

the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians.

S. 1866

At the request of Mr. BLUMENTHAL, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1866, a bill to establish minimum dimensions for seats on passenger aircraft, and for other purposes.

S. 1920

At the request of Mr. WHITEHOUSE, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1920, a bill to require the Administrator of the Environmental Protection Agency to assess certain fees on shipping and other vessels, and for other purposes.

S. 1946

At the request of Mrs. BLACKBURN, the name of the Senator from Michigan (Mr. PETERS) was added as a cosponsor of S. 1946, a bill to amend title 49, United States Code, to allow the owner or operator of a small hub airport that is reclassified as a medium hub airport to elect to be treated as a small hub airport, and for other purposes.

S.J. RES. 32

At the request of Mr. KENNEDY, the name of the Senator from Nebraska (Mr. RICKETTS) was added as a cosponsor of S.J. Res. 32, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Bureau of Consumer Financial Protection relating to "Small Business Lending Under the Equal Credit Opportunity Act (Regulation B)".

S. RES. 208

At the request of Mrs. SHAHEEN, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of S. Res. 208, a resolution expressing support for the designation of November 12, 2023, as "National Warrior Call Day" and recognizing the important of connecting warriors in the United States to support structures necessary to transition from the battlefield, especially peer-to-peer connection.

S. RES. 243

At the request of Mr. MENENDEZ, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S. Res. 243, a resolution recognizing the month of June 2023 as "Immigrant Heritage Month", a celebration of the accomplishments and contributions of immigrants and their children in making the United States a healthier, safer, more diverse, prosperous country, and acknowledging the importance of immigrants and their children to the future successes of the United States.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. MCCONNELL:

S. 1991. A bill to reauthorize certain programs under the SUPPORT for Patients and Communities Act, and for other purposes; to the Committee on

Health, Education, Labor, and Pensions.

Mr. MCCONNELL. Madam 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. 1991

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 "Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023" or the "CAREER Act of 2023".

SEC. 2. TREATMENT, RECOVERY, AND WORKFORCE SUPPORT GRANTS.

Section 7183 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290ee-8) is amended—

(1) in subsection (b), by inserting "each" before "for a period";

(2) by amending subsection (c)(2) to read as follows:

"(2) **RATES.**—The rates described in this paragraph are the following:

"(A) The amount by which the average rate of drug overdose deaths in the State, adjusted for age, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023) is above the average national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention, for the same period.

"(B) The amount by which the average rate of unemployment for the State, based on data provided by the Bureau of Labor Statistics, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023) is above the national average for the same period.

"(C) The amount by which the average rate of labor force participation in the State, based on data provided by the Bureau of Labor Statistics, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023) is below the national average for the same period.";

(3) in subsection (g)—

(A) in paragraphs (1) and (3), by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and adjusting the margins accordingly;

(B) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively, and adjusting the margins accordingly;

(C) by striking "An entity" and inserting the following:

"(1) **IN GENERAL.**—An entity"; and

(D) by adding at the end the following:

"(2) **TRANSPORTATION SERVICES.**—An entity receiving a grant under this section may use the funds for providing transportation for individuals to participate in an activity sup-

ported by a grant under this section, which transportation shall be to or from a place of work or a place where the individual is receiving vocational education or job training services or receiving services directly linked to treatment of or recovery from a substance use disorder.";

(4) in subsection (j)—

(A) in paragraph (1), by inserting "for each grant cycle" after "grant period"; and

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A)—

(I) by striking "the preliminary report" and inserting "each preliminary report"; and

(II) by inserting "for the grant cycle" after "final report"; and

(ii) in subparagraph (A), by striking "(g)(3)" and inserting "(g)(1)(C)"; and

(5) in subsection (k), by striking "\$5,000,000 for each of fiscal years 2019 through 2023" and inserting "\$36,000,000 for each of fiscal years 2024 through 2028".

SEC. 3. REAUTHORIZATION OF THE RECOVERY HOUSING PROGRAM.

