

Whereas, according to NHTSA, 3,522 people died in motor vehicle crashes involving distracted drivers in 2021;

Whereas, according to NHTSA, 7,388 pedestrians were killed in traffic crashes in the United States in 2021, representing a 22 percent increase in the last 5 years;

Whereas, according to NHTSA, the number of pedestrian fatalities increased by 53 percent from 2012 to 2021;

Whereas, according to the National Complete Streets Coalition at Smart Growth America, the pedestrian fatality rate compared to that of White, non-Hispanic people in the United States is—

(1) 220 percent higher for American Indian and Alaska Native people;

(2) 100 percent higher for Black people; and

(3) 20 percent higher for Hispanic and Latinx people;

Whereas, according to NHTSA, a total of 961 bicyclists were killed in crashes with motor vehicles in 2021, representing a 32 percent increase in the last 10 years;

Whereas independent research in 2015 found that motor vehicle crash death rates were as much as 4.3 times greater for those at the bottom of the education spectrum than those at the top;

Whereas, according to NHTSA, motorcycles represented only 3 percent of all registered vehicles, but accounted for 14 percent of all traffic fatalities and 17 percent of all occupant fatalities in 2021;

Whereas, according to NHTSA, in 2021, 40 percent of motor vehicle traffic fatalities occurred on rural roads, despite only 32 percent of miles traveled occurring on rural roads;

Whereas, according to NHTSA, seatbelts prevented 14,653 fatalities and 450,000 serious injuries in 2019, saving \$93,000,000,000 in medical care, lost productivity, and other injury-related costs;

Whereas, according to NHTSA, in 2021, 50 percent of passenger vehicle occupants who died in a motor vehicle crash were unrestrained, while 85 percent of occupants who survived a motor vehicle crash were restrained;

Whereas the National Academies of Sciences, Engineering, and Medicine cite that approximately 40 percent of crash fatalities initially survived the impact but later died, highlighting the importance of improving post-crash care;

Whereas, according to the Insurance Institute for Highway Safety, increasing speed limits over the last 25 years have led to approximately 37,000 deaths;

Whereas, according to NHTSA, speeding accounted for 29 percent of all traffic fatalities in 2021;

Whereas, according to Consumer Reports, existing safety technologies could cut road fatalities in half if such technologies were made standard on all vehicles, saving approximately 20,000 lives annually;

Whereas roadway fatalities and injuries rose during the COVID-19 pandemic and remain a persistent cause of death in the United States;

Whereas, a deep history of inequalities in the United States continues to impact transportation systems, with low-income neighborhoods experiencing more than twice as many pedestrian fatalities as neighborhoods with the highest incomes, according to the National Complete Streets Coalition at Smart Growth America;

Whereas roadway fatalities disproportionately affect people of color and underserved communities and there must be an effort to collect better data to understand these impacts;

Whereas too many families in the United States have been personally affected by preventable crashes; and

Whereas a data-driven safe systems approach is proven to be effective at reducing traffic fatalities and injuries, including through taking into account all aspects of the transportation environment and not requiring a single actor to be responsible for traffic safety; Now, therefore, be it

Resolved, That the Senate—

(1) commits to advancing policies that will end roadway fatalities by 2050;

(2) calls on Congress and the Department of Transportation to commit to working together to achieve zero roadway fatalities by the year 2050;

(3) supports efforts to address disparities and other equity-related issues related to transportation safety;

(4) calls on the Department of Transportation, and the agencies within the Department of Transportation, to improve data gathering and tracking of traffic crashes and other issues related to transportation safety;

(5) calls on the Department of Transportation, and the agencies within the Department of Transportation, to commit to the implementation of proven countermeasures and interventions to prioritize transportation safety;

(6) recognizes the need for a safe system approach to transportation in the United States to improve access, safety, and mobility; and

(7) supports the use of the term “crash”, instead of “accident”, when describing traffic incidents and encourages all agencies of the Federal Government to use this term.

