

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Thursday, September 24, 2026, at 9:30 a.m., to conduct a hearing on nominations.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

The Committee on Health, Education, Labor, and Pensions is authorized to meet during the session of the Senate on Thursday, September 24, 2026, at 10 a.m., to conduct a hearing on nominations.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

The Committee on Health, Education, Labor, and Pensions is authorized to meet during the session of the Senate on Thursday, September 24, 2026, at 10:30 a.m., to conduct a hearing on a nomination.

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Thursday, September 24, 2026, at 10:15 a.m., to conduct an executive business meeting.

PRIVILEGES OF THE FLOOR

Mr. MERKLEY. Mr. President, I ask unanimous consent to grant floor privileges to Mina Basmaci for the length of this Congress.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KAINE. Mr. President, I ask unanimous consent that Oscar Baez, a legislative fellow in my office, be given floor privileges for the duration of his fellowship.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEASURE PLACED ON THE CALENDAR—H.R. 9340

Mr. HUSTED. Madam President, I understand that there is a bill at the desk that is due for a second reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the second time.

The legislative clerk read as follows:

A bill (H.R. 9340) to amend the Public Utility Regulatory Policies Act of 1978 to establish a Federal standard relating to the recovery of the full, incremental costs of upgrades that serve large-load customers, and for other purposes.

Mr. HUSTED. In order to place the bill on the calendar under the provisions of rule XIV, I would object to further proceedings.

The PRESIDING OFFICER. Objection having been heard, the bill will be placed on the calendar.

JOHN A. HAUSER MENTAL HEALTH IN AVIATION ACT

Mr. HUSTED. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 558, S. 3257.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 3257) to require the Administrator of the Federal Aviation Administration to revise regulations for certain individuals carrying out aviation activities who disclose a mental health diagnosis or condition, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Commerce, Science, and Transportation with an amendment to strike all after the enacting clause and insert the part printed in italic, as follows:

SECTION 1. SHORT TITLE.

This Act may be cited as the “John A. Hauser Mental Health in Aviation Act”.

SEC. 2. DEFINITIONS.

In this Act:

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Federal Aviation Administration.

(2) APPROPRIATE COMMITTEES OF CONGRESS.—The term “appropriate committees of Congress” means—

(A) the Committee on Transportation and Infrastructure of the House of Representatives; and

(B) the Committee on Commerce, Science, and Transportation of the Senate.

(3) FAA.—The term “FAA” means the Federal Aviation Administration.

(4) SPECIAL ISSUANCE.—The term “special issuance” has the meaning given such term in section 67.401 of title 14, Code of Federal Regulations.

SEC. 3. REGULATIONS FOR INDIVIDUALS CARRYING OUT AVIATION ACTIVITIES.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Administrator shall update regulations, including in part 67 of title 14, Code of Federal Regulations, and issue relevant guidance as appropriate to encourage individuals to—

(1) seek help for mental health conditions or symptoms of mental health conditions; and

(2) to disclose conditions or symptoms described in paragraph (1).

(b) SOLICIT FEEDBACK; REPORT REQUIREMENTS.—Section 411(d) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note) is amended—

(1) in paragraph (3), by striking subparagraph (B) and inserting the following:

“(B) soliciting feedback from aviation industry professionals or other licensed professionals representing air carrier operations under part 121 and part 135 of title 14, Code of Federal Regulations, and general aviation operations under part 91 of title 14, Code of Federal Regulations, the exclusive bargaining representatives of air traffic controllers of the FAA certified under section 7111 of title 5, United States Code, organizations representing collective bargaining representatives of airline pilots, institutions of higher education that are accredited by the Aviation Accreditation Board International, and professional pilot flight training schools certified under part 141 of title 14, Code of Federal Regulations;” and

(2) in paragraph (4)—

(A) in subparagraphs (A) and (B), by striking “and” at the end;

(B) in subparagraph (C), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following new subparagraphs:

“(D) a review and evaluation of any recommendations reached by the National Transportation Safety Board related to aviation workforce mental health; and

“(E) a description of relevant clinical studies, research, diagnostic manuals, and protocols relied upon by the task group in developing their recommendations.”.

(c) IMPLEMENTATION.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, and for any report issued thereafter, not later than 180 days after the submission of each report required under section 411(f) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note), the Administrator may take action, as appropriate, to implement the recommendations of such report.

(2) JUSTIFICATION.—In the event that the Administrator decides not to implement a recommendation described in paragraph (1), the Administrator shall submit to the appropriate committees of Congress the justification for such decision not later than 90 days after receiving the report containing such recommendation.

