

monthly payments that may be eligible for public service loan forgiveness.

S. 2159

At the request of Mrs. GILLIBRAND, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 2159, a bill to require covered harassment and covered discrimination awareness and prevention training for Members, officers, employees, interns, fellows, and detailees of Congress within 30 days of employment and annually thereafter, to require a biennial climate survey of Congress, to amend the enforcement process under the Office of Congressional Workplace Rights for covered harassment and covered discrimination complaints, and for other purposes.

S. 2174

At the request of Mr. YOUNG, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 2174, a bill to direct the Secretary of Veterans Affairs to conduct a study on the Veterans Crisis Line.

S. 2203

At the request of Mrs. GILLIBRAND, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from Hawaii (Ms. HIRONO) were added as cosponsors of S. 2203, a bill to amend title 9 of the United States Code with respect to arbitration.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself, Mr. WHITEHOUSE, Mr. DURBIN, Ms. KLOBUCHAR, and Mr. CARDIN):

S. 2275. A bill to provide for the adjustment of status of certain nationals of Liberia to that of lawful permanent residents and for other purposes; to the Committee on the Judiciary.

Mr. REED. Mr. President, today I am introducing the Liberian Refugee Immigration Fairness Act of 2018 along with Senators WHITEHOUSE, DURBIN, KLOBUCHAR, and CARDIN.

In 1989, a seven-year civil war broke out in Liberia that would claim the lives of over 150,000 people and displace more than half of the Liberian population. A second civil war followed from 1999 to 2003. Then in 2014, Liberia's recovering health system faced the challenge of responding to the Ebola virus outbreak in West Africa. As a result of all of these tragedies, thousands of Liberians have sought refuge in the United States, living and working here under the Temporary Protected Status (TPS) and Deferred Enforced Departure (DED) systems.

The simple truth is that the United States is now home to these law-abiding and tax-paying Liberians. They fled violence, disease, and turmoil to come here. Many now have children who are American citizens, some of whom serve in the Armed Forces. They have worked hard, played by the rules, paid their dues, and submitted to rigorous background checks and vetting. And,

while I and several of my colleagues have worked for years to urge the extension of legal status for this community, DED for Liberians is set to expire next March.

I have offered the Liberian Refugee Immigration Fairness Act in every Congress since 1999 because this community deserves a long-term solution after decades of uncertainty. If nothing is done, American families will be thrown into crisis and torn apart. This legislation provides legal status and a pathway to citizenship for qualifying Liberian refugees.

This legislation is a much-needed first step for a community in need, and should be part of any bipartisan and comprehensive solution for our broken immigration system. I thank Senators WHITEHOUSE, DURBIN, KLOBUCHAR, and CARDIN for cosponsoring this bill and urge my colleagues to join us to finally provide citizenship for Liberians who contribute so much to our American community.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1868. Mr. MCCONNELL (for Mrs. ERNST) proposed an amendment to the bill S. 925, to amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes.

TEXT OF AMENDMENTS

SA 1868. Mr. MCCONNELL (for Mrs. ERNST) proposed an amendment to the bill S. 925, to amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans E-Health and Telemedicine Support Act of 2017" or the "VETS Act of 2017".

SEC. 2. LICENSURE OF HEALTH CARE PROFESSIONALS OF THE DEPARTMENT OF VETERANS AFFAIRS PROVIDING TREATMENT VIA TELEMEDICINE.

(a) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1730A the following new section:

"§ 1730B. Licensure of health care professionals providing treatment via telemedicine"

"(a) IN GENERAL.—Notwithstanding any provision of law regarding the licensure of health care professionals, a covered health care professional may practice the health care profession of the health care professional at any location in any State, regardless of where the covered health care professional or the patient is located, if the covered health care professional is using telemedicine to provide treatment to an individual under this chapter.

"(b) COVERED HEALTH CARE PROFESSIONALS.—For purposes of this section, a covered health care professional is any health care professional who—

"(1) is an employee of the Department appointed under the authority under section 7306, 7401, 7405, 7406, or 7408 of this title or title 5;

"(2) is authorized by the Secretary to provide health care under this chapter;

"(3) is required to adhere to all standards of quality relating to the provision of medicine in accordance with applicable policies of the Department; and

"(4) has an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional.

"(c) PROPERTY OF FEDERAL GOVERNMENT.—Subsection (a) shall apply to a covered health care professional providing treatment to a patient regardless of whether the covered health care professional or patient is located in a facility owned by the Federal Government during such treatment.

"(d) RELATION TO STATE LAW.—(1) The provisions of this section shall supersede any provisions of the law of any State to the extent that such provision of State law are inconsistent with this section.

"(2) No State shall deny or revoke the license, registration, or certification of a covered health care professional who otherwise meets the qualifications of the State for holding the license, registration, or certification on the basis that the covered health care professional has engaged or intends to engage in activity covered by subsection (a).

"(e) RULE OF CONSTRUCTION.—Nothing in this section may be construed to remove, limit, or otherwise affect any obligation of a covered health care professional under the Controlled Substances Act (21 U.S.C. 801 et seq.)."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1730A the following new item:

"1730B. Licensure of health care professionals providing treatment via telemedicine."

(c) REPORT ON TELEMEDICINE.—

(1) IN GENERAL.—Not later than one year after the earlier of the date on which services provided under section 1730B of title 38, United States Code, as added by subsection (a), first occur or regulations are promulgated to carry out such section, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the effectiveness of the use of telemedicine by the Department of Veterans Affairs.

(2) ELEMENTS.—The report required by paragraph (1) shall include an assessment of the following:

(A) The satisfaction of veterans with telemedicine furnished by the Department.

(B) The satisfaction of health care providers in providing telemedicine furnished by the Department.

(C) The effect of telemedicine furnished by the Department on the following:

(i) The ability of veterans to access health care, whether from the Department or from non-Department health care providers.

(ii) The frequency of use by veterans of telemedicine.

(iii) The productivity of health care providers.

(iv) Wait times for an appointment for the receipt of health care from the Department.

(v) The use by veterans of in-person services at Department facilities and non-Department facilities.

(D) The types of appointments for the receipt of telemedicine furnished by the Department that were provided during the one-year period preceding the submittal of the report.

(E) The number of appointments for the receipt of telemedicine furnished by the Department that were requested during such period, disaggregated by medical facility.