

granted by the Indian tribe under subsection (a).

“(B) AUTHORITY.—The enforcement or cancellation of a right-of-way under subparagraph (A) shall be conducted using regulatory procedures issued under section 6.

“(e) COMPLIANCE.—

“(1) IN GENERAL.—An interested party, after exhaustion of any applicable Tribal remedies, may submit a petition to the Secretary of the Interior, at such time and in such form as determined by the Secretary of the Interior, to review the compliance of an applicable Indian tribe with a Tribal regulation approved by the Secretary of the Interior under subsection (b).

“(2) VIOLATIONS.—If the Secretary of the Interior determines that a Tribal regulation was violated after conducting a review under paragraph (1), the Secretary of the Interior may take any action the Secretary of the Interior determines to be necessary to remedy the violation, including rescinding the approval of the Tribal regulation and reassuming responsibility for approving rights-of-way through the trust land of the applicable Indian tribe.

“(3) DOCUMENTATION.—If the Secretary of the Interior determines that a Tribal regulation was violated after conducting a review under paragraph (1), the Secretary of the Interior shall—

“(A) provide written documentation, with respect to the Tribal regulation that has been violated, to the appropriate interested party and Indian tribe;

“(B) provide the applicable Indian tribe with a written notice of the alleged violation; and

“(C) prior to the exercise of any remedy, including rescinding the approval for the applicable Tribal regulation or reassuming responsibility for approving rights-of-way through the trust land of the applicable Indian tribe, provide the applicable Indian tribe with—

“(i) a hearing that is on the record; and

“(ii) a reasonable opportunity to cure the alleged violation.

“(f) SAVINGS CLAUSE.—Nothing in this section affects the application of any Tribal regulations issued under Federal environmental law.

“(g) EFFECT OF TRIBAL REGULATIONS.—An approved Tribal regulation under subsection (b) shall not preclude an Indian tribe from, in the discretion of the Indian tribe, consenting to the grant of a right-of-way by the Secretary of the Interior under the section 1.

“(h) TERMS OF RIGHT-OF-WAY.—The compensation for, and terms of, a right-of-way granted under subsection (a) will be determined by—

“(1) negotiations by the Indian tribe; or

“(2) the regulations of the Indian tribe.

“(i) JURISDICTION.—The grant of a right-of-way under subsection (a) does not waive the sovereign immunity of the Indian tribe or diminish the jurisdiction of that Indian tribe over the Tribal land subject to the right-of-way, unless otherwise provided in—

“(1) the grant of the right-of-way; or

“(2) the regulations of the Indian tribe.”.

S. 2868

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

SECTION 1. REVOCATION OF CHARTER OF INCORPORATION OF THE LOWER SIOUX INDIAN COMMUNITY.

The request of the Lower Sioux Indian Community in the State of Minnesota to surrender the charter of incorporation issued to that community and ratified on July 17, 1937, pursuant to section 17 of the Act of June 18, 1934 (commonly known as the “Indian Reorganization Act”) (48 Stat. 988, chapter 576; 25

U.S.C. 5124), is hereby accepted and that charter of incorporation is hereby revoked.

Mr. SCHATZ. I ask that the motions to reconsider be considered made and laid upon the table, en bloc.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SCHATZ. Mr. President, I took the floor today to pass several Indian Affairs bills that have been languishing for months and, some, for even years. I continue to intend to fight to pass several bipartisan bills, so it is good that we passed three of them. But there is a lot more work to do.

Senators PADILLA, LUJÁN, HEINRICH, SMITH, and others all have bills that are ready for consideration today and can end up as Federal law by the end of this Congress. They would improve the lives of Tribes and their communities from water rights settlements to protecting children from abuse and neglect. All of these bills have to be considered.

I am told additional time will be needed to clear these bills over the Thanksgiving break, and so I will stand down for now. I just want to make it clear to everybody: We are going to spend a lot of time on the floor together. There will be no cheap holds. There will be no convenient holds. We will give people a chance to work out their problems. But we are going to do this on the floor live like a real legislature and we are going to get this done. I yield the floor.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the following nomination, which the clerk will report.

The legislative clerk read the nomination of Sharad Harshad Desai, of Arizona, to be United States District Judge for the District of Arizona.

NOMINATION OF SHARAD H. DESAI

Mr. DURBIN. Mr. President, today, the Senate will vote to confirm Sharad Desai to the U.S. District Court for the District of Arizona.