SEC. 4. REVIEW OF MENTAL HEALTH SPECIAL ISSUANCE PROCESS.

Beginning on the date that is 180 days after the Administrator submits the first report pursuant to section 411(f) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note), and annually for the 1st 2 years thereafter, and triennially thereafter, the Administrator shall conduct a review of the special issuance process, and update, as appropriate, the applicable regulations, policies, orders, and guidance on mental health-related special issuance for pilots and air traffic controllers to—

(1) consider the reclassification of additional medications and evidence-based treatments that may be safely prescribed to treat mental health conditions;

(2) provide enhanced mental health knowledge and training for aviation medical examiners, consistent with the recommendations of the Mental Health & Aviation Medical Clearances Aviation Rulemaking Committee described in section 6;

(3) if the Administrator determines appropriate, consider expanding opportunities in which an aviation medical examiner may issue a certificate consistent with the recommendations of the Mental Health & Aviation Medical Clearances Aviation Rulemaking Committee described in section 6, provided that such examiner has completed enhanced mental health training, as described in paragraph (2), to ensure such personnel have the requisite knowledge and ability to appropriately evaluate individuals for FAA medical certification; and

(4) improve the special issuance process for pilots and air traffic controllers.

SEC. 5. IMPROVING CAPACITY FOR THE OFFICE OF AEROSPACE MEDICINE.

Of the amounts made available pursuant to section 106(k)(1) of title 49, United States Code, the Administrator shall designate not more than \$15,000,000 for each of fiscal years 2026 through 2028 to—

(1) recruit, select, and train additional aviation medical examiners and human intervention motivation study aviation medical examiners, including those who are psychiatrists;

(2) expand capacity to provide oversight of aviation medical examiners and clear the backlog of special issuance requests and cases awaiting review at the Office of Aerospace Medicine of the FAA;

(3) provide enhanced mental health training to aviation medical examiners to ensure such personnel have requisite knowledge and the ability to appropriately evaluate individuals for FAA medical certification; and

(4) support any other related activities, as determined appropriate by the Administrator.

SEC. 6. IMPLEMENTATION OF AVIATION RULEMAKING COMMITTEE RECOMMENDATIONS.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Administrator shall implement, as appropriate, the recommendations of the Mental Health & Aviation Medical Clearances Aviation Rulemaking Committee, which were submitted to the Administrator on April 1, 2024 (in this section referred to as the “ARC”).

(b) CONSULTATION.—In carrying out subsection (a), the Administrator shall consult with

the stakeholders described in section 411(d)(3)(B) of the FAA Reauthorization Act of 2024 (as amended by this Act).

(c) **VALIDATION.**—With respect to recommendation 6 of the ARC, the Administrator shall leverage and cite relevant clinical studies, research, diagnostic manuals, and protocols to inform the recommendation, as determined by the Administrator. The Administrator may, as appropriate, commission any such studies that may be needed to fill data gaps. Any such studies shall document the data gap and be completed not later than 1 year after the enactment of this Act.

(d) **JUSTIFICATION.**—If the Administrator decides not to implement a recommendation described in the ARC, the Administrator shall submit to the appropriate committees of Congress their justification for such decision not later than 90 days after the deadline described in such subsection.

SEC. 7. PUBLIC INFORMATION CAMPAIGN.

(a) **IN GENERAL.**—For fiscal years 2026 through 2028, the Administrator shall carry out a public information campaign or similar public education efforts to—

(1) destigmatize individuals in (or interested in joining) the aviation industry who seek mental health care;

(2) broaden awareness of available supportive services; and

(3) improve trust between the FAA and pilots and air traffic controllers.

(b) **REQUIREMENTS.**—The public information campaign or similar public education efforts described in subsection (a) shall include—

(1) making publicly available (in an easily accessible format and location online)—

(A) information that would help destigmatize the reporting of mental health concerns impacting the aviation workforce, and encourage individuals to seek help for such concerns; and

(B) other information to effectuate the outcomes described in subsection (a);

(2) posting the information described in paragraph (1) at Aviation Medical Examiner offices; and

(3) collaborating with air carriers (as defined in section 40102 of title 49, United States Code), flight training institutions and entities (as described in parts 61 and 141 of title 14, Code of Federal Regulations), and small, medium, and large hub airports (as defined in such section 40102) to encourage such entities to make such information easily accessible to airmen and air traffic controllers.

