

(i) available housing in the gateway communities;

(ii) available housing in the nearest established community (as defined in Office of Management and Budget Circular A-45); and

(iii) differences between normal commuting conditions and peak-commute traffic conditions, including considerations for—

(I) road quality and condition;

(II) availability of public transportation;

(III) winter driving; and

(IV) visitor traffic.

(b) IMPLEMENTATION.—Not later than 1 year after the date on which the report is submitted under subsection (a), the heads of the covered agencies shall carry out the administrative actions identified under paragraph (5) of that subsection.

SEC. 403. JUSTIFYING EMERGENCY SPENDING.

Section 5 of the Act of August 3, 1956 (70 Stat. 1033, chapter 950; 7 U.S.C. 2228), is amended—

(1) by striking the section designation and all that follows through “The Department” and inserting the following:

“SEC. 5. EMERGENCY SUBSISTENCE FOR EMPLOYEES.

“(a) IN GENERAL.—The Department”; and

(2) by adding at the end the following:

“(b) REPORT.—

“(1) IN GENERAL.—Except as provided in paragraph (3), not later than 30 days after the date on which the Secretary of Agriculture furnishes subsistence to employees under subsection (a), the Secretary of Agriculture shall submit to the appropriate committees of Congress (as defined in section 2 of the Land Manager Housing and Workforce Improvement Act of 2025) a report providing—

“(A) 1 or more justifications for the use of the authority;

“(B) the number of employees that were furnished subsistence;

“(C) the estimated cost of furnishing subsistence; and

“(D) the expected duration for which subsistence is to be provided.

“(2) OFFICE OF MANAGEMENT AND BUDGET.—The information for a report required under paragraph (1) shall be produced in coordination with, and approved by, the Director of the Office of Management and Budget.

“(3) EXCEPTION.—A report under paragraph (1) shall not be required in the case of an emergency resulting from a natural disaster, act of terrorism, or other man-made disaster.”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 127—HONORING THE 108TH ANNIVERSARY OF SELFRIDGE AIR NATIONAL GUARD BASE AND THE CONTRIBUTIONS OF SELFRIDGE AIR NATIONAL GUARD BASE TO THE ARMED FORCES AND NATIONAL SECURITY OF THE UNITED STATES

Mr. PETERS (for himself and Ms. SLOTKIN) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 127

Whereas Selfridge Air National Guard Base is named after Army 1st Lieutenant Thomas E. Selfridge, the first aerial military casualty during a demonstration flight with Orville Wright in 1908;

Whereas the Army commissioned Selfridge Field in Harrison Township, Michigan, on

July 1, 1917, and it is one of the oldest military airfields in the United States still in use;

Whereas the 332d Fighter Group of the famed Tuskegee Airmen, an all-African-American unit, moved to Selfridge Field on March 29, 1943, and Colonel Benjamin O. Davis became the first African-American commander on October 8, 1943;

Whereas, on July 1, 1971, Selfridge Field was transferred to the Michigan Air National Guard, becoming the first major Air Force installation under the jurisdiction of the Michigan Air National Guard;

Whereas, on April 1, 1996, the 127th Wing of the Michigan Air National Guard was established at Selfridge Air National Guard Base;

Whereas, after the terrorist attacks on the United States on September 11, 2001, Selfridge Air National Guard Base became a key center for security operations to protect and secure the northern border of the United States;

Whereas the 127th Wing of the Michigan Air National Guard was the 2016 recipient of the Carl A. Spaatz Award, a prestigious award given to the best flying organization in the Air National Guard, and was awarded the Meritorious Unit Award in the same year for “outstanding devotion and exceptional performance”;

Whereas opportunities for investment in aerospace, as well as more fighter missions, will keep Selfridge Air National Guard Base successful and will contribute to a dominant Air Force and to a strong national defense;

