

celebration of the economic and environmental benefits that have been driven by private sector innovation and Federal energy efficiency policies.

There being no objection, the Senate proceeded to consider the resolution.

Mr. LUJÁN. I know of no further debate on the resolution.

The PRESIDING OFFICER. Is there further debate?

Hearing none, the question is on agreeing to the resolution.

The resolution (S. Res. 411) was agreed to.

Mr. LUJÁN. I ask unanimous consent that the preamble be agreed to and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under "Submitted Resolutions.")

RESOLUTIONS SUBMITTED TODAY

Mr. LUJÁN. Madam President, I ask unanimous consent that the Senate now proceed to the en bloc consideration of the following Senate resolutions which were submitted earlier today: S. Res. 412, S. Res. 413, S. Res. 414, S. Res. 415, and S. Res. 416.

There being no objection, the Senate proceeded to consider the resolutions en bloc.

Mr. LUJÁN. Madam President, I ask unanimous consent that the resolutions be agreed to, the preambles be agreed to, and that the motions to reconsider be considered made and laid upon the table, all en bloc.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolutions were agreed to.

The preambles were agreed to.

(The resolutions, with their preambles, are printed in today's RECORD under "Submitted Resolutions.")

BUDDY CHECK WEEK

Mr. LUJÁN. Madam President, I ask unanimous consent that the Committee on Veterans' Affairs be discharged from further consideration of S. 544 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 544) to direct the Secretary of Veterans Affairs to designate one week each year as "Buddy Check Week" for the purpose of outreach and education concerning peer wellness checks for veterans, and for other purposes.

There being no objection, the committee was discharged, and the Senate proceeded to consider the bill.

Mr. LUJÁN. Madam President, I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 544) was ordered to be engrossed for a third reading, was read the third time, and passed as follows:

S. 544

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DESIGNATION OF BUDDY CHECK WEEK BY SECRETARY OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall designate one week each year to organize outreach events and educate veterans on how to conduct peer wellness checks, which shall be known as "Buddy Check Week".

(b) EDUCATIONAL OPPORTUNITIES.—

(1) IN GENERAL.—During Buddy Check Week, the Secretary, in consultation with organizations that represent veterans, non-profits that serve veterans, mental health experts, members of the Armed Forces, and such other entities and individuals as the Secretary considers appropriate, shall collaborate with organizations that represent veterans to provide educational opportunities for veterans to learn how to conduct peer wellness checks.

(2) TRAINING MATTERS.—As part of the educational opportunities provided under paragraph (1), the Secretary shall provide the following:

(A) A script for veterans to use to conduct peer wellness checks that includes information on appropriate referrals to resources veterans might need.

(B) Online and in-person training, as appropriate, on how to conduct a peer wellness check.

(C) Opportunities for members of organizations that represent veterans to learn how to train individuals to conduct peer wellness checks.

(D) Training for veterans participating in Buddy Check Week on how to transfer a phone call directly to the Veterans Crisis Line.

(E) Resiliency training for veterans participating in Buddy Check Week on handling a veteran in crisis.

(3) ONLINE MATERIALS.—All training materials provided under the educational opportunities under paragraph (1) shall be made publicly available on a website of the Department of Veterans Affairs.

(c) OUTREACH.—The Secretary, in collaboration with organizations that represent veterans, may conduct outreach regarding educational opportunities under subsection (b) at—

(1) public events where many veterans are expected to congregate;

(2) meetings of organizations that represent veterans;

(3) facilities of the Department; and

(4) such other locations as the Secretary, in collaboration with organizations that represent veterans, considers appropriate.

(d) VETERANS CRISIS LINE PLAN.—

(1) IN GENERAL.—The Secretary shall ensure that a plan exists for handling the potential increase in the number of calls into the Veterans Crisis Line that may occur during Buddy Check Week.

(2) SUBMITTAL OF PLAN.—The head of the Veterans Crisis Line shall submit to the Secretary a plan for how to handle excess calls during Buddy Check Week, which may include the following:

(A) Additional hours for staff.

