

S.J. RES. 10

At the request of Mr. KAINE, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S.J. Res. 10, a joint resolution to repeal the authorizations for use of military force against Iraq, and for other purposes.

S. RES. 338

At the request of Mr. DURBIN, the names of the Senator from South Carolina (Mr. GRAHAM), the Senator from Mississippi (Mrs. HYDE-SMITH) and the Senator from Oklahoma (Mr. INHOFE) were added as cosponsors of S. Res. 338, a resolution designating September 2021 as National Democracy Month as a time to reflect on the contributions of the system of government of the United States to a more free and stable world.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTION

By Mr. DURBIN (for himself, Mr. CASSIDY, and Ms. DUCKWORTH):

S. 2834. A bill to amend title XVIII of the Social Security Act to preserve access to rehabilitation innovation centers under the Medicare program; to the Committee on Finance.

Mr. DURBIN. Mr. President, October 2–9 days from today—is an important date in the life of one of the bravest people I have ever met. On October 2, 2005, Army SGT Eric Edmundson was on patrol near the Iraq-Syria border when a roadside bomb exploded beneath his armored vehicle.

He survived the blast, but went into cardiac arrest while awaiting transport to an American military hospital in Germany. Doctors worked for 30 minutes to restore his pulse. They did, but Sergeant Edmundson had already suffered severe brain damage from lack of oxygen.

Doctors told his parents that Eric would spend the rest of his life in a vegetative state and that the best thing they could do for him was choose a good nursing home. But Eric's family refused to accept that fate for him. They searched for the best rehabilitation hospital in America, somewhere where Eric could receive the very best medical care and make the fullest possible recovery.

The hospital they chose was the Shirley Ryan AbilityLab in Chicago, then known by its original name: the Rehabilitation Institute of Chicago.

I visited him there several times. His family was always there, right by his side. I will never forget the time Eric's dad told me, "Eric has a present for you." I couldn't imagine what it was. Then I watched as that brave soldier stood up from his wheelchair and took several halting steps. There wasn't a dry eye in the room.

Six months after he arrived, I watched Eric Edmundson, in his Army dress uniform, walk out of that amazing hospital and into the arms of his wife and their 2-year-old daughter.

I thought of Eric Edmundson and his miraculous recovery when I learned

earlier this month of the death of Dr. Joanne Smith, a medical visionary and the longtime president and CEO of Shirley Ryan AbilityLab. She died at home, with her family at her side, after battling cancer privately for 5 years. She continued to lead Shirley Ryan right up to the end.

Loretta and I offer our condolences to her husband of 33 years, Rory Repicky, their children, Claire and Michael, Joanne's 16 nieces and nephews, and her family, colleagues, and friends, who are too numerous to count.

Dr. Joanne Smith was a once-in-a-lifetime leader and a national treasure. With her brilliance, determination, and compassion, she reinvented the field of physical medicine and rehabilitation. As president and CEO of Shirley Ryan AbilityLab, she imagined—and then led the drive to create—the world's first-ever "translational" research hospital for rehabilitation medicine. She pioneered the concept of a cutting-edge research facility within a hospital, with scientists, innovators, technologists, and clinicians all working together to heal patients. Seeing her team work miracles with wounded veterans, injured police officers, or stroke survivors made you a believer.

Joanne Smith originally planned to be a nurse but changed her major to pre-med after working as a hospital orderly. A chance meeting during medical school with a young girl at a free health clinic in Detroit changed her life—and the future of rehabilitation medicine.

The young girl had had both legs amputated because of spina bifida, but she had learned to walk using her arms as legs and her hands as feet. She was happy. But her mother wanted her to have a more "normal" appearance, so doctors fitted her with a sort of harness that included two prosthetic legs and gave her a wheelchair.

Dr. Smith said it disturbed her to see how a once-happy girl became sad and less able as a result of a change in her appearance to fit society's biases and expectations. She would spend the rest of her life working to discover cures that made patients more able, not less.

She came to Shirley Ryan, then called the Rehabilitation Institute of Chicago, for her residency in 1988, fresh out of medical school, and thank goodness, she never left. In 2006, a few years after earning her MBA from the University of Chicago, she became president and CEO. At that point, the hospital had been ranked at the No. 1 rehabilitation hospital in America by U.S. News & World Report for nearly two decades.

If Joanne Smith had done nothing as president and CEO except more of the same, she would have been at the top of her field. But "more of the same" was not in her makeup. She resolved to create a new model for rehabilitation hospitals—the research institute within the hospital—so that new discoveries could reach patients in real time.

The reimagined hospital opened with a new name in 2017. Just recently, it

was ranked as the best rehabilitation hospital in the Nation for the 31st year in a row, a record unmatched by any hospital.

Physical and rehabilitation medicine is a relatively new field of medicine. It began after World War II, with doctors and researchers searching for ways to help injured servicemembers regain as much of their abilities as possible.

