dissidents on behalf of the Government of Iran.

S. 3541

At the request of Mr. MENENDEZ, his name was added as a cosponsor of S. 3541, a bill to improve health care and services for veterans exposed to toxic substances, and for other purposes.

S. 3542

At the request of Mr. GRASSLEY, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 3542, a bill to prevent the misuse of drones, and for other purposes.

S. 3575

At the request of Mr. CASEY, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 3575, a bill to amend titles II and XVIII of the Social Security Act to eliminate the disability insurance benefits waiting period for individuals with disabilities, and for other purposes.

S. 3593

At the request of Ms. CORTEZ MASTO, the names of the Senator from Maine (Mr. KING) and the Senator from Colorado (Mr. BENNET) were added as cosponsors of S. 3593, a bill to amend titles XI and XVIII of the Social Security Act to extend certain telehealth services covered by Medicare and to evaluate the impact of telehealth services on Medicare beneficiaries, and for other purposes.

S. 3600

At the request of Mr. PETERS, the names of the Senator from Texas (Mr. CORNYN) and the Senator from Colorado (Mr. HICKENLOOPER) were added as cosponsors of S. 3600, a bill to improve the cybersecurity of the Federal Government, and for other purposes.

S. 3609

At the request of Mr. BLUMENTHAL, his name was added as a cosponsor of S. 3609, a bill to amend the Internal Revenue Code of 1986 to provide a gasoline tax holiday.

S. 3621

At the request of Ms. HIRONO, the name of the Senator from Arizona (Ms. SINEMA) was added as a cosponsor of S. 3621, a bill to direct the Secretary of the Interior to establish to establish a National Climate Adaptation Science Center and Regional Climate Adaptation Science Centers to respond to the effects of extreme weather events and climate trends, and for other purposes.

S. 3625

At the request of Ms. HASSAN, the names of the Senator from Kansas (Mr. MARSHALL), the Senator from Vermont (Mr. SANDERS) and the Senator from Alaska (Ms. MURKOWSKI) were added as cosponsors of S. 3625, a bill to amend the Internal Revenue Code of 1986 to temporarily reinstate the employee retention credit for employers subject to closure due to COVID–19.

S. 3632

At the request of Mr. RUBIO, the names of the Senator from Kansas (Mr. MARSHALL), the Senator from Alaska (Mr. SULLIVAN) and the Senator from Oklahoma (Mr. LANKFORD) were added as cosponsors of S. 3632, a bill to amend the program for local substance use disorder services.

S. 3657

At the request of Mr. THUNE, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 3657, a bill to require the Director of National Intelligence to provide notification to Congress of abandoned United States military equipment used in terrorist attacks.

S. 3660

At the request of Ms. ERNST, the names of the Senator from Connecticut (Mr. MURPHY) and the Senator from North Carolina (Mr. TILLIS) were added as cosponsors of S. 3660, a bill to amend the Internal Revenue Code of 1986 to make diapers an allowable expense for purposes of health flexible spending arrangements and health savings accounts.

S.J. RES. 34

At the request of Mr. CRUZ, the name of the Senator from Kansas (Mr. MARSHALL) was added as a cosponsor of S.J. Res. 34, a joint resolution disapproving the action of the District of Columbia Council in approving the Coronavirus Immunization of School Students and Early Childhood Workers Amendment Act of 2021.

S.J. RES. 39

At the request of Mr. THUNE, the name of the Senator from Alaska (Mr. SULLIVAN) was added as a cosponsor of S.J. Res. 39, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Health and Human Services relating to ''Vaccine and Mask Requirements To Mitigate the Spread of COVID–19 in Head Start Programs.

S. CON. RES. 10

At the request of Ms. STABENOW, the name of the Senator from North Dakota (Mr. CRAMER) was added as a cosponsor of S. Con. Res. 10, a concurrent resolution expressing the sense of Congress that tax-exempt fraternal benefit societies have historically provided and continue to provide critical benefits to the people and communities of the United States.

AMENDMENT NO. 4929

At the request of Mr. CRUZ, his name was added as a cosponsor of amendment No. 4929 proposed to H.R. 6617, a bill making further continuing appropriations for the fiscal year ending September 30, 2022, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself and Mr. PORTMAN):

S. 3677. A bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to provide professional counseling services to victims of emergencies declared under such Act, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

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. 3677

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 ''Post-Disaster Mental Health Response Act''.