Whereas annual joint service and international Northern Strike exercises, combined with the critical manufacturing base of the “Arsenal of Democracy”, position the State of Michigan as an invaluable cornerstone of national defense and aerospace;

Whereas the State of Michigan is home to the “Arsenal of Democracy” along with the United States Army Tank-automotive and Armaments Command, the United States Army DEVCOM Ground Vehicle Systems Center, and Selfridge Air National Guard Base;

Whereas Selfridge Air National Guard Base finds itself surrounded by premier institutions of higher education and with ample space and resources to become a hub of defense and aerospace research and innovation;

Whereas the resolute support of residents of Macomb County, Michigan, and elected officials of the State of Michigan has resulted in continued investment and resources from the Federal Government for Selfridge Air National Guard Base and the defense industry in the State of Michigan;

Whereas Selfridge Air National Guard Base is a source of community pride and enjoys unparalleled community support;

Whereas Selfridge Air National Guard Base generates hundreds of millions of dollars to the surrounding cities and townships of the State of Michigan and supports over 4,500 jobs;

Whereas Selfridge Air National Guard Base is a joint military installation and home to many national security assets of the United States, including assets of the Army, Navy, Air Force, Marine Corps, and Coast Guard;

Whereas, on January 12, 2024, Selfridge Air National Guard Base was selected by the United States Air Force for a beddown of 12 KC-46A Pegasus tanker aircraft; and

Whereas Selfridge Air National Guard Base provides a strategic location for northern border security and homeland defense in response to any threats coming from the north through Canada and the Great Lakes region: Now, therefore, be it

Resolved, That the Senate—

(1) honors Selfridge Air National Guard Base in Harrison Township, Michigan, on its 108th anniversary;

(2) commends the thousands of men and women who have worked and trained at Selfridge Air National Guard Base;

(3) reinforces the commitment of the Armed Forces to Selfridge Air National Guard Base as a facility that is key to the national security of United States;

(4) encourages continued cooperation and dialogue with the Department of Defense in support of Selfridge Air National Guard Base; and

(5) acknowledges the ongoing investments of the State of Michigan in its defense assets and workforce and continued contributions to the defense of the United States.

SENATE RESOLUTION 128—RECOGNIZING MARCH 14, 2025, AS “BLACK MIDWIVES DAY” AND THE LONGSTANDING AND INVALUABLE CONTRIBUTIONS OF BLACK MIDWIVES TO MATERNAL AND INFANT HEALTH IN THE UNITED STATES

Mr. BOOKER submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 128

Whereas recognizing March 14, 2025, as “Black Midwives Day” underscores the importance of midwifery in helping to achieve better maternal health outcomes by addressing fundamental gaps in access to high-quality care and multiple aspects of well-being;

Whereas the Black Midwives Day campaign, founded and led by the National Black Midwives Alliance in 2023, is a day of awareness, activism, education, and community building;

Whereas March 14, 2025, is intended to increase attention for the state of Black maternal health in the United States, the root causes of poor maternal health outcomes, and for community-driven policy, program, and care solutions;

Whereas the United States is experiencing a maternity care desert crisis in which 2,200,000 women of childbearing age live in maternity care deserts where they have no hospital or birth center offering maternity care, and no obstetric providers;

Whereas maternity care deserts lead to higher risks of maternal morbidity and mortality as most complications occur in the postpartum period when birthing people are far away from their providers;

Whereas midwife-led care has been shown to result in cost savings, reduced medical interventions, lower cesarean rates, decreased preterm births, and improved health outcomes for both mothers and infants;

Whereas midwives provide essential maternal healthcare services across diverse settings, including homes, communities, hospitals, birth centers, clinics, and health units, ensuring accessibility and continuity of care;

Whereas increasing the number of Black midwives in the workforce is critical to addressing maternal health disparities, as Black midwives offer culturally competent care that builds trust, enhances maternal satisfaction, and improves health outcomes for Black mothers and their infants;

