

S. 1441

At the request of Mr. CRUZ, the name of the Senator from Wisconsin (Mr. JOHNSON) was added as a cosponsor of S. 1441, a bill to impose sanctions with respect to the provision of certain vessels for the construction of Russian energy export pipelines, and for other purposes.

S. 1449

At the request of Mr. MARKEY, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 1449, a bill to amend the Controlled Substances Act to require warning labels for prescription opioids, and for other purposes.

S. 1518

At the request of Mr. SULLIVAN, the name of the Senator from Iowa (Ms. ERNST) was added as a cosponsor of S. 1518, a bill to improve the process by which environmental documents are prepared and permits and applications are processed and regulated by Federal departments and agencies, and for other purposes.

S. 1520

At the request of Mr. KENNEDY, the name of the Senator from North Dakota (Mr. CRAMER) was added as a cosponsor of S. 1520, a bill to reauthorize the National Flood Insurance Program.

S. 1531

At the request of Mr. CASSIDY, the names of the Senator from Nevada (Ms. ROSEN), the Senator from Minnesota (Ms. SMITH), the Senator from South Carolina (Mr. GRAHAM), the Senator from Ohio (Mr. PORTMAN), the Senator from New Jersey (Mr. MENENDEZ) and the Senator from Mississippi (Mrs. HYDE-SMITH) were added as cosponsors of S. 1531, a bill to amend the Public Health Service Act to provide protections for health insurance consumers from surprise billing.

S. 1533

At the request of Mr. KENNEDY, the name of the Senator from North Dakota (Mr. CRAMER) was added as a cosponsor of S. 1533, a bill to reauthorize the National Flood Insurance Program.

S. 1539

At the request of Mr. PETERS, the names of the Senator from New York (Mrs. GILLIBRAND) and the Senator from Nevada (Ms. ROSEN) were added as cosponsors of S. 1539, a bill to amend the Homeland Security Act of 2002 to provide funding to secure nonprofit facilities from terrorist attacks, and for other purposes.

S. 1547

At the request of Mr. COTTON, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 1547, a bill to amend title 18, United States Code, relating to sentencing of armed career criminals.

S. 1623

At the request of Mr. DAINES, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 1623, a bill to amend the Internal Revenue Code of 1986 to allow for dis-

tributions from 529 accounts for expenses associated with registered apprenticeship programs.

S.J. RES. 1

At the request of Mr. CRUZ, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S.J. Res. 1, a joint resolution proposing an amendment to the Constitution of the United States relative to limiting the number of terms that a Member of Congress may serve.

S. RES. 99

At the request of Mr. PETERS, the names of the Senator from New Jersey (Mr. MENENDEZ) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. Res. 99, a resolution expressing the sense of the Senate that Congress should take all appropriate measures to ensure that the United States Postal Service remains an independent establishment of the Federal Government and is not subject to privatization.

S. RES. 135

At the request of Mr. BOOZMAN, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S. Res. 135, a resolution expressing the gratitude and appreciation of the Senate for the acts of heroism and valor by the members of the United States Armed Forces who participated in the June 6, 1944, amphibious landing at Normandy, France, and commending those individuals for leadership and bravery in an operation that helped bring an end to World War II.

S. RES. 212

At the request of Ms. MURKOWSKI, the names of the Senator from Florida (Mr. SCOTT), the Senator from Massachusetts (Mr. MARKEY), the Senator from New York (Mr. SCHUMER), the Senator from Alabama (Mr. JONES), the Senator from Virginia (Mr. KAINE), the Senator from Connecticut (Mr. MURPHY), the Senator from Oregon (Mr. WYDEN), the Senator from Connecticut (Mr. BLUMENTHAL), the Senator from New Jersey (Mr. BOOKER), the Senator from Illinois (Mr. DURBIN), the Senator from Rhode Island (Mr. REED) and the Senator from Ohio (Mr. BROWN) were added as cosponsors of S. Res. 212, a resolution celebrating the 100th anniversary of the passage and ratification of the 19th Amendment, providing for women's suffrage, to the Constitution of the United States.

S. RES. 214

At the request of Mr. BOOKER, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. Res. 214, a resolution recognizing the history and contributions of Muslims of the United States.