Born in Phoenix, Mr. Desai received his B.A. and B.S. from the University of Arizona and his J.D. from New York University School of Law. After law school, he served as a law clerk to Justice Rebecca White Berch on the Arizona Supreme Court.

From 2007 to 2015, Mr. Desai worked as an attorney with the Phoenix law firm Osborn Maledon, P.A., first as an associate and later as a partner. He spent nearly a decade litigating cases in State and Federal courts on a broad range of topics.

Since 2015, Mr. Desai has worked in senior legal counsel roles at Honeywell International, Inc., a Fortune 150 technology and innovation company in Phoenix. He has been vice president and general counsel for the company's integrated supply chain and information technology divisions since 2023.

Mr. Desai has deep ties to the Grand Canyon State, and he enjoys the strong

support of both of his home State Senators, Ms. SINEMA and Mr. KELLY. The American Bar Association rated Mr. Desai as “qualified” to serve on the District of Arizona. If confirmed, he will be Arizona's first South Asian Federal district judge.

Mr. Desai's significant litigation background and experience in State and Federal courts ensure that he will be a valuable addition to the district court. I strongly support his nomination, and I urge my colleagues to join me.

The PRESIDING OFFICER. The Senator from Wyoming.

NATIONAL RURAL HEALTH DAY

Mr. BARRASSO. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 909, which is at the desk.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 909) designating November 21, 2024, as “National Rural Health Day”.

There being no objection, the Senate proceeded to consider the resolution.

Mr. BARRASSO. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 909) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under “Submitted Resolutions.”)

I yield the floor.

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. SMITH. Mr. President, I ask unanimous consent that the scheduled vote begin immediately.

The PRESIDING OFFICER. Without objection, it is so ordered.

VOTE ON DESAI NOMINATION

The PRESIDING OFFICER. Under the previous order, the question is, Will the Senate advise and consent to the Desai nomination?

Ms. SINEMA. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Pennsylvania (Mr. FETTERMAN) is necessarily absent.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Tennessee (Mrs. BLACKBURN), the

Senator from Kansas (Mr. MARSHALL), the Senator from Kansas (Mr. MORAN), the Senator from Florida (Mr. RUBIO), and the Senator from Ohio (Mr. VANCE).

Further, if present and voting: the Senator from Kansas (Mr. MARSHALL) would have voted "nay."

The result was announced—yeas 82, nays 12, as follows:

[Rollcall Vote No. 303 Ex.]

YEAS—82

Baldwin	Heinrich	Romney
Barrasso	Helmy	Rosen
Bennet	Hickenlooper	Rounds
Blumenthal	Hirono	Sanders
Booker	Hoeven	Schatz
Boozman	Hyde-Smith	Schumer
Britt	Johnson	Scott (FL)
Brown	Kaine	Scott (SC)
Butler	Kelly	Shaheen
Cantwell	Kennedy	Sinema
Capito	King	Smith
Cardin	Klobuchar	Stabenow
Carper	Lankford	Sullivan
Casey	Lujan	Tester
Cassidy	Lummis	Thune
Collins	Manchin	Tillis
Coons	Markey	Tuberville
Cornyn	McConnell	Van Hollen
Cortez Masto	Merkley	Warner
Cramer	Murkowski	Warnock
Crapo	Murphy	Warren
Daines	Murray	Welch
Duckworth	Ossoff	Whitehouse
Durbin	Padilla	Wicker
Fischer	Paul	Wyden
Gillibrand	Peters	Young
Graham	Reed	
Hassan	Risch	

NAYS—12

Braun	Ernst	Lee
Budd	Grassley	Mullin
Cotton	Hagerty	Ricketts
Cruz	Hawley	Schmitt

NOT VOTING—6

Blackburn	Marshall	Rubio
Fetterman	Moran	Vance

The nomination was confirmed.

The PRESIDING OFFICER (Ms. BUTLER). Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

The Senator from New Hampshire.

AMERICAN DIABETES MONTH

Mrs. SHAHEEN. Madam President, I am pleased to come to the floor with my colleague Senator COLLINS to talk about the fact that this week the Senate passed a resolution designating November as American Diabetes Month.

Every November, we work together—my friend and colleague, my fellow co-chair of the Senate Diabetes Caucus, Senator COLLINS—to pass this resolution so that we can raise awareness about what is a pervasive, chronic disease that 38 million Americans live with today. The resolution also draws attention to the many barriers that patients face when it comes to receiving adequate care to manage their diabetes.

By passing this resolution out of the Senate, we are reaffirming Congress's commitment to increase diabetes treatment options, to fund more research, and to prevent new cases.

