

States Code, of the rule submitted by the Department of Education relating to “Improving Income Driven Repayment for the William D. Ford Federal Direct Loan Program and the Federal Family Education Loan (FFEL) Program”.

S. RES. 20

At the request of Mr. CARDIN, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. Res. 20, a resolution condemning the coup that took place on February 1, 2021, in Burma and the Burmese military’s detention of civilian leaders, calling for an immediate and unconditional release of all those detained, promoting accountability and justice for those killed by the Burmese military, and calling for those elected to serve in parliament to resume their duties without impediment, and for other purposes.

S. RES. 353

At the request of Mr. WHITEHOUSE, the name of the Senator from California (Mr. PADILLA) was added as a cosponsor of S. Res. 353, a resolution expressing support for the designation of the week of September 16 through September 23, 2023, as “National Estuaries Week”.

AMENDMENT NO. 1194

At the request of Mr. LEE, the name of the Senator from Texas (Mr. CRUZ) was added as a cosponsor of amendment No. 1194 intended to be proposed to H.R. 4366, a bill making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2024, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. PADILLA (for himself, Mr. WELCH, Mr. HEINRICH, Mr. WYDEN, Mrs. SHAHEEN, Mr. BENNET, and Mr. FETTERMAN):

S. 2881. A bill to amend the Higher Education Act of 1965 to require institutions of higher education to provide notice to students participating in a State or federally financed work-study program about potential eligibility for participation in the supplemental nutrition assistance program, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. PADILLA. Madam President, I rise to speak in support of the Opportunity to Address College Hunger Act, which I introduced today.

According to a 2018 GAO study, roughly 2 million at-risk college students who were potentially eligible for Supplemental Nutrition Assistance Program, SNAP, benefits did not report receiving them. Millions of eligible college students across the Nation face steep barriers to accessing these critical benefits due to a complex application process and a lack of information-sharing from their own colleges and universities.

In California alone, 127,000 college students received CalFresh before the pandemic, despite upwards of 690,000 students being potentially eligible. Through my conversations with California college students, many have said that they wished their campuses told them they were eligible for SNAP and how to access benefits.

That is why I am introducing this bill—to increase awareness of SNAP for potentially eligible college students and to continue the fight to tackle student hunger.

If enacted, this bill would require colleges and universities to notify students participating in State or federally financed work-study programs of their potential eligibility for SNAP benefits. Institutions would also need to provide students with details about how they can obtain more information about SNAP, confirm their eligibility for the program, and access benefits.

This notification would be developed by the U.S. Department of Education, in consultation with the U.S. Department of Agriculture, and would be specific to the student’s State of residence and provide contact information for the local office where the student can apply for SNAP.

The notification would also include an official document confirming that the student participates in a work-study program and meets one of the SNAP eligibility requirements for college students. This documentation would help students overcome a common paperwork hurdle they face when applying for SNAP benefits.

Finally, this bill would require the Department of Education and USDA to provide guidance to States and institutions on how to better engage with potentially eligible students.

While I support eliminating the restrictive work requirements that limit access to critical nutrition benefits for millions of low-income college students, this bill works to tackle barriers students face with the eligibility requirements currently in place.

I want to thank Representative SUZANNE BONAMICI for introducing this bill in the House and for her continued work to combat student hunger. I urge my colleagues to support this common-sense legislation to help improve student food security, health, and learning.

By Mr. PADILLA:

S. 2898. A bill to amend the Food, Conservation, and Energy Act of 2008 to authorize the Secretary of Agriculture to authorize the use of certain grants to deliver peer-to-peer mental health support to individuals who are engaged in farming, ranching, farm work, and other occupations relating to agriculture; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. PADILLA. Madam President, I rise to introduce the Supporting Farm Workers’ Mental Health Act of 2023. This bill would ensure that the Farm and Ranch Assistance Network serves

the behavioral health needs of farm workers.

The Farm and Ranch Stress Assistance Network is a transformative program that addresses the mental health needs of farmers, ranchers, and those engaged in agricultural occupations. While grants can be used to serve farmworkers, farmworkers are not explicitly identified as population of interest, despite their unique health needs.

Farmworkers face significant barriers to care, including a shortage of culturally competent providers and low health literacy in addition to the challenges associated with accessing healthcare in rural areas. Nineteen percent of farmworkers reported symptoms of anxiety, and 14 percent reported feeling depressed, according to a recent University of California, Merced study.