SEC. 2. CRISIS COUNSELING ASSISTANCE AND TRAINING.

Section 502(a)(6) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5192(a)(6)) is amended by inserting ''and section 416'' after ''section 408''.

By Mr. THUNE (for himself, Mr. RISCH, Mrs. BLACKBURN, Mr. BRAUN, Mr. CRAMER, Mr. CRUZ, Mr. DAINES, Ms. ERNST, Mrs. HYDE-SMITH, Mr. HOEVEN, Mr. RUBIO, Mr. SCOTT of South Carolina, Mr. SULLIVAN, and Mr. WICKER):

S. 3681. A bill to require the Secretary of State to submit to Congress classified dissent cables relating to the withdrawal of the United States Armed Forces from Afghanistan; to the Committee on Foreign Relations.

Mr. THUNE. 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. 3681

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

SECTION 1. SUBMISSION TO CONGRESS OF DISSENT CABLES RELATING TO WITHDRAWAL OF THE UNITED STATES ARMED FORCES FROM AFGHANISTAN.

(a) SUBMISSION OF CLASSIFIED DISSENT CABLES TO CONGRESS.—Not later than 30 days after the date of the enactment of this Act, the Secretary of State shall submit to Congress any classified Department of State cable or memo that expresses a dissenting recommendation or opinion with respect to the withdrawal of the United States Armed Forces from Afghanistan.

(b) PUBLIC AVAILABILITY OF UNCLASSIFIED DISSENT CABLES.—Not later than 60 days after the date of the enactment of this Act, the Secretary of State shall make available to the public an unclassified version of any such cable or memo.

(c) PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION.—The name and any other personally identifiable information of an author of a cable or memo referred to in subsection (a) shall be redacted before submission under that subsection or publication under subsection (b).

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 518—EXPRESSING THE SENSE OF THE SENATE THAT IN ORDER TO EFFECTIVELY ADDRESS THE HIGH PREVALENCE OF INDIVIDUALS SUFFERING FROM MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS, THE UNITED STATES NEEDS TO MAKE HISTORIC FINANCIAL INVESTMENTS INTO MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE AND FINALLY ACKNOWLEDGE SUCH CARE AS A PRIORITY IN HEALTH CARE EQUAL TO PHYSICAL HEALTH, AND FOR OTHER PURPOSES

Mr. WARNOCK (for himself, Mr. PADILLA, Ms. STABENOW, and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 518

Whereas there is an urgent need to improve our health care system to better integrate treatment of mental health and substance use disorders so they are no longer seen separately;

Whereas, according to the World Health Organization, mental illness is severely underdiagnosed, and less than half of individuals who meet diagnostic criteria are identified;

Whereas there is a pressing need to provide a comprehensive solution to fix our health care system that incorporates the needs and expertise of all its stakeholders, especially individuals who have expertise in mental health and substance use disorders;

Whereas it is essential to remove the misguided association between mental illness and violence, driven by fear and misunderstanding;

Whereas mental illness and substance use disorders have been underresearched, undertreated, and overstigmatized;

Whereas stigma, vilification, and dismissal of mental illness and substance use—

(1) create a culture that—

(A) discourages utilization of mental health and substance use disorder services; and

(B) lacks acknowledgment that struggling with a mental health condition or substance use disorder is not something to be ashamed of; and

(2) can vary in prominence in different cultures and communities, and are particularly high among communities of color and minority communities;

Whereas men, in particular, face cultural and societal barriers to seeking treatment for mental health concerns and substance use disorders, which can contribute to concerning outcomes including suicide and aggressive behavior;

Whereas the bulk of mental health and substance use disorder services are reactive instead of proactive, treating patients when they are in crisis instead of incorporating services and screening earlier in an attempt to prevent such crises;

Whereas there is a need to increase access to treatment, services, and social supports for everyone to proactively address the root causes of mental illness and substance use disorders;

Whereas it is necessary to address the root causes of mental health concerns and substance use disorders;

Whereas it is necessary to address suicide in a holistic manner and recognize and address suicidal ideation and not just the act of suicide in isolation;

Whereas there is a need to address social determinants of health, which are conditions that directly and indirectly affect the health, health care, and wellness of individuals and communities, in order to effectively provide care for all individuals living with mental illness and substance use disorders;

Whereas mental health impacts physical health, and physical health impacts mental health;