While I am grateful that the Senate has passed this resolution again this year, I wish I could say that we are

truly honoring the commitment that is outlined in the resolution. But, sadly, I am angry and I am frustrated over the lack of progress that spans not just years but decades to make common-sense changes and find real solutions to the problems that face diabetes patients.

For 38 million Americans, this isn't a matter of politics, of what political party you join or if you don't belong to one; for those 38 million, it is actually a matter of life or death, literally.

This is an issue, as I have said to this body many times, that is personal for me and my family. In the Gallery today is my granddaughter Elle, who was diagnosed with type 1 diabetes shortly before her 8th birthday. I have seen firsthand the challenges that Elle, my daughter Stefany, and their family face trying to manage Elle's diabetes.

Managing type 1, especially when you get diagnosed at such a young age, is a complicated, delicate balance of daily insulin injections, blood glucose monitoring, and other supporting drugs. Elle and her mom and her dad have spent countless hours finding a treatment regimen that keeps her blood glucose level stable and allows her to live a full, happy life.

Elle is now 24. She lives in L.A., and she has spent years advocating, herself, to improve diabetes policies as part of Breakthrough T1D, which was formerly JDRF. Yet, every year, Elle, like all diabetes patients on some insurance, has to prove to her insurer that she still has type 1. Now, I find that strange because anybody who knows anything about type 1 knows that it is a chronic illness, that it doesn't go away. And I am angry because this is real for our family and for millions of families across the country. And it is scary.

Just this week, Elle was denied coverage for a prescription that she relies on to manage her diabetes. She was denied a medication that she needs to live her very busy and full life. The medication she was denied does the same work of three other drugs combined. Now all of Elle's work to find the right treatment is back to square one because of a decision that was made not by her doctor—and she has been a patient at the Joslin Diabetes Center, which is one of the premier diabetes treatment centers not just in the country but in the world. It wasn't her doctor at the Joslin Center who made that decision. It wasn't her local primary care doctor. It was the insurance company.

I wish I could say this was the first time, but denials like these have become a common occurrence. And I think most folks know this, but in case you don't, as I said, type 1 diabetes is a chronic disease. It doesn't go away because you turn another year older. It doesn't go away because you move to a different location. Elle is going to live with this disease, unless we have a breakthrough, for the rest of her life, and she will spend, every day, some portion of her day thinking about it.

She will spend every day making choices about what to eat or drink, about the right exercise routine, and how she can best manage her levels. It is unconscionable that a decision by an insurer would make these choices even harder.

We are lucky in our family because we have resources and we have time to dedicate to researching and solving some of these issues, to try to navigate the healthcare system, but, sadly, that is not the case for so many families across this country, people like the single mom who works multiple jobs to keep food on the table for her kids.

I understand why Americans are angry with the status quo. They should be. We should all be because it is well past time we finally get help to those people who need it to address their type 1 diabetes.

I know that Senator COLLINS and I have legislation. It is called the INSULIN Act. It is an effort to help people who cannot afford the cost of their insulin. We know that is an issue because spending on insulin has tripled in the last decade. Nearly one in five patients is still forced to ration their insulin.

Capping out-of-pocket costs for insulin and finding ways to increase insulin competition are no-brainers for most Americans. Sadly, that hasn't been true in the Senate. In fact, this is an issue that receives so much support from the American people that addressing insulin costs has, sadly, become a political football. Unfortunately, that comes at the expense of patients who rely on daily insulin to survive.

Senator COLLINS and I started working on this issue—our legislation in 2019. Part of the effort includes funding more research into curing diabetes. The diabetes community has seen advances in treatment, but insulin, which was invented over 100 years ago, is still the only real way to manage the disease.

The Special Diabetes Program, or SDP, funds vital research into type 1 at the National Institutes of Health. SDP also funds successful diabetes prevention and treatment programs for American Indian and Alaskan Native communities because they are disproportionately affected by the disease. These programs have a proven track record, but until last year, the Special Diabetes Program was flat-funded for two decades.

Senator COLLINS has done remarkable work, and I think it is not a coincidence that when she became vice chair of the Appropriations Committee, we finally got an increase in the reauthorization of the Special Diabetes Program. But we have to pass that reauthorization again by the end of this year.

Now, I hope Congress will finally realize the importance of this program and provide it the funding that it deserves. I hope that we can also get this body to pass our INSULIN Act because, for Elle, for families across this country, in every corner of every State, we