources necessary to accomplish their public health responsibilities; and

''(B) protecting the privacy and security of such data.

''(4) TRIBAL PUBLIC HEALTH AUTHORITY.—

''(A) AVAILABILITY.—Beginning not later than 180 days after the date of the enactment of the Tribal Health Data Improvement Act of 2021, the Secretary shall make available to the entities listed in subparagraph (B) all data that is collected pursuant to this title with respect to health care and public health surveillance programs and activities, including such programs and activities that are federally supported or conducted, so long as—

''(i) such entities request the data pursuant to statute; and

''(ii) the data is requested for use—

''(I) consistent with Federal law and obligations; and

''(II) to satisfy a particular purpose or carry out a specific function consistent with the purpose for which the data was collected.

''(B) ENTITIES.—The entities listed in this subparagraph are—

''(i) the Indian Health Service;

''(ii) Indian Tribes and Tribal organizations; and

''(iii) epidemiology centers.''.

(d) TECHNICAL UPDATES.—Section 3101 of the Public Health Service Act (42 U.S.C. 300kk) is amended—

(1) by striking subsections (g) and (h); and

(2) by redesignating subsection (i) as subsection (h).

(e) DEFINITIONS.—After executing the amendments made by subsection (d), section 3101 of the Public Health Service Act (42 U.S.C. 300kk) is amended by inserting after subsection (f) the following new subsection:

''(g) DEFINITIONS.—In this section:

''(1) The term 'epidemiology center' means an epidemiology center established under section 214 of the Indian Health Care Improvement Act, including such Tribal epidemiology centers serving Indian Tribes regionally and any Tribal epidemiology center serving Urban Indian organizations nationally.

''(2) The term 'Indian Tribe' has the meaning given to the term 'Indian tribe' in section 4 of the Indian Self-Determination and Education Assistance Act.

''(3) The term 'Tribal organization' has the meaning given to the term 'tribal organization' in section 4 of the of the Indian Self-Determination and Education Assistance Act.

''(4) The term 'Urban Indian organization' has the meaning given to that term in section 4 of the Indian Health Care Improvement Act.''.

(f) TECHNICAL CORRECTION.—Section 3101(b) of the Public Health Service Act (42 U.S.C. 300kk(b)) is amended by striking ''DATA ANALYSIS.—'' and all that follows through ''For each federally'' and inserting ''DATA ANALYSIS.—For each federally''.

SEC. 3. IMPROVING HEALTH STATISTICS REPORTING WITH RESPECT TO INDIAN TRIBES.

(a) TECHNICAL AID TO STATES AND LOCALITIES.—Section 306(d) of the Public Health Service Act (42 U.S.C. 242k(d)) is amended by inserting '', Indian Tribes, Tribal organizations, and epidemiology centers'' after ''jurisdictions''.

(b) COOPERATIVE HEALTH STATISTICS SYSTEM.—Section 306(e)(3) of the Public Health Service Act (42 U.S.C. 242k(e)(3)) is amended by inserting '', Indian Tribes, Tribal organizations, and epidemiology centers'' after ''health agencies''.

(c) FEDERAL-STATE-TRIBAL COOPERATION.—Section 306(f) of the Public Health Service Act (42 U.S.C. 242k(f)) is amended—

(1) by inserting ''the Indian Health Service,'' before ''the Departments of Commerce'';

(2) by inserting a comma after ''the Departments of Commerce and Labor'';

(3) by inserting '', Indian Tribes, Tribal organizations, and epidemiology centers'' after ''State and local health departments and agencies''; and

(4) by striking ''he shall'' and inserting ''the Secretary shall''.

(d) REGISTRATION AREA RECORDS.—Section 306(h)(1) of the Public Health Service Act (42 U.S.C. 242k(h)(1)) is amended—

(1) by striking ''in his discretion'' and inserting ''in the discretion of the Secretary''; and

(2) by striking ''Hispanics, Asian Americans, and Pacific Islanders'' and inserting ''American Indians and Alaska Natives, Hispanics, Asian Americans, and Native Hawaiian and other Pacific Islanders''.

(e) NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS.—Section 306(k) of the Public Health Service Act (42 U.S.C. 242k(k)) is amended—

(1) in paragraph (3), by striking '', not later than 60 days after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996,'' each place it appears; and

(2) in paragraph (7), by striking ''Not later than 1 year after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996, and annually thereafter, the Committee shall'' and inserting ''The Committee shall, on a biennial basis,''.