(B) The use of a backup call center.

(C) Any other plan to ensure that calls from veterans in crisis are being answered in a timely manner by an individual trained at the same level as a Veterans Crisis Line responder.

(e) DEFINITIONS.—In this section:

(1) ORGANIZATION THAT REPRESENTS VETERANS.—The term "organization that represents veterans" means an organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

(2) VETERAN.—The term "veteran" has the meaning given that term in section 101 of such title.

(3) VETERANS CRISIS LINE.—The term "Veterans Crisis Line" means the toll-free hotline for veterans provided by the Secretary under section 1720F(h) of such title.

PROTECTING MOMS WHO SERVED ACT OF 2021

Mr. LUJÁN. Madam President, I ask unanimous consent that the Senate Committee on Veterans' Affairs be discharged from further consideration of S. 796 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 796) to codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes.

There being no objection, the committee was discharged, and the Senate proceeded to consider the bill.

Mr. LUJÁN. Madam President, I ask unanimous consent that the Tester substitute amendment, which is at the desk, be considered and agreed to; that the bill, as amended, be considered read three times and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3860) in the nature of a substitute was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting Moms Who Served Act of 2021".

SEC. 2. DEFINITIONS.

In this Act:

(1) MATERNAL MORTALITY.—The term "maternal mortality" means a death occurring during pregnancy or within a one-year period after pregnancy that is caused by pregnancy-related or childbirth complications, including suicide, overdose, or other death resulting from a mental health or substance use disorder attributed to or aggravated by pregnancy-related or childbirth complications.

(2) POSTPARTUM.—The term "postpartum", with respect to an individual, means the one-year period beginning on the last day of the pregnancy of the individual.

(3) PREGNANCY-ASSOCIATED DEATH.—The term "pregnancy-associated death" means the death of a pregnant or postpartum individual, by any cause, that occurs during pregnancy or within one year following pregnancy, regardless of the outcome, duration, or site of the pregnancy.

(4) PREGNANCY-RELATED DEATH.—The term "pregnancy-related death" means the death of a pregnant or postpartum individual that occurs during pregnancy or within one year following pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated

condition by the physiologic effects of pregnancy.

(5) **RACIAL AND ETHNIC MINORITY GROUP.**—The term “racial and ethnic minority group” has the meaning given that term in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u-6(g)(1)).

(6) **SEVERE MATERNAL MORBIDITY.**—The term “severe maternal morbidity” means a health condition, including a mental health condition or substance use disorder, attributed to or aggravated by pregnancy or childbirth that results in significant short-term or long-term consequences to the health of the individual who was pregnant.

SEC. 3. SUPPORT BY DEPARTMENT OF VETERANS AFFAIRS OF MATERNITY CARE COORDINATION.

(a) **PROGRAM ON MATERNITY CARE COORDINATION.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall carry out the maternity care coordination program described in Veterans Health Administration Directive 1330.03.

(2) **TRAINING AND SUPPORT.**—In carrying out the program under paragraph (1), the Secretary shall provide to community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to the service of those veterans in the Armed Forces.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—There is authorized to be appropriated to the Secretary \$15,000,000 for fiscal year 2022 for the program under subsection (a)(1).

(2) **SUPPLEMENT NOT SUPPLANT.**—Amounts authorized under paragraph (1) are authorized in addition to any other amounts authorized for maternity health care and coordination for the Department of Veterans Affairs.

(c) **DEFINITIONS.**—In this section:

(1) **COMMUNITY MATERNITY CARE PROVIDERS.**—The term “community maternity care providers” means maternity care providers located at non-Department facilities who provide maternity care to veterans under section 1703 of title 38, United States Code, or any other law administered by the Secretary of Veterans Affairs.

(2) **NON-DEPARTMENT FACILITIES.**—The term “non-Department facilities” has the meaning given that term in section 1701 of title 38, United States Code.

SEC. 4. REPORT ON MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY AMONG PREGNANT AND POSTPARTUM VETERANS.

