

preventive health care means for them and the children who come to this children's hospital. They have seen numbers of children arriving in a behavioral health crisis unmatched in our history—nearly quadrupled since the year 2000. Last year that meant 2,300 children seeking care in the emergency department of that children's hospital.

Emergency departments are not equipped to provide the kind of specialized care that the children need who come to them in these traumatic life-changing situations—in crises. And for some kids who wait over a week for placement in an appropriate inpatient facility, that is a crisis not only for them but for their family and their communities. We have seen the tragic results of failing to address those crises which affects individuals, and it is so heartbreaking.

I have fought for and made my life's work tobacco prevention and cessation programs. My colleagues want to talk about reducing Federal spending. Well, let's talk about the \$96 billion a year in direct health costs that are necessary to treat diseases caused by tobacco addiction. That is \$96 billion a year in direct health costs, with nearly \$55 billion of it from the Federal Government. I hope to work in a bipartisan way to reduce that figure with my colleagues through the Affordable Care Act.

A study in the *Lancet* on the first "Tips From Former Smokers"—the campaign of the Federal Government—found that 1.6 million additional smokers are making a quit attempt because of this campaign and over 100,000 have quit tobacco since 2012 because of that campaign.

The final area I think is so important is women's health care, and in this area the Affordable Care Act has been monumental in maternity care in our hospitals, in contraception coverage, in health insurance provisions that make a difference in women participating equally in our economy as well as having the health care they need, which in turn saves money not just for them but for children who are born in hospitals and who receive the kind of care they need in those first days of birth. The Prevention and Public Health Fund has made a difference in those lives, and it has made meaningful improvements to the lives and health of women and children across this country.

Cost savings to the Nation resulting from preventive health care are huge, but those economic benefits also accrue to our families. More than half of all the bankruptcy cases today are caused by health bills people simply can't pay. I know because I see the results and try to help the families who are affected by it.

One example is a family whose son struggles with Lyme disease and received denials from insurance companies. They had to exhaust their retirement savings and their health care funds as well as their college fund for medical treatment. My office was able

to persuade the insurance company to reverse those denials but only after the family had to resort to asking their neighbors to pay for their son's medical bills.

Story after story after story about medical insurance denials convinced me that the Affordable Care Act will make a difference in reforming health care coverage practices by the insurance companies as well as enabling families to avoid the financial travails of bankruptcy.

Let me say finally, Connecticut has been a leader in insurance markets with many leading insurers headquartered in my home State. I am proud that Connecticut has been that leader that is home to many insurance companies and that Access Health Connecticut, the individual marketplace in Connecticut, has been working tirelessly and successfully with these insurance firms to put together a groundbreaking exchange.

The Kaiser Family Foundation recently found that the likely cost for a family of four in Hartford, CT earning \$60,000 a year for a bronze level plan through the exchange will be \$122 a month. That is about the cost of a Starbucks coffee every day. The products being offered through the exchanges are high quality, and they are available even to people who have a preexisting condition.

In fact, the Affordable Care Act enables health care insurance for all people with a preexisting condition. No longer will people have to confront their insurance companies as regularly and frequently as they did. No longer will insurance companies be permitted to engage in the egregious practices they did. And hopefully, no longer will the services of my office, such as I did when I was Attorney General and now as Senator, be as necessary as often.

Shutting down the government is a movie we have seen before. It ends badly. It ends with undercutting investments, undermining job creation and economic growth. It is a disservice to our Nation. Hopefully, with bipartisan cooperation and compromise we can afford it and proudly go on with the work of this body and of the Federal Government.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I know of no further debate on the motion to proceed.

The PRESIDING OFFICER. Is there further debate?

If there is no further debate, the question is on adoption of the motion.

The motion was agreed to.

#### MAKING CONTINUING APPROPRIATIONS FOR FISCAL YEAR 2014

The PRESIDING OFFICER. The clerk will report the joint resolution by title.

The assistant legislative clerk read as follows:

A joint resolution (H.J. Res. 59) making continuing appropriations for fiscal year 2014, and for other purposes.

AMENDMENT NO. 1974

(Purpose: To perfect the joint resolution)

Mr. REID. Mr. President, I have an amendment at the desk.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 1974.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. REID. On the amendment just reported, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 1975 TO AMENDMENT NO. 1974

Mr. REID. Mr. President, I have a second-degree amendment at the desk.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 1975 to amendment No. 1974.

The amendment is as follows:

At the end, add the following:

This Act shall become effective 1 day after enactment.

MOTION TO COMMIT WITH AMENDMENT NO. 1976

Mr. REID. Mr. President, in relation to that, I have a motion to commit H.J. Res. 59 with instructions, which are at the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] moves to commit the bill to the Committee on Appropriations, with instructions to report back forthwith with an amendment numbered 1976.

The amendment is as follows:

At the end, add the following:

This Act shall become effective 4 days after enactment.

Mr. REID. Mr. President, on that I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 1977

Mr. REID. Mr. President, I have an amendment to the instructions at the desk.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 1977 to the instructions of the motion to commit, H.J. Res. 59.

The amendment is as follows:

In the amendment, strike "4 days" and insert "3 days".

Mr. REID. On that, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 1978 TO AMENDMENT NO. 1977

Mr. REID. Mr. President, I now have a second-degree amendment at the desk.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 1978 to amendment No. 1977.

The amendment is as follows:

In the amendment, strike “3 days” and insert “2 days”.

#### CLOTURE MOTION

Mr. REID. Mr. President, I have a cloture motion at the desk. I ask the clerk to report it, if the Chair so advises.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The assistant legislative clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on H.J. Res. 59, a joint resolution making continuing appropriations for fiscal year 2014, and for other purposes.

Harry Reid, Barbara A. Mikulski, Joe Donnelly, Richard J. Durbin, Sheldon Whitehouse, Michael F. Bennet, Patrick J. Leahy, Heidi Heitkamp, Debbie Stabenow, Charles E. Schumer, Mark R. Warner, Martin Heinrich, Tim Kaine, Tammy Baldwin, Tom Harkin, Christopher A. Coons, Angus S. King, Jr.

Mr. REID. Mr. President, I ask unanimous consent that the mandatory quorum required under rule XXII be waived.

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

#### MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

#### PROTECTING STUDENT ATHLETES FROM CONCUSSIONS ACT

Mr. DURBIN. Mr. President, on Friday night in Illinois and all over the country thousands of high school students will take to the football field.

They will put on helmets, they will put on pads, but unfortunately some of them will still get hurt.

Almost half the concussions in high school sports occur in football.

But it is not just football.

Injuries are a part of all sports, but as we learn more about the long-term effects of concussions and how frequently they are ignored, it is clear we have to step up our game to confront this health risk.

The National Federation of State High School Associations estimates about 140,000 students who play high school sports have concussions every year.

According to the Centers for Disease Control, the number of children age 19 and younger being treated in ERs for traumatic brain injuries went from 153,373 in 2001 to 248,418 in 2009—a 60 percent increase.

Some students stay in the game not recognizing the risks of playing hurt—especially when they have had a concussion.

Many athletes do not know the signs and symptoms of concussion, which may cause many concussions to go undetected.

A 2010 Government Accountability Office study found many sports-related concussions go unreported.

Athletes who continue to play while concussed are at risk for catastrophic injury if they sustain another concussion before recovering from the first one.

This second injury can cause symptoms that can last for months and can even be fatal.

Youth athletes are at the greatest risk from sports-related concussions because their brains are still developing and are more susceptible to injury.

According to the American Academy of Neurology, athletes of high school age and younger with a concussion should be managed more conservatively when it comes to returning to play because they take longer to recover than college athletes.

Michael Schostok played football in Mundelein, IL.

He experienced a concussion on the football field. Immediately after taking a hit to his head, he stumbled off the field.

He was disoriented and explained to his coach that he was in severe pain, especially when looking into the sun.

But his coach urged him to continue playing and he remained on the field for the rest of the game.

Two days after the game, Michael was unable to look at a computer screen without severe pain and suffered from blurred vision and slow decision-making.

Three days after the game, he went to a doctor and was diagnosed with a concussion.

Michael was lucky that he did not suffer another concussion while he continued to play.

Unfortunately this situation is not unusual.

According to the Center for Injury Research and Policy in Columbus, OH,

more than 40 percent of young athletes return to play before they are fully recovered.

Since 2009, States have started implementing legislation guiding return-to-play procedures for student athletes who have sustained a concussion.

As of August 2013, 49 States and the District of Columbia have successfully passed some form of legislation with varying concussion safety measures.

Illinois has been a leader on this issue and passed legislation in 2011, recognizing the dangers associated with concussion.

In Illinois, a student athlete who is suspected of sustaining a concussion or head injury in a practice or game is immediately removed from the game until he or she is cleared by a health care professional.

This is a great step forward for Illinois, and I commend the Illinois High School Association for its work protecting student athletes.

This week I will introduce the Protecting Student Athletes from Concussions Act, which would support the progress made by States such as Illinois.

The bill would, for the first time, set minimum State requirements for the prevention and treatment of concussions.

The legislation requires schools to post information about concussions on school grounds and on school websites and adopt a “when in doubt, sit it out” policy.

This policy requires that a student suspected of sustaining a concussion be removed from participation in the activity and prohibited from returning to play that day.

They can return to play in future events after being evaluated and cleared by a qualified health care professional.

The “when in doubt, sit it out” policy is recommended by the American College of Sports Medicine and the American Academy of Neurology, which recommends that an athlete suspected of a concussion should not return to play the day of their injury—under any circumstance.

Concussions are not always easily diagnosed, and symptoms that might indicate concussion don’t always manifest themselves immediately.

Athletes don’t want to let down the team or the coach and are often eager to return to the game.

So helping athletes, school officials, coaches, and parents recognize the signs and symptoms of concussion can make all the difference in putting a player’s safety above winning.

This legislation will ensure that school districts have concussion management plans that educate students, parents, and school personnel about how to recognize and respond to concussions.

And it asks schools to adopt the “sit it out” policy to be sure athletes are