(f) GRANTS FOR ASSEMBLY AND ANALYSIS OF DATA ON ETHNIC AND RACIAL POPULATIONS.—Section 306(m)(4) of the Public Health Service Act (42 U.S.C. 242k(m)(4)) is amended—

(1) in subparagraph (A)—

(A) by striking ''Subject to subparagraph (B), the'' and inserting ''The''; and

(B) by striking ''and major Hispanic subpopulation groups and American Indians'' and inserting '', major Hispanic subgroups, and American Indians and Alaska Natives''; and

(2) by amending subparagraph (B) to read as follows:

''(B) In carrying out subparagraph (A), with respect to American Indians and Alaska Natives, the Secretary shall—

''(i) consult with Indian Tribes, Tribal organizations, the Tribal Technical Advisory Group of the Centers for Medicare & Medicaid Services maintained under section 5006(e) of the American Recovery and Reinvestment Act of 2009, and the Tribal Advisory Committee established by the Centers for Disease Control and Prevention, in coordination with epidemiology centers, to develop guidelines for State and local health

agencies to improve the quality and accuracy of data with respect to the birth and death records of American Indians and Alaska Natives;

''(ii) confer with Urban Indian organizations to develop guidelines for State and local health agencies to improve the quality and accuracy of data with respect to the birth and death records of American Indians and Alaska Natives;

''(iii) enter into cooperative agreements with Indian Tribes, Tribal organizations, Urban Indian organizations, and epidemiology centers to address misclassification and undersampling of American Indians and Alaska Natives with respect to—

''(I) birth and death records; and

''(II) health care and public health surveillance systems, including, but not limited to, data with respect to chronic and infectious diseases, unintentional injuries, environmental health, child and adolescent health, maternal health and mortality, foodborne and waterborne illness, reproductive health, and any other notifiable disease or condition;

''(iv) encourage States to enter into data sharing agreements with Indian Tribes, Tribal organizations, and epidemiology centers to improve the quality and accuracy of public health data; and

''(v) not later than 180 days after the date of enactment of the Tribal Health Data Improvement Act of 2021, and biennially thereafter, issue a report on the following:

''(I) Which States have data sharing agreements with Indian Tribes, Tribal organizations, Urban Indian organizations, and Tribal epidemiology centers to improve the quality and accuracy of health data.

''(II) What the Centers for Disease Control and Prevention is doing to encourage States to enter into data sharing agreements with Indian Tribes, Tribal organizations, Urban Indian organizations, and Tribal epidemiology centers to improve the quality and accuracy of health data.

''(III) Best practices and guidance for States, Indian Tribes, Tribal organizations, Urban Indian organizations, and Tribal epidemiology centers that wish to enter into data sharing agreements.

''(IV) Best practices and guidance for local, State, Tribal, and Federal uniform standards for the collection of data on race and ethnicity.''.

(g) DEFINITIONS.—Section 306 of the Public Health Service Act (42 U.S.C. 242k) is amended—

(1) by redesignating subsection (n) as subsection (o); and

(2) by inserting after subsection (m) the following:

''(n) In this section:

''(1) The term 'epidemiology center' means an epidemiology center established under section 214 of the Indian Health Care Improvement Act, including such Tribal epidemiology centers serving Indian Tribes regionally and any Tribal epidemiology center serving Urban Indian organizations nationally.

''(2) The term 'Indian Tribe' has the meaning given to the term 'Indian tribe' in section 4 of the Indian Self-Determination and Education Assistance Act.

''(3) The term 'Tribal organization' has the meaning given to the term 'tribal organization' in section 4 of the Indian Self-Determination and Education Assistance Act.

''(4) The term 'Urban Indian organization' has the meaning given to that term in section 4 of the Indian Health Care Improvement Act.''.

(h) AUTHORIZATION OF APPROPRIATIONS.—Section 306(o) of the Public Health Service Act, as redesignated by subsection (g), is amended to read as follows:

''(o)(1) To carry out this section, there is authorized to be appropriated $185,000,000 for each of the fiscal years 2022 through 2026.