(a) **GAO REPORT.**—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, and make publicly available, a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.

(b) **MATTERS INCLUDED.**—The report under subsection (a) shall include the following:

(1) To the extent practicable—

(A) the number of pregnant and postpartum veterans who have experienced a pregnancy-related death or pregnancy-associated death in the most recent 10 years of available data;

(B) the rate of pregnancy-related deaths per 100,000 live births for pregnant and postpartum veterans;

(C) the number of cases of severe maternal morbidity among pregnant and postpartum veterans in the most recent year of available data;

(D) an assessment of the racial and ethnic disparities in maternal mortality and severe maternal morbidity rates among pregnant and postpartum veterans;

(E) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans, including post-traumatic stress disorder, military sexual trauma, and infertility or miscarriages that may be caused by service in the Armed Forces;

(F) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans from racial and ethnic minority groups and such other at-risk populations as the Comptroller General considers appropriate;

(G) identification of any correlations between the former rank of veterans and their maternal health outcomes;

(H) the number of veterans who have been diagnosed with infertility by a health care provider of the Veterans Health Administration each year in the most recent five years, disaggregated by age, race, ethnicity, sex, marital status, and geographical location;

(I) the number of veterans who have received a clinical diagnosis of unexplained infertility by a health care provider of the Veterans Health Administration each year in the most recent five years; and

(J) an assessment of the extent to which the rate of incidence of clinically diagnosed infertility among veterans compare or differ to the rate of incidence of clinically diagnosed infertility among the civilian population.

(2) An assessment of the barriers to determining the information required under paragraph (1) and recommendations for improvements in tracking maternal health outcomes among pregnant and postpartum veterans who—

(A) have health care coverage through the Department;

(B) are enrolled in the TRICARE program (as defined in section 1072 of title 10, United States Code);

(C) have employer-based or private insurance;

(D) are enrolled in the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(E) are eligible to receive health care furnished by—

(i) the Indian Health Service;

(ii) Tribal health programs; or

(iii) urban Indian organizations; or

(F) are uninsured.

(3) Recommendations for legislative and administrative actions to increase access to mental and behavioral health care for pregnant and postpartum veterans who screen positively for maternal mental or behavioral health conditions.

(4) Recommendations to address homelessness, food insecurity, poverty, and related issues among pregnant and postpartum veterans.

(5) Recommendations on how to effectively educate maternity care providers on best practices for providing maternity care services to veterans that addresses the unique maternal health care needs of veteran populations.

(6) Recommendations to reduce maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for each of the groups described in subparagraphs (A) through (F) of paragraph (2).

(7) Recommendations to improve coordination of care between the Department and non-Department facilities for pregnant and postpartum veterans, including recommendations to improve—

(A) health record interoperability; and

(B) training for the directors of the Veterans Integrated Service Networks, directors of medical facilities of the Department, chiefs of staff of such facilities, maternity care coordinators, and staff of relevant non-Department facilities.

(8) An assessment of the authority of the Secretary of Veterans Affairs to access maternal health data collected by the Department of Health and Human Services and, if applicable, recommendations to increase such authority.

(9) To the extent applicable, an assessment of potential causes of or explanations for lower maternal mortality rates among veterans who have health care coverage through the Department of Veterans Affairs compared to maternal mortality rates in the general population of the United States.

(10) Any other information the Comptroller General determines appropriate with respect to the reduction of maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for veterans.

(c) **DEFINITIONS.**—In this section, the terms “Tribal health program” and “urban Indian organization” have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

The bill (S. 796), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

Mr. LUJÁN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. LUJÁN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. LUJÁN. Madam President, I move to proceed to executive session to consider Calendar No. 261.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Christine P. O'Hearn, of New Jersey, to be United States District Judge for the District of New Jersey.

CLOTURE MOTION

Mr. LUJÁN. Madam President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Executive Calendar No. 261, Christine P. O'Hearn, of New Jersey, to be United States District Judge for the District of New Jersey.