S. RES. 218

At the request of Ms. HIRONO, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. Res. 218, a resolution recognizing the significance of Asian/Pacific American Heritage Month as an important time to celebrate the significant contributions of Asian Americans and

Pacific Islanders to the history of the United States.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WYDEN (for himself, Mr. CRAPO, Mr. MERKLEY, and Mr. RISCH):

S. 1643. A bill to amend title 36, United States Code, to grant a Federal charter to the Forest and Refuge County Foundation, to provide for the establishment of the Natural Resources Permanent Fund, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. WYDEN. Mr. President, today Senator CRAPO of Idaho, Senator MERKLEY of Oregon, Senator RISCH of Idaho, and I are introducing the Forest Management for Rural Stability Act. This legislation replaces the Secure Rural Schools and Community Self-Determination Act (SRS) to provide revenue sharing with and compensation to over 700 rural forested counties in the over 40 States that host America's treasured, public forested lands and wildlife refuges.

In 2000, then-Senator Larry Craig, also of Idaho, and I, had signed into law SRS: a 6-year long safety-net program to stabilize county budgets following years of depleted revenue sharing payments from the U.S. Forest Service (USFS) and the Oregon and California Grant Lands managed by the U.S. Bureau of Land Management (BLM). Over its lifetime, SRS has been a success, providing more than \$6.8 billion nationwide for rural roads, schools, and healthy forest projects. SRS also provided the basis for the beginning of, and the now growing propensity for, the USFS and the BLM to collaborate with local people and interests on the management of these public lands, and for local folks and counties to collaborate together and with the USFS and BLM, in return.

Despite its many successes, the continuation of SRS is in jeopardy. The program expired in fiscal year 2016. Congress passed a two-year extension of the program, but after its expiration. And this was not the first time nor the last time Congress allowed it to expire—SRS is expired right now, though Senator CRAPO and I are attempting, in these last moments of the 115th Congress, to reauthorize it again for at least a year, perhaps two.

This stop and start existence of this program hits at the heart of any attempts at collaboration. And it certainly undermines any attempts for a county to budget. Our rural counties should not continue to suffer neither this uncertainty, nor the market based uncertainty that comes with simply relying on revenue sharing and forest management for support.

That is why Senator CRAPO and I propose an SRS modernization, funding certainty while supporting active forest management. The Forest Management for Rural Stability Act establishes a permanent endowment fund,

the Natural Resources Permanent Fund, to provide stable, reliable, increasing payments to counties, in perpetuity, removing them from the vagaries of Congress or the market.

Under this legislation, Congress char- ters a fiduciary corporation, the Forest and Refuge County Foundation, to manage the endowed fund. The corporation will be independent from any instrumentality of the U.S. government, including Congress, to ensure the principle balance is held in perpetuity and is separate from annual appropriations. The corporation will be overseen by a board of directors responsible for a transparent governance structure. The principle of the fund will be invested to earn interest. To grow the fund, in addition to the investment income, the USFS, BLM, and the Fish and Wildlife Service will deposit their annual revenue sharing receipts into the fund. The interest the fund generates will constitute the payments to the counties, distributed annually using the existing SRS formula. Initial payments to counties will be equal what counties received for Fiscal Year 2017 SRS payments.

The Forest Management for Rural Stability Act continues Congress's commitment to fostering economic growth in rural counties by continuing Forest Service Resource Advisory Committees. In addition, the bill gives county governments greater flexibility in how these funds are spent for economic development and rural jobs.

Passing the Forest Management for Rural Stability Act will update SRS for 2018 and beyond—looking forward for our forested counties, rather than backward to last century efforts.

This bill updates an already successful program that deserves action. I urge my colleagues to support this important bill.

By Mr. WYDEN (for himself, Mr. BROWN, Mr. WHITEHOUSE, Mr. LEAHY, Ms. WARREN, Ms. HIRONO, Mr. SANDERS, Mrs. GILLIBRAND, Mr. MERKLEY, and Mr. SCHATZ):

S. 1649. A bill to restore protections for Social Security, Railroad retirement, and Black Lung benefits from administrative offset; to the Committee on Finance.

Mr. WYDEN. Mr. President, Social Security provides vital benefits to millions of Americans who work and pay into the system with each paycheck. Because Social Security is fundamental to workers' retirement security, the law protected benefits from creditors. The only exceptions were unpaid Federal taxes, child support or alimony payments, and court-ordered victim restitution. These protections ensured that the social safety net programs would be there for basic needs. That protection was weakened over 20 years ago when the law was changed. Now, more and more seniors face cuts in their Social Security benefits because of student loan debts. The Wall

Street Journal recently highlighted the issue with an article titled, "Over 60, and Crushed by Student Loan Debt." We need to take action to restore the strong protections to Social Security and other benefit programs.

