

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

(3) encourages educators, administrators, school districts, and States to—

(A) promote increasing the number of new National Board Certified teachers; and

(B) provide the necessary incentives and support to candidates for National Board Certification.

SENATE RESOLUTION 130—HONORING THE LIFE AND LEGACY OF DR. MARY EDWARDS WALKER

Mrs. BLACKBURN (for herself, Mrs. GILLIBRAND, and Ms. COLLINS) submitted the following resolution; which was considered and agreed to:

S. RES. 130

Whereas, on November 26, 1832, Dr. Mary Edwards Walker (referred to in this preamble as “Dr. Walker”) was born in the town of Oswego, New York;

Whereas, at the start of the Civil War, Dr. Walker decided to serve as an unpaid volunteer surgeon at the United States Patent Office Hospital in Washington, DC, as she was not allowed to serve in the Army as a medical officer because she was a woman;

Whereas, in 1862, Dr. Walker moved to the Commonwealth of Virginia and started treating wounded soldiers near the front lines at Fredericksburg and Chattanooga, Tennessee;

Whereas, during her work as a surgeon in the war, Dr. Walker often crossed battle lines to care for soldiers and civilians;

Whereas, in September 1864, Dr. Walker was contracted as the assistant surgeon of the Ohio 52nd Infantry, becoming the first female surgeon in the Army;

Whereas Dr. Walker served at the Louisville Women's Prison Hospital and at an orphan asylum in Clarksville, Tennessee;

Whereas, after the conclusion of the Civil War in 1865, Dr. Walker was awarded the Medal of Honor for Meritorious Service by President Andrew Johnson; and

Whereas Dr. Walker continued to advocate for women's rights, including promoting dress reform and pushing for women's suffrage, believing strongly in the power of self-determination and equality between men and women: Now, therefore be it

Resolved, That the Senate—

(1) honors the life and legacy of Dr. Mary Edwards Walker, recognizing her as a trailblazer in medicine, a champion for women's rights, and a true United States hero who exemplified the ideals of service, courage, and resilience; and

(2) commits to ensuring the story of Dr. Mary Edwards Walker is remembered and celebrated for generations to come, inspiring others to follow in her footsteps in pursuit of justice and equality.

SENATE RESOLUTION 131—DESIGNATING THE THIRD WEEK OF MARCH 2025 AS “NATIONAL CACFP WEEK”

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

S. RES. 131

Whereas the third week of March is annually recognized as “National CACFP Week” to raise awareness of the Child and Adult Care Food Program (referred to in this preamble as the “CACFP”) of the Department of Agriculture;

Whereas the Department of Agriculture has reaffirmed—

(1) the vital role positive nutrition habits play in the healthy growth of children in the United States; and

(2) the importance of nutrition education for the most vulnerable and youngest children, as well as adults, through centers and homes throughout the United States;

Whereas, in 2024, the CACFP provided daily meals and snacks to more than 4,500,000 children in child care centers, family day care homes, emergency shelters, and after-school programs, and more than 115,000 adults in adult day care, providing almost 1,700,000,000 meals and snacks in total;

Whereas the CACFP not only provides nutritious meals and education but also increases the overall quality of child care in general, especially for children in low-income areas;

Whereas the innovative approach to oversight of the CACFP, which pairs child care, adult day care, and after-school sites with a non-profit sponsoring organization or a State agency, highlights a unique public-private partnership that supports working families and small businesses;

Whereas, although child care can be expensive in many locations throughout the United States, the CACFP increases the effectiveness and viability of child and adult care small businesses for many providers, especially in rural areas; and

Whereas an increasing number of studies demonstrate that access to the CACFP can measurably and positively impact the cognitive, social, emotional, and physical health and development of children, leading to more favorable outcomes, such as—

(1) a decreased likelihood of being hospitalized;

(2) an increased likelihood of healthy weight gain; and

(3) an increased likelihood of a more varied diet: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week beginning on March 16, 2025, as “National CACFP Week”; and

(2) recognizes the role of the Child and Adult Care Food Program in improving the health of the most vulnerable children and adults in child care centers, family day care homes, emergency shelters, adult day care facilities, and after-school care in the United States by providing nutritious meals and snacks.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1273. Mr. MERKLEY (for himself, Mr. WYDEN, and Mr. SCHATZ) proposed an amendment to the bill H.R. 1968, making further continuing appropriations and other extensions for the fiscal year ending September 30, 2025, and for other purposes.