(a) **IN GENERAL.**—Section 8071 of the SUPPORT for Patients and Communities Act (42 U.S.C. 5301 note; Public Law 115-271) is amended—

(1) by striking the section heading and inserting "**RECOVERY HOUSING PROGRAM**";

(2) in subsection (a), by striking "through 2023" and inserting "through 2028";

(3) in subsection (b)—

(A) in paragraph (1), by striking "not later than 60 days after the date of enactment of this Act" and inserting "not later than 60 days after the date of enactment of the Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023"; and

(B) in paragraph (2)(B)(i)—

(i) in subclause (I), by striking "for calendar years 2013 through 2017" and inserting "for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023)";

(ii) in subclause (II), by striking "for calendar years 2013 through 2017" and inserting "for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023)"; and

(iii) in subclause (III), by striking the period at the end and inserting "for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Comprehensive Addiction Recovery through Effective Employment and Reentry Act of 2023)."; and

(4) in subsection (f), by striking "For the 2-year period following the date of enactment of this Act, the" and inserting "The".

(b) **CLERICAL AMENDMENT.**—The table of contents in section 1(b) of the SUPPORT for Patients and Communities Act (Public Law 115-271; 132 Stat. 3894) is amended by striking the item relating to section 8071 and inserting the following:

"Sec. 8071. Recovery Housing Program."

By Mrs. MURRAY (for herself,
Mr. MERKLEY, Mr. SCHATZ, Mr.

CASEY, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Ms. SMITH, Ms. BALDWIN, Ms. WARREN, Mr. REED, Mr. MENENDEZ, Mr. VAN HOLLEN, Ms. DUCKWORTH, and Mr. BROWN):

S. 1995. A bill to support public health infrastructure; to the Committee on Health, Education, Labor, and Pensions.

Mrs. MURRAY. Madam President, they say an ounce of prevention is worth a pound of cure, and the COVID pandemic showed us just how painfully true that is when it comes to public health.

Our public health system is our frontline defense—not only against deadly diseases and pandemics; it also aids in addressing the opioid and fentanyl crisis, preventing chronic conditions like diabetes and heart disease, protecting our food and water supply, and a lot more.

But despite our public health system's central role in protecting our communities, keeping our families safe and healthy, and preventing major disruptions in our lives, our public health system was sorely underfunded before COVID struck, and it has been seriously overwhelmed ever since. We have—thank goodness—gotten a much better grasp on COVID, but who in their right mind would look at the last few years and think funding public health is probably something we can put on the back burner?

We have to do better. We have to apply the lessons we learned and start thinking ahead now so we are never caught unprepared again. We have to end this cycle of crisis and complacency when it comes to building and maintaining strong public health infrastructure because the simple fact of the matter is public health infrastructure saves lives, and the better funded and prepared our public health system is before a crisis, the more lives we will save during one.

And make no mistake, the question is not whether there will be a new threat; it is: When is the next crisis going to strike? Will we be ready next time?

We cannot afford to treat public health like a one-and-done issue, which is why I am here today reintroducing my bill to provide \$4.5 billion in dedicated annual funding to support core public health capabilities at every level so we can protect our public health system from complacency and hostage-taking and drastic cuts.

The Public Health Infrastructure Saves Lives Act would make much-needed investments at the CDC, and, crucially, it would establish a grant program to support health departments all across our country. This funding would meet a wide variety of needs in communities across America. Health departments could use it to make sure they do robust contact tracing and stop outbreaks in their tracks, have adequate lab capacity to address public health threats, and have a surge work-

force available in an emergency to save lives.

This funding would empower our public health departments to make sure lifesaving information reaches everyone: people who don't speak English, people with disabilities, or people who don't have access to the internet. It would help officials conduct public awareness campaigns and fight misinformation and get really basic but essential information out, like when and where to find a vaccine clinic.

Public health departments could also use this funding as they update their IT and data systems to help them more quickly identify threats before they become full-blown outbreaks. And it would help us collect more consistent, comprehensive demographic data so we can see and address gaps in our responses and get the resources where they are needed the most.

