

of S. 3770, a bill to amend the Public Health Service Act to authorize grants to support schools of nursing in increasing the number of nursing students and faculty and in program enhancement and infrastructure modernization, and for other purposes.

S. 3821

At the request of Mr. CASSIDY, the name of the Senator from Michigan (Mr. PETERS) was added as a cosponsor of S. 3821, a bill to amend title XVIII of the Social Security Act to improve the payment method for oxygen and oxygen related equipment, supplies, and services, to increase beneficiary access to oxygen and oxygen related equipment, supplies, and services, and for other purposes.

S. 4081

At the request of Mr. HOEVEN, the name of the Senator from North Dakota (Mr. CRAMER) was added as a cosponsor of S. 4081, a bill to amend the Federal Crop Insurance Act to provide premium support for certain plans of insurance, and for other purposes.

S. 4094

At the request of Mr. SCOTT of South Carolina, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 4094, a bill to amend title XVIII of the Social Security Act to provide for coverage of the Medicare Diabetes Prevention program, and for other purposes.

S. 4096

At the request of Mr. SCHUMER, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from Colorado (Mr. BENNET) were added as cosponsors of S. 4096, a bill to amend title 28, United States Code, to provide for the random assignment of certain cases in the district courts of the United States.

S. 4128

At the request of Mr. TUBERVILLE, the names of the Senator from Utah (Mr. LEE), the Senator from Florida (Mr. RUBIO) and the Senator from Idaho (Mr. CRAPO) were added as cosponsors of S. 4128, a bill to require the Secretary of Veterans Affairs to submit to Congress a report on abortions facilitated by the Department of Veterans Affairs, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. GRAHAM, Mr. WHITEHOUSE, Mr. GRASSLEY, Mr. COONS, and Mr. CORNYN):

S. 4150. A bill to amend the Bankruptcy Threshold Adjustment and Technical Corrections Act to extend bankruptcy eligibility requirements for an additional 2-year period; to the Committee on the Judiciary.

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. 4150

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 “Bankruptcy Threshold Adjustment Extension Act”.

SEC. 2. EXTENSION OF TEMPORARY PROVISIONS.

Section 2(i)(1) of the Bankruptcy Threshold Adjustment and Technical Corrections Act (Public Law 117-151; 136 Stat. 1300) is amended, in the matter preceding subparagraph (A), by striking “2 years” and inserting “4 years”.

By Mr. PADILLA (for himself, Mr. CORNYN, Mr. BOOKER, Mr. YOUNG, and Mrs. MURRAY):

S. 4151. A bill to amend the Atomic Energy Act of 1954 and the Nuclear Energy Innovation and Modernization Act to clarify existing requirements relating to fusion machines, and for other purposes; to the Committee on Environment and Public Works.

Mr. PADILLA. Madam President, I rise to introduce the Fusion Energy Act of 2024, which will accelerate the development of commercial fusion energy by codifying the Nuclear Regulatory Commission’s regulatory authority.

As a former engineer, I have long been a strong supporter of fusion research and development. The critical investments that our country has made over nearly six decades in the Department of Energy’s National Laboratory System have led to incredible fusion discoveries. In December 2022, in my home State of California, Lawrence Livermore National Laboratory became the first facility in the world to demonstrate fusion ignition. As good engineers do, they of course repeated their experiment—achieving ignition at least three times.

This bill would ensure that the Nuclear Regulatory Commission has the clear statutory authority it needs to provide a stable regulatory environment, streamline the creation of commercial facilities, and support the development of American fusion energy.

Fusion reactions are at the heart of our very universe. In stars like our own Sun, small atoms like hydrogen combine together into larger ones like helium and release energy. If we can unlock these types of reactions in a commercial facility, we would gain access to a nearly unlimited, clean, safe, reliable, and carbon-free source of electricity for the entire Nation.

That is why Congress must do everything in its power to ensure continued U.S. leadership in developing commercial fusion energy facilities. The Fusion Energy Act would provide regulatory certainty for investors as the NRC develops and streamlines frameworks for such facilities.

I want to thank Representative LORI TRAHAN of Massachusetts for leading the House companion. I hope all of our colleagues will join us in supporting this bill to advance the future of clean energy through the science of fusion.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 647—RECOGNIZING THE DESIGNATION OF THE WEEK OF APRIL 11 THROUGH APRIL 17, 2024, AS THE SEVENTH ANNUAL “BLACK MATERNAL HEALTH WEEK”

Mr. BOOKER (for himself, Ms. BUTLER, Mr. PADILLA, Ms. STABENOW, Ms. BALDWIN, Ms. WARREN, Ms. DUCKWORTH, Mr. WARNOCK, Mr. MERKLEY, Mrs. MURRAY, Mr. MENENDEZ, Mr. VAN HOLLEN, Mr. DURBIN, Mr. SANDERS, Ms. SMITH, Mr. WELCH, Ms. CORTEZ MASTO, Mr. MARKEY, Mr. BROWN, Ms. KLOBUCHAR, and Mr. WHITEHOUSE) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 647