We now realize what a profound effect the loss of these protections has had on retirees and individuals with disabilities, who often live on fixed incomes. More and more seniors and people with disabilities are having their Social Security and other lifeline benefits taken away to pay Federal debts. For example, according to recent data from the U.S. Bureau of Fiscal Service, over 167,000 Americans had their benefits garnished for student loan debt. Those 167,000 had nearly \$200 million garnished from their earned benefits. This is just the tip of the iceberg as more Americans start receiving benefits. Between 2008 and 2018, the number of individuals whose Social Security benefits were offset to pay student loans debt increased by 133 percent, from about 72,000 to 169,000. Over that same period, the amount collected from Social Security benefits ballooned from almost \$63 million to nearly \$200 million, a 217 percent increase.

Social Security plays a critical role in keeping seniors and people with disabilities out of poverty. In Oregon alone, Social Security cuts the poverty rate of the elderly from about 35 percent to 5 percent. However, despite Social Security's critical role in the safety net, close to 1 out of every 10 seniors over age 65 and 1 in 5 disabled workers still live in poverty and that is simply unacceptable.

I, along with Senators BROWN, WHITEHOUSE, LEAHY, WARREN, HIRONO, SANDERS, GILLIBRAND, MERKLEY, and SCHATZ are reintroducing the Protection of Social Security Benefits Restoration Act. The bill would restore the strong protections in the law that prevented the government from taking earned benefits to pay Federal non-tax debts, and help ensure beneficiaries will be able to maintain a basic standard of living. The bill is supported by AARP, the National Committee to Preserve Social Security and Medicare, National Association of Disability Representatives, AFL-CIO, National Organization of Social Security Claimants' Representatives, Social Security Works, National Organization for Women, Justice in Aging, American Federation of Teachers, Alliance for Retired Americans, Economic Policy Institute.

I ask Unanimous Consent that a letter from the National Committee to Preserve Social Security and Medicare endorsing our bill be printed in the RECORD.

MAY 15, 2019.

Hon. RON WYDEN,
Dirksen Senate Office Building, Washington, DC.

DEAR SENATOR WYDEN: On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, I write to endorse your bill the "Protection of Social Security Benefits Restoration Act."

Since the inception of the Social Security program in 1935, the Social Security Act provided strong protections against loss of retirement income through the garnishment or attachment of Social Security benefits for the purpose of recovering debts owed by retirees. For decades the law provided near iron-clad protection against impoverishment in old age due to debt collection.

Unfortunately, in 1996 the Congress reversed course by authorizing the garnishment of Social Security and other earned benefits for the purpose of collecting debts owed by seniors to the federal government. Figuring prominently in this matter is the recovery of student loan debts from seniors who are living on their all-too-modest monthly Social Security benefits.

With student loan debt becoming an increasingly serious problem in this country, we agree with you that now is the time to act. The Congress must restore the historic protections that once were provided by Social Security against the spectacle of impoverishment in old age so that the federal government can collect debts that all too often were incurred years, even decades ago.

For these reasons, the National Committee endorses your bill, the "Protection of Social Security Benefits Restoration Act," and urges other members of the United States Senate to cosponsor this vitally important measure. We thank you for your leadership on this matter and look forward to working with you to enact this bill.

Sincerely,

MAX RICHTMAN,
*President and CEO,
National Committee
to Preserve Social
Security and Medi-
care.*

Mr. WYDEN. Mr. 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. 1649

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 "Protection of Social Security Benefits Restoration Act".

SEC. 2. PROTECTING SOCIAL SECURITY, RAILROAD RETIREMENT, AND BLACK LUNG BENEFITS FROM ADMINISTRATIVE OFFSET.

(a) PROHIBITION ON ADMINISTRATIVE OFFSET AUTHORITY.—

(1) ASSIGNMENT UNDER SOCIAL SECURITY ACT.—Section 207 of the Social Security Act (42 U.S.C. 407) is amended by adding at the end the following new subsection:

"(d) Subparagraphs (A), (C), and (D) of section 3716(c)(3) of title 31, United States Code, as such subparagraphs were in effect on the date before the date of enactment of the Protection of Social Security Benefits Restoration Act, shall be null and void and of no effect."

(2) CONFORMING AMENDMENTS.—

(A) Section 14(a) of the Railroad Retirement Act of 1974 (45 U.S.C. 231m(a)) is amended by adding at the end the following: ". The provisions of section 207(d) of the Social Security Act shall apply with respect to this title to the same extent as they apply in the case of title II of such Act."

(B) Section 2(e) of the Railroad Unemployment Insurance Act (45 U.S.C. 352(e)) is amended by adding at the end the following: "The provisions of section 207(d) of the Social Security Act shall apply with respect to

this title to the same extent as they apply in the case of title II of such Act.”