(c) **BRIEFING AND REPORT TO CONGRESS.**—

(1) **BRIEFING.**—Not later than 90 days after the Administrator establishes the public information campaign described in subsection (a), the Administrator shall brief the appropriate committees of Congress on the actions taken to develop the campaign and the plans to implement the campaign.

(2) **REPORT.**—Not later than 2 years after the Administrator implements the public information campaign, the Administrator shall submit to the appropriate committees of Congress a report describing the engagement and outreach resulting from such campaign, including a description of any applicable feedback from aviation industry stakeholders on the efficacy of the campaign.

Mr. HUSTED. Madam President, I ask unanimous consent that the committee-reported substitute amendment be withdrawn and the Hoeven substitute amendment at the desk be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported amendment, in the nature of a substitute, was withdrawn.

The amendment (No. 6834), in the nature of a substitute, was agreed to, as follows:

(Purpose: In the nature of a substitute.)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “John A. Hauser Mental Health in Aviation Act”.

SEC. 2. DEFINITIONS.

In this Act:

(1) **ADMINISTRATOR.**—The term “Administrator” means the Administrator of the Federal Aviation Administration.

(2) **APPROPRIATE COMMITTEES OF CONGRESS.**—The term “appropriate committees of Congress” means—

(A) the Committee on Transportation and Infrastructure of the House of Representatives; and

(B) the Committee on Commerce, Science, and Transportation of the Senate.

(3) **FAA.**—The term “FAA” means the Federal Aviation Administration.

(4) **SPECIAL ISSUANCE.**—The term “special issuance” has the meaning given such term in section 67.401 of title 14, Code of Federal Regulations.

SEC. 3. REGULATIONS FOR INDIVIDUALS CARRYING OUT AVIATION ACTIVITIES.

(a) **IN GENERAL.**—Not later than 18 months after the date of enactment of this Act, the Administrator shall update regulations, including in part 67 of title 14, Code of Federal Regulations, and issue relevant guidance as appropriate to encourage individuals to—

(1) seek help for mental health conditions or symptoms of mental health conditions; and

(2) disclose conditions or symptoms described in paragraph (1).

(b) **SOLICIT FEEDBACK; REPORT REQUIREMENTS.**—Section 411(d) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note) is amended—

(1) in paragraph (3), by striking subparagraph (B) and inserting the following:

“(B) soliciting feedback from aviation industry professionals or other licensed professionals representing air carrier operations under part 121 and part 135 of title 14, Code of Federal Regulations, and general aviation operations under part 91 of title 14, Code of Federal Regulations, the exclusive bargaining representatives of air traffic controllers of the FAA certified under section 7111 of title 5, United States Code, organizations representing collective bargaining representatives of airline pilots, institutions of higher education that are accredited by the Aviation Accreditation Board International, and professional pilot flight training schools certificated under part 141 of title 14, Code of Federal Regulations;”;

(2) in paragraph (4)—

(A) in subparagraphs (A) and (B), by striking “and” at the end;

(B) in subparagraph (C), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following new subparagraphs:

“(D) a review and evaluation of any recommendations reached by the National Transportation Safety Board related to aviation workforce mental health; and

“(E) a description of relevant clinical studies, research, diagnostic manuals, and protocols relied upon by the task group in developing their recommendations.”.

(c) **IMPLEMENTATION.**—

(1) **IN GENERAL.**—Not later than 180 days after the date of enactment of this Act, and for any report issued thereafter, not later than 180 days after the submission of each report required under section 411(f) of the

FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note), the Administrator may take action, as appropriate, to implement the recommendations of such report.

(2) **JUSTIFICATION.**—In the event that the Administrator decides not to implement a recommendation described in paragraph (1), the Administrator shall submit to the appropriate committees of Congress the justification for such decision not later than 90 days after receiving the report containing such recommendation.

SEC. 4. REVIEW OF MENTAL HEALTH SPECIAL ISSUANCE PROCESS.

Beginning on the date that is 180 days after the Administrator submits the first report pursuant to section 411(f) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note), and annually for the 1st 2 years thereafter, and triennially thereafter, the Administrator shall conduct a review of the special issuance process, and update, as appropriate, the applicable regulations, policies, orders, and guidance on mental health-related special issuance for pilots and air traffic controllers to—

(1) consider the reclassification of additional medications and evidence-based treatments that may be safely prescribed to treat mental health conditions;

(2) provide enhanced mental health knowledge and training for aviation medical examiners, consistent with the recommendations of the Mental Health & Aviation Medical Clearances Aviation Rulemaking Committee described in section 6;

(3) if the Administrator determines appropriate, consider expanding opportunities in which an aviation medical examiner may issue a certificate consistent with the recommendations of the Mental Health & Aviation Medical Clearances Aviation Rulemaking Committee described in section 6, provided that such examiner has completed enhanced mental health training, as described in paragraph (2), to ensure such personnel have the requisite knowledge and ability to appropriately evaluate individuals for FAA medical certification; and

(4) improve the special issuance process for pilots and air traffic controllers.