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are 2 to 3 times more likely than White women to die from pregnancy-related causes;

Whereas Black women in the United States suffer from life-threatening pregnancy complications, known as “maternal morbidities”, twice as often as White women;

Whereas maternal mortality rates in the United States are—

(1) among the highest in the developed world; and

(2) increasing rapidly, from 17.4 deaths per 100,000 live births in 2018, to 20.1 in 2019, 23.8 in 2020, and 32.9 in 2021;

Whereas the United States has the highest maternal mortality rate among affluent countries, in part because of the disproportionate mortality rate of Black women;

Whereas Black women are 50 percent more likely than all other women to deliver prematurely;

Whereas the high rates of maternal mortality among Black women span across—

(1) income levels;

(2) education levels; and

(3) socioeconomic status;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black women in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black women;

Whereas racism and discrimination play a consequential role in maternal health care experiences and outcomes of Black birthing people;

Whereas the overturn of *Roe v. Wade*, 410 U.S. 113 (1973) impacts Black women and birthing people’s access to reproductive health care and right to bodily autonomy, and further perpetuates reproductive oppression as a tool to control women’s bodies;

Whereas a fair and wide distribution of resources and birth options, especially regarding reproductive health care services and maternal health programming, is critical to closing the racial gap in maternal health outcomes;

Whereas communities of color are disproportionately affected by maternity care deserts, where there are no or limited hospitals or birth centers offering obstetric care and no or limited obstetric providers, and have diminishing access to reproductive healthcare due to low Medicaid reimbursements, rising costs, and ongoing staff shortages;

Whereas Black midwives, doulas, perinatal health workers, and community-based organizations provide holistic maternal health care but face structural and legal barriers to licensure, reimbursement, and provision of care;

Whereas COVID-19, which has disproportionately harmed Black people in the United States, is associated with an increased risk for adverse pregnancy outcomes and maternal and neonatal complications;

Whereas the COVID-19 pandemic has further highlighted issues within the broken health care system in the United States and the harm that system does to Black women and birthing people by exposing—

(1) increased barriers to accessing prenatal and postpartum care, including maternal mental health care;

(2) a lack of uniform hospital policies permitting doulas and support persons to be present during labor and delivery;

(3) inconsistent hospital policies regarding the separation of the newborn from a mother that is suspected to be positive for COVID-19;

(4) complexities in COVID-19 vaccine drug trials including pregnant people;

(5) increased rates of Cesarean section deliveries;

(6) shortened hospital stays following delivery;

(7) provider shortages and lack of sufficient policies to allow home births attended by midwives;

(8) insufficient practical support for delivery of care by midwives, including telehealth access;

(9) the adverse economic impact on Black mothers and families due to job loss or reduction in income during quarantine and the pandemic recession; and

(10) pervasive racial injustice against Black people in the criminal justice, social, and health care systems;

Whereas new data from the Centers for Disease Control and Prevention has indicated that since the COVID-19 pandemic, the maternal mortality rate for Black women has increased by 26 percent;

Whereas, even as there is growing concern about improving access to mental health services, Black women are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy;

Whereas Black pregnant and postpartum workers are disproportionately denied reasonable accommodations in the workplace, leading to adverse pregnancy outcomes;

Whereas Black pregnant people disproportionately experience surveillance and punishment, including shackling incarcerated people in labor, drug testing mothers and infants without informed consent, separating mothers from their newborns, and criminalizing pregnancy outcomes;

Whereas justice-informed, culturally congruent models of care are beneficial to Black women;

Whereas an investment must be made in—

(1) maternity care for Black women and birthing people, including support of care led by the communities most affected by the maternal health crisis in the United States;

(2) continuous health insurance coverage to support Black women and birthing people for the full postpartum period up to at least 1 year after giving birth; and

(3) policies that support and promote affordable, comprehensive, and holistic maternal health care that is free from gender and racial discrimination, regardless of incarceration; and

Whereas Black Maternal Health Week was founded in 2018 and led by Black Mamas Matter Alliance, inc. to bring national attention to the maternal and reproductive healthcare

crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing people; Now, therefore, be it

Resolved, That the Senate recognizes—

(1) the seventh annual “Black Maternal Health Week”; and

(2) that—

(A) Black women are experiencing high, disproportionate rates of maternal mortality and morbidity in the United States;

(B) the alarmingly high rates of maternal mortality among Black women are unacceptable;

(C) in order to better mitigate the effects of systemic and structural racism, Congress must work toward ensuring—

(i) that the Black community has—

(I) safe and affordable housing;