(b) REPEAL OF ADMINISTRATIVE OFFSET AUTHORITY.—

(1) IN GENERAL.—Paragraph (3) of section 3716(c) of title 31, United States Code, is amended—

(A) by striking “(3)(A)(i) Notwithstanding” and all that follows through “any overpayment under such program.”;

(B) by striking subparagraphs (C) and (D); and

(C) by redesignating subparagraph (B) as paragraph (3).

(2) CONFORMING AMENDMENT.—Paragraph (5) of such section is amended by striking “the Commissioner of Social Security and”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to any collection by administrative offset occurring on or after the date of enactment of this Act of a claim arising before, on, or after the date of enactment of this Act.

By Ms. COLLINS (for herself, Ms. SMITH, and Mr. KING):

S. 1657. A bill to provide assistance to combat the escalating burden of Lyme disease and other tick and vector-borne diseases and disorders; to the Committee on Health, Education, Labor, and Pensions.

Ms. COLLINS. Mr. President, I rise today with my colleague from Minnesota, Senator TINA SMITH, to introduce the TICK Act. This stands for Ticks: Identify, Control, and Knockout Act. I would also like to recognize my colleague from Maine, Senator KING, who is joining us as an original cosponsor.

Our bipartisan legislation would provide local communities and States with the resources needed to help prevent, detect early, and treat Lyme and other tick-borne diseases.

Tick-borne diseases like Lyme have become a major public health concern, with the incidence exploding over the past 15 years. The number of Americans with tick-borne diseases has been rising at an alarming rate. In 2003, Lyme disease infected approximately 30,000 Americans. Last year there were an estimated 450,000 cases—a staggering 1,400-percent increase.

In Maine, last year alone, there were 2,000 new cases of Lyme disease. That is a sharp increase from the 752 cases in 2010.

Other tick-borne diseases are also on the rise. Anaplasmosis, for example, has more than tripled.

Far too many Americans with Lyme disease experience a complex diagnostic odyssey that takes months or even years. One of my constituents, Paula Jackson Jones, from Damariscotta, ME, shared with me her harrowing tale that took 2 years, scores of tests, and 23 different physicians before she finally received the correct diagnosis that she had Lyme disease. Her journey started one afternoon 10 years ago after raking leaves in her backyard. A week later, unusual symptoms began to appear: anxiety attacks, pain, muscle spasms, and fatigue. These symptoms became debilitating.

Before receiving the correct diagnosis, Paula was diagnosed incorrectly

with multiple sclerosis, Parkinson's, and other diseases. Once she finally received the proper diagnosis and treatment, Paula founded Midcoast Lyme Disease Support & Education, a non-profit that raises public awareness about Lyme disease.

She told me:

This has been a 10-year crusade for me with the first 5 years fighting for my life and the latter, fighting on behalf of others.

In addition to the physical and emotional toll that Lyme disease takes, it is also expensive. Paula is still paying off more than \$250,000 worth of medical bills that she has incurred. Medical costs of Lyme disease are estimated at \$1.3 billion per year. When accounting for indirect medical costs, including the loss of work, the annual cost balloons to \$75 billion per year.

A correct and early diagnosis can reduce costs, as well as improve the prognosis, but we have a long way to go. When HIV became a public health crisis, fortunately, a gold standard for identification and treatment was developed within 10 years. Lyme disease, by contrast, was identified more than 40 years ago; yet there still is no gold standard treatment, and existing prevention, education, and diagnostic efforts have proven to be inadequate.

The TICK Act would apply a three-pronged approach to addressing Lyme and other tick and vector-borne diseases. First, it would establish an office of oversight and coordination of vector-borne diseases at the Department of Health and Human Services. This office would develop a national strategy to prevent and treat Lyme and other tick-borne diseases. It would expand research and improve testing, treatment affordability, and public awareness. The office would also coordinate with key Federal agencies, including the CDC, the Department of Defense, USDA, and EPA to protect Americans from these diseases.

Second, our bill would reauthorize the Regional Centers for Excellence in Vector-Borne Disease, which Congress established in 2017 in response to the Zika outbreak. Since then, tick-borne diseases have accounted for three out of four vector-borne diseases in our country, and these centers have been effective in leading the scientific response. The Collins-Smith bill would reauthorize these centers for another 5 years at \$10 million per year.

Finally, our bill would establish CDC grants, which would be awarded to State health departments to improve data collection and analysis, support early detection and diagnosis, improve treatment and heighten public awareness. The TICK Act takes a comprehensive approach to address tick-borne diseases.

Mr. President, I ask unanimous consent to have printed in the RECORD at the conclusion of my remarks letters of support signed by more than 2 dozen organizations supporting our bill, including the Midcoast Lyme Disease and Support Education organization, the

LivLyme Foundation, the Northeast Regional Center for Excellence in Vector-Borne Diseases, the National Association of County and City Health Officials, and the Entomological Society of America.

I urge all of our colleagues to support this important legislation.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MAY 22, 2019.

Re: Stakeholder Support for Bill on Vector-Borne Disease Management.

Hon. SUSAN COLLINS,
Dirksen Senate Office Building,
Washington, DC.

DEAR SENATOR COLLINS: On behalf of the Vector-Borne Disease Network and allied organizations, we the undersigned write to articulate our support for the objectives of “Ticks: Identify, Control, and Knockout Act” or the “TICK Act,” which aims to combat the escalating burden of VBD. The Vector-Borne Disease Network is a new stakeholder group of non-profit organizations led by the Entomological Society of America (ESA) that aims to reduce human and animal suffering caused by arthropod disease vectors.

Illnesses such as Lyme disease, Zika virus, Malaria, and West Nile virus are transmitted by vector organisms, primarily blood-feeding insects or arthropods. Vectors ingest disease-causing germs when biting an infected human or animal and later inject them into a new host during a subsequent bite.

Between 2004 and 2016, reported human disease cases in the U.S. resulting from bites from arthropods—primarily ticks and mosquitoes—tripled, according to the U.S. Centers for Disease Control and Prevention (CDC). Meanwhile, nine new germs spread by ticks and mosquitoes were discovered or introduced in that same timeframe. Disease vectors also pose significant threats to both livestock and companion animals. The underlying causes for these trends are varying and complex, and so are the potential solutions.

Due to all the challenges mentioned above, and the growing threat to American health and security posed by vector-borne disease (VBD), the Vector-Borne Disease Network is pleased to see new legislation that aims to establish an Office of Oversight and Coordination for VBD within the Department of Health and Human Services to promote interagency coordination; develop and maintain a national plan for responding to VBD; reauthorize the CDC Regional Centers of Excellence in VBD for five years; and authorize a cooperative agreement through CDC to support state health department efforts to improve management, surveillance, diagnosis, and education.

On behalf of this coalition of stakeholders invested in the mission to reduce the public-health and economic risks posed by ticks and mosquitoes, we thank you for your commitment to this critical issue.

Sincerely,

Anastasia Mosquito Control District of St. Johns County (FL); Associated Executives of Mosquito Control Work in New Jersey; Drexel University, College of Medicine; Entomological Society of America; Colorado Tick-Borne Disease Awareness Association; College of Agricultural and Life Sciences, University of Wisconsin-Madison; Hudson Valley Lyme Disease Association; Lyme Association of Greater Kansas City, Inc.; Midwest Center of Excellence for Vector Borne Disease; National Association of Vector-Borne Disease Control Officials; New Jersey Mosquito Control Association; North Fork Deer Management Alliance;

Northeast Regional Center for Excellence in Vector Borne Diseases; Pacific Southwest Center of Excellence in Vector-Borne Diseases; School of Veterinary Medicine at UW-Madison; Southeastern Regional Center of Excellence in Vector Borne Diseases; University of Miami Miller School of Medicine; University of Rhode Island Center for Vector-Borne Disease; University of Rhode Island TickEncounter Resource Center; US Biologic; Western Gulf Center of Excellence for Vector-borne Disease.

LETTER OF SUPPORT FOR THE TICK ACT—MAY 21, 2019

Please pass along my sincere gratitude to Senator Collins for taking on this fight on our behalf. This has been a 10-year crusade for me with the first 5 years fighting for my life and the latter, fighting on behalf of others.

Bit by a tick in Oct 2009 while outside doing fall clean up with my husband, I was misdiagnosed for the next 2.5 years by 23 doctors and specialist from panic attacks to chronic fatigue to fibromyalgia. When a scan revealed lesions on my brain appeared and my neurological symptoms intensified, I was tested and diagnosed with MS. When my symptoms became even more severe and I was not responding to treatment, I was re-evaluated and my diagnosis changed to Parkinson's. When I began to have trouble swallowing and using my arms and legs was a daily challenged, my medical providers wanted me tested for ALS. I knew that was a death sentence for me and it was at this point I knew that I needed to fight. This was when I spoke out for the first time and advocated for myself.

Thanks to my sister in law who kept pressing me to be checked for Lyme disease, even though I had 4 negative tests, I demanded to see a provider who knew about Lyme. My primary refused to give me a referral because that was not what they thought I had. The intern gave me a scrap of paper with the name of someone he knew saw Lyme patients and that doctor, number 24, saved my life.

Shortly thereafter, with bloodwork and additional tests, I was diagnosed with late stage neurological Lyme, Babesia, Bartonella, Rocky Mountain Spotted Fever and Ehrlichiosis.

These medical providers who knew more about Lyme and tick-borne disease not only saved my life but gave my life back to me.

Today, I am in full remission going on 5 years.

In April of 2014, I co-founded and became President of Midcoast Lyme Disease Support & Education (MLDSE), a charitable non-profit 501c3 organization that travels statewide, hosting year-round free educational and prevention talks and event. We advocate for changes at state and federal levels and provide support to those in Maine afflicted by tick-borne disease by connecting them to medical providers and financial assistance programs. We are the Maine partner of the national Lyme Disease Association, members of Maine's CDC Vector-borne Work Group and active in Maine's Lyme legislation. In 2018, I wore a federal hat as the co-chair to the HHS Tick-borne Disease Working Group's Access to Care Services and Patient Support subcommittee. I honored to have been selected for that role as it defines who I am these days, sitting in the trenches alongside patients and their families and connecting them with whatever services they need as they journey back towards health and wellness. I am not a victim but a survivor and one who advocates for those who cannot advocate for themselves.

This is a fulltime job for and one that I do on a voluntary basis without pay.

Sen Collins, your support is so greatly needed as funding is crucial to our work here on the ground as well as on the hill. You see, when people are personally touched by something, they fight and they fight hard to make changes. We will not stop fighting until the status quo changes. Until the new science is embraced and patients are treated with fairness and equality, irregardless of the disease that they may have. We will fight to protect the doctors who put their careers on the line each and every day to save their patients.

When a cancer doctor thinks outside the box and heals their patient, they are deemed a hero. When a Lyme provider does it, they are brought up under medical scrutiny and disciplined beyond belief.

The governing body that exists and controls all things to do with disease (IDSA) wrote in their guidelines a foot note that reads as follows:

These guidelines were developed and issued on behalf of the Infectious Diseases Society of America.

It is important to realize that guidelines cannot always account for individual variation among patients. They are not intended to supplant physician judgment with respect to particular patients or special clinical situations. The Infectious Diseases Society of America considers adherence to these guidelines to be voluntary, with the ultimate determination regarding their application to be made by the physician in the light of each patient's individual circumstances.

In 2013, ILADS introduced another set of diagnostic and treatment options and after passing a rigorous qualifying process, it was introduced into the National Guidelines Clearinghouse but ignored by IDSA and dismissed by mainstream medicine.

In 2015 advocates, patients and medical providers were forced to pushed through a bill of protection [Maine Public law LD422] to protect those knowledgeable about tick-borne disease who choose to do just that—focus on the individual circumstances of each patient and treat accordingly

Sen Collins, Lyme and tick-borne disease is not a cookie cutter disease and a cookie cutter approach has failed time and time again. With your bill, a strong push and more funding will help with provider and patient education and access to better diagnostic and treatment services.

Thank You so much,

Paula Jackson Jones, President and Co-Founder, Midcoast Lyme Disease Support & Education, Co-Chair of Access to Care Services and Patient Support, subcommittee of the HHS Federal Tick-borne Disease Working Group; Maine partner of the National Lyme Disease Association; Member of Maine CDC Vector-Borne Workgroup; Active in Maine's Lyme Legislation movement.

Ms. SMITH. Mr. President, I thank Senator COLLINS for her leadership on this issue. I am very happy to have a chance to work with her on this.

Today, my colleague Senator COLLINS and I are introducing a bill to help fight Lyme disease, so we are introducing this bill today here in the Senate as many Minnesotans and Mainers get ready to head out to our beautiful national parks, lakes, and coastline to go fishing, hiking, and all of the things that we love, love, love to do.

In Minnesota, we have more than 10,000 lakes and a lot of space for outdoor activities, and we also have a growing tick population due to warmer summer months. With so many lakes and our excitement to get outside after

a long winter, Minnesotans have become more at risk of contracting Lyme disease and other vector-borne illness.

A vector-borne illness means an illness that is carried by an insect, like ticks. Unfortunately, the number of Lyme disease cases in Minnesota is on the rise. Over the past 10 years, the number of reported cases has increased by nearly a third.

Our bill, the TICK Act, aims to reduce the number of cases by establishing an interagency office of oversight and coordination to target, prevent, and treat Lyme disease and other vector-borne illnesses. In our legislation, we made sure to enable collaboration between universities and public health agencies, and it is important we train and equip our public health first responders in how best to prevent and treat vector-borne illnesses.

The TICK Act is supported by a coalition of researchers, as Senator COLLINS just said, also frontline medical professionals and government officials from across the country, so I urge my colleagues to listen to the professionals on the ground fighting vector-borne diseases and quickly take up and pass this bill.

May is Lyme disease awareness month. We must be aware of and prepare for future vector-borne disease outbreaks, and this bill will be an important first step.

So I want to thank Senator COLLINS, my colleague on the HELP Committee, for her leadership on this important issue. I am glad we are able to work together on this bill.

By Mr. BLUNT (for himself and Mr. REED):

S. 1659. A bill to amend the Public Health Service Act to provide for the participation of pediatric subspecialists in the National Health Service Corps program, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, I am pleased to be joining Senator BLUNT in introducing the Ensuring Children's Access to Specialty Care Act.

According to the American Association of Child and Adolescent Psychiatry, there are currently only 8,300 child and adolescent psychiatrists (CAPs) in the United States—many of whom are not practicing full time—far short of the estimated need of over 30,000 CAPs. On average, patients wait almost two months to see a CAP, a startling concern given that the incidence rates of mental illness and behavioral disorders among children in the United States continue to grow. Fifty percent of all lifetime cases of mental illness begin at age 14; seventy-five percent by age 24.

The National Health Service Corps Loan Repayment Program (NHSCLRP) was created by Congress over forty years ago to help recruit and place trained individuals in underserved communities to provide needed health care services. Licensed health care providers may earn up to \$50,000 toward

student loans in exchange for a two-year commitment at an NHSC-approved site, within two years of completing their residency. Accepted participants may serve as primary care medical, dental, or mental/behavioral health clinicians.

NHSCLRP provides critical relief to physicians who have completed pediatrics or psychiatry residency training programs; however, pediatric subspecialists, such as child and adolescent psychiatrists, are effectively barred from participating due to the extra training these physicians are required to take after completing their residency. This extra training, which often results in increased student debt, typically consists of a fellowship that takes place in the two-year window of eligibility for NHSCLRP. The creation of NHSCLRP preceded the expansion of many pediatric subspecialties, not taking into account the extra years of training required for these physicians.

The Ensuring Children's Access to Specialty Care Act would correct this loophole and allow pediatric subspecialists practicing in underserved areas to benefit from the NHSCLRP. By so doing, this bill would increase access to specialty care for children and improve mental health parity for children.

Providers across the spectrum of care support this bipartisan legislation including: the American Association of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the Arthritis Foundation, Children's Hospital Association, March of Dimes, and the National Alliance on Mental Illness. I look forward to working with these and other stakeholders as well as Senator BLUNT and our colleagues to pass the Ensuring Children's Access to Specialty Care Act in order to help ensure children have greater access to the health care they need.

By Mr. KENNEDY:

S. 1693. A bill to reauthorize the National Flood Insurance Program; considered and passed.

S. 1693

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 "National Flood Insurance Program Extension Act of 2019".

SEC. 2. REAUTHORIZATION OF NATIONAL FLOOD INSURANCE PROGRAM.

(a) FINANCING.—Section 1309(a) of the National Flood Insurance Act of 1968 (42 U.S.C. 4016(a)) is amended by striking "May 31, 2019" and inserting "June 14, 2019".

(b) PROGRAM EXPIRATION.—Section 1319 of the National Flood Insurance Act of 1968 (42 U.S.C. 4026) is amended by striking "May 31, 2019" and inserting "June 14, 2019".

(c) RETROACTIVE EFFECTIVE DATE.—If this Act is enacted after May 31, 2019, the amendments made by subsections (a) and (b) shall take effect as if enacted on May 31, 2019.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 219—HONORING THE LIFE AND LEGACY OF PATSY TAKEMOTO MINK, THE FIRST WOMAN OF COLOR TO SERVE IN CONGRESS

Ms. HIRONO (for herself, Mr. SCHATZ, Ms. BALDWIN, Mr. BOOKER, Ms. CANTWELL, Ms. CORTEZ MASTO, Ms. DUCKWORTH, Mrs. FEINSTEIN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HASSAN, Ms. KLOBUCHAR, Mrs. MURRAY, Ms. ROSEN, Mrs. SHAHEEN, Ms. SMITH, Ms. STABENOW, Mr. VAN HOLLEN, Ms. WARREN, Ms. SINEMA, and Mr. KAINE) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 219

Whereas Patsy Takemoto Mink was born in Paia, Hawaii, to Japanese-American parents, Suematsu and Mitama Tateyama Takemoto;

Whereas Patsy Takemoto Mink overcame gender discrimination to become the first Japanese-American woman to practice law in Hawaii;

Whereas Patsy Takemoto Mink devoted her life to public service;

Whereas Patsy Takemoto Mink served in—

- (1) the Hawaii territorial House from 1956 to 1958;
- (2) the Hawaii territorial Senate from 1958 to 1959;
- (3) the Hawaii State Senate from 1962 to 1964; and
- (4) the Honolulu City Council from 1983 to 1987;

Whereas Representative Mink became the first Asian-American woman and the first woman of color to be elected to Congress in 1964;

Whereas Representative Mink served 12 terms as a Member of Congress;

Whereas Representative Mink fought throughout her life for fundamental rights and equity for women, children, Asian Americans, and other minority and disenfranchised groups;

Whereas Representative Mink—

- (1) introduced the first childcare bill; and
- (2) co-authored and championed the landmark title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) to promote equal access and equal treatment for women and girls in educational settings;

Whereas Representative Mink maintained a national focus on issues affecting Asian Pacific Americans, notably educating people of the United States about the internment of Japanese Americans during World War II;

Whereas Representative Mink was a committed advocate for many progressive causes, including—

- (1) ending gender and racial discrimination;
- (2) promoting social and economic justice;
- (3) improving access to high-quality education and affordable child care;
- (4) protecting civil liberties; and
- (5) ensuring government accountability;

Whereas Representative Mink was the first Democratic woman to deliver a State of the Union response in 1970;

Whereas Representative Mink was a co-founder and chair of the Congressional Asian Pacific American Caucus;

Whereas Representative Mink served as the Secretary of the House Democratic Caucus;

Whereas Representative Mink served as the co-chair of the Democratic Women's Caucus;

Whereas, in 1977, President Jimmy Carter nominated Patsy Takemoto Mink to serve as Assistant Secretary of State for Oceans and International Environmental and Scientific Affairs;

Whereas, in 2003, Patsy Takemoto Mink was inducted into the National Women's Hall of Fame;

Whereas, on November 24, 2014, Patsy Takemoto Mink was posthumously awarded the Presidential Medal of Freedom, the highest civilian honor of the United States;

Whereas November 3, 2019, marks the 55th anniversary of the election of Representative Mink to the House of Representatives; and

Whereas Patsy Takemoto Mink was a trailblazer who not only pioneered the way for women and minorities, but also embodied the true definition of leadership as a "national legislator": Now, therefore be it

Resolved, That the Senate—

(1) acknowledges the 55th anniversary of the election to the House of Representatives of Patsy Takemoto Mink, the first woman of color in Congress;

(2) pays tribute to the service and dedicated work of Representative Mink—

(A) to improve the lives of women and minorities;

(B) to advance justice and equality; and

(C) to promote the rights of all individuals in the United States, particularly in education, the workforce, and democratic processes; and

(3) recognizes the extraordinary work and legacy of Representative Mink, which has inspired and empowered many to devote their lives to public service.

Ms. HIRONO. Mr. President, I rise today, during Asian Pacific American Heritage month, in remembrance of Representative Patsy Takemoto Mink. Representative Mink was elected 55 years ago to represent Hawaii's second congressional district. In 2006, I had the privilege of filling the seat that my friend, Representative Mink, honorably held for 24 years.

Patsy Mink was a trailblazer, whose career embodied a series of firsts. She was the first woman of color, and first Asian American woman elected to Congress in 1964. She became the first Asian American woman to practice law in Hawaii and the first Asian American woman elected to the Hawaii territorial legislature. No matter how many times she was excluded from traditionally male spheres, Representative Mink persevered and took risks. She overcame gender and racial discrimination and pursued a career during which she fought the injustice that she had endured. She devoted nearly 50 years of her life to be a champion for those who had no one to stand up and speak for them.

Representative Mink maintained a national focus on issues facing the Asian Pacific American community. Twenty-five years ago, she helped found the Congressional Asian Pacific American Caucus. She also worked with members of Hawaii's congressional delegation to educate Americans about the internment of Japanese Americans during World War II.

Representative Mink fought throughout her life for the principles of equity, fairness, and integrity. She was a leader on women's rights, social and economic justice, health care, child care,