SENATE RESOLUTION 275—DESIGNATING JUNE AS “NATIONAL ANNUITY AWARENESS MONTH”

Mr. MORAN submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 275

Whereas annuities provide a predictable way to meet immediate, ongoing, and future financial obligations and objectives in retirement;

Whereas surveys consistently indicate that the vast majority of individuals in the United States are looking for a financial solution that provides the benefits offered by annuities, specifically the ability to address the critical concern of running out of money during retirement;

Whereas outliving retirement savings can—

(1) create a financial hardship that reduces the standard of living in retirement;

(2) defeat the fulfillment of legacy goals; and

(3) require dependence on family and friends for monetary support;

Whereas millions of individuals in the United States currently lack an adequate level of guaranteed income in retirement to ensure a secure financial future for themselves and their loved ones;

Whereas research indicates that an owner of an annuity has a higher confidence in overall retirement readiness;

Whereas an annuity is the only product in the financial marketplace that can provide guaranteed lifetime income;

Whereas determining the type of annuity to buy and when to take income is one of the most important financial decisions a consumer will ever make, and individuals and families can benefit greatly from the expert guidance of a financial professional; and

Whereas numerous stakeholders who support annuities have designated June as “National Annuity Awareness Month”, the goals of which are—

(1) to educate consumers on annuity benefits;

(2) to support access to annuities to meet the individual financial goals of consumers; and

(3) to encourage savers to seek professional guidance to implement annuities effectively in income and legacy planning; Now, therefore, be it

Resolved, That the Senate—

(1) designates June as “National Annuity Awareness Month”; and

(2) calls on the United States Government, the States, localities, schools, nonprofit organizations, businesses, and the people of the United States to observe National Annuity Awareness Month with appropriate programs and activities.

SENATE RESOLUTION 276—EXPRESSING OPPOSITION TO THE USE OF STATE POWER AGAINST PEOPLE IN THE UNITED STATES SEEKING ESSENTIAL HEALTH CARE, INCLUDING CRIMINALIZATION OF THE FULL RANGE OF SEXUAL AND REPRODUCTIVE HEALTH CARE SUCH AS ABORTION, GENDER-AFFIRMING CARE, AND CONTRACEPTIVE CARE, AND DISAPPROVING OF STATE PUNISHMENT OF PEOPLE FOR THEIR PREGNANCY OUTCOMES

Ms. DUCKWORTH (for herself, Mr. MURPHY, Mr. MERKLEY, Ms. STABENOW, Mr. BLUMENTHAL, Ms. CANTWELL, Ms. HIRONO, Ms. WARREN, Mr. HEINRICH, Mr. WYDEN, Mr. CARDIN, Mr. PADILLA, Ms. SMITH, Mr. BOOKER, Mr. PETERS, and Mr. FETTERMAN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 276

Whereas most people will need access to sexual and reproductive health care at some point in their lifetimes, whether it be abortion, contraception, or gender-affirming care;

Whereas the ability of people to access and make decisions about the full range of sexual and reproductive health care is essential to the health, well-being, and autonomy of all people and to the health and well-being of society;

Whereas providers of sexual, reproductive, and gender-affirming health care, and those who support people making important health care decisions, are essential and play a critical role in ensuring people are able to have control over their own bodies and lives;

Whereas people deserve to be treated with dignity, empathy, compassion, and respect by their health care providers;

Whereas people need their health care providers to be able to provide or refer for essential health care without facing punishment or criminal or civil charges for supporting the autonomous decisions of an individual with respect to their own body and life;

Whereas no person should face State sanctioned punishment for—

(1) seeking or obtaining an abortion, or any pregnancy outcome or decision;

(2) seeking or using contraception;

(3) seeking or obtaining gender-affirming care;

(4) their sexual health status; or

(5) for helping someone access the essential health care they need;

Whereas people have been penalized or prosecuted in the United States for actions during their pregnancy that the State alleged caused harm or risk to their pregnancies;

Whereas people have been prosecuted for not seeking health care, for experiencing a miscarriage or stillbirth, for self-managing an abortion, for alcohol or drug use during pregnancy, and for their HIV status;