Whereas incorporating midwives fully into the United States maternity care system would reduce maternal health disparities and address the maternity care desert crisis;

Whereas, despite the medicalization of childbirth in the United States, the maternal mortality rates in the United States are among the highest in the developed world, increasing rapidly, and disproportionately higher among Black birthing people;

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

Whereas deaths from maternal morbidities have devastating effects on Black children and families, and the vast majority of maternal morbidities are entirely preventable through assertive efforts to ensure that Black birthing people have access to information, services, and supports to make their own health care decisions, particularly around pregnancy and childbearing;

Whereas according to the 2023 Centers for Disease Control and Prevention Report, the maternal mortality rate for Black women in the United States has continuously increased to 50.3 deaths per 100,000 live births, compared to a decreased rate observed for—

(1) White women, with a rate of 14.5 deaths per 100,000 live births;

(2) Hispanic women, with a rate of 12.4 deaths per 100,000 live births; and

(3) Asian women, with a rate of 10.8 deaths per 100,000 live births;

Whereas the high rates of maternal mortality among Black birthing people span across income levels, education levels, and socioeconomic statuses;

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

Whereas Black birthing people are more likely to report experiences of disrespect, abuse, and neglect when birthing in facility-based settings as compared to White people;

Whereas Black families benefit from access to Black midwives to receive culturally sensitive and congruent care established through trust and respect, backed with the wisdom of time-honored techniques and best practices;

Whereas the work and contributions of past and present midwives who have ushered in new life have done so despite a history fraught with persecution, enslavement, violence, racism, and the systematic erasure of traditional and lay Black midwives throughout the 20th century;

Whereas the decimation of midwifery across the southern United States reduced the numbers of Black midwives from thousands to dozens in a 50-year period from the 1920s to the 1970s, leaving many communities without care providers;

Whereas some States have criminalized and suppressed direct-entry midwives, despite rising maternal mortality rates across the United States;

Whereas the criminalization and overregulation of midwifery disproportionately impacts Black midwives and birthing families, exacerbating maternal health disparities and reducing access to culturally competent care;

Whereas the resurgence of Black midwifery is a testament to the resilience, resistance, and determination of spirit in the preservation of healing modalities that are practiced all over the world;

Whereas the focus on holistic care, which involves caring for the whole person, family, and community, is what makes a difference in midwifery;

Whereas midwifery honors the right to bodily autonomy of the birthing person and can be facilitated at home, in a birth center, or hospital, and works in tandem with doulas, community health workers, obstetricians, pediatricians, and other maternal, reproductive, and perinatal health care providers;

Whereas the Midwifery Model of Care has been proven to have better pregnancy outcomes through preventing infant mortality and morbidity, lowering preterm births, reducing medical interventions, and providing the birthing person continuous support;

Whereas, in 2022, the Committee on the Elimination of Racial Discrimination (referred to in this preamble as “CERD”) of the United Nations expressed concerns regarding the impact of systemic racism and intersecting factors on access to comprehensive sexual and reproductive health services for women, and the limited availability of culturally sensitive and respectful maternal health care, particularly for those with low incomes, rural residents, individuals of African descent, and indigenous communities;

Whereas CERD recommended that the United States further develop policies and programs to eliminate racial and ethnic disparities in the field of sexual and reproductive health and rights, while integrating an intersectional and culturally respectful approach in order to reduce the high rates of maternal mortality and morbidity affecting racial and ethnic minorities, including through midwifery care;

Whereas, in 2023, the Human Rights Committee of the United Nations expressed similar concerns as CERD and further recommended that the United States take measures to remove restrictive and discriminatory legal and practice barriers to midwifery care, including those affecting Black and indigenous peoples;

Whereas a fair distribution of resources, especially with regard to reproductive health care services, is critical to closing the racial disparity gap in maternal health outcomes;