''(2) Of the amount authorized to be appropriated to carry out this section for a fiscal year, the Secretary shall not use more than 10 percent for the combined costs of—

''(A) administration of this section; and

''(B) carrying out subsection (m)(2).''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include any extraneous material on H.R. 3841.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, American Indian and Alaska Native communities experience disproportionately worse health outcomes than other groups in the United States. The root causes of these poor health outcomes are complex, but, unfortunately, not surprising. For centuries, American Indian and Alaska Native communities have been displaced and damaged by violence, poverty, disease, and adverse social conditions. As a result, Tribal members live shorter lives than any other demographic group.

Unfortunately, the COVID–19 pandemic has also devastated Tribal communities. According to data from the Centers for Disease Control and Prevention, American Indians and Alaska Natives are at greater risk of COVID–19 infection and more than three times more likely to be hospitalized.

Moreover, there are significant gaps in data collection and the full picture of the disease burden is really unknown. So it is important for us to improve Tribal health data collection efforts so that we can improve health outcomes. Tribal Epidemiology Centers manage regional public health information systems and disease prevention and control services. These centers also collaborate with other public health authorities to study, collect, and analyze epidemiological data.

Clear communication and coordination by Federal, State, and local public health departments is necessary to the success and security of these efforts. So the bill before us, H.R. 3841, the Tribal Health Data Improvement Act, equips Tribal communities with enhanced resources to collect public health data and adapt public health programs to improve health outcomes.

The bill clarifies the Federal Government's role in the collection and distribution of public health and disease surveillance data. It does this by creating a strategy to share information with the Indian Health Service, Indian Tribes and organizations, and Tribal Epidemiology Centers.

The legislation requires the Secretary of Health and Human Services to release all applicable public health data to Tribal entities within 180 days of enactment.

It also requires the CDC to encourage and enhance collaborative efforts between States and Tribal organizations to synergize data collection.

Finally, the bill reauthorizes the National Center for Health Statistics with an additional $185 million in funding to implement the programs established by the legislation.

I thank Representatives MULLIN and O'HALLERAN for their bipartisan efforts to bringing this bill forward. They are always champions for the Tribes.

Mr. Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 3841, the Tribal Health Data Improvement Act of 2021, introduced by my Energy and Commerce colleagues, Representatives MULLIN and O'HALLERAN.

This important public health bill addresses the chronic challenges faced by Tribal Nations and Tribal Epidemiology Centers in gaining access to critical healthcare and public health surveillance data.

Obtaining this data is necessary for engaging in preventative public health work and combating the current health crises in American Indian and Alaska Native communities.

Structural barriers to accessing data have been especially problematic during the COVID–19 pandemic, which has disproportionately impacted these communities. In order to ensure that Tribal Nations and Tribal Epidemiology Centers have access to the data necessary to accomplish public health priorities, the bill requires that the Secretary of HHS create a data-sharing strategy that takes into consideration the recommendations of the Secretary's Tribal Advisory Committee.

In addition, in reauthorizing the CDC's National Center for Health Statistics, the bill requires the Secretary to make public health surveillance data available to the Indian Health Service, Indian Tribes, the Tribal organizations, and Tribal Epidemiology Centers so long as the data requested for use is consistent with Federal law and obligations.

The Secretary must also consult with Indian Tribes, Tribal organizations, urban Indian organizations, and the Tribal Technical Advisory Group of the Centers for Medicare and Medicaid Services to develop guidelines for State and local health agencies to improve the quality and accuracy of birth and death records of American Indians and Alaska Natives.

It makes a lot of sense. By improving the sharing of data between the Federal Government and the Tribes, this

important bill would help address the health disparities in American Indian and Alaska Native communities.

I urge a ''yes'' vote on this particular bill. Let's pass this bill swiftly and get it to the Senate.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge support for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3841.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

PARLIAMENTARY INQUIRY

Mr. DEUTCH. Mr. Speaker, I make a point of order.

The SPEAKER pro tempore. The gentleman will state his point of order.

Mr. DEUTCH. Mr. Speaker, on all of these good bills that are being debated with strong bipartisan support on the Democratic side and the Republican side when they go to a voice vote, Mr. Speaker, does there need to be even one ''no'' vote, which there have not been for this whole series, for a Member to ask for a recorded vote?

The SPEAKER pro tempore. The gentleman has not stated a proper point of order, but the Chair would inform Members that the gentleman from Montana requested the yeas and nays, and pursuant to section 3(s) of House Resolution 8, the yeas and nays have been ordered.