SEC. 5. IMPROVING CAPACITY FOR THE OFFICE OF AEROSPACE MEDICINE.

Section 106(k)(2) of title 49, United States Code, is amended by adding at the end the following new subparagraph:

“(E) Not more than \$15,000,000 for each of fiscal years 2026 through 2028 to—

“(i) recruit, select, and train additional aviation medical examiners and human intervention motivation study aviation medical examiners, including those who are psychiatrists;

“(ii) expand capacity to provide oversight of aviation medical examiners and clear the backlog of special issuance requests and cases awaiting review at the Office of Aerospace Medicine of the FAA;

“(iii) provide enhanced mental health training to aviation medical examiners to ensure such personnel have requisite knowledge and the ability to appropriately evaluate individuals for FAA medical certification; and

“(iv) support any other related activities, as determined appropriate by the Administrator.”.

SEC. 6. IMPLEMENTATION OF AVIATION RULEMAKING COMMITTEE RECOMMENDATIONS.

(a) **IN GENERAL.**—Not later than 2 years after the date of enactment of this Act, the Administrator shall implement, as appropriate, the recommendations of the Mental Health & Aviation Medical Clearances Aviation Rulemaking Committee, which were submitted to the Administrator on April 1,

2024 (in this section referred to as the “ARC”).

(b) **CONSULTATION.**—In carrying out subsection (a), the Administrator shall consult with the stakeholders described in section 411(d)(3)(B) of the FAA Reauthorization Act of 2024 (as amended by this Act).

(c) **VALIDATION.**—With respect to recommendation 6 of the ARC, the Administrator shall leverage and cite relevant clinical studies, research, diagnostic manuals, and protocols to inform the recommendation, as determined by the Administrator. The Administrator may, as appropriate, commission any such studies that may be needed to fill data gaps. Any such studies shall document the data gap and be completed not later than 1 year after the enactment of this Act.

(d) **JUSTIFICATION.**—If the Administrator decides not to implement a recommendation described in the ARC, the Administrator shall submit to the appropriate committees of Congress their justification for such decision not later than 90 days after the deadline described in such subsection.

SEC. 7. PUBLIC INFORMATION CAMPAIGN.

(a) **IN GENERAL.**—For fiscal years 2026 through 2028, the Administrator shall carry out a public information campaign or similar public education efforts to—

(1) destigmatize individuals in (or interested in joining) the aviation industry who seek mental health care;

(2) broaden awareness of available supportive services; and

(3) improve trust between the FAA and pilots and air traffic controllers.

(b) **REQUIREMENTS.**—The public information campaign or similar public education efforts described in subsection (a) shall include—

(1) making publicly available (in an easily accessible format and location online)—

(A) information that would help destigmatize the reporting of mental health concerns impacting the aviation workforce, and encourage individuals to seek help for such concerns; and

(B) other information to effectuate the outcomes described in subsection (a);

(2) posting the information described in paragraph (1) at Aviation Medical Examiner offices; and

(3) collaborating with air carriers (as defined in section 40102 of title 49, United States Code), flight training institutions and entities (as described in parts 61 and 141 of title 14, Code of Federal Regulations), and small, medium, and large hub airports (as defined in such section 40102) to encourage such entities to make such information easily accessible to airmen and air traffic controllers.

(c) **BRIEFING AND REPORT TO CONGRESS.**—

(1) **BRIEFING.**—Not later than 90 days after the Administrator establishes the public information campaign described in subsection (a), the Administrator shall brief the appropriate committees of Congress on the actions taken to develop the campaign and the plans to implement the campaign.

(2) **REPORT.**—Not later than 2 years after the Administrator implements the public information campaign, the Administrator shall submit to the appropriate committees of Congress a report describing the engagement and outreach resulting from such campaign, including a description of any applicable feedback from aviation industry stakeholders on the efficacy of the campaign.

The bill (S. 3257), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

AVIATION MEDICATION TRANSPARENCY ACT OF 2026

Mr. HUSTED. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 559, S. 3258.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 3258) to require the Administrator of the Federal Aviation Administration to publish the list of medications that the Administrator has compiled for purposes of the medical certification of airmen and air traffic control specialists, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Commerce, Science, and Transportation with an amendment to strike all after the enacting clause and insert the part printed in italic, as follows:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Aviation Medication Transparency Act of 2026”.