Whereas an investment must be made in robust, quality, and comprehensive health care for Black birthing people, with policies that support and promote affordable and holistic maternal health care that is free from gender and racial discrimination;

Whereas it is fitting and proper on Black Midwives Day to recognize the tremendous impact of the human rights, reproductive justice, and birth justice frameworks have on protecting and advancing the rights of Black birthing people;

Whereas Black Midwives Day is an opportunity to acknowledge the fight to end maternal mortality locally and globally;

Whereas maternal health is intractably linked to infant health, and the United States infant mortality rate rose 3 percent from a rate of 5.44 infant deaths per 1,000 live births in 2021 to 5.60 infant deaths per 1,000 live births in 2022, the largest increase in the infant mortality rate in 2 decades; and

Whereas Congress must mitigate the effects of systemic and structural racism to ensure that all Black people have access to midwives, doulas, and other community-based, culturally matched perinatal health providers: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes March 14, 2025, as “Black Midwives Day”;

(2) encourages the Federal Government and State and local governments to take proactive measures to address racial disparities in maternal health outcomes by supporting initiatives aimed at diversifying the perinatal workforce, increasing access to culturally congruent maternal health care;

(3) commits to collaborating with relevant stakeholders to develop and enact policy solutions that promote health equity, address systemic racism, and support the advancement of Black midwifery;

(4) calls for—

(A) increased funding for education, training, and access to Black preceptors;

(B) removing barriers and restrictions to Black preceptors;

(C) providing financial pathways to support students and preceptors;

(D) mentorship programs that focus on promoting and sustaining Black midwifery; and

(E) removing barriers related to accreditation by recognizing midwives across all training pathways;

(5) encourages the Federal Government and State governments to authorize the autonomous practice of all midwives to the full extent of their training;

(6) promotes the authorization or reauthorization of funding for TRICARE and Medicaid coverage of maternity care provided by midwives of all training pathways;

(7) encourages the Federal Government and State and local governments to take active steps to destigmatize and decriminalize midwifery pathways in the setting of choice of the pregnant person, including their homes, birth centers, clinics, or health units; and

(8) supports and recognizes the longstanding and invaluable contributions of Black midwives to maternal and infant health in the United States.

SENATE RESOLUTION 129—RECOGNIZING AND HONORING TEACHERS WHO HAVE EARNED OR MAINTAINED NATIONAL BOARD CERTIFICATION

Mr. HEINRICH (for himself, Mrs. BRITT, Ms. HIRONO, Mrs. HYDE-SMITH, Mr. KAINE, Mr. KING, Mr. REED, Ms. SMITH, Mr. WYDEN, and Mr. FETTERMAN) submitted the following resolution; which was considered and agreed to:

S. RES. 129

Whereas National Board Certification is based on rigorous standards developed by teachers for teachers to demonstrate the ability of teachers to advance student learning and achievement;

Whereas research shows that students taught by National Board Certified teachers learn more than their peers;

Whereas National Board Certified teachers often positively amplify their expertise by serving in leadership roles as teacher mentors, principals, administrators, and district leaders;

Whereas National Board Certified teachers rank National Board Certification as their most important ongoing formal education, above graduate-level coursework and other training programs;

Whereas National Board Certified teachers are among the thousands of educators around the United States who play a critical role in addressing the learning loss incurred during the COVID-19 pandemic;

Whereas 29 States provide salary incentives for National Board Certified teachers, including 13 States that prioritize incentives in high-needs schools;

Whereas, in 2024, 4,355 teachers earned their National Board Certification for the first time and 4,884 teachers successfully maintained their certification, benefitting thousands of students across the country; and

Whereas, as of March 2025 there are a total of 141,464 teachers who have achieved National Board Certification: Now, therefore, be it

Resolved, That the Senate—

(1) honors the teachers who earned or maintained National Board Certification as of March 2025;

(2) recognizes the importance and contributions of National Board Certified teachers to student learning and achievement; and