(II) transportation equity;

(III) nutritious food;

(IV) clean air and water;

(V) environments free from toxins;

(VI) safety and freedom from violence;

(VII) a living wage;

(VIII) equal economic opportunity;

(IX) a sustained and expansive workforce pipeline for diverse perinatal professionals; and

(X) comprehensive, high-quality, and affordable health care with access to the full spectrum of reproductive care; and

(ii) reform of the criminal justice and family regulation systems to decriminalize pregnancy, remove civil penalties, end surveillance of families, and end mandatory reporting within the system;

(D) in order to improve maternal health outcomes, Congress must fully support and encourage policies grounded in the human rights, reproductive justice policies, and birth justice frameworks that address Black maternal health inequity;

(E) Black women and birthing people must be active participants in the policy decisions that impact their lives;

(F) in order to ensure access to safe and respectful maternal health care for Black birthing people, Congress must pass the Black Maternal Health Omnibus Act; and

(G) “Black Maternal Health Week” is an opportunity to—

(i) deepen the national conversation about Black maternal health in the United States;

(ii) amplify and invest in community-driven policy, research, and quality care solutions;

(iii) center the voices of Black mamas, women, families, and stakeholders;

(iv) provide a national platform for Black-led entities and efforts that promote maternal and mental health, safe and healthy births, and reproductive justice;

(v) enhance community organizing on Black maternal health; and

(vi) support efforts to increase funding for, and advance policies that assist, Black-led and centered community-based organizations and perinatal birth workers that provide full spectrum reproductive, maternal, and sexual healthcare.

SENATE CONCURRENT RESOLUTION 33—AUTHORIZING THE USE OF THE ROTUNDA OF THE CAPITOL FOR THE LYING IN HONOR OF THE REMAINS OF RALPH PUCKETT, JR., THE LAST SURVIVING MEDAL OF HONOR RECIPIENT FOR ACTS PERFORMED DURING THE KOREAN CONFLICT

Ms. ERNST (for herself, Mr. TESTER, Mr. WARNOCK, Mr. COTTON, Mr. KAINE, Mr. BLUMENTHAL, Mr. KELLY, Mr. SCOTT of Florida, Mr. CRUZ, and Mr.

MANCHIN) submitted the following concurrent resolution; which was considered and agreed to:

S. CON. RES. 33

Resolved by the Senate (the House of Representatives concurring),

SECTION 1. HONORING THE LAST SURVIVING MEDAL OF HONOR RECIPIENT OF THE KOREAN CONFLICT.

(a) USE OF ROTUNDA.—In recognition of Army Colonel Ralph Puckett, Jr., the last surviving recipient of the Medal of Honor for acts performed during the Korean conflict, his remains shall be permitted to lie in honor in the rotunda of the Capitol on April 29, 2024, in order to honor the Silent Generation and the more than 5,700,000 men and women who served in the Armed Forces of the United States during the “Forgotten War” from 1950 to 1953.

(b) IMPLEMENTATION.—The Architect of the Capitol, under the direction of the President pro tempore of the Senate and the Speaker of the House of Representatives, shall take all necessary steps to carry out this section.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1820. Mr. WYDEN (for himself and Ms. LUMMIS) submitted an amendment intended to be proposed by him to the bill H.R. 7888, to reform the Foreign Intelligence Surveillance Act of 1978; which was ordered to lie on the table.

SA 1821. Mr. HAWLEY submitted an amendment intended to be proposed by him to the bill H.R. 7888, supra; which was ordered to lie on the table.

SA 1822. Mr. MERKLEY (for himself and Mr. KENNEDY) submitted an amendment intended to be proposed by him to the bill H.R. 7888, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 1820. Mr. WYDEN (for himself and Ms. LUMMIS) submitted an amendment intended to be proposed by him to the bill H.R. 7888, to reform the Foreign Intelligence Surveillance Act of 1978; which was ordered to lie on the table; as follows:

Beginning on page 87, strike line 14 and all that follows through page 90, line 4.

SA 1821. Mr. HAWLEY submitted an amendment intended to be proposed by him to the bill H.R. 7888, to reform the Foreign Intelligence Surveillance Act of 1978; which was ordered to lie on the table; as follows:

On page 87, strike line 14 and all that follows through page 90, line 4.

SA 1822. Mr. MERKLEY (for himself and Mr. KENNEDY) submitted an amendment intended to be proposed by him to the bill H.R. 7888, to reform the Foreign Intelligence Surveillance Act of 1978; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . PROHIBITION ON USE OF FACIAL RECOGNITION TECHNOLOGY.

(a) IN GENERAL.—Section 44901 of title 49, United States Code, as amended by section 642, is further amended by adding at the end the following new subsection:

“(n) PROHIBITION ON USE OF FACIAL RECOGNITION TECHNOLOGY.—