Today, advanced rehabilitation hospitals such as Shirley Ryan AbilityLab work with children and adults with severe, complex conditions—from traumatic brain and spinal cord injuries, to amputations or serious birth defects, enabling them to live as fully and independently as possible. The demand for such medical innovations is large and growing.

The partnership at Shirley Ryan of brilliant doctors and researchers working with brave patients has resulted in some breathtaking discoveries. In 2006, doctors there outfitted a man with a prosthetic arm that he could move with his thoughts. With his thoughts. That surgery—the first of its kind in the world—has since helped revolutionize treatment for people who have lost limbs.

More recently, researchers at Shirley Ryan created the world's first manual standing wheelchair, that allows users to move while seated or standing.

Shirley Ryan serves more than 50,000 patients year from nearly every State and more than 70 countries. It is miraculous, but it is not alone. There are a handful of rehabilitation innovation centers like it in America. These are the best of the best, cutting-edge research labs within world-class hospitals that also prioritize training the next generation of doctors and healers.

My friend, Senator CASSIDY of Louisiana, has seen similar miracles at TIRR Memorial Hermann, a world-class rehabilitation hospital in Houston, TX, where many people from Louisiana and around the world go for advanced treatment.

The discoveries at America's best rehabilitation innovations centers are revolutionizing medicine, and they are reaching people far beyond their own walls. But making such discoveries and propelling the field of rehabilitation medicine forward costs money—more money than these nonprofit centers can afford on their own.

That is why, today, Senator CASSIDY and I are reintroducing our bipartisan proposal to recognize and support some of America's best rehabilitation innovation centers. Our bill does two things. First, it directs the Department of Health and Human Services to set criteria for such "rehabilitation innovation centers" and to share best practices and teachings from these institutions with health providers throughout the Nation and the world.

Second, our bill directs HHS to study whether Medicare's existing payment system is adequate to support the groundbreaking treatment, research, and medical education that is taking place at these hospitals.

When I first introduced this bill in 2013, I had a different Republican cosponsor, Senator Mark Kirk of Illinois. In 2012, Senator Kirk suffered a stroke that left him partly paralyzed and unable to walk. A year later, after months of grueling work at R.I.C., he was able to walk up the 42 steps to this Capitol Building.

In honor of the doctor whose brilliance and compassion helped transform the field of physical and rehabilitation medicine that led to the astonishing feat and so many others, Senator Cassidy and I have agreed to rename our bill the Dr. Joanne Smith Memorial Rehabilitation Innovation Centers Act.

I will close with this thought from another brave person who helped to revolutionize rehabilitation medicine. Christopher Reeve was America's Superman in the movies—until he was paralyzed from the shoulders down in an equestrian accident in 1995.

During the last decade of his life, he regained limited movement in his arms and legs. He also spent a great deal of time raising awareness of and money for the kinds of cutting-edge treatments that are pioneered at institutions such as Shirley Ryan.

In his last public appearance, he spoke at Shirley Ryan. He said, "It gets lonely sometimes to [urge people] 'Come on, let's take reasonable risks. Let's try and be safe—but let's be bold at the same time.'"

Christopher Reeve said, "Doctors should take the word 'impossible' out of their lexicons."

That courageous, bold optimism—be safe, but be bold at the same time—is what drove Dr. Joanne Smith and what inspires the work at America's best rehabilitation centers of innovation. Our bipartisan bill, we hope, will help advance their work.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

S. 2834

*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 "Dr. Joanne Smith Memorial Rehabilitation Innovation Centers Act of 2021".

#### SEC. 2. PRESERVING ACCESS TO REHABILITATION INNOVATION CENTERS UNDER MEDICARE.

(a) IN GENERAL.—Section 1886(j)(7)(E) of the Social Security Act (42 U.S.C. 1395ww(j)(7)(E)) is amended—

(1) by striking "PUBLIC AVAILABILITY OF DATA SUBMITTED.—The" and inserting "PUBLIC AVAILABILITY OF DATA SUBMITTED.—

"(i) IN GENERAL.—The"; and

(2) by inserting after clause (i), as redesignated by paragraph (1), the following new clauses:

"(ii) PUBLIC RECOGNITION OF REHABILITATION INNOVATION CENTERS.—Beginning not later than one year after the date of the enactment of this clause, the Secretary shall make publicly available on such Internet website, in addition to the information required to be reported on such website under clause (i), a list of all rehabilitation innovation centers, and shall update such list on

such website not less frequently than biennially. In carrying out the activities under this clause, the Secretary shall disseminate research, best practices, and other clinical information identified or developed by such rehabilitation innovation centers to, as appropriate, Federal agencies, hospitals, health professional organizations, and national and State accreditation bodies.