Whereas research shows there is an increased need and demand for medications to self-manage an abortion in States with abortion restrictions, and that self-managed abortion with access to medications and accurate information is safe and effective;

Whereas the reasons why people self-manage an abortion are varied and valid;

Whereas States and localities have attempted to impose civil and criminal penalties on people who help others access the gender-affirming and reproductive health care they need, including abortion care;

Whereas at least 1 State has passed a law attempting to restrict some out-of-State travel for abortions, and other States have attempted to curtail out-of-State travel for abortion care or the facilitation thereof, in violation of basic constitutional principles, including the right to travel;

Whereas people have been and continue to be coerced or forced to undergo unwanted medical procedures or surgical interventions that negatively impact their sexual and reproductive health, including involuntary sterilization, involuntary cesarean sections, and procedures to change the intersex traits of minors;

Whereas coercive or unwanted medical or surgical interventions that negate individual autonomy are distinct from gender-affirming care, do not constitute essential health care or sexual and reproductive health care, and are not included within the full range of such care that this resolution describes;

Whereas more than 30 States around the country have advanced legislation designed to severely limit access to necessary gender-affirming care, especially for young people, which is against the recommendations of major medical organizations, including the American Academy of Pediatrics;

Whereas 3 States have enacted, and nearly 15 have introduced, legislation designed to criminalize and penalize providing gender-affirming care to young people, providers of gender-affirming care for young people, and the parents of those young people for enabling access to this essential care;

Whereas some States are considering legislation that would use the power of the State to remove children from the care of their parent if that parent supports access to gender-affirming care for the child;

Whereas States and localities have prohibited health care providers from providing, and in some cases have criminalized the provision of, gender-affirming and reproductive health care, including abortion care, to patients who are seeking such care whether in person or via telehealth;

Whereas States and localities have attempted to prohibit health care providers from referring, and in some cases have attempted to criminalize the referral of, patients to out-of-State resources to receive the gender-affirming and reproductive health care they seek, including abortion care;

Whereas States have aimed to restrict the ability of patients to access sexual and reproductive health care by threatening provider licensure, certification, or renewal, if even suspected of providing care, regardless of conviction;

Whereas the threat of criminalization or prosecution can result in a chilling effect by intimidating people into not seeking or providing needed care;

Whereas health care providers have an ethical obligation to provide essential health care to their patients and to protect the private medical information integral to the patient-provider relationship;

Whereas limiting the ability of a health care provider to uphold their ethical obligations to provide essential health care, including sexual and reproductive health care, to patients is a violation of their rights and subjects them to moral injury;

Whereas the State advances no legitimate interest by imposing civil or criminal penalties on medically appropriate sexual and reproductive health care, including abortion, contraception, and gender-affirming care, and has no legitimate interest in criminalizing pregnancy outcomes;

Whereas State laws criminalizing sexual and reproductive health care, including gender-affirming care and abortion care, sometimes enacted under the guise of protection, constitute an abuse of the power of the State that denies individuals their fundamental rights;

Whereas even when charges are dropped or the defendant is exonerated, the long-term consequences of arrest or prosecution are irreparable;

Whereas Black, indigenous, people of color, immigrants, people with low incomes, LGBTQI+ individuals, and other marginalized individuals are more likely, due to persistent disparities and oppression, to experience adverse pregnancy outcomes that place them under the scrutiny of the legal system;

Whereas groups like the American Medical Association, American Public Health Association, American Academy of Pediatrics, American Society of Addiction Medicine, the American College of Obstetricians and Gynecologists, the American Bar Association, and others oppose State-sanctioned punishment for pregnancy outcomes and oppose criminalizing providers and the provision of health care;

Whereas Black, indigenous, people of color, immigrants, people with low incomes, LGBTQI+ individuals, and other marginalized individuals are more likely to be surveilled, arrested, charged, prosecuted, convicted, and heavily punished within the criminal justice system;