SA 1274. Ms. DUCKWORTH (for herself, Mr. KIM, Mr. KAINE, Mr. WYDEN, Mr. DURBIN, Mrs. GILLIBRAND, Mr. SCHATZ, Mr. KELLY, Mr. BLUMENTHAL, Mr. HEINRICH, Mr. GALLEGO, Ms. ROSEN, and Mr. WARNER) proposed an amendment to the bill H.R. 1968, supra.

SA 1275. Mr. REED submitted an amendment intended to be proposed by him to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1276. Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1277. Mr. BLUMENTHAL (for himself and Ms. ROSEN) submitted an amendment intended to be proposed by him to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1278. Mrs. SHAHEEN submitted an amendment intended to be proposed by her

to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1279. Ms. ALSOBROOKS (for herself and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by her to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1280. Ms. ALSOBROOKS submitted an amendment intended to be proposed by her to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1281. Mr. WARNER submitted an amendment intended to be proposed by him to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1282. Ms. CORTEZ MASTO submitted an amendment intended to be proposed by her to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1283. Ms. CORTEZ MASTO submitted an amendment intended to be proposed by her to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1284. Mrs. SHAHEEN submitted an amendment intended to be proposed by her to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1285. Mr. COONS (for himself, Mr. DURBIN, and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the bill H.R. 1968, supra; which was ordered to lie on the table.

SA 1286. Mrs. SHAHEEN (for herself, Ms. HASSAN, Mr. KING, Mr. KAINE, Ms. HIRONO, and Mr. SCHATZ) submitted an amendment intended to be proposed by her to the bill H.R. 1966, to designate the facility of the United States Postal Service located at 620 East Pecan Boulevard in McAllen, Texas, as the “Agent Raul H. Gonzalez Jr. Memorial Post Office Building”; which was ordered to lie on the table.

SA 1287. Mr. BOOKER submitted an amendment intended to be proposed by him to the bill H.R. 1968, making further continuing appropriations and other extensions for the fiscal year ending September 30, 2025, and for other purposes; which was ordered to lie on the table.

SA 1288. Ms. ERNST submitted an amendment intended to be proposed to amendment SA 1272 proposed by Mr. VAN HOLLEN (for himself, Ms. ALSOBROOKS, and Mr. KAINE) to the bill H.R. 1968, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 1273. Mr. MERKLEY (for himself, Mr. WYDEN, and Mr. SCHATZ) proposed an amendment to the bill H.R. 1968, making further continuing appropriations and other extensions for the fiscal year ending September 30, 2025, and for other purposes; as follows:

On page 6, line 11, strike “and 639” and insert “639, and 640”.

On page 7, line 15, strike “and”.

On page 7, line 18, insert “, and except section 530” before the period at the end.

SA 1274. Ms. DUCKWORTH (for herself, Mr. KIM, Mr. KAINE, Mr. WYDEN, Mr. DURBIN, Mrs. GILLIBRAND, Mr. SCHATZ, Mr. KELLY, Mr. BLUMENTHAL, Mr. HEINRICH, Mr. GALLEGO, Ms. ROSEN, and Mr. WARNER) proposed an amendment to the bill H.R. 1968, making further continuing appropriations and other extensions for the fiscal year ending September 30, 2025, and for other purposes; as follows:

At the appropriate place, insert the following: