

(Ms. ERNST) was added as a cosponsor of S. Res. 98, a resolution establishing the Congressional Gold Star Family Fellowship Program for the placement in offices of Senators of children, spouses, and siblings of members of the Armed Forces who are hostile casualties or who have died from a training-related injury.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. YOUNG:

S. 2063. A bill to amend title XI of the Social Security Act with respect to organ procurement organizations; to the Committee on Finance.

Mr. YOUNG. Mr. President, I rise today to discuss an issue that is very important to me and to the 1,300 Hoosiers currently in need of an organ transplant. That issue is the lack of organs for patients in need and our broken organ donation system.

For more than 30 years, our Nation's organ donation system has operated in complete darkness. Groups known as organ procurement organizations, or OPOs, are responsible for getting organs from the donors to the patients who actually need them, but questions surround the effectiveness, transparency, and accountability of these organizations.

OPOs are the main link between donor hospitals and organ recipients, and their performance can be a limiting factor for all stakeholders in the organ donation system.

In the last 20 years, no OPO has been decertified despite serious issues of underperformance. For example, CMS recently recertified the New York City OPO despite persistent underperformance for nearly a decade. This problem exists throughout the country.

Currently, OPO performance is measured by data that is self-reported, unaudited, and fraught with errors. Many of these errors have been documented by Lenny Bernstein and Kimberly Kindy at the Washington Post.

That is why today I introduced legislation that would require organ procurement organizations to be held to metrics that are objective, verifiable, and not subject to self-interpretation. This way, there can be meaningful transparency, evaluation, and accountability. Updating these metrics will also enable geographic-level donation rates to be evaluated and improved. This is desperately needed for the more than 113,000 Americans currently waiting for a lifesaving transplant. The legislation I introduced today is supported by the American Society of Nephrology, Dialysis Patient Citizens, and the nonprofit group ORGANIZE. Additionally, in April of this year, I wrote to CMS Administrator Seema Verma urging CMS to update OPO metrics to be objective and verifiable.

I am hopeful that we will soon see action from the White House and the Department of Health and Human Services. You see, this issue is very per-

sonal to me. My friend Dave "Gunny" McFarland from Jeffersonville, IN, died because his heart transplant never came. We served together in the U.S. Marine Corps, and over the years, I have gotten to know his widow, Jennifer McFarland Kern. Jen has made it her mission to raise awareness about the organ transplant process and to help prevent others from facing a similar situation.

Because the system is so complex, most people don't know how it works or if patients are actually being protected. It is time to change that. Today's legislation is the first in a series of bills I am working on to reform our organ donation system once and for all and help save precious lives. I will not stop until we increase the availability of organs for patients in need.

Semper fidelis.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 272—CONGRATULATING THE UNITED STATES WOMEN'S NATIONAL SOCCER TEAM ON WINNING THE 2019 FIFA WOMEN'S WORLD CUP

Mr. WICKER submitted the following resolution; which was referred to the Committee on Commerce, Science, and Transportation:

S. RES. 272

Whereas, on July 7, 2019, the United States Women's National Soccer Team won the 2019 FIFA Women's World Cup by defeating the Netherlands Women's National Football Team;

Whereas, that victory marks the first time a country has won 4 Women's World Cup titles;

Whereas, the United States Women's National Soccer Team began its historic run with an overwhelming 13-0 victory, the largest ever winning margin in the history of World Cup soccer;

Whereas, over the course of the month-long tournament, the United States Women's National Soccer Team scored 26 goals, breaking the record the team set in 1991 of 25 goals; and

Whereas the players of the United States Women's National Soccer Team presented a shining example of sportsmanship, camaraderie, and skill to all people of the United States and to the world: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the United States Women's National Soccer Team for winning an unprecedented 4 Women's World Cup titles and for inspiring a new generation of youth in the United States to strive for physical greatness and athletic achievement; and

(2) directs the Secretary of the Senate to transmit an enrolled copy of this resolution to—

(A) Carlos Cordeiro, President of the United States Soccer Federation; and

(B) Jill Ellis, Head Coach of the United States Women's National Soccer Team.

SENATE RESOLUTION 273—EX-PRESSING THE SENSE OF THE SENATE WITH RESPECT TO HEALTH CARE RIGHTS

Mr. MERKLEY (for himself, Mr. MENENDEZ, Mr. SCHATZ, Ms. BALDWIN,

Mrs. SHAHEEN, Mr. MURPHY, Mr. SANDERS, Ms. HASSAN, Mr. CARDIN, Mr. DURBIN, Mr. BLUMENTHAL, Mrs. GILLIBRAND, Ms. DUCKWORTH, Mr. BROWN, Ms. KLOBUCHAR, Ms. WARREN, Mr. MARKEY, and Mrs. FEINSTEIN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 273

Resolved, That it is the sense of the Senate that all people of the United States have the right—

(1) to affordable health insurance coverage, including—

(A) the right of individuals with pre-existing conditions to secure health insurance with the same terms, benefits, and price as individuals who do not have pre-existing conditions;

(B) the right to a comprehensive set of essential health benefits in the individual and small group markets;

(C) the right to stay on a parent's policy until age 26 for young adults who meet certain requirements;

(D) the right to keep health coverage after getting sick, even if the individual made an honest mistake on his or her insurance application;

(E) the right to use an individual's own resources to purchase and pay for treatment or services; and

(F) the right to a cap on the yearly deductibles and other out-of-pocket costs an individual is required to pay for covered services under a health insurance plan;

(2) to coverage and access to health care services, including—

(A) the right to health insurance coverage regardless of an individual's pre-existing medical conditions or health status;

(B) the right to certain preventive screenings without paying out-of-pocket fees or copayments;

(C) the right to health insurance that provides value relative to the premium cost;

(D) the right to be held harmless from surprise medical bills;

(E) the right to coverage of mental health and substance abuse services with no annual or lifetime limits (including behavioral health treatment, mental and behavioral health inpatient services, substance use disorder treatment);

(F) the right to mental health and substance abuse benefits without financial, treatment, or care management limitations that only apply to such benefits;

(G) the right to access all smoking cessation medications that are approved by the Food and Drug Administration;

(H) the right to choose a provider, and to receive an accurate list of all participating providers;

(I) the right to access doctors, specialists, and hospitals;

(J) the right to emergency medical services without—

(i) preauthorization for emergency services;

(ii) extra administrative hurdles for out-of-network emergency services; or

(iii) higher cost-sharing for out-of-network emergency services than in-network emergency services;

(K) the right to affordable medications;

(L) the right to physical, mental, and oral care;

(M) the right to a treatment plan from provider for a complex or serious medical condition;

(N) the right to go directly to a women's health care specialist (including obstetricians and gynecologists) without a referral for routine and preventive health care services;

(O) the right to a full scope of reproductive health services, including contraceptive care, pregnancy-related care, prenatal care, miscarriage management, family planning services, abortion care, labor and delivery services, and postnatal care;

(P) the right to breastfeeding support, counseling, and equipment (including manual and electric pumping equipment);

(Q) the right to prescription medications and medical and surgical services related to gender transition;

(R) the right to try investigational drugs;

(S) the right to a second medical opinion;

(T) the right to home care services;

(U) the right to a full scope of hospice and palliative care, and end-of-life options; and

(V) the right of pediatric patients to a full scope of services offered to adult patients;

(3) to health information and records privacy;

(4) to explanations of coverage decisions, including—

(A) the right to an explanation and appeal if a plan denies payment for a medical treatment or service;

(B) the right to an internal appeal of payment decisions of private health plans if the health plan refuses to make a payment;

(C) the right to a review by an outside review, by an independent organization; and

(D) the right to complain, through grievance processes;

(5) to transparency, including—

(A) the right to an easy-to-understand summary of benefits and coverage;

(B) the right to at least 30 days' notice if an insurer cancels coverage;

(C) the right to clear justification and explanation for premium increases that are unreasonable;

(D) the right to know how an enrollee's plan pays its providers;

(E) the right to give informed consent and understanding about medical conditions, risks and benefits of treatment, and appropriate alternatives;

(F) the right to know how drug companies set drug prices; and

(G) the right to know the amount of money pharmacy benefit managers keep and the amount of savings from pharmacy benefits managers that reach patients and consumers;

(6) to protection from discrimination, including on the basis of race, color, national origin, sex (including sexual orientation and gender identity), age, disability, or documentation status; and

(7) to culturally appropriate care, including health care services in a language that the patient understands and that is culturally sensitive.

AMENDMENTS SUBMITTED AND PROPOSED

SA 906. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill S. 386, to amend the Immigration and Nationality Act to eliminate the per-country numerical limitation for employment-based immigrants, to increase the per-country numerical limitation for family-sponsored immigrants, and for other purposes; which was referred to the Committee on the Judiciary.

SA 907. Mr. THUNE (for Mrs. SHAHEEN) proposed an amendment to the bill S. 239, to require the Secretary of the Treasury to mint coins in recognition of Christa McAuliffe.

SA 908. Mr. THUNE (for Mr. CRUZ (for himself and Mr. DURBIN)) proposed an amendment to the resolution S. Res. 188, encouraging a swift transfer of power by the military to a civilian-led political authority in

the Republic of the Sudan, and for other purposes.

SA 909. Mr. THUNE (for Mr. CRUZ (for himself and Mr. DURBIN)) proposed an amendment to the resolution S. Res. 188, *supra*.

TEXT OF AMENDMENTS

SA 906. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill S. 386, to amend the Immigration and Nationality Act to eliminate the per-country numerical limitation for employment-based immigrants, to increase the per-country numerical limitation for family-sponsored immigrants, and for other purposes; which was referred to the Committee on the Judiciary; as follows:

At the end, add the following:

SEC. 3. POSTING AVAILABLE POSITIONS THROUGH THE DEPARTMENT OF LABOR.