SEC. 2. AVIATION MEDICATION TRANSPARENCY; LIST OF APPROVED MEDICATIONS.

(a) **PURPOSE.**—The purpose of this Act is to ensure that aviation stakeholders, including airmen, air traffic control specialists, and individuals training to become airmen or air traffic control specialists, who are applicants for medical certification or medical clearance, are informed, in a user-friendly and accessible manner, of—

(1) the medications on the “Do Not Issue” or “Do Not Fly” lists;

(2) the medications they may safely purchase over-the-counter or be prescribed; and

(3) under what conditions the medications described in paragraph (2) may be safely used in the aviation environment, consistent with the information provided in the Guide for Aviation Medical Examiners (including any update to such Guide), which is updated monthly, or successor documents issued by the Federal Air Surgeon.

(b) **IN GENERAL.**—Not later than 1 year after the date of enactment of this Act, the Administrator of the Federal Aviation Administration (in this section referred to as the “Administrator”) shall publish and maintain on a publicly available website of the Federal Aviation Administration (in this section referred to as the “FAA”) a list of medications that the Administrator, as of the date of publication, has—

(1) determined may be safely prescribed to or purchased over-the-counter by an applicant for medical certification or medical clearance to treat medical conditions; and

(2) approved for purposes of the issuance of a medical certification or medical clearance to—

(A) an airman who requires a medical certificate or a medical clearance; or

(B) an air traffic control specialist who requires medical clearance.

(c) **REQUIREMENTS.**—To ensure information transparency, user-friendliness, and appropriate dissemination, the list required under subsection (b) shall—

(1) incorporate, prior to dissemination, consultation with—

(A) the Aeromedical Innovation and Modernization Working Group (established under section 411(a) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note)) (in this section referred to as the “Working Group”);

(B) organizations representing collective bargaining representatives of airline pilots;

(C) the certified exclusive bargaining representatives of air traffic controllers of the FAA certified under section 7111 of title 5, United States Code;

(D) institutions of higher education that are accredited by the Aviation Accreditation Board International;

(E) professional pilot flight training schools certified under part 141 of title 14, Code of Federal Regulations;

(F) the Civil Aviation Medical Association;

(G) organizations representing general aviation operators and pilots; and

(H) any other stakeholder determined relevant by the Administrator;

(2) regarding treatment of medical conditions that may impact the performance of duties or the exercise of privileges of an airman certificate, include—

(A) medications allowed by the Administrator, including prescription medications and over-the-counter medications;

(B) contra-indications associated with the medications described in subparagraph (A); and

(C) whether such medications may require review by the FAA;

(3) be drafted in a user-friendly and accessible manner and, in addition to being made publicly available pursuant to subsection (b), made available on MedXPress for airmen, air traffic control specialists, and individuals training to become airmen or air traffic control specialists at the time when any such individual first seeks a medical certification or medical clearance;

(4) if practicable, indicate the minimum period of time an airman, air traffic control specialist, or individual training to become an airman or air traffic control specialist is required to have limited or no duties to stabilize on a medication allowed by the Administrator;

(5) include the list of medications that the Administrator has designated as “Do Not Issue” or “Do Not Fly”;

(6) include information for doctors or medical providers to contact the FAA regarding questions related to the list published under subsection (b), including through a new or existing mechanism that is accessible to such doctors and medical providers; and

(7) include any other information or clarification that the Administrator determines appropriate.

(d) **LIST UPDATE.**—Not later than 1 year after the date of publication of the list required under subsection (b), and when relevant information in the Guide for Aviation Medical Examiners (or any successor document) or other relevant FAA medical certification policy is updated, the Administrator shall update such list, as appropriate.

(e) **SAVINGS CLAUSE.**—The publication of the list described in subsection (b) shall not be construed as assigning liability to the Administrator for any situation in which an airman, air traffic control specialist, or applicant relies on such list in deciding whether to use a medication on the list and—

(1) experiences an adverse medical reaction from the use of such medication;

(2) causes harm or injury to persons or property after using such medication; or

(3) is deemed by an aviation medical examiner or the FAA to be ineligible for a medical certification or medical clearance.

Mr. HUSTED. Madam President, I ask unanimous consent that the committee-reported substitute amendment be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported amendment, in the nature of a substitute, was agreed to.

The bill (S. 3258), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.