"(iii) REHABILITATION INNOVATION CENTERS DEFINED.—For purposes of clause (ii), the term 'rehabilitation innovation centers' means a rehabilitation facility that, as of the applicable date (as defined in clause (v)), is a rehabilitation facility described in clause (iv).

"(iv) REHABILITATION FACILITY DESCRIBED.—A rehabilitation facility described in this clause is a rehabilitation facility that—

"(I) is classified as a rehabilitation facility under the IRF Rate Setting File for the Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2019 (83 Fed. Reg. 38514), or any successor regulations that contain such information;

"(II) holds, as of the applicable date at least one Federal rehabilitation research and training designation for research projects on traumatic brain injury or spinal cord injury from the National Institute on Disability, Independent Living, and Rehabilitation Research at the Department of Health and Human Services, based on such data submitted to the Secretary by a facility, in a form, manner, and time frame specified by the Secretary;

"(III) submits to the Secretary a description of the clinical research enterprise of the facility and a summary of research activities of the facility that are supported by Federal agencies;

"(IV) has a minimum Medicare estimated weight per discharge of 1.20 for the most recent fiscal year for which such information is available according to the IRF Rate Setting File described in subclause (I), or any successor regulations that contain such information; and

"(V) has a minimum teaching status of 0.075 for the most recent fiscal year for which such information is available according to the IRF Rate Setting File described in subclause (I), or any successor regulations that contain such information.

"(v) APPLICABLE DATE DEFINED.—For purposes of clauses (iii) and (iv), the term 'applicable date' means—

"(I) with respect to the initial publication of a list under clause (ii), the date of the enactment of such clause; and

"(II) with respect to the publication of an updated list under clause (ii), a date specified by the Secretary that is not more than one year prior to the date of such publication.

"(vi) IMPLEMENTATION.—Notwithstanding any other provision of law the Secretary may implement clauses (ii) through (v) by program instruction or otherwise.

"(vii) NONAPPLICATION OF PAPERWORK REDUCTION ACT.—Chapter 35 of title 44, United States Code, shall not apply to data collected under clauses (ii) through (v)."

(b) REPORT.—Not later than March 15, 2022, the Secretary of Health and Human Services shall submit to Congress a report containing any recommendations for such legislation or administrative action as the Secretary determines appropriate to preserve access to rehabilitation innovation centers (as defined in section 1886(j)(7)(E)(iii) of the Social Security Act, as added by subsection (a)).

By Mr. DURBIN (for himself, Mr. LEAHY, and Mr. OSSOFF):

S. 2835. A bill to terminate authorizations for the use of military force and

declarations of war no later than 10 years after the enactment of such authorizations or declarations; to the Committee on Foreign Relations.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2835

*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 "Accountability for Endless Wars Act of 2021".

#### SEC. 2. TERMINATION OF AUTHORIZATIONS FOR THE USE OF MILITARY FORCE AND DECLARATIONS OF WAR.

(a) FUTURE AUTHORIZATIONS FOR THE USE OF MILITARY FORCE AND DECLARATIONS OF WAR.—Any authorization for the use of military force or declaration of war enacted into law after the date of enactment of this Act shall terminate on the date that is 10 years after the date of enactment of such authorization or declaration.

(b) EXISTING AUTHORIZATIONS FOR THE USE OF MILITARY FORCE AND DECLARATIONS OF WAR.—Any authorization for the use of military force or declaration of war enacted before the date of the enactment of this Act shall terminate on the date that is 6 months after the date of such enactment.

#### SUBMITTED RESOLUTIONS

SENATE RESOLUTION 380—REITERATING UNITED STATES SUPPORT FOR THE PEOPLE OF THE REPUBLIC OF SOUTH SUDAN IN THEIR QUEST FOR LASTING PEACE, STABILITY, AND DEMOCRACY AFTER 10 YEARS OF INDEPENDENCE AND CALLING FOR A REVIEW OF UNITED STATES POLICY TOWARD SOUTH SUDAN

Mr. RISCH (for himself and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 380

Whereas the Republic of South Sudan became the newest country in the world on July 9, 2011, following the Referendum on the Self-Determination of Southern Sudan, in which 99 percent of Southern Sudanese voters voted in favor of secession from Sudan;

Whereas the 21-year civil war in Sudan, the longest-running conflict in Africa, caused approximately 2,000,000 deaths and mass population displacement of approximately 550,000 refugees and 4,000,000 internally displaced persons;

Whereas the United States played a significant role in supporting the resolution of Sudan's civil war, facilitating peace negotiations, serving as a witness to the Comprehensive Peace Agreement between the Government of the Republic of the Sudan and the Sudan People's Liberation Movement/Sudan People's Liberation Army signed in January 2005, and providing substantial resources for the implementation of that agreement alongside other international partners;

Whereas, on December 15, 2013, just 28 months following independence, the political power struggle between President Salva Kiir and Vice President Riek Machar, both of the