The Supporting Farm Workers’ Mental Health Act of 2023 would amend the Farm and Ranch Stress Act of 2023 would amend the Farm and Ranch Stress Assistance Network to explicitly include farmworkers as an eligible population and ensure peer-to-peer mental health services are an allowable grant activity. Both changes will update the program to reflect our agricultural workforce’s behavioral health needs.

Farmworkers feed our Nation. It is our responsibility to ensure they have access to behavioral health care they need.

I look forward to working with my colleagues to enact this important initiative as quickly as possible.

By Mr. PADILLA:

S. 2899. A bill to amend the Public Health Service Act to include Middle Easterners and North Africans in the statutory definition of a “racial and ethnic minority group”, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. PADILLA. Madam President, I rise to introduce the Health Equity and Middle Eastern and North African Community Inclusion Act of 2023. This bill would ensure that Middle Eastern and North African communities in the United States receive the Federal recognition they need to receive targeted public health resources.

Too often, Federal data collection overlooks people in MENA communities. This is true even at the Office of Minority Health, which is tasked with the important work of improving health outcomes for racial and ethnic minority populations. The office’s definition of “racial and ethnic minorities” does not currently include a Middle Eastern or North African category, meaning that people in this community are often misidentified as White. As a result, the unique health concerns that Middle Easterners and North Africans face remain underreported and unaddressed.

This bureaucratic oversight has a tangible impact on individuals’ abilities to live full and healthy lives.

The Health Equity and Middle Eastern and North African Community Inclusion Act of 2023 would add a Middle Eastern and North African category to the definition of “racial and ethnic minorities” used by the Office of Minority Health. Additionally, it would direct the Department of Health and Human Services to use this data to conduct a comprehensive study of the unique patterns and health outcomes in MENA populations.

I want to thank Representative TLAIB for joining me in introducing this bill. I look forward to working with my colleagues to take this important step to reduce health disparities.

By Mr. DURBIN:

S. 2907. A bill to improve medical device recall notifications by amending the Federal Food, Drug, and Cosmetic Act to establish an electronic format for device recall notifications, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. 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. 2907

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 “Medical Device Recall Improvement Act”.

SEC. 2. REGULATION OF MEDICAL DEVICE RECALLS.

Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.), is amended by inserting after section 518A of such Act the following:

“SEC. 518B. ELECTRONIC NOTIFICATION FORMAT FOR DEVICE RECALLS.

“(a) ELECTRONIC NOTIFICATION FORMAT FOR DEVICE RECALLS.—

“(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Medical Device Recall Improvement Act, the Secretary shall publish a form and manner for notifications of a recall.

“(2) CONTENT.—The form and manner prescribed by the Secretary under paragraph (1) shall—

“(A) be electronic;

“(B) include mandatory data elements, including—

“(i) the name of the manufacturer or importer;

“(ii) the contact information and address of the manufacturer or importer;

“(iii) the specific reason for the correction or removal from the market of the device;

“(iv) the specific device of the manufacturer or importer subject to such recall;

“(v) the unique device identifier of the device, including, as applicable, the device identifier and any production identifier;

“(vi) information for device user facilities and health professionals with regard to the device and such recall; and

“(vii) information for patients with regard to the device and such recall, including—

“(I) the risk presented by the device; and

“(II) any action that may be taken by, or on behalf of, such patients to eliminate or reduce such risk; and

“(C) include optional data elements as the Secretary determines to be appropriate.

“(b) NOTIFICATIONS.—

“(1) NOTIFICATIONS TO THE SECRETARY.—

“(A) IN GENERAL.—Beginning 180 days after the Secretary establishes the form and manner for recall notifications under subsection (a), a manufacturer or importer of a device shall submit notifications required under section 519(g) to the Secretary through the electronic notification format established under subsection (a).

“(B) REVIEW REQUIREMENT.—

“(i) INITIAL REVIEW.—Not later than 2 business days after receipt of a notification described in subparagraph (A), the Secretary shall conduct an initial review of such notification.

“(ii) RESPONSE OF THE SECRETARY.—Not later than 3 business days after the completion of such review, the Secretary shall inform the manufacturer or importer of the information the Secretary determines, through the initial review under clause (i), should be shared with device user facilities and health professionals.