It would also help our departments hire and train and retain the people they need. That is really important. A recent survey actually showed that nearly half of all our State and local public health workers left their jobs between 2017 and 2020, citing harassment or retirement. Post COVID, public health workers are more burnt out than ever and in dire need of reinforcements. This funding will help provide that and a lot more.

And, critically, this would be dedicated annual funding. That would do so much to help take the possibility of cuts and chaos off the table and put us on track to build the kind of world-class public health system that our communities deserve, the kind our families need to keep them safe.

And here is the thing: Every dollar that we invest now saves us much more in the long run. When we tackle public health threats now—staving off major outbreaks, major disruption—we save in a really big way down the line. We should all know by now we can't take public health for granted. We have seen real momentum and support for this from communities who understand all too well we need a strong public health system at every level.

It is time for Congress to show we get it too. It is time for us to invest in prevention, invest in public health in a serious way, because when we say that an ounce of prevention is worth a pound of cure, we are talking about stopping the next global pandemic and the next global economic crisis in its tracks, which will save lives and livelihoods.

So let's not make public health funding partisan. I urge my Republican colleagues to support this legislation. If you are skeptical, talk to me. A nominal investment in public health is a major payoff in terms of economic security and keeping our families safe and healthy. It seems like a pretty good deal to me.

I hope we can all work together and pass the Public Health Infrastructure Saves Lives Act.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 251—CELEBRATING THE 2023 NATO SUMMIT IN VILNIUS, LITHUANIA, AND EXPRESSING PRIORITIES RELATED TO TRANSATLANTIC SECURITY AND THE NATO STRATEGIC CONCEPT

Mrs. SHAHEEN (for herself, Mr. DURBIN, Mr. GRASSLEY, and Mr. TILLIS) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 251

Whereas the United States signed the North Atlantic Treaty, done at Washington, D.C., April 4, 1949 (commonly known as the "Washington Treaty"), to provide collective security and strengthen security and political cooperation with allies of the United States;

Whereas the United States and its allies recognized that security cooperation was a necessary precursor to enhanced political and economic stabilization and engagement;

Whereas, in 1991, the North Atlantic Treaty Organization (commonly known as "NATO" and the "Alliance") issued an unclassified Strategic Concept for the first time, outlining the basic principles and plans of the Alliance to address security challenges and strategic threats;

Whereas, in 1994, NATO established the Partnership for Peace to enable partner countries to share information and modernize and democratize their political and security infrastructure with NATO;

Whereas, in 1999, NATO established the Membership Action Plan to facilitate the accession of aspiring member countries by providing advice, assistance, and support in meeting the political and military principles of the Alliance;

Whereas any country that wishes may pursue NATO membership consistent with the 1995 Study on Enlargement and Article 10 of the Washington Treaty by—

(1) pursuing formal accession talks with the Alliance;

(2) sending a letter of intent to NATO, including a timeline for the completion of necessary reforms recommended by the Alliance;

(3) working with member countries so that accession protocols are signed and ratified by such member countries;

(4) receiving an invitation from the Secretary General of NATO to accede to the Washington Treaty; and

(5) acceding to the Washington Treaty in accordance with national procedures and by depositing instruments of accession;

Whereas, following the terrorist attacks on the United States on September 11, 2001, NATO invoked Article 5 of the Washington Treaty for the first time, calling on the Alliance to provide for collective defense;

Whereas Lithuania, Latvia, and Estonia, which were among the first Eastern European nations to declare independence from the Soviet Union, formally joined NATO in 2004 and have provided notable support for NATO operations, including—

(1) operations in Iraq and Afghanistan;

(2) operations that have been enhanced in response to increased threats; and

(3) operations in response to the invasion of Ukraine by the Russian Federation in February 2022;

Whereas, in 2006, the Alliance agreed that each member country would commit at least 2 percent of their Gross Domestic Product to defense spending to ensure sustained readiness;