Whereas, in the 2022 Abortion Care Guidelines issued by the World Health Organization, the World Health Organization recommends the full decriminalization of abortion;

Whereas human rights bodies, including the United Nations Human Rights Committee, have long said that governments that apply criminal sanctions against people who have an abortion, or medical providers who assist people in having an abortion, violate human rights principles and laws;

Whereas human rights bodies have explicitly described criminalization of abortion and attacks on LGBTQI+ health as a form of gender-based violence;

Whereas punishing people for their pregnancy outcomes or for seeking or providing essential reproductive and sexual health care, or supporting access to such care, violates their fundamental rights; and

Whereas several States have recognized these facts and taken steps—

(1) to repeal or reform laws that had been used to criminalize pregnancy outcomes; and

(2) to pass laws to increase access to abortion, contraception, and gender-affirming care: Now, therefore, be it

Resolved, That the Senate—

(1) condemns the application or use of criminal laws to punish people for the outcomes of their pregnancies;

(2) affirms that people deserve access to high-quality health care without fear of reprisal or punishment;

(3) condemns the criminalization of providing or supporting access to essential health care;

(4) affirms the ethical obligations of health care providers to safeguard patient privacy and the private medical information integral to the patient-provider relationship; and

(5) declares a goal for a future in which—
(A) the ability of patients to access sexual and reproductive health care, including abortion, contraception, and gender-affirming care, is universally free from restrictions, bans, and barriers; and

(B) people are able—

(i) to exercise self-determination in their reproductive and sexual health; and

(ii) manage care on their own terms, free from coercion, discrimination, or punishment; and

(6) affirms the commitment of Congress to working toward the goal established in paragraph (5) in partnership with providers, patients, advocates, and their communities.

SENATE RESOLUTION 277—EXPRESSING THE CONDOLENCES OF THE SENATE AND HONORING THE MEMORY OF THE VICTIMS ON THE FIRST ANNIVERSARY OF THE MASS SHOOTING AT THE FOURTH OF JULY PARADE IN HIGHLAND PARK, ILLINOIS, ON JULY 4, 2022

Mr. DURBIN (for himself and Ms. DUCKWORTH) submitted the following resolution; which was considered and agreed to:

S. RES. 277

Whereas, on July 4, 2022, a gunman opened fire at the corner of Central Avenue and Second Street in Highland Park, Illinois, during the annual Fourth of July parade;

Whereas the gunman took the lives of 7 individuals and injured 46 more individuals;

Whereas the 7 individuals who lost their lives that day were—

(1) Katie Goldstein, age 64, of Highland Park, Illinois, a beloved wife and mother, who was known for her kind, caring personality, and for bringing neighbors delicious baked goods during the holidays;

(2) Irina McCarthy, age 35, of Highland Park, Illinois, a wife and mother of 2-year-old Aiden, who met her husband Kevin through their mutual work in the pharmaceutical industry;

(3) Kevin McCarthy, age 37, of Highland Park, Illinois, a husband and father of 2-year-old Aiden, who died protecting his son from gunfire;

(4) Stephen Strauss, age 88, of Highland Park, Illinois, a brother, husband, father, and grandfather, who was a joke-teller and avid reader and greatly enjoyed the Art Institute of Chicago and the Chicago Symphony Orchestra;

(5) Jacquelyn Sundheim, age 63, of Highland Park, Illinois, a kind and caring wife and mother, who was a lifelong member of North Shore Congregation Israel, in Glencoe, where she also taught preschool and served as the events coordinator;

(6) Nicolas Toledo-Zaragoza, age 78, of Morelos, Mexico, who was attending the parade with his children, grandchildren, and great-grandchildren; and

(7) Eduardo Uvaldo, age 69, of Waukegan, Illinois, who was a devoted husband, father, and grandfather;

Whereas dozens of individuals were wounded by gunfire or injured fleeing the scene of the mass shooting;

Whereas the Highland Park Police Department and the Highland Park Fire Department led dozens of agencies in responding to the shooting with bravery and professionalism, including—