“(2) NOTIFICATIONS TO DEVICE USER FACILITIES AND HEALTH PROFESSIONALS.—

“(A) INITIAL NOTIFICATIONS.—A manufacturer or importer shall submit notifications to device user facilities and health professionals through the electronic notification format established under subsection (a) after an initial review by the Secretary is completed under paragraph (1)(B)(i).

“(B) SUBSEQUENT NOTIFICATIONS.—A manufacturer or importer shall provide notifications in addition to those described in subparagraph (A), as necessary, to device user facilities or health professionals through the electronic notification format established under subsection (a).

“(c) ELECTRONIC DATABASE.—The Secretary shall maintain an electronic database that is publicly accessible, downloadable, and populated with information regarding device notifications made under this section.

“(d) DEFINITIONS.—In this section and in section 518C—

“(1) the term ‘device user facility’ has the meaning given such term in section 519(b)(6); and

“(2) the term ‘recall’ has the meaning given such term in section 518A.

“(e) AUTHORIZATION OF APPROPRIATIONS.—For purposes of conducting activities under this section and hiring personnel to conduct such activities, there is authorized to be appropriated \$6,700,000 for fiscal year 2024, \$1,700,000 for fiscal year 2025, and \$1,000,000 for each of fiscal years 2026 through 2028, to remain available until expended, without fiscal year limitation.

“SEC. 518C. PATIENT NOTIFICATION.

“(a) IN GENERAL.—The Secretary shall require that any recall strategy under section 519(g) provides for notice to patients whom device user facilities and health professionals treated with the device.

“(b) COMPLIANCE.—In accordance with subsection (a), the Secretary shall require recall notifications sent from the manufacturer or importer of the device to—

“(1) include information for device user facilities and health professionals about the risks presented by the device to patients whom device user facilities and health professionals treated with the device; and

“(2) instruct such device user facilities and health professionals to share information under paragraph (1) with patients whom device user facilities and health professionals treated with the device.

“(c) AFFECTED DEVICES.—Subsection (a) shall apply with respect to any class I or class II recall for a class II or class III device that is used outside of device user facilities and—

“(1) implanted in the human body;

“(2) life-sustaining;

“(3) life-supporting; or

“(4) used significantly in pediatric populations.

“(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require device user facilities or health professionals to provide patient information to the manufacturer or importer of the device.”.

SEC. 3. PROHIBITED ACTS.

Section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended by adding at the end the following

“(jjj) The refusal or failure to submit notifications in accordance with paragraphs (1) and (2) of section 518B(b).

“(kkk) The refusal or failure to provide notice in accordance with section 518C.”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 355—RECOGNIZING THE CRITICAL IMPORTANCE OF ACCESS TO RELIABLE, CLEAN DRINKING WATER FOR NATIVE AMERICANS AND AFFIRMING THE RESPONSIBILITY OF THE FEDERAL GOVERNMENT TO ENSURE SUCH WATER ACCESS

Mr. BENNET (for himself, Mr. PADILLA, Mr. SCHATZ, Mr. WYDEN, Ms. WARREN, Mr. MERKLEY, Ms. DUCKWORTH, Mr. HICKENLOOPER, Mrs. MURRAY, Mr. BOOKER, Mr. TESTER, Mr. KELLY, Mr. LUJÁN, Mr. KING, Mr. HEINRICH, and Ms. CANTWELL) submitted the following resolution; which was referred to the Committee on Indian Affairs:

S. RES. 355

Whereas access to reliable, clean drinking water is an essential human need that is critical to the public health, well-being, educational attainment, and economic development of all communities in the United States;

Whereas many countries, along with the United Nations, have recognized the urgency of water access by passing laws or resolutions relating to the human right to water, including recognition of this right among indigenous peoples and establishing aggressive targets for achieving universal access to this basic right;

Whereas, in the United States, access to reliable, clean drinking water has long been a significant problem in many Native communities, such that nearly ½ of all Native households in the continental United States still do not have access to reliable water sources or clean drinking water, and Native households are significantly more likely than White households to lack indoor plumbing;

Whereas reliable, clean drinking water may be unavailable to Native households for many reasons, including because—

(1) there is no piped water system connecting to the house;

(2) the water available to the household does not meet minimum protective standards;

(3) the water infrastructure is deteriorating or insufficient; or

(4) Indian Tribes, Alaska Native Villages, and Native Hawaiian communities are unable to support the operation and maintenance needs of existing water infrastructure;

Whereas many Native communities have significant unresolved claims for federally reserved water rights, many of which have