Whereas the current health care system in the United States does not adequately incorporate mental health and substance use disorders into the assessment or delivery of care, as evidenced by the fact that all ''vital signs'' are currently for physical health alone and do not touch on mental health or substance use disorders;

Whereas the lack of a united approach across the Federal Government to improve the care and related services for mental health and substance use disorders has left States and localities—

(1) without adequate guidance or resources;

(2) unable to provide the mental health and substance use disorder services needed to adequately meet the needs of their populations; and

(3) unable to effectively distribute services to adequately meet the needs of their populations;

Whereas there is a need for greater collaboration across all Federal agencies that touch various aspects of the health care system in order to fully incorporate the needs and concerns of everyone involved in the treatment and prevention of mental health and substance use disorders;

Whereas there is a need for greater collaboration between Federal, State, and local agencies that touch on various aspects of the health care system;

Whereas there is a need for a centralized location within the Federal Government for good, reliable information on mental health and substance use disorders for providers, patients, and caregivers;

Whereas there is a need for standardized definitions, standards of care, and metrics for mental health and substance use disorders across disciplines;

Whereas there is a need to change incentives for providers to better ensure everyone with mental health and substance use disorders gets access to the necessary care and treatment;

Whereas 13 years after the date of enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act of 2008 (subtitle B of title V of division C of Public Law 110–343), there is still a lack of compliance among insurers and failure to adequately cover mental health and substance use disorder services;

Whereas Medicaid is the single largest payer of mental health and substance use disorder services, and reimbursement is far from adequate;

Whereas there is a need to incentivize payers to adequately cover mental health and substance use disorder services in the same manner in which all specialty services are covered;

Whereas there is a need to increase the number of mental health and substance use disorder providers;

Whereas 55 percent of counties in the United States do not have a single psychiatrist, psychologist, or social worker;

Whereas only 10 percent of individuals in the United States suffering from a substance use disorder receive specialty treatment;

Whereas there is a need to increase access to and utilization of telemedicine for mental health and substance use disorder services, both within States and across State lines;

Whereas there is a need for a better way to share information among providers to better serve patient needs while still protecting patient privacy;

Whereas there is a need for consistent care coordination and more effective transition services for patients moving between hospitals and the community;

Whereas safe housing needs to be recognized as a basic requirement for successful treatment and needs to be better addressed in the transition of care;

Whereas there is a need to improve social determinants of health, such as increased access to stable housing and jobs, for individuals suffering from mental illness and substance use disorders to have a sustained recovery;

Whereas there is a need to provide care in more appropriate and integrated settings for all patients, such as treating geriatric patients in their homes as opposed to nursing homes, when appropriate, and in compliance with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and the decision of the Supreme Court of the United States in Olmstead v. L.C., 527 U.S. 581 (1999);

Whereas there is a need for greater focus on intensive outpatient, partial hospitalizations, residential programs, day programs, supported housing, assertive community treatment, mobile crisis services, peer support services, supported employment, and community-based services for adults with mental illness and substance use disorders;

Whereas there is a need to ensure that services support individuals with mental health conditions and substance use disorders to participate fully in their communities and live and thrive independently;

Whereas there is a need to address isolation issues geriatric patients face, which can negatively impact their mental health;

Whereas 30 percent of first responders experience mental health conditions, such as depression and post-traumatic stress, and have higher rates of suicidal ideation and suicide attempt than the rest of the population;

Whereas depression, anxiety, post-traumatic stress, and psychosis are some of the most common conditions women experience pre- and postpartum;

Whereas unmet parental mental health and substance use disorder treatment and service needs contribute to increased involvement with the child welfare system, which leads to preventable foster care placements, given that—

(1) in 2018, 262,956 children entered foster care, with the leading reasons related to mental health and substance use disorder needs of the parents, with—

(A) 36 percent of children entering care as a result of parental drug abuse;

(B) 14 percent of children entering care as a result of the inability to cope of the caretaker; and

(C) 5 percent of children entering care as a result of parental alcohol abuse;

(2) even when necessary to ensure the safety of a child, foster care itself creates additional trauma for both the child and family; and

(3) longstanding racial inequities in child welfare services create disproportionate child welfare involvement for Black, Native, and Latinx children and families, which exacerbates the experiences of trauma for those families and contributes to health disparities while not resulting in needed access to quality mental health and substance use disorder services;

Whereas children and adolescents have unique needs when it comes to mental health