PREVENTING CRIMES AGAINST VETERANS ACT OF 2021

Mr. NADLER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 983) to amend title 18, United States Code, to provide an additional tool to prevent certain frauds against veterans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 983

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 ''Preventing Crimes Against Veterans Act of 2021''.

SEC. 2. ADDITIONAL TOOL TO PREVENT CERTAIN FRAUDS AGAINST VETERANS.

(a) IN GENERAL.—Chapter 63 of title 18, United States Code, is amended by adding at the end the following:

''§ 1352. Fraud regarding veterans' benefits

''(a) Whoever knowingly executes, or attempts to execute, any scheme or artifice to defraud an individual of veterans' benefits, or in connection with obtaining veteran's benefits for that individual, shall be fined under this title, imprisoned not more than 5 years, or both.

''(b) In this section—

''(1) the term 'veteran' has the meaning given that term in section 101 of title 38; and

''(2) the term 'veterans' benefits' means any benefit provided by Federal law for a veteran or a dependent or survivor of a veteran.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 63 of title 18, United States Code, is amended by adding at the end the following new item:

''1352. Fraud regarding veterans' benefits.''.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. NADLER) and the gentleman from North Carolina (Mr. BISHOP) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

□ 1530

GENERAL LEAVE

Mr. NADLER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 983.

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

There was no objection.

Mr. NADLER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am proud to support H.R. 983, the Preventing Crimes Against Veterans Act of 2021, bipartisan legislation that would make it a crime to knowingly engage in any scheme to defraud a veteran of his or her veteran's benefits.

Our Nation owes a great debt to veterans. There are currently about 18 million veterans of the United States military, men and women who selflessly served our Nation.

Unfortunately, many of our veterans, as a result of their service, have physical and mental scars. There are well over 1 million American veterans with service-connected disabilities, and 43 percent of post-9/11 veterans have a service-connected disability which may entitle them to certain benefits.

Receipt of benefits requires the veteran to file an application and undergo a thorough review by the Department of Veterans Affairs. Sometimes these benefits are granted outright. Other times, the veteran must appeal their initial denial to receive the benefits they deserve.

Under current law, the VA allows agents or attorneys to assess a nominal fee to assist claimants who are appealing different aspects of their benefits. They are not permitted, however, to charge for services related to the initial preparation and filing of their claims.

Accordingly, it is currently illegal for a nonattorney or a person not registered as an agent to assist such initial claims. The rationale for this prohibition is that many veterans may fall victim to benefit fraud schemes, where individuals may divert benefits or apply for benefits that should not be awarded.

To enforce this prohibition, Federal prosecutors currently rely on the wire and mail fraud statutes to ensure that nonattorneys or nonregistered agents do not assist in benefit applications or unlawfully divert benefits.

However, if an unauthorized individual offers a veteran assistance in person, they cannot be prosecuted under current fraud statutes. The wire and mail fraud statutes do not extend to in-person fraudulent schemes.

The Preventing Crimes Against Veterans Act would close this critical loophole and would ensure that in-person benefit fraud schemes may also be prosecuted.

For example, in one instance, a scammer held briefing seminars in a senior community. He asked the staff to round up the veterans, then used high-pressure sales tactics to coerce the veterans to apply for benefits.

In-person solicitation like this requires no electronic or mail transmission and, thus, evades wire and mail fraud criminal prohibitions. Other reports indicate that scammers have also been known to hand out flyers outside of VA regional medical centers and VA regional offices to identify unwitting veterans.

These examples are precisely why closing this loophole is so critically important. Under H.R. 983, anyone convicted of such crimes could be fined, imprisoned, or be subject to both penalties.

By adopting this bill, Congress would affirm the integrity of the benefits program and would protect veterans and their survivors who receive payments, such as those to veterans with service-connected disabilities, pensions for veterans with limited incomes, and education and training payments under the GI bill.

In recognition of the extreme sacrifice by our veterans and the hardships many of them continue to face after their military service, it is our duty to provide, to the best of our ability, an appropriate measure of compensation for them, particularly for those who are in need.

This legislation would ensure that attempts to defraud them of the benefits they need and deserve may be fully prosecuted.

I commend the bill's sponsors, Mr. DEUTCH and Mr. FITZPATRICK, for their hard work and bipartisan efforts to address this critical problem.

I urge my colleagues to support this important legislation, and I reserve the balance of my time.