(a) DEPARTMENT OF LABOR WEBSITE.—Section 212(n)(6) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(6)) is added, to read as follows:

“(6) For purposes of complying with paragraph (1)(C)—

“(A) Not later than 180 days after the date of the enactment of the Fairness for High-Skilled Immigrants Act of 2019, the Secretary of Labor shall establish a searchable internet website for posting positions in accordance with paragraph (1)(C) that is available to the public without charge, except that the Secretary may delay the launch of such website for a single period identified by the Secretary by notice in the Federal Register that shall not exceed 30 days.

“(B) The Secretary may work with private companies or nonprofit organizations to develop and operate the Internet website described in subparagraph (A).

“(C) The Secretary shall promulgate rules, after notice and a period for comment, to carry out this paragraph.”

(b) PUBLICATION REQUIREMENT.—The Secretary of Labor shall submit to Congress, and publish in the Federal Register and in other appropriate media, a notice of the date on which the Internet website required under section 212(n)(6) of the Immigration and Nationality Act, as established by subsection (a), will be operational.

(c) APPLICATION.—The amendment made by subsection (a) shall apply to any application filed on or after the date that is 90 days after the date described in subsection (b).

(d) INTERNET POSTING REQUIREMENT.—Section 212(n)(1)(C) of such Act is amended—

(1) by redesignating clause (ii) as subclause (II);

(2) by striking “(i) has provided” and inserting the following:

“(ii)(I) has provided”; and

(3) by inserting before clause (ii), as redesignated by paragraph (2), the following:

“(i) except in the case of an employer filing a petition on behalf of an H-1B nonimmigrant who has already been counted against the numerical limitations and is not eligible for a full 6-year period, as described in section 214(g)(7), or on behalf of an H-1B nonimmigrant authorized to accept employment under section 214(n), has posted on the internet website described in paragraph (6), for at least 30 calendar days, a description of each position for which a nonimmigrant is sought, that includes—

“(I) the occupational classification, and if different the employer's job title for the position, in which the nonimmigrant(s) will be employed;

“(II) the education, training, or experience qualifications for the position;”

“(III) the salary or wage range and employee benefits offered;

“(IV) the location(s) at which the nonimmigrant(s) will be employed; and

“(V) the process for applying for a position; and”.

SEC. 4. H-1B EMPLOYER APPLICATION REQUIREMENTS.

(a) WAGE DETERMINATION INFORMATION.—Section 212(n)(1)(D) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(1)(D)) is amended by inserting “the prevailing wage determination methodology used under subparagraph (A)(i)(II),” after “shall contain”.

(b) NEW APPLICATION REQUIREMENTS.—Section 212(n)(1) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(1)) is amended by inserting after subparagraph (G)(ii) the following:

“(H)(i) The employer, or a person or entity acting on the employer's behalf, has not advertised any available position specified in the application in an advertisement that states or indicates that—

“(I) such position is only available to an individual who is or will be an H-1B nonimmigrant; or

“(II) an individual who is or will be an H-1B nonimmigrant shall receive priority or a preference in the hiring process for such position.

“(ii) The employer has not primarily recruited individuals who are or who will be H-1B nonimmigrants to fill such position.

“(I) If the employer, in a previous period specified by the Secretary, employed one or more H-1B nonimmigrants, the employer shall submit to the Secretary the Internal Revenue Service Form W-2 Wage and Tax Statements filed by the employer with respect to the H-1B nonimmigrants for such period.”

(c) LABOR CONDITION APPLICATION FEE.—Section 212(n) of the Immigration and Nationality Act (8 U.S.C. 1182(n)) is amended by adding at the end the following:

“(6)(A) The Secretary of Labor shall promulgate a regulation that requires applicants under this subsection to pay an administrative fee to cover the average paperwork processing costs and other administrative costs.

“(B)(i) Fees collected under this paragraph shall be deposited as offsetting receipts within the general fund of the Treasury in a separate account, which shall be known as the ‘H-1B Administration, Oversight, Investigation, and Enforcement Account’ and shall remain available until expended.

“(ii) The Secretary of the Treasury shall refund amounts in such account to the Secretary of Labor for salaries and related expenses associated with the administration, oversight, investigation, and enforcement of the H-1B nonimmigrant visa program.”

(d) ELIMINATION OF B-1 IN LIEU OF H-1.—Section 214(g) of the Immigration and Nationality Act (8 U.S.C. 1184(g)) is amended by adding at the end the following:

“(12)(A) Unless otherwise authorized by law, an alien normally classifiable under section 101(a)(15)(H)(i) who seeks admission to the United States to provide services in a specialty occupation described in paragraph (1) or (3) of subsection (i) may not be issued a visa or admitted under section 101(a)(15)(B) for such purpose.

“(B) Nothing in this paragraph may be construed to authorize the admission of an alien under section 101(a)(15)(B) who is coming to the United States for the purpose of performing skilled or unskilled labor if such admission is not otherwise authorized by law.”

SEC. 5. INVESTIGATION AND DISPOSITION OF COMPLAINTS AGAINST H-1B EMPLOYERS.

(a) INVESTIGATION, WORKING CONDITIONS, AND PENALTIES.—Section 